

CARE WORK - FACTORS AFFECTING POST 9/11 UNITED STATES ARMY  
CHAPLAINS: COMPASSION FATIGUE, BURNOUT, COMPASSION  
SATISFACTION, AND SPIRITUAL RESILIENCY

by

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AN ABSTRACT OF A DISSERTATION

Submitted in partial fulfillment of the  
Requirements for the degree

DOCTOR OF PHILOSOPHY

School of Family Studies and Human Services  
College of Human Ecology

KANSAS STATE UNIVERSITY

Manhattan, Kansas

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## Abstract

This study examined the relationships between and among the factors of compassion fatigue, burnout, compassion satisfaction and spiritual resiliency in association with the care work of United States Army chaplains who minister to soldiers, families, and Department of the Army (DA) civilians in the military. This investigation breaks new ground in understanding the factors that affect chaplain care work. Data were collected from 408 active duty Army chaplains who responded to and completed the online survey.

Information about rank, years of service, battle fatigue/stress and number of deployments was collected. These data along with specific scales were combined into the Chaplain Care Work Model—the tool used in this investigation. Scores from three measurement instruments: Professional Quality of Life Scale R-IV, Spiritual Well-Being Scale, and the Resilience Scale were used to test the hypotheses for this study. Of particular interest, the measurement scales of Spiritual Well-Being and Resiliency were combined to develop a new measurement construct labeled Spiritual Resiliency. The model of Chaplain Care Work was tested using path analysis and structural equation modeling techniques to illustrate the relationships of the predictors (constructed from latent variables—Chaplaincy Status, Deployment Status, and Self Care) to the outcome measure of Care Work (also a latent variable). Overall 85% of the variance in care work can be attributed to the model's predictors, adding to the value of examining care work among those who provide direct service to others.

Findings indicated that spiritual resiliency ebbed and flowed as a function of the different levels of compassion fatigue, burnout, and compassion satisfaction experienced by the chaplains because of their care work. Furthermore, number of deployments and experience (years of chaplain service) had significant relationships with compassion fatigue and burnout.

Results from the findings were underpinned by explicit narrative comments provided by chaplains. These comments provided rich material in support of the significant relationships discovered in this study, and offered insights into how care work is both meaningful and necessary for maintaining a healthier chaplaincy.

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## Dedication

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Finally, this study is dedicated to the chaplains who selflessly serve the soldiers and families of the United States Army. They truly are courageous in spirit and compassionate in service. May God continue to bless them individually and collectively. May He...*preserve thy going out and thy coming in from this time forth, and even for evermore - Psalm 121:8.*



## CHAPTER 1

### INTRODUCTION TO THE PROBLEM

#### Prologue

As I stand on the Air Force runway waiting with the honor guard to meet a fallen soldier from Iraq, the tropic trade winds gently soften the heat of the evening. This soldier gave his life for his country and we are here to honor him. I can see a group of the soldier's friends. They are also waiting at the edge of the runway anticipating his arrival. We expectantly wait, in silence, in a formation of eight men, two rows. The casket will be lowered from a C-17 Troop Globe Master transport aircraft.

The non-commissioned officer in charge gives the command, and we stand at attention dressed in our Class-A uniforms. Suddenly, at 10:00 p.m., the casket is lowered and as if on cue, we hear TAPs being played over the base loud speakers. TAPS is played to signal that the day is done. How appropriate, that it is sounding softly in the background as we pay tribute to this young man.

I think back to the week before. The soldier's chaplain emailed me from Iraq and asked me to perform the burial ceremony for one of his friends. His parents wanted him to be buried in the national cemetery close to his unit, so that his comrades in arms could visit him. They had already performed the memorial ceremony in Iraq where his command paid tribute to one of their own. The chaplain had been counseling with this young soldier who was killed, and he had been attending his religious services. He explained to me what a fine young gentleman he was. He was getting his life back on track. I could feel the sentiment and sadness in his email.

My wife and I meet the soldier's family the next evening. We attend a family dinner in the home of the chaplain that emailed me from Iraq. The father, mother, brother and grandparents are there. Tomorrow, the soldier's fiancée will be arriving for the internment ceremony. You can feel the sadness in the room. They talk about their son, how proud they are of his service to his country. They reminisce about his life. The chaplain's wife is so kind to them. Her home is like a comfortable sofa that invites one to relax for a moment from the stresses and worries of life.

I ponder about the soldier's chaplain, a kind hearted man. He is on his third tour of duty. He has served two tours in Iraq and one tour in Afghanistan. He has faithfully served his country, and the men and women of the military for almost eleven years. He has almost three years of combat experience. We have not seen that type of chaplain service since WWII. I wonder how he is doing.

I receive another email and phone call that same week from another chaplain; he is suffering from personal concerns. He doesn't want to talk to his supervisors (chaplains) because he feels embarrassed. He has served one tour in Iraq. He is getting ready to serve another. He was such a happy go lucky chaplain. He was the one soldiers liked being around. His laugh was infectious, and his humor uplifting. I asked him about his time in Iraq. He comments that he went on over 200 combat patrols. There was a hint of pride in his voice. I inquire, "What caused you to endanger your life"? He responded, "He wanted his men to know that he understood what they were going through." However, he quickly comments, in an anguished voice, that life doesn't seem worth living. His wife has separated from him. He misses his children. He agrees to get help.

I think about these two young chaplains. How different they are in their approach to life. What is it that causes one to be resilient and the other to suffer the consequences of fatigue? I wonder how the chaplain corps is doing. I am beginning to think that these incidents are not uncommon.

I had the privilege and honor of performing the burial ceremony for the soldier. After it is over, I return to my unit to check on a young female soldier. She was traumatized in an incident with another soldier. We have been counseling together for about a year. She is scared. The military court finds that there is not enough evidence to convict. She is devastated by the results of the trial. She later comes up positive on a drug test. The command wants to separate her from the military with a dishonorable discharge. The command decides to give her one more chance. Over the months of rehabilitation and counseling, to include clinical work, she begins to make progress.

It is time to retire from the Army, after almost twenty five years of service. I am excited about my prospects for the future. As I go through my files and my notes preparing for that day, I find myself reminiscing about the past. I come upon a story that I wrote over twenty years ago about why we serve as chaplains. In this story written in 1986, I am a battalion chaplain with the 5<sup>th</sup> of the 21<sup>st</sup> Infantry Battalion (Light), 7<sup>th</sup> Infantry Division, stationed at Fort Ord, California. My executive officer is evaluating my work. He is an infantry ranger officer. He warns me that I need to learn when and how to manage my heart valve or I won't make it in the Army. I wonder, over the years, did I ever learn that lesson, or did my heart valve wear out? Did I care too much? (Theodore, 2009).

## Rationale

The stresses associated with a military life style (i.e., deployments, separations, combat, marital instability, mental health, and reintegration issues) are common concerns that face today's military. As individuals connected with a military life style, chaplains play a significant role in ministry to the men, women and families of the Army. Chaplain ministry is complex and challenging. Chaplains in the Army have been charged to be "courageous in spirit and compassionate in service" (Department of the Army Chief of Chaplains Strategic Plan, 2009). This service intuitively felt by chaplains brings hope, courage and compassion to the men and women with whom they serve. However, this service to the men and women of the military is not without its concerns. In the military, chaplains are known for being accessible to the men, women, and families of the Army. Many soldiers turn to their chaplain in their times of need. They are called on in crisis to help with grief, trauma, and to provide pastoral counseling. Nevertheless, being courageous in spirit and compassionate in service can come with a price tag.

### *Care Work*

Research studies suggest (Figley, 1995) that those who are exposed to the trauma or stressful events of others are susceptible to the effects of secondary trauma. This has been labeled as compassion fatigue or the cost of caring. Chaplains deal with a wide variety of stressful and traumatic material. They respond to soldiers who suffer from the affects of post traumatic stress disorder (PTSD). They counsel with individuals and families who are affected by deployments and long term separations. They are exposed to a wide range of stressors to include domestic violence, rape, divorce, battle fatigue, PTSD, long term

illnesses, and other events associated with a military life style. These stressors affect not only those being ministered to but those providing the ministry.

Without doubt, the global war on terror has increased the difficulties related with the routine aspects of Army life. The continuous cycles of deployment and redeployment, to and from combat, has caused difficulties in family relationships not to mention adjustment concerns with soldiers and military families. Soldiers are frequently caught in between these transitions between war and home. Friends and families also struggle with issues of reintegration and how to lessen the effects of separation. The psychological effects of these transitions are increasing and the concern for normal stable lives is growing. Deployment, training for combat, and time away for soldiers from assigned duty stations and multiple tours to Iraq and Afghanistan has increased. This suggests that factors such as psychological effects of deployment and war, transitions with families and friends, separations and reunions, marital instability, divorce, domestic abuse, and suicide will increase and affect family and soldier readiness in the military (Pawlowski, 2005; Rentz, et al., 2006; Taft, Schumm, Panuzio, & Proctor, 2008).

Prevalent in the research on family and soldier readiness is how families are affected by deployment and separations (Adams, et al., 2006). Programs and training are being developed for military families and soldiers to help lessen the effects associated with these transitions. Training is being conducted not only with soldiers, but with family members, realizing that when one part of the family is affected there is a cumulative effect on the whole. Deployments and separation disrupt families and the cumulative effect of multiple deployments on soldier and family life is an area for continued research (Karney & Crown, 2007).

Marital conflict, in general, and domestic violence, more specifically, tends to be prevalent among military families (Gielen, et al., 2006; Rentz, et al., 2006; White, Merrill, & Koss, 2001). Rosen, Kaminski, Parmley, Knudson and Fancher (2003) found that higher marital adjustment and increases in familial support are associated with decreases in both their severity and incidence of intimate partner violence. In their literature review of family violence in the military, Rentz et al. (2006) suggested that family violence is more common in military environments compared to civilian environments because of longer separations, frequent transitions, hazardous duty, stress, and working conditions.

Research also suggests (Albano, 1994; Drummet, Coleman & Cable, 2003, Kennedy, 2006) that family and soldier readiness is related to retention, satisfaction with the job performance, and marital success. Amato (2000) in her research on divorce concluded that there was validity to the two opposing views on divorce in the 90's: (1) that divorce contributes to many social problems and that (2) divorce can be a harmless event that provides others a second chance with the benefit of rescuing children from dysfunctional settings. A review of her work would be valuable for research on the affects of divorce in the military. Her conclusions mirror the reality of many military families affected by divorce.

Suicide is another area of concern for those who work with soldiers. General George W. Casey, (Casey, 2008), Chief of Staff of the Army, commented in a video titled *Shoulder to Shoulder*, "We see the recent spike in suicide as an indication of a force that is broadly under stress". Since 9/11 the suicide rates in the military have increased. Before 9/11 the military rates for suicide were less than their civilian counterparts. However, since the beginning of the Iraqi and Afghanistan offensives rates per thousand in the Army have steadily increased. Suicide rates for FY 2008 were at 118. This is 19.5 per 1,000 compared to

pre 9/11 rates of 11.5. Suicide is becoming a serious problem for the Army and measures are being implemented to reduce its occurrence. For example, in January 2009, there was an Army wide stand-down of 1.1 million soldiers. Policies and procedures concerning how to prevent suicide in the Army were examined to assess what can be done to alleviate this concern, and what measures the Army can bring to bear to ameliorate its effects (G-1 Brief, 2009, Ritchie, Keppler, & Rothberg, 2003, Staal, 2004).

Soldiers and family members are receiving treatment for post traumatic stress disorder in increasing numbers. Researchers found that soldiers deploying to Iraq and Afghanistan are suffering from the effects of PTSD and other related mental health concerns. With the increased operation tempo, and multiple deployments to war, the stresses associated with combat are mounting. The number of war dead from all military services (July 2009) is at 5,000 not to mention the 30,000 casualties caused by improvised explosive devices (IEDs) combat, training accidents, and natural causes. A significant number of our soldiers and family members are also suffering from the effects of combat stress and post traumatic stress symptoms (Hoge, et al., 2004, 2008; Kaplan, 2007).

Over 1.5 million men and women of the U.S. military, active and reserve, have deployed to Iraq and Afghanistan since 9/11, with one third having served at least two tours of duty. Due to improved body armor and protective gear, military personnel are now surviving injuries that would have killed them in other wars. Mild brain trauma is becoming a common injury to military personnel caused by proximity to blasts, i.e., improvised explosive devices (IEDs). Mild traumatic brain injury (MTBI) is increasing in Iraq and Afghanistan. It is becoming a regular reported injury to our men and women in the military (Hoge, et al., 2008; Johnson, et al., 2007).

In July 2005, Colonel Charles Hogue, M.D., behavior mental health specialist at Walter Reed Army Institute of Research, reported to the U.S. House Committee on Veterans Affairs' Health Subcommittee that 19% to 21% of military personnel returning from deployment met the criteria for depression, anxiety and PTSD. Twelve months later, these same soldiers were again surveyed. It was found that 15% to 17% of those soldiers who served in Iraq and 6% of those who served in Afghanistan suffered from PTSD. Those units that had deployments of 12 months or more with increased exposure to combat had higher levels of PTSD (Kaplan, 2007).

These studies concerning PTSD and other mental health concerns (e.g., Beckham & Moore, 2000; Hoge, et al., 2004, 2008; Kaplan 2007; Monson, et al., 2007) and others like it (Dekel, Goldbat, Keidar, Solomon, & Polliask, 2005; Galovski & Lyons, 2004; Solomon, Shkilar & Mikulincer, 2005; Southwick, Morgan, & Rosenberg, 2000; Taft, et al., 2008) indicate that our soldiers and families are suffering from the effects of war not seen since Vietnam. The burdens associated with mental and physical trauma on soldiers are increasing. Also the effects of war on family, friends and the military community are disturbing.

Researchers believe that the effects will continue as we sustain and continue combat operations. What the secondary effects of trauma on families and children has yet to be fully determined. It is an area that needs further research. This suggests that with multiple and longer deployments mental health problems and other concerns, like marital instability, divorce, suicide, domestic violence and abuse, will continue. It also suggests that those involved in combat will continue to have mental health concerns.

In this setting of stresses and concerns, one component that provides ministry to the men and women in the Army is the United States Army chaplaincy. Commissioned to



minister to soldiers and families in this environment, the cost for care work may be increased levels of compassion fatigue.

### Purpose of the Study

According to Figley (1995), compassion fatigue may arise when individuals are exposed to the trauma of others. It is the amount of caring and empathy that the individual care giver brings to the situation that can influence compassion fatigue. This care can be affected by the stress of others. Little research exists that examines the role of the chaplain and how they are affected by compassion fatigue. However there is a certain amount of literature that deals with burnout in the clergy (Bebe, 2007; Doolittle, 2007; Golden, Piedmont, Ciarrocchi, & Rodgerson, 2004; Miner, 2007). Literature related to compassion fatigue focuses on the relationship between the care giver and the secondary trauma of the victim. This trauma or stress can decrease the ability or inability of the caregiver to bear the suffering of others.

Compassion fatigue can happen in chaplains due to exposure to trauma and the care work that they provide to those with whom they minister. The Army's Chief of Chaplain in April 2007 said, "The caring profession takes a lot out of you... we call it compassion fatigue. There's a legitimate concern I have for the fatigue, the stress that comes upon our chaplains and chaplain's assistants in the process of taking care of hurting people" (Lorge, 2007). Also, in a paper written at the Army War College about compassion fatigue and military providers, Hayes (2009) argued that "the untreated affects of compassion fatigue not only affects the caregiver it also affects the counselees and the families of both. These untreated symptoms carry with them the potential to disrupt, dissolve, and destroy careers, families, and even lives" (p.19).

Compassion satisfaction is another area of interest, the empathy that the chaplain has can act as a mitigating factor in dealing with compassion fatigue (Stamm, 2002). Also, the satisfaction that the chaplain gets from performing their care work can help ameliorate the affects of compassion fatigue. How these factors, compassion fatigue, burnout and compassion satisfaction are related and how they affect chaplains will be one of the purposes of this study.

Another area for investigation will be chaplains and spiritual resiliency. The spiritual well-being of chaplains is critical in their ministry to the men and women of the military. In the Army Chaplaincy Strategic Plan-2009-2014, it states that, “The Chaplain corps will proactively ensure the mental, physical, and spiritual well-being of all “caregivers” (p. 4). The Army’s chaplain corps ability to maintain their spiritual health is important in their work of ministering to others, especially as caregivers with those suffering from the affects of combat and the stresses associated with a military life style. Finally, this study will examine spiritual resiliency and how it relates to compassion fatigue in the chaplains ability or inability to bear the suffering of others.

Therefore, the purpose of this study is to examine relationships between demographics, compassion fatigue, burnout, compassion satisfaction, and spiritual resiliency among chaplains who are involved in the daily activities of their care work. This study will also explore the various levels of compassion fatigue, satisfaction, burnout, and how they are influenced and contrasted by factors such as spiritual resiliency, deployment characteristics, experience, age, and self care.

## Theoretical Framework

The theoretical backdrop from which compassion fatigue, compassion satisfaction, burnout, spiritual resiliency, self care and its influence on chaplains will be understood is from the principles of symbolic interaction and the constructivist self development theory (CSDT). Briefly, symbolic interaction looks at how people understand reality and how this understanding is related to their actions. Understanding is linked to how people give meaning to their lived experiences. Meaning is understood through symbols, words, objects, etc. These symbolic meanings drive ones actions and interactions (White & Klein, 2008).

The theory of symbolic interaction, from social psychology, has three primary tenets. That is, (1) individuals act according to what things mean to them, (2) meaning is derived from social interaction with others, and (3) meaning is an interpretive process. This process looks as the individual as the primary actor in defining what events in life mean, especially as it pertains to self and others (Blumer, 1969; Doherty, Boss, LaRossa, Schumm, & Steinmetz, 1993; White & Klein, 2008).

This theoretical framework of symbolic interaction will be used in understanding how chaplains perceive stressful events. The symbols that come through language that the chaplains hear through the narrative stories of those with whom they provide pastoral counseling will be explored. The meaning that they give to those events that come across the stage of their experience in working with and ministering to the soldiers and families in the military will be examined.

Particularly useful from the theory will be how chaplains interpret and give meaning to stressful/traumatic events, and how these events influence their lives. The meaning that chaplains give to stressful events can be transferred to self via symptoms, as they take upon

themselves the hurt and pain of those to whom they minister, i.e., vicarious trauma/secondary traumatic stress (Figley, 1995; Hays, 2009; Stamm, 2005, McCann & Pearlman, 1990).

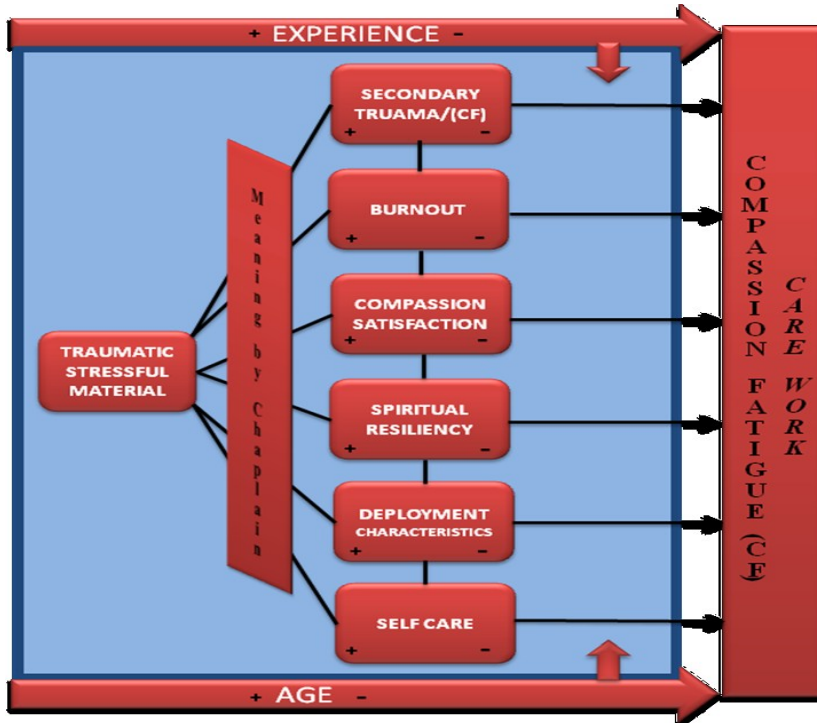
How symbolic interaction is understood theoretically, both implicitly and explicitly, will be explored through a literature review investigating the concepts that influence chaplains care work. Explaining and examining the relationships between compassion fatigue, compassion satisfaction, burnout, spiritual resiliency, and self care among chaplains will also be performed.

Also, the Constructivist Self-Development Theory (CSDT) will be examined. It explains how caregivers are shaped by the characteristics of the situation in which they work or provide help. It explains how caregivers can change their frame of reference of self and their world view resulting from exposure to the traumatic/stressful events of others. It is a direct result of working with those who experience traumatic/stressful events in their lives. CSDT forms the conceptual basis for secondary traumatic stress and vicarious trauma (McCann & Pearlman, 1990). “The underlying premise (of the theory) is that human beings construct their own personal realities through development of complex cognitive structures which are used to interpret events” (McCann & Pearlman, 1990, p. 137).

#### *Conceptual Model: Compassion Fatigue (CF)*

As part of the theoretical background for this study, a model that examines the affects of care work on chaplains will be conceptualized. This model will be developed through a review of the literature and will be descriptive in nature examining the variables that affect care work or moderate its effects on caregivers in their ability or inability to bear the suffering of others (see Figure 1.1).

Overall, the study will evaluate, determine, and analyze, through statistical data, how a select group of chaplains are affected by compassion fatigue, compassion satisfaction, burnout, spiritual resiliency, self care and the stresses associated with providing care work. This study will focus on the affects of compassion fatigue, compassion satisfaction, burnout, self care, and the impact of spiritual resiliency on US Army Chaplains since 9/11.



*Figure 1.1.* Conceptual Model: Compassion Fatigue (CF). This schematic drawing reflects the concepts that will be explored in this study. It shows a relationship diagram that was developed from the literature which helps to explain how chaplains are influenced by exposure to traumatic events through the meaning that they attach to traumatic material. The conceptual model borrows concepts from two theories: Symbolic Interaction (SI), and the Constructivist Self Development Theory (CSDT).

Also, from the conceptual model of compassion fatigue a theoretical path model will be developed (see Figure 1.2) in which I will examine the observed concepts to explain the relationships between and among the variables. This model will help to understand and explain the data that will be analyzed in this study, i.e., what variables explain care work.

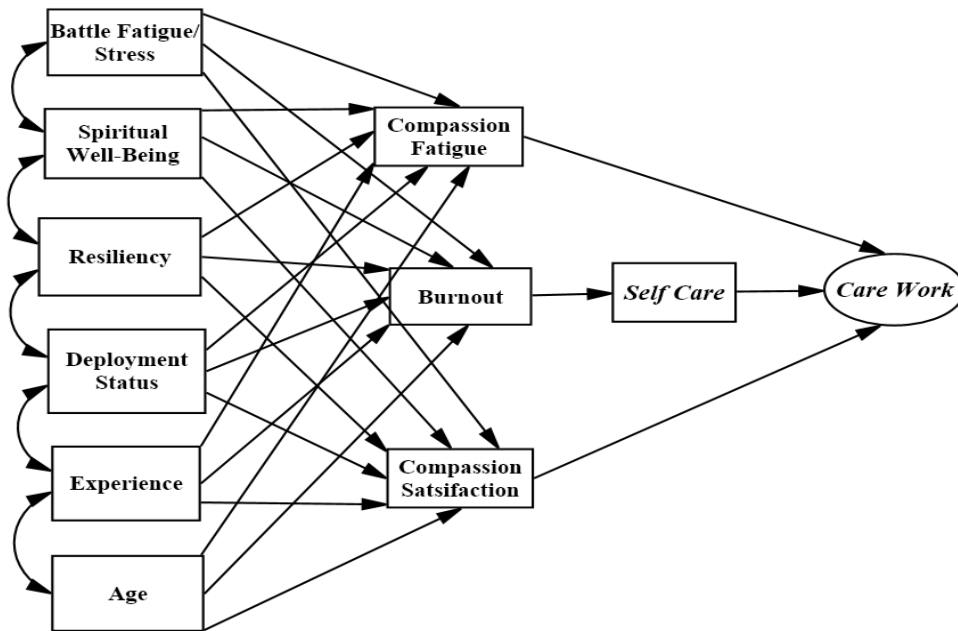
Due to the increased operation tempo (OPTEMPO; the number of operations in which the military is involved), and the Army's involvement in Operations Iraqi Freedom and Enduring Freedom (Afghanistan), the chaplain's corps has played a significant part in ministering to the needs of soldiers and families. Army chaplains have been directly involved in sustainment of combat operations since 9/11, i.e., in support of installation and deployment operations. They minister to the men, women, and families in the military. They help the soldiers and family members of the Army cope with the stressful aspects of military life.

### Research Questions

When one engages in care work, there is a price paid related to the cost of caring. In this investigation I will examine the effect of such care work costs on U.S. Army chaplains serving in the military. The general questions in this investigation are based on my interests and desires to document the influences of caring on care work; those questions are:

1. What is the relationship between spiritual resiliency and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?
2. What is the relationship between deployment characteristics and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?
3. What is the relationship between years of experience (chaplain service) and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?
4. What is the relationship between age and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?

5. What is the relationship between self care, deployment status, chaplaincy status, battle fatigue/stress, spiritual well-being, and resiliency to include concepts like compassion fatigue, burnout, and compassion satisfaction among chaplains and their care work?



*Figure 1.2.* Simple Path Model of Chaplain Care Work Depicting Relationships by Compassion Fatigue, Burnout, and Compassion Satisfaction and other Variables to Chaplain Care Work. Note. Spiritual Resiliency = Spiritual Well-Being/Resiliency, Deployment Status = Total Number of Chaplain Deployments, and Rank, Chaplaincy Status = Experience (years of chaplain service) and Age.

### Definition of Terms

The following concepts and terms will be used throughout this study. A brief explanation of each concept will be given, and a definition will be provided for each term.

#### *Chaplains*

These are the men and women in the military who have been commissioned as officers in the United States Army to assist commanders in ensuring that soldiers have the

right to the free exercise of religion. They are endorsed by their faith based perspectives to perform or to provide religious support. They also provide spiritual leadership and are an important component of the military command structure serving as special staff officers to the commander. In this function, they advise the command on issues of religion, morale, and ethical leadership. They also perform or provide pastoral counseling, religious worship services, and conduct voluntary programs that meet the religious and temporal needs of the soldiers and families members with whom they serve. They regularly deploy, train for war, and participate in the daily rigors and trials of soldiers (Army Regulation- AR165-1, 2004; Department of the Army Chief of Chaplains Strategic Plan, 2009; U.S. Code, Title 10, 2007).

#### *Care Work*

Care work is defined as the functions that the chaplains carry out in the normal duties of his/her career in ministering to others. That is, working with soldiers, hearing the narrative stories of abuse, divorce/marital instability, the effects of combat, helping those who are suicidal, listening and providing pastoral counsel to those affected by the trauma of combat, honoring and burying the dead, and consoling those who grieve. Care work is the composite of the chaplain's duties in providing care to the soldiers and family members of the United States Army.

#### *Compassion Fatigue (Secondary/Vicarious Trauma)*

This is defined in the literature as the reduced ability of the caregiver to identify and understand the feelings and motives of those with whom they counsel. Because of exposure to traumatic and stressful events, the caregiver has a reduced ability to bear the suffering of others. Compassion fatigue is defined as “natural consequence behaviors and emotions resulting from knowing about a traumatizing event experienced or suffered by a person.”



The caregiver is affected by the stress of the others (Figley, 1995, p. 7; see also Figley, 2002; Adams, Boscarino, & Figley, 2007).

Figley (1995) developed the concept of compassion fatigue when he noticed that those who worked with traumatized individuals began to experience the same effects of the traumatized. The effects were the consequence of working with individuals who were exposed to traumatic stressful events and the severity of the effects was linked to exposure.

### *Burnout*

Burnout is a condition “of emotional exhaustion, depersonalization, and reduced personal accomplishment that occur among individuals who do people work” (Maslach, 1982, p. 3). It has been described as the constant strain of working with people who are troubled or have concerns. The distress comes from the interactions between the helper and the person being helped. As a concept, it has often been associated with the stresses related to the work environment.

### *Compassion Satisfaction*

Compassion satisfaction is described by Stamm (1999, 2002, 2005) as the ability to gain or receive a sense of meaning or purpose from the help that is given to others, i.e., you enjoy helping others and you enjoy what you are doing. This help can lessen or mitigate the psychological effects caused by compassion fatigue. A chaplain’s career is in the helping profession. One purpose for helping others is the satisfaction that is derived through service.

### *Spiritual Well-Being*

Spiritual Well Being (SWB) is defined as “a self-perceived state/degree to which one feels a sense of satisfaction in relation to God (in the case of religious well-being, RWB) or a sense of purpose and direction (in the case of existential well-being, EWB)” (Ellison, 1983;

Paloutzian & Ellison, 1982; Paloutzian, Emmons, & Keortge, 2003, p. 125). In other words spiritual well-being, as one indicator which explains fulfillment in life, is related to life satisfaction according to an individual's perceived relationship with God. This could have a significant impact on spiritual resiliency.

### *Resiliency*

Resiliency is described as the ability to maintain a healthy psychological perspective over time, when one is exposed to disruptive events like violence, traumatic experiences, and death. Resilient individuals exhibit a positive emotional mental frame work. Bonanno (2008) argued that resiliency is more common in people than expected and that when individuals are affected by traumatic events or disruptions in life their tendency is to bounce back. That is, they have the ability to return to a place of normality in life or to go back to a state of equilibrium.

### *Spiritual Resiliency*

Spiritual Resiliency for this study is a composite measure that brings together the two related but separately measure concepts of spiritual well-being (SWB), and resiliency (RS) (Bonanno, 2008; Paloutzian & Ellison, 1982; Paloutzian, et al., 2003). The spiritual well-being of chaplains is critical in their ability to minister to the men and women of the military. Their ability to maintain their spiritual health is important in their work of ministering to others and for the purpose of this study is defined as their ability to maintain a positive relationship with their God, have a purposeful meaning about life (SWB), and manage life stresses and challenges (RS). This construct will be labeled spiritual resiliency (SR). Therefore, combined together (SWB) and (RS), define spiritual resiliency.

### *Battle Fatigue/Stress*

Battle fatigue has been defined as the physical, mental, and emotional effects associated with the stresses of combat. It is usually related to the impact of continuous combat operations. It manifests itself in the individual being tired, easily disturbed, loss of confidence and inability to perform common daily tasks and ordinary cognitive/emotional functions (Training Circular T1-05, 2005).

### *Self Care*

Self care is personal maintenance. It is an activity primarily preformed by the care giver with the purpose of self help (i.e., physical, mental, or spiritual). Self care is an important component of self maintenance and should be both preventive and restorative in nature (Gentry, Baranowsky, & Dunning, 2003; Killian, 2008; Meador & Lamson, 2006; Tripanny, Kress & Wilcoxon, 2004). Self care for chaplains can be facilitated with programs like priest retention workshops, spiritual retreats, and activities that lessen the stresses associated with care work.

### Importance of the Study

The importance of this study deals with ‘care work’ and its impact on chaplains. The cost of caring and ministering in an environment that is rich with stressful situations will be explored. This study will examine the relationships between compassion fatigue, compassion satisfaction, burnout and spiritual resiliency combined with various demographic data in exploring how they influence the care work of the U. S. Army chaplaincy. It will also provide suggestions and recommendations for a spiritually healthier chaplaincy.

## Overview

Chapter One in the introduction began with a story. It set up the parameters and interest of the principal investigator for conducting research with United States Army chaplains who minister in a military environment that is complete with the stresses associated with exposure to combat, suicide, domestic violence, deployments, soldiering, marital concerns, and work-family conflicts. The care work of chaplains serving is related with a cost, i.e., the burden and responsibility that a chaplain feels in their ministry to others. The cost of caring is not just linked with negative effects but can also have positive effects, which are the product of the chaplain's ministry because they care about those to whom they minister, care work. These costs as defined by this study are compassion fatigue, burnout compassion satisfaction, and spiritual resiliency (i.e., the ability or inability to bear the suffering of others) which highlights the need for further research on U.S. Army chaplains since 9/11. Especially pertinent is the concept of spiritual resiliency. Its impact on chaplains pertaining to their spiritual well-being is important in maintaining their spiritual health in ministering in an institutional/secular setting.

Chapter Two presents a literature review and begins with a brief description of U.S. Army chaplains and their ministry followed by a review of the empirical and theoretical research on the factors that influence care work among caregivers and chaplains- that is, compassion fatigue, compassion satisfaction, burnout, and spiritual resiliency to include the theories of symbolic interaction (SI) and the constructivist self development theory (CSDT). It provides an explanation of a conceptual model of compassion fatigue developed by a review of the literature. It also reviews the literature concerning such factors as deployment

characteristics, experience, age, and self care that can affect the ability or inability of chaplains to bear the suffering of others.

Chapter Three discusses the methodology of the study with research questions, hypotheses, and instruments of measurement, survey construction/implementation, and a plan for statistical analysis. Chapter Four will explain the results of the statistical analyses. And finally, Chapter Five will present a discussion of the results with study limitations, application of results, and future implications.

## CHAPTER 2

### LITERATURE REVIEW

The literature on this topic is widely dispersed. On one hand there is considerable literature on compassion fatigue and burnout among caregivers and yet on the other hand there is extremely little work concerning spiritual resiliency and how it influences care giving among this population. To assess these unique features, I have divided this literature review into four parts.

The first part begins with a brief overview of the history of the United States Army Chaplaincy, the functions of a chaplain, and sets up the parameters which suggest that chaplains who work in stressful traumatic environments can suffer. Part two defined the concept of compassion and fatigue which leads into an understanding of compassion fatigue. It also explores other concepts which influence compassion fatigue, especially the effects of vicarious/secondary trauma on caregivers. It examines and defines the concepts of burnout, and compassion satisfaction. It reviews the literature concerning spirituality and spiritual well being as factors that help explain life satisfaction in relationship to God, and one's meaning and purpose that is derived from life. Also, resiliency is examined and combined with spiritual well-being to form the construct of spiritual resiliency.

The third part of the review explores other factors that influence the chaplains care work. It examined the literature on experience, age, exposure to trauma, the meaning that caregivers attach to traumatic material and self care as they relate to compassion fatigue. Deployment characteristics (number of chaplain deployments) are also included

in the review concerning the environment in which much of the chaplains' pastoral counseling is performed.

Finally, the fourth part of the literature review concluded with a conceptual model developed from the literature which helps to explain how chaplains are influenced by exposure to traumatic events through the meaning that they attach to traumatic material. The conceptual model borrows concepts from two theories: Symbolic Interaction (SI), and the Constructivist Self Development Theory (CSDT). The conceptual model of compassion fatigue (CF) helps explain factors that influence chaplains in their ability or inability to bear the suffering of others. More specifically, it will extend, emerge, and make clear concepts explained through the literature – that is, how caregivers are affected by compassion fatigue (positively or negatively), and the meaning that they give to different factors associated with compassion fatigue.

## Part I

### United States Army Chaplaincy

One of the primary components in the military that works with families and soldiers in the Army is the U.S. Army Chaplain. The U.S. Army Chaplaincy began its history in 1775 in the continental Army of George Washington. On 29 July 1775, the Continental Congress first recognized chaplains by agreeing to pay them twenty dollars a month. This was the same amount paid to Captains and Judge Advocates, and thus the first official recognition of chaplains by the government (Thompson, 1978).

With a long history of over 235 years of service, The US Army Chaplaincy strives to meet the religious needs of soldiers, family members, and Department of the Army (DA) civilians throughout the Army. The story of the U.S. Army Chaplaincy is one of

dedicated service and selfless sacrifice. It is based on the concept of providing for the free exercise of religion, and in being responsible for executing the commander's religious program.

The United States Army Chaplaincy, as one of the oldest branches of the Army, was established after the infantry in 1775. It has a rich cultural and legal heritage. As stated in the U.S. Army Chaplaincy Strategic Plan (Department of the Army Chief of Chaplains, 2001) "...Since its inception, the U.S. Congress has repeatedly supported the existence and importance of the Chaplaincy in law regulation, and intent. The executive and judicial branches also have continuously affirmed our role in providing critical leadership in spiritual, moral, ethical, and religious dimensions of Army personnel, life and culture" (p. 3).

In the Army, the Chaplaincy's doctrines and policies have evolved through the course of its history that was forged in the furnace of peace, war, and conflict. Even though the Chaplaincy has a history of over 235 years, it did not become a professional organization of the Army until after World War I. Today it is recognized as a valued component of the United States Army. The Army Chaplaincy has been involved in most of the major conflicts to include those of the last century and this century, e.g., WWI, WWII, Korean War, Vietnam, Just Cause, Gulf War, Bosnia conflict, Somalia, and Operation Iraqi and Enduring Freedom-Afghanistan (Ackermann, 1989; Brinsfield, 1997; Gushwa, 1977; Norton, 1977; Stover, 1977; Thompson, 1978; Venske, 1977).

The mission of the Army Chaplaincy is to perform or to provide soldiers and families support with their religious convictions. It facilitates the soldier's right to exercise their own religious beliefs. Army life is challenging, the concept of a



professional chaplain corps is to provide quality ministry in a variety of military settings. Many of the chaplains join the military to serve their country and to serve their God. They already are trained with educational and pastoral skills. Like lawyers, doctors, and dentists, chaplains are given a direct commission from their status as civilians to the Army (Borderud, 2006). This is done because the military cannot produce its own ordained ministers due to constitutional constraints. Therefore, the Armed Services Chaplain Board depends on denominations to endorse chaplains and to insure that they meet the educational, ecclesiastical, and professional requirements for military service. Consequently, one of the primary goals of Army Chaplains is to learn the military skills necessary so that they can provide effective ministry to soldiers in combat and in peace. For the chaplains to be effective in a military environment, they must learn the culture, language and battle rhythm of the people they have been called to serve. They must understand that though they represent their faith tradition, the Army does not have chaplains to promote their own faith based traditions or to establish religion. The chaplain serves in the Army to provide for the religious support needs of its soldiers and family members regardless of faith identification.

As indicated in Army Regulation 165-1, (2009)

The importance and influence of the Chaplain to the religious, moral, and spiritual health of the unit have been valued throughout the history of the Army. Army Chaplains represent faith groups within the pluralistic religious culture in America and demonstrate the values of religious freedom of conscience and spiritual choice. In many nations of the world, religious beliefs influence perceptions of power, diplomacy, law, and social customs. Chaplains provide to commanders and staff invaluable insight into the impacts of religion when developing strategy, campaign plans, and conducting operations. Commanders continue to value the impact of the Chaplaincy in its core commitment to the soul and spirit of the Army to: Nurture the Living, Care for Wounded, and Honor the Dead across the full spectrum of military operations. (p. 1)

In the U.S. Code, Title 10, C, II, 555, § 6031 (2007), it states that as “an officer in the Chaplain Corps {they} conduct public worship according to the manner and forms of the church of which he {she} is a member.” Also: in section B, II, 343, § 3547. “Each chaplain shall, when practicable, hold appropriate religious services at least once on each Sunday for the command to which he {she} is assigned, and shall perform appropriate religious burial services for members of the Army who die while in that command.”

As non-combatants on the battlefield, the chaplain’s role is to conduct themselves as soldiers and as ministers. Soldiers in the sense, that they suffer the same hardships - that is, deployments, combat, airborne operations, separations, and training exercises. Officers in that they receive training in combat operations, i.e., how to understand the tactical environment, war-fighting, and the soldier skills necessary to survive on the battlefield. Ministers in that they perform or provide religious rites/services to those in need. They share religious messages, rites and ordinances, voluntarily, to those who request them. They perform marriages, and funerals. They honor the dead, nurture the living and care for the wounded (Army Regulations, 2009) . “They rejoice with those who rejoice and weep with those who weep” (Romans 12:15-King James Version). They are, many times, the catalyst in the midst of suffering that provides selfless service to soldiers and families in need. One of the United States Army Chaplaincy slogans is “to bring soldiers to God and God to Soldiers.” Its Latin motto on its regimental crest is *Pro Deo Et Patria* (translated) “For God and Country.” This motto is implicitly understood that the chaplains will serve both country and God.

The Army Chaplain Corps is part of the organizational structure of the Army. They support the command, and they are embedded as staff officers at every level in the

military. They advise the command and staff on moral and religious needs. They coordinate and administer religious rites, sacraments, and ordinances in their area of responsibility. They provide and facilitate programs that meet not only the spiritual needs of soldiers and families, but temporal needs like suicide prevention, marriage enrichment, character development, and single soldiers programs. They act as special staff officers to the command so that they can advise them on what the organizational pulse is and where the morale of the organization stands.

According to the Department of Defense Directive 1304.19 (1997) the chaplaincies of the military departments...

are established to advise and assist commanders in the discharge of their responsibilities to provide for the free exercise of religion in the context of military service as guaranteed by the Constitution, to assist commanders in managing religious affairs, and to serve as the principal advisors to commanders for issues regarding the impact of religion on military operations.

They shall also serve a religiously diverse population. Within the military commanders are required to provide comprehensive religious support to all authorized individuals within their areas of responsibility. (p. 2)

However, this religious support at times can be challenging. Borderud (2006) argued that commanders want chaplains to be experts in theology but not make statements or judgments which could exclude soldiers of faith or of no faith. Similarly, the command expects chaplains to be subject matter experts on other religions in the area of operation (AO), but to not promote their own religion or another's faith-based viewpoint. On training, the chaplains are tasked to train soldiers on Army Values and ethics, but not to lecture soldiers on ethical directives from their own faith-based perspective. They are asked to pray at military ceremonies, but in a general manner, i.e., inclusive of many traditions. They are asked to conduct seminars on marriage enrichment

and parenting, but not from a religious perspective. Programs that are advertised, voluntarily, as faith-based can be conducted on a variety of subjects across the religious spectrum from bible studies, to marriage enrichment, etc.

### *Chaplain Ministry*

Army Chaplains offer a broad based ministry to meet the religious needs of a pluralistic religious military community. Army Chaplains are responsible, directly and indirectly, for performing or providing for the free exercise of religion for military members and their families (Department of Defense Directive 1304.19, 2004). With this in mind, Chaplains should remain faithful to the tenants of their religious denomination from which they were endorsed.

This means that they represent the faith tradition of their endorsing community (e.g., Jewish, Protestant, Catholic, Muslim or Buddhist). They mirror and exemplify the doctrines of their faith. They do not force their ideas or their religious belief on others. They let others worship according to the dictates of their own conscience. They let those to whom they minister see their faith through their actions and service.

As stated, attendance at religious worship or in receiving religious ministrations is voluntary. Religious services provided can include worship, religious studies, marriage, burial, programs, and visitation with those who grieve or who have lost loved ones. Religious ministry can be targeted towards a specific faith group, as long as that chaplain meets the faith based requirements to perform their rites and ordinances. Chaplains do not perform for soldiers and families, rites, sacrament or ordinances outside of their faith based tradition.

Chaplains can exercise their own faith-based perspective from chaplain led services in chapels constructed on military installations or in deployments where soldiers (deployments) and family/soldiers (installations) voluntarily choose to worship. However, this is modified for the Protestant chaplains in that they serve a broad based constituency made up of many Christian perspectives under the protestant umbrella (e.g., Methodist, Baptists, Presbyterians, Pentecostals, Southern Baptist, to mention a few). They, generally, offer a nondenominational service based on the tenants of Christianity. Jewish, Muslim, Catholic, and Buddhist chaplains when providing for religious worship serve a homogenous group made up of those from their faith based perspective. They provide worship services based on the doctrines of their particular faith.

Chaplains also encourage those of different faith-based traditions to attend the many religious services conducted on military installations and in the communities that normally surround military reservations. Historically, only 10% to 20% of soldiers and family members, from specific faith-based traditions, attend military services conducted on military installations.

#### *Chaplain Ministry of Presence*

Chaplain ministry to soldiers and family members is also seen in their pastoral counseling. The concept of pastoral counseling has its historical roots in the concept of ministry of presence. This is where the chaplains spend time with their soldiers in the field, getting up at 6:00 a.m., Monday through Friday, in the morning to do physical training, going to the ranges where soldiers practice marksmanship, visiting motor pools where vehicle maintenance is performed, eating at dining facilities where soldiers eat,

visiting hospitals where medical care is provided, and checking on soldiers during their duty day in their work environments.

Soldiers learn to relate to the assigned chaplain when they see their chaplain participating in airborne operations, carrying a rucksack on their back, sleeping on the ground, dirty and exhausted, being in combat and suffering their same maladies. They begin to trust their chaplain and will go to them with their problems for advice and pastoral counseling. Most of the time, they do not look at the chaplain's denominational affiliation; they look at their ability to care. Trust tends to grow as the chaplain's ministry of presence increases among the soldiers.

As chaplains are able to understand their soldiers and family members and experience their life style, their ability to be trusted increases. Albert Schweitzer called this concept, the fellowship of the mark of pain. It's those who learned by experience what pain and suffering mean. "They are united by a secret bond" (Cousins, 1984, p. 44).

Chaplains understand the horrors of war, and the suffering of mental anguish (social, emotional, and spiritual) whether it is during combat or peace. They value the concept of the "fellowship of pain", and understand its bonding force. The chaplains' eyes are open because they can feel and experience what their soldiers are experiencing. They can minister to their soldiers because they have experienced the same difficulties of combat, the affects of pain, and have traveled the same road their soldiers have traveled. Though, they may not experience all that their soldiers and family members experience, they can be trusted to listen and to keep confidences. They do not sit in an office and wait for their soldiers to come to them. They go to their soldiers. They deploy with their soldiers, and from this concept, ministry of presence, come many of their scheduled

appointments for pastoral counseling. With this trust, their soldier's will turn to their chaplains in times of grief, crisis, and trauma.

*Ministry to Soldiers and Families Across Institutional Boundaries*

Another factor of chaplain ministry is their constant cross-over into institutional boundaries. Institutional boundaries are defined as those agencies in the military which work with soldiers and family members in an effort to take care of them temporally, psychologically, and physically. Chaplains are afforded the privilege to move between these agencies, as silent ombudsmen/ombudswomen, in support of soldiers or family members. Many times this cross over takes place at the request of soldiers and family members (see Figure 2.1).

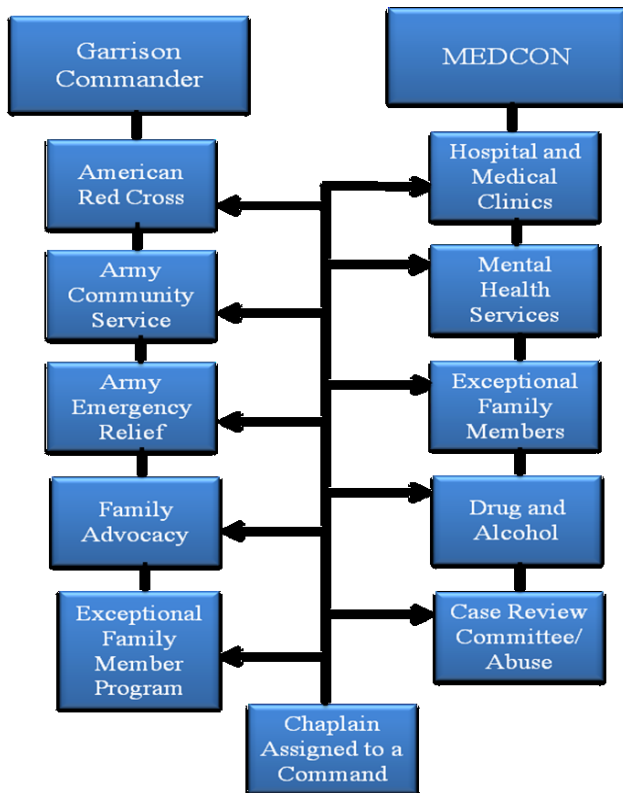


Figure 2.1. Institutional Cross-over of Chaplain Ministry (advocate for soldiers and family members). Note: MEDCOM=United States Army Medical Command.

Though it is not written in Army regulations, chaplains have a historical precedent for helping and assisting soldiers and family members in need, especially when they are involved with other Army agencies (Ackermann, 1989; Brinsfield, 1997; Gushwa, 1977; Norton, 1977; Thompson, 1978; Venske, 1977). It is understood by these agencies that when the chaplain asks questions they are asking them in the best interest of the institution and the soldiers or family members involved. Some of these agencies involved in this cross over are the medical health service corps which includes medical professionals, mental health providers, and drug/alcohol specialists. Other installation programs included in this cross-over are: Army Community Services, Army Emergency Relief, Family Advocacy, Legal, Housing, and Child Day Care Services.

It should be noted that no research has been done on the stresses associated with institutional cross-over by chaplains. This is another area where chaplains share the burden of caring. They function as an advocate for soldiers in a system that can be unwieldy, at times, to the needs of the men and women in the Army that they have been called to serve.

#### *Chaplain Ministry - Programs for Soldiers and Families Members*

As one of the primary proponents in the military that works with families and soldiers, chaplains are charged with advising the commander on religious matters, assisting soldier and families and in developing programs to improve the overall readiness of soldiers and families members. According to Army Regulations chaplains will contribute “to the enrichment of marriage and family living by assisting in resolving family difficulties” (Army Regulation 165-1, 2009, p. 7).



In helping to assist soldiers and families in resolving difficulties, the US Army Chaplaincy has been involved in numerous programs to help lessen the stresses associated with a military life style. One of these programs is Strong Bonds. Strong Bonds is a training program aimed at increasing soldier readiness by increasing skills in building and maintaining life-long relationships. It has three components: Strong Bonds for Families, Strong Bonds for Singles, and Strong Bonds for Married Couples. Programs such as Strong Bonds can be a viable vehicle to lessen the stresses associated with long term deployments and help soldiers and family members throughout the Army (Stanley, et al., 2005; Van Epp, 2005, 2008).

Historically, chaplains have been involved in a myriad of programs that have been developed through the years to help soldiers and families. Examples of programs that teach and train soldiers are suicide prevention, Army Values, character development and moral leadership (Brinsfield, 1997, Shoomaker, 2005). A brief overview is given of each program.

#### *Suicide Prevention*

Chaplains train suicide prevention at least semi-annually. The purpose of the training is to make soldiers aware of the factors that cause suicide and to provide a way for those who are in pain to receive help. On 11 February 2008, the Army G-1 met with the Surgeon General, the Chief of Chaplains, and the Director, Human Resources Policy, G-1 to discuss and develop an Army Suicide Prevention Action Plan. The purpose of the meeting was to focus on a prevention strategy designed to reduce the stigma of those seeking help; facilitate better access to behavioral health providers; and raise awareness with Army leadership especially junior leaders. This provided the commanders with the

tools necessary to implement programs at the lowest level to include lessons learned, analysis, and how to increase life skills (Information Paper, 2008). The chaplains plays a major role in facilitating programs at the lowest level in that they are imbedded in the units of the Army, and usually are tasked to provide suicide prevention training in conjunction with mental health professionals.

### *Army Values*

As soldiers in the military, they belong to a culture. This culture is influenced by many factors: tradition, history, warrior's ethos and the Army values. Values are defined as the ideals, customs, or norms of an institution which its members hold in high regard. In the Army values are used as a standard to measure success in the areas of leadership, soldier readiness, professional development, and mission accomplishment.

In Army Regulation 600-100 (2007) it reads that "Army Values are the baseline, core, and foundation of every soldier. They define all soldiers: who they are, what they do, and what they stand for. They drive soldiers internally (their beliefs) and externally (their actions), at home and work, in peace and war" (p. 16). The Army values are: Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage (LDRSHIP). The chaplains often find themselves teaching Army Values when tasked by the command. It is also stressed as an important component of the Commander's Moral Leadership Training Program (see Army Regulation 600-100, p. 10).

### *Character Development and Moral Leadership*

Following World War II, character development was seen as an integral part of a soldier's training. Programs were developed to train soldiers not only during basic training but during the life cycle of the soldier. While the training of good moral

character is generally accepted by the military of today, the ability to inculcate Army values and moral virtues as a development component for soldiers has been a topic for debate.

In 1947, the Universal Military Training (UMT) Unit was established, as an experimental unit at Fort Knox, Kentucky, to help transition young men into the military (Loveland, 2001). The purpose of the unit was to smooth a soldier's transition from civilian to military life. According to Durden (1952), the goals of the program were: "(1) the development of well-disciplined and good basically trained soldiers, and (2) The making of a better citizen, mentally, morally, and physically" (p. 12).

From this experimental unit emerged a program called Character Guidance. Part of the soldier's training during UMT was in citizenship and moral instruction. The Secretary of War, Robert Patterson, became so enamored by the moral aspects of the program which the trainees received that he ordered his field commanders to institute the training of basic morality throughout the Army. To do this a Character Guidance program was developed, and was made official in Circular 231, Department of the Army, 27 July 1948. Its primary proponent for instruction and curriculum development became the Chaplain Corps.

From this beginning, the Character Guidance program had as its objective to develop a sense of responsibility in the individual soldier. The program lasted from 1947 to 1977. The chaplains were targeted as the vehicle to implement the program and for a period of 30 years developed lesson plans to bring about the teaching of Character Guidance (Loveland, 2001).

The Chaplain Corp institutionalized a concept called the Chaplain's Hour. The methodology was lecture format with topics selected which included lesson plans that were deemed appropriate for the development of character. This was a commander's program and like the programs that we have today: consideration of others, safety stand down days, suicide prevention, sexual harassment and equal opportunity; it was the commander's responsibility for implementation.

The program lasted for thirty years. The chaplains were an integral part of the program and according to estimates over 1 million soldiers were the beneficiaries of the character guidance curriculum. In an antidotal conversation with Chaplain William A. Greenebaum when he was the assistant division chaplain of the 7<sup>th</sup> Infantry Division; he stated that, "the character guidance program was to a large extent based on the personality of the chaplain that gave the instruction. Those who were interesting engaged their audiences. However, by and large, the program was done in lecture format and delivered in Post theaters to large groups of soldiers" (Theodore, personal communication, October, 1985). According to Loveland, (2001) the demise of the character guidance program was a mixture of the changing times, i.e., the lack of support from the command, and the aftermath of the Vietnam War.

Today, the chaplaincy has been challenged to engage in the area of moral leadership. In a report released 4 May 2007 by the DOD Mental Health Advisory team which has been conducting studies on the mental health and well being of Marines and soldiers in Iraq since 2003, its findings may have implications for moral leadership and character development training for the United States Army Chaplaincy. It states that soldiers deployed for six months or longer may suffer from mental health problems. The

article reported that approximately 10% of soldiers and marines have been mistreating non-combatants or damaging their personal property. It also, stated that 1/3 of all marines and soldiers interviewed for the article stated that it was okay to use torture as a technique to save the life of a battle buddy (News Release, 2007).

In the Army Field Manual (FM) 6-22 (2006), it states it is the leader's responsibility is to create an environment where character development is encouraged and that leaders hold themselves and their soldiers to the highest standards of moral conduct. It quotes, "Doing the right thing is good. Doing the right thing for the right reason and with the right goal is better. People of character must possess the desire to act ethically in all situations. One of the Army leader's primary responsibilities is to maintain an ethical climate that supports development of such character. When an organization's ethical climate nurtures ethical behavior, people will, over time, think, feel, and act ethically. They will internalize the aspects of sound character" (p. 4-12).

The goal of the character guidance programs identified by the chaplaincy was to develop moral responsibility and self discipline in the individual soldier. Today's program in moral leadership and character development has the same goal. The chaplains are again looked upon as subject matter experts in these areas to train and to teach.

Programs such as suicide prevention, Army Values, moral/ethical leadership, and character development provide training opportunities which commanders can conduct to improve readiness, take care of soldiers/families, and strengthen morale. The chaplain is a critical officer on the commander's staff who can provide this training.

In the military environment, chaplains work in support of religious needs, they also provide: pastoral counseling, work with marital concerns, impart instruction on

ethics and suicide prevention; conduct seminars concerning family and single soldier issues, work with those suffering from symptoms of PTSD, maintain pastoral counseling schedules, and participate in a wide variety of training with soldiers.

Compassion fatigue as a factor which influences the ability or inability of chaplains to meet the needs of soldiers and family members could be caused by their increased load in pastoral counseling, pastoral visits, and in working with those who suffer. As chaplains honor the dead, take care of those who grieve and counsel with and hear the narrative stories of those involved in combat; they can be traumatized by war and the significant emotional events of others. This can manifest itself in sleepless nights, sadness, general anxiety, and depression (Figley, 1995, 2002). This suggests that chaplains can also suffer secondarily as caregivers in ministering to others. Conversely, the spiritual resiliency of the chaplain corps plays a vital role for chaplains as they continue to minister in this challenging and demanding environment.

## Part II

### Compassion and Fatigue and Other Concepts Related to Compassion Fatigue

One of the Army chaplains' mottos is "courageous in spirit, compassionate in service". Caring for soldiers and family members is a central theme of the chaplaincy. Having compassion in working with and serving others is viewed by the chaplains as 'care work'. However, little research has explored the consequences or the phenomenon of compassion fatigue on chaplains and their care work.

Compassion has been defined by Kanov et al. (2006) as "noticing another's suffering, feeling the other's pain, and responding to the person's suffering" (p. 169). Similarly, compassion as defined by Boyatzis, Smith, and Blaize (2006) has three key

elements: (1) empathy and understanding, (2) caring for others, and (3) the ability to act. The authors argued that all three components must be present to define compassion.

Bateman and Porath (2003) suggested that “compassion is about allowing one’s feelings to guide one’s actions in response to the pain experienced by others” (p. 131). In feeling the pain of others and working with that pain, Webster’s New Collegiate Dictionary (1979) defined compassion as “sympathetic consciousness of others’ distress together with a desire to alleviate it” (p. 227). While these definitions share elements that are in common with compassion (e.g., Batemen & Porath, 2003; Boyatzis, et al., 2006; Kanov et al., 2006; Webster New Colligate Dictionary, 1979), chaplains come from backgrounds that define compassion according to a religious perspective.

From a Judeo-Christian viewpoint, compassion can be seen as the ability to serve and to care for others. This is evident in the parables of the Good Samaritan, the Lost Sheep, and in the Great Commandment of “love thy neighbor as thyself” (Luke 10:25-37; Luke 15:1-7; Leviticus 19:18).

A Judeo-Christian perspective teaches the concept of compassion, to put your needs not above others, e.g., when you have lost yourself then you have found yourself, or to love God with all your heart, might, mind and strength (Deuteronomy 6: 4-6). This frees you so that you can serve others with a compassionate heart. In the Judeo-Christian faith, when you are in the compassionate service of others than you are in the service of your God. That is “execute true judgment, and shew mercy and compassion every man to his brother” (Zechariah 7:9).

Similarly, Saritoprak and Griffith (2005) argued that compassion is a critical theme of Islam. Islam teaches one to be compassionate and merciful – one has a

responsibility to show compassion to all things. Buddhists (Goleman, 2003) also teach the concept of compassion and bearing up the pain of others as a contrast to love. That is, “the wish that others may be free from suffering and the causes of suffering, while love is defined as the wish that others be happy and find the causes for happiness” (p. 143).

These teachings represent primary concepts in the chaplains’ theological background. The Jewish and Christian chaplains come from their Old and New Testament environment; the Muslims from the Qur’an, and the Buddhists; the Buddhavacana “the Word of Buddha”. These “scriptures”, “canonical texts”, or “sacred writings” act as guidelines in the chaplains’ care work with others.

While compassion deals with working with another’s suffering, hearing and joining them in their pain, and being merciful, little has been written about the concept of fatigue in the compassion fatigue literature. One explanation of fatigue, in a clinical setting, is usually associated with chronic fatigue syndrome (Barofsky & Legro, 1991) and is defined in terms of psychological or physical symptoms (Bartley, 1979; Michielsen, De Vries, Van Heck, Van De Vijver, & Sijtsma, 2004).

Fatigue as a definition has been labeled, historically, as a human condition where one is viewed as tired, exhausted or unable to perform work duties due to the stresses of life. In Webster’s New Collegiate Dictionary (1979) it is defined as “weariness from labor or exertion,” (p. 414). As a construct for measurement in the literature, it is viewed as (1) dealing with drugs and vitamins, (2) changes in the various functions of the body, (3) energy used in various situations in the work force, and (4) deterioration in intellectual and performance type activities (Bartley, 1979). Fatigue has a storied history



as to definition, much of the literature deals with the medical and psychological aspects of fatigue, and those produced by stress, primarily pertaining to work.

Fatigue as a religious construct is not defined in the literature though it is understood in the Judeo-Christian viewpoint as a consequence of an individual's labor - "Come unto me all ye that labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn of me; for I am meek and lowly in heart: and ye shall find rest unto your souls." "The Lord is my shepherd; I shall not want, He maketh me to lie down in green pastures; He leadeth me beside the still waters. He restoreth my soul" (Matthew 11:28; Psalm 23:1-3). These scriptures from the Old and New Testament, and others like them, give one hope in a world of suffering and pain. However, they do not deal with the construct of fatigue. That is, it is understood in the context of rest, being restored, and in trusting the Lord.

However, in combining "compassion" with "fatigue" with ones care work chaplains can experience what has been called compassion fatigue which can affect their ability or inability to bear the suffering of others.

### *Compassion Fatigue*

Joinson (1992), in an article warning nurses about the affects of burnout, first developed the term compassion fatigue. She suggested that compassion fatigue was a unique form of burnout which affected care providers. However, Figley (1995, 2002) is credited with creating the definition and with developing a theoretical concept of compassion fatigue as it relates to trauma. He argued that compassion fatigue is the consequence of hearing the traumatic stressful material of others, and the strain experienced by helping those who suffer. This means that the chaplain can be affected by

stressful or traumatic events and suffer symptoms. It is the cost of caring. Some of the symptoms of compassion fatigue include but are not limited to:

- Emotional and physical exhaustion which can emerge w/out warning
- Withdrawal
- Reluctance to discuss the problem/s - resulting in high levels of stress
- Irritability typically expressed outside of the workplace (Figley, 2002, p. 7).

In his early work with Vietnam veterans, Figley (1978) stressed the effect that transference and counter transference had on the caregiver who work empathically with survivors of combat. He believed that the effects of compassion fatigue increased as clinicians worked with trauma survivors, and that care providers needed to be aware of its consequences.

Figley also explained that the emotional pain experienced by caregivers was the cost of caring and that compassion fatigue is a-

state of exhaustion and dysfunction - biologically, psychologically, and socially- as a result of prolonged exposure to compassion stress and all it evokes. Prolonged exposure means an ongoing sense of responsibility for the care of the sufferer and the suffering, over a protracted period of time” (Figley, 1995, p. 253).

However, a discussion about the definition of compassion fatigue is not complete without defining PTSD and its relationship to compassion fatigue. PTSD has been defined in the DSM- IV (APA, 1994):

The essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to ones physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. (Criterion A1)

Figley (1995, 2002) suggested that individuals, particularly caregivers, can be harmed or traumatized, vicariously, by the stressful events experienced by others through simply learning indirectly about them. Traumatic events include but are not limited to: “military combat, violent personal assaults, physical attacks, being kidnapped, . . . terrorist attack, torture, incarceration as a prisoner of war . . . natural or manmade disasters, severe automobile accidents, or being diagnosed with a significant life-threatening disease” (APA, 1994, p. 424).

Figley argued (1995) that the symptoms of PTSD are similar to secondary trauma—that is, the traumatized individual may get PTSD; however, the caregiver listening to the stressful events of others can develop a secondary traumatic stress disorder or as Figley liked to call it, compassion fatigue. In other words, it is experienced as indirect trauma of the client (see Table 2.1 for symptoms of Compassion Fatigue/Burnout).

Much of the early literature dealing with compassion fatigue focused on first responders (e.g., disaster workers, trauma counselors, and others) and the effect that trauma and stressful events had on them. During the last 20 years, the work of Figley (see e.g., Adams, Figley, & Boscarino, 2008; Figley, 1995, 2002) and others like him (e.g., Kanter, 2007; Sabo, 2006; Stamm, 2002; Valent, 2002) have enlarged the concept and focused on how compassion fatigue effects all caregivers.

This has increased the literature in the field of compassion fatigue by: developing instruments for measurement (Bride, Radey, & Figley, 2007; Stamm, 2002, 2005), creating models of compassion fatigue (Figley, 1995), developing self care programs (Gentry, et al., 2002; Gough, 2007; Roberts, Ellers, & Wilson, 2008) and opening an

institute for research which focuses on the long term consequences of stressful/traumatic events.

Table 2.1

*Symptoms Caregivers Can Experience Because of Compassion Fatigue/Burnout*

<b>Cognitive</b>	<b>Emotional</b>	<b>Behavioral</b>	<b>Spiritual</b>	<b>Personal Relations</b>	<b>Somatic</b>	<b>Work Performance</b>
Lower concentrations	Powerlessness Anxiety	Inpatient Irritable	Question the meaning of life	Withdrawal	Shock Sweating	Low morale Low motivation
Decreased self esteem	Guilt Anger/rage	With drawn Moody	Loss of purpose Lack of self satisfaction	Decreased interest in sex Mistrust	Rapid heartbeat Breathing	Avoiding tasks Obsession about details
Apathy	Survivor Guilt	Regression	Pervasive	Isolation from others	Aches and pains	Apathy
Rigidity	Shutdown	Sleep disturbance	Hopelessness			
Disorientation	Numbness	Nightmares	Anger at God	Over protection	Dizziness	Negativity
Perfection	Fear	Appetite	Questioning religious beliefs	Projection of anger or blame	Increased Number of medical maladies	Lack of appreciation
Minimization	Helplessness	Hyper-vigilance	Loss of faith	Loneliness		Detachment
Preoccupation with trauma	Sadness	Elevated startle response	Greater skepticism about religion			Poor work commitments
Thoughts of self harm or harm of others	Depression Emotional roller coaster		Interpersonal /conflicts			Exhaustion
	Sensitive					

Note. Adapted from *“Treating Compassion Fatigue,”* by C.R. Figley, p. 7. Copyright 2002 by Charles Figley.

It is important for chaplains to be aware of the concept of compassion fatigue and to understand that their care work with those who suffer from traumatic stressful events can personally affect them. Also, Figley (1995) suggested that caregivers who are vulnerable to compassion fatigue are those who have a rescuer mentality. This could have implications for the chaplain corps.

Compassion fatigue is the common term now used in the literature. This is so therapists, social workers, chaplains and other mental health professionals do not feel the stigma of a label such as secondary traumatic stress disorder, or vicarious trauma. For the purpose of this dissertation compassion fatigue will be defined as the ability or inability of the chaplain to bear the suffering of others. The following description of secondary/vicarious trauma is provided with a review of the literature concerning its effects.

*Secondary/Vicarious Trauma (Compassion Fatigue)*

Secondary trauma is what Figley regarded as compassion fatigue. However, in the literature it has been defined as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress results from helping or wanting to help a traumatized or suffering person” (Figley, 1995, p. 7). This is the natural consequence of what happens to the caregiver when they help an individual who is suffering from traumatic stressful life events. This is what Figley (1995) labeled as compassion fatigue.

Figley also argued (1999) that secondary exposure to traumatic events is like primary exposure; however, the difference is that exposure to the stressful event traumatizes the second individual (i.e., the caregiver). Negative effects of exposure are similar to PTSD: intrusion, avoidance, and arousal (Bride et al., 2007). However, Stamm (1999) believed that PTSD, like symptoms in the caregiver, is connected to the victim’s traumatic experiences and not the caregiver’s. Figley (1995) believed that vicarious trauma occurs when an individual is affected by contact with others who suffer from the consequences of war, accidents, disasters, and other traumatic stressful events.

Though secondary traumatic stress (STS) has not been defined as vicarious trauma (VT), it is similar to it and is another explanation associated with the concept of the cost of caring (Figley, 1995, 2002). However, Jenkins and Bird (2002) believed that VT and STS differ conceptually in that one (STS) emphasizes the emotional/social consequences of trauma, while the other (VT) focuses on cognitive influences of trauma.

Following the development of the concept of vicarious traumatization (e.g., McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Saakvitne & Pearlman, 1996), they conceptualized vicarious trauma as the process or transformation of the inner experience of the therapist due to the empathic engagement with victims and their traumatic material. These affects can be cumulative and permanent, and can occur in the caregiver's career and personal life.

McCann and Pearlman (1990) also suggested that vicarious trauma is described as "pervasive changes that occur with clinicians over time as a result of working with clients who have experienced ...trauma" (p. 4). In examining the affects of vicarious/secondary trauma, Stamm (2002) found in a study of care givers (N=374) working with traumatic events in South Africa such as: war, burglary, and rape that exposure to traumatic events increased the risk of secondary trauma in the care giver and hence increased their compassion fatigue. Also in a study conducted by Adam, et al. (2008) in which a random sample of social workers was taken (N=236) who had been involved in the World Trade Center Disaster (WTCD) showed that exposure to secondary trauma increased their susceptibility to compassion fatigue.

Meldrum, King, and Spooner (2002) who investigated the impact of compassion fatigue on mental health services case managers (N=300) in Australia, found that 18% of

those surveyed who experienced symptoms of secondary traumatic stress reported increased levels of compassion fatigue similar to those who met the criteria for PTSD. The Florida Secondary Traumatic Stress Scale was used as the measurement scale in this study. The results indicated that secondary stress was an occupational hazard of those who worked in mental health case management.

Another study of certified health providers (N=6,720) was conducted to see if care providers were at risk for compassion fatigue and burnout. This study more closely emulates the general population of Army chaplains – that is, it took into account their daily practice and did not assess only those providing mental health services to the traumatized. The data showed that only 13% of the population sampled was at risk for CF. However, the CF levels were higher for psychiatrists who tended to deliver increased care to traumatized individuals and therefore were more susceptible to the effects of vicarious/secondary trauma. It should be noted that one limitation of the survey was a 19.5% response rate, which though respectable, was not superior (Dillman, 2007; Sprang, Clark, & Whitt-Woosley, 2007).

Boscarino, Figley, and Adam (2004) in research from the September 11, 2001 WTC disaster found that those who were “more involved in counseling victims of the attack were at greater risk for compassion fatigue” (p. 2). They also found that a supportive environment help to reduce the symptoms of compassion fatigue.

Secondary /vicarious trauma can vary despite their similarities. However, both are considered to be part of what makes up compassion fatigue and have been used in the literature to show a relationship of the caregiver to bear the suffering of others. It should be noted that Figley developed the term compassion fatigue to be more user friendly than

secondary traumatic stress. This has caused difficulty with the term in that it is considered secondary trauma.

### *Burnout*

As mentioned in the literature, burnout can happen with caregivers engaged in care work (see e.g., Maslach, 1982, 2003; Maslach, Schaufeli, & Lieter, 2001; Maslach, & Lieter, 2008 for discussion). Burnout is a condition “of emotional exhaustion, depersonalization, and reduced personal accomplishment that occur among individuals who do people work” (Maslach, 1982, p. 3). It has been described as the constant strain of working with those who are troubled or have serious concerns. The distress comes from the social interaction between the caregiver and the person being helped. As a concept, it has often been associated with the stresses related to the work environment (Maslach, 2003).

Freudenberger (1975), a psychiatrist, first coined the term burnout with his colleagues from his observations of helping drug addicts while working in a free clinic. It was first studied in this care giving environment and had its roots in the relationship between the caregiver and the recipient of care work. Freudenberger, while studying emotions in the work place, described how he and his colleagues experienced a decrease in emotion, motivation, and commitment to their work while working with individuals in need. They labeled it burnout which referred to the chronic use of drugs by an abuser as being ‘burned out’.

The primary concept of burnout, in the work environment, deals with relational transactions. Later burnout was developed into a broader concept of not just relational transactions of stress in the work place and its effect on the individual, but how burnout influences family, friends and associates (Maslach, et al., 2001).



The concept of burnout was developed into a theoretical framework by Maslach (1982). It has three primary concepts which have been labeled as emotional exhaustion, depersonalization, and diminished personal achievement. These three dimensions remain the primary constructs to this day for understanding burnout (Maslach, et al., 2001), and more specifically, in understanding how the stresses of work arise from the social interaction between the caregiver and the recipient of care work (Maslach, 2003).

#### *Emotional Exhaustion*

Of the three dimensions, emotional exhaustion has been labeled as the most significant construct in the syndrome, and the most extensively analyzed. Most people when they describe themselves as experiencing burnout they explain it as exhaustion. Exhaustion explains the stress dimension of burnout and one's inability to cope. Its significance is that it causes an individual to distance themselves emotionally and cognitively from the work environment. The emotions elicited in care work can exhaust the care giver and produce burnout. The care giver can experience emotional overload/exhaustion caused by over exerting him or herself and can feel overwhelmed by the demands of others (Maslach, 2003; Maslach, et al., 2001).

#### *Depersonalization*

The second dimension of burnout is depersonalization. "Depersonalization is an attempt to put distance between oneself and service recipients by actively ignoring the qualities that make them unique and engaging people. Their demands are more manageable when they are considered impersonal objects of work" (Maslach, et al., 2001, p. 403).

This detachment causes depersonalization where the caregiver looks at others differently than before, that is before suffering from the effects of burnout. The caregiver can become disillusioned with helping others. They can care less, develop negative attitudes in their care work, and even despise those they want to help (Maslach, 2003).

#### *Personal Achievement*

The last dimension is decreased personal achievement. This has been described as experiencing feelings of incompetence and inability to be productive at work. It can be a combination of exhaustion and depersonalization where in a work situation the excessive demands of work slowly erode one's efficacy. Maslach (2003) explained this as feeling down on oneself as seeing yourself as cold and uncaring. This reduces the ability of the caregiver's attitude towards personal accomplishment (i.e., they feel inadequate).

Figley (1995) suggested that burnout, as a syndrome, is a cumulative process primarily caused by exhaustion that wears the individual down; while, compassion fatigue can occur suddenly caused by exposure to traumatic material. It should be noted that the possibility of developing compassion fatigue increases with the presence of burnout. Burnout may be an important antecedent to compassion fatigue (Figley, 1995). However, compassion fatigue is considered by some to be a combination of burnout and secondary trauma brought on by the care work provided by the caregiver due to contact with traumatic material (Adams, et al., 2006; Sabo, 2006).

Data collected from surveys of social workers who were involved in the World Trade Center disaster of 9/11 showed that increased levels of compassion fatigue were

detected. The study argued that increased levels of compassion fatigue were caused by burnout and secondary trauma (Adams, et al., 2006).

In a study examining the effects of burnout and compassion fatigue on therapists who worked with torture victims, they found that those therapists who processed the traumatic events with their clients had a negative relationship to burnout and compassion fatigue. Conversely, those therapists who did not work through the traumatic material with their clients had higher levels of compassion fatigue and burnout. This study suggested that it was not the exposure to the traumatic material that caused increased levels of burnout/compassion fatigue so much as what the therapist did to counter the risk related to the symptoms - that is, strategies used in counseling, self-care interventions, group processes, degree to which working through issues was practiced or avoided by the therapist (Deithton, Gurriss, & Traue, 2007).

Flannelly, Roberts and Weaver (2005) in a study of 343 clergy which included 79 chaplains from the New York WTC disaster of September 11, 2001 found that the number of hours that disaster relief counselors worked was directly related to their level of burnout and compassion fatigue.

Therefore, we can say that the likelihood of developing compassion fatigue is increased by the presence of burnout and is an important factor to guard against in the caregiver's ability to bear the suffering of others (Figley, 1995; Sabo, 2006). If burnout is indeed an antecedent to compassion fatigue or is a combination of burnout and secondary trauma which causes compassion fatigue, then further research on its effects on the chaplain is justified.

### *Compassion Satisfaction*

Much of the literature on compassion fatigue suggests that those who work with traumatic material can suffer from its effects (see Figley, 1995, 2002; Bradey, Radey, & Figley, 2007; McCann, & Pearlman, 1990; Stamm, 2002 for discussion). On the other hand, it is believed that to understand the negative costs of caring, one must also appreciate the positive aspects that come from care work (Stamm, 2002). Stamm found that care providers who were exposed to the traumatic materials of others suffered from the affects of compassion fatigue. However she was intrigued with the protective factors that lessened the effects of compassion fatigue on the caregiver. Therefore, she developed a compassion satisfaction scale to measure the positive effects of care giving and to assess if there was, indeed, a relationship to compassion fatigue. She argued that the compassion fatigue measurement scale developed by Figley (1995) focused only on negative symptoms. Her scale asked positive questions parallel to the negative aspects of care work.

Compassion satisfaction is defined by Stamm (2002, 2005) as the ability to gain or receive a sense of meaning or purpose from the help that is given to others. This help can lessen or mitigate the psychological effects caused by compassion fatigue. Stamm (2002) also posed a general question from her research “Could a person be at high risk for experiencing compassion fatigue and, at the same time, still experience high compassion satisfaction” (p. 113)? Stamm found that the concepts of compassion satisfaction and compassion fatigue, two constructs that influence caregivers, are not mutually exclusive, but complementary. There is a relationship between them. Studies showed that compassion fatigue and compassion satisfaction can happen simultaneously -

that is, they can affect one another in that compassion satisfaction helps lessen the effects of compassion fatigue (Bride, Robinson, Yegidis, & Figley, 2004; Stamm 2002).

Similar to other studies, higher levels of compassion satisfaction is related to lower levels of compassion fatigue. For example, Sprang, et al. (2007) found that training programs in trauma lessened the levels of CF in caregivers and helped to increase their levels of compassion satisfaction and reduce compassion fatigue.

This aspect of training concerning compassion satisfaction was also reported by Ortlepp and Friedman (2002) in a study of South African lay trauma counselors who were affected by secondary trauma. Also, Van Hook (2008) in a study of child care workers in a Florida community based organization found that with increased levels of compassion satisfaction there was decreased levels of compassion fatigue.

Training in clinical pastoral education (CPE) was directly related to higher levels of compassion satisfaction in a study by Flannelly, et al. (2005). They found that the CPE effect demonstrated especially in chaplain/clergy who were more likely to experience lower levels of burnout and compassion fatigue, and higher levels of compassion satisfaction than clergy who did not have CPE training.

The literature clearly demonstrates a relationship between compassion fatigue, burnout and compassion satisfaction that is worth further study. The literature also suggested that compassion satisfaction mitigates the effects of compassion fatigue.

### Spirituality

Spirituality though difficult to define has been described as a universal concept (Goddard, 1995). In a study conducted by the Princeton Institute of Research, they reported that in the United States 96% believed in God, 90% prayed, 69% were affiliated

with a religious organization, and 43% in the last 7 days attended a church, synagogue, or temple. Though these statistics may seem impressive, understanding spirituality can be confusing. Many argue that it is personal. It does not have to be related to organized religion. It changes over time and is defined differently by individuals according to the different stages of an individual's life (Cashwell, 2005).

Despite a renewed interest in spirituality, in the last decade, there still is not a clear definition of what spirituality means (e.g., see Bergman, 2004; Bubnack, 2007; Cashwell, 2005; George, Larson, Koenig, & McCullough, 2000; Moreira-Almeida & Koenig, 2006; Sperry, 2008; Tanyi, 2002; Vachon, Fillion, & Achille, 2009 for discussion). Nor is there a consensual definition of what it is or what it is not. Others argued that the likelihood of achieving a definition is improbable due to cultural relativity (Sperry, 2008). Many, however, believe that spirituality and religion are often used to define the same concept and that conceptual consensus will not be achieved until agreement is understood concerning its established elements (Goddard, 1995). Still others suggested that spirituality is (1) a dynamic process and (2) a developmental and conscious process internalized deep within the individual, and transcendent with a higher power/purpose (i.e., a purpose for this life and death) (Vachon, et al., 2009).

Tanyi (2002) reported that spirituality is concerned more about an individual's search for meaning while religion entails an organized set of beliefs about God or a higher power. Though similar in nature, they can be defined as different constructs (i.e., spirituality being part of organized religion or defined separately according to an existential meaning).

Koenig, McCullough and Larson (2000) defined religion as “an organized system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent God, higher power, or ultimate truth/reality” (p. 18). Spirituality was defined as “the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship with the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community” (p. 18).

In the Department of Defense (DoD) document (1995) dealing with military organizations, the meaning of religion has been defined as “a personal set or institutionalized system of attitudes, moral or ethical beliefs, and practices that are held with the strength of traditional religious views, characterized by ardor and faith, and generally evidenced through specific religious observances” (DoD, p. 17).

However, religion in the Army, when dealing with a conscientious objector, (i.e., one who objects to participation in war or the bearing of arms because of religious conviction) has been defined as a strongly held belief to an “external power or being or a deeply held moral or ethical belief to which all else is subordinate” (AR 600-43, 2006, p. 27). This means, though it may sound contradictory to the Department of Defense Directive, the meaning of religion does not have to be defined by a religious body or organization.

The quest for understanding spirituality and obtaining meaning will continue for the foreseeable future. However, this makes it difficult to measure a concept where there is not a standard concerning its meaning and definition.

Regarding the measurement of spirituality, Koenig (2008) argued that instruments that measure spirituality primarily focus on religious beliefs. He suggested spirituality should be measured with concepts that tap personal religious beliefs, attitudes and faith traditions. He reported that “spirituality should not be measured by positive psychological, mental health or human characteristics” (p. 354). Just as general health should not be contaminated or measured by using items from spirituality or religion. He indicated that relationships can be measured between and among the variables of health, spirituality, and religion, as long as they are not contaminated. This means that the constructs or sub-scale are kept separate and measured using a categorical approach.

Therefore the absence of a standard definition for spirituality has made it difficult to measure this construct. As empirical data increases concerning spirituality, and as clinical, religious and theological studies compare their findings, a more complete concept of spirituality may emerge (Vachon, et al., 2009).

#### *Spirituality-Compassion Fatigue, Burnout and Compassion Satisfaction*

The literature on spirituality and compassion fatigue is limited. However, Simpson (2005) in a study of counseling professionals (N=228) from 15 different regional mental health centers in Mississippi indicated that spirituality had a negative relationship towards compassion fatigue (that is, higher scores of compassion fatigue predicted lower scores in spirituality). The Spiritual Involvement and Belief Scale, and the Compassion Satisfaction/Compassion Fatigue Self Test for Helpers were used as measurement tools (Figley, 1995). Also, the study reported that counselors who had a previous history of personal trauma tended to have lower levels of spirituality.



Similarly, Reese (2008) reported that with emergency care workers (N=89) in a level 1 trauma center that data suggested a trend towards significance concerning compassion fatigue and spirituality. He also found an inverse relationship between age and compassion fatigue. Other positive relationships were among age, years of experience, existential well being and burnout. Instruments used for measurement of spirituality, compassion fatigue, compassion satisfaction, and burnout were the Professional Quality of Life Scale R-IV (Pro QOL IV) and the Spiritual Well-Being Scale (Paloutzian & Ellison, 1982; Stamm, 2005).

Also in a study conducted by Golden, et al. (2004) with United Methodist clergy (N=700) concerning burnout and spirituality, they found that “the less one feels oneself in intimate relationship with the Divine, the greater the likelihood for burnout” (p.123). There was also a negative relationship among clergy concerning age and burnout. Furthermore, levels of spirituality predicted significance towards burnout. Though, they were incremental.

### *Spiritual Well-Being*

Paloutzian and Ellison (1982) developed the Spiritual Well-Being Scale (SWB) which many consider to be the most widely used scale today to measure spirituality. In a review of literature using a PsycINFO search, Koenig (2008) found 187 articles or research studies that named this scale as a primary measurement for spirituality.

Researchers have found that spirituality is one indicator which describes ones quality of life. Ellison (1983) suggested that spirituality as an indicator of quality of life could be conceptualized both psychologically, and spiritually. To measure these concepts a spiritual well being scale was developed as a self report instrument to assess

quality of life according to spiritual well-being. Two subscales make up the instrument. The first, religious well being (RWB), pertains to ones satisfaction with God, and the second subscale, existential well-being (EWB) assesses purpose and satisfaction with life. It is a two dimensional construct with the vertical element relating to God or a higher power, and the horizontal element focusing on self and ones purpose in life. It is a non-sectarian instrument used in a wide variety of research settings to evaluate spiritual well-being.

### *Resiliency*

Theorist have described resiliency as a stable characteristic that is understood according to context, time, gender and age. Wilkes (2002) explained it as a process that is found in all us. It varies according to the individual and available support systems. These support systems interact with the environment where resiliency can be promoted. The question of a definition of resiliency is compounded by the complex nature of the construct. Agaibi and Wilson (2005) argued that there is at least five ways to understand resiliency, (1) the lexical definition, (2) the psychological factors that constitute resiliency, (3) the definition of resilient behavior under adverse conditions, (4) resiliency as defined by trauma according to traumatic events, and (5) with the lens of trauma, it is understood in how personal, social and support resources effect resiliency recovery.

Webster's dictionary (1979) defined resiliency as the "ability to recover from or adjust easily to misfortune or change" p. 997. A meta-theory of resilience and resiliency was developed by Richardson (2002) through a review of the literature. Richardson inductively looked at the literature and constructed a paradigm in understanding resiliency. The author noted that the literature understood and explained resilience and

resiliency as a three phased process. The first phase looked at resilient qualities and protective factors. The second phase examined resilience as disruptive and as a re-integrative process. The last phase identified resiliency through a post-modern lens, that is, the factors that influence the individual to grow through adversity and life's disruptions. Richardson found that resiliency as a process is a life enriching task. His meta-theory provided a model which explained growth and change in one's life defined as a series of disruptive events that can bring about change. How we handle these disruptive events determines our personal growth. These events, the ups and down of life, can be handled by one's internal resources, that is, what we bring to the table (positive) in helping the individual to bounce back.

Early studies of resiliency and vulnerability of children (Garmezy, 1985, 1991) looked at the factors that helped children to resist stress especially with children in poverty. The early work of Garmezy (1985) provided the roots for understanding resilient behavior in children, that is, why some children are at risk for mental illness, and how others flourished in the same environment. Children exhibited protective attributes in shielding themselves from debilitating environments: psychological, biological, or social. Norman Garmezy's research was critical in developing a theory of resiliency. His work was seminal in understanding how individuals in life adjust to adversity. Much is known about the risk factors associated with resiliency; however, understanding the protective factors of resiliency is a field ripe for study.

Models of stress and coping strategies have asked the questions concerning what are the factors associated with resiliency and one's ability to cope (Bonanno, 2008; Egeland, Carlson, & Sroufe, 1993; Wilkes, 2002 ). The trauma literature especially is

concerned with resiliency and its effects on first responders. In a study of 961 first responders in Italy resilience protective factors were examined amongst mental health caregivers. Protective factors such as sense of community, collective efficacy, and self efficacy were found to have significant results. First responders showed good levels of job satisfaction and low levels of burnout and compassion fatigue. The study indicated that personal and social resources were effective in ameliorating the affects of trauma, that is, the presence of resilience factors lowered risk for first responders. These findings and others suggest that the presence of resilience factors of sense of community, and efficacy beliefs contributed to work related health and job satisfaction (Pietrantaoni & Prati, 2008).

Bonanno (2008) found that individuals who are exposed to traumatic events in their lives can have positive emotional experiences. He believed that there are different pathways in how individual handle traumatic events, and that there are multiple ways in which individual are resilient. He pointed out three ways: (1) resilience is different from recovery. Individual recover in different ways. The term recovery means that there is a loss or traumatic event from which to recover. Some individuals do not need to recover, and they are not in a state of denial as some researchers suggest but have superior resiliency skills, (2) resilience is common. More people tend to be resilient in the face of tragedy than not. However, this depends of personal history and other factors, and (3) there are different ways in which people are resilient.

Clearly, Bonanno (2008) believed that concepts which enhance resiliency such as hardiness, self-enhancement were in direct contrast to repressive coping mechanisms which tend to operate on disassociation from traumatic events. Bonanno argued for a

greater understanding and interest in research on what makes individuals resilient. Future investigations should look at the issues of trauma and loss through a positive lens instead of a negative one that focus on dysfunctional behavior.

#### *Resiliency Training in the Army*

With the continuing global war on terror, the military is concerned about how soldiers and family members adjust to adverse events in their lives. In today's military deployments and separations is a significant part of its fabric. The duration and number of deployments to combat and hazardous duty areas are continuing. The number of deployments is increasing, and as the men and women of the military are retained separations and exposure to hazardous duty is becoming a normal daily activity.

With this understanding Wiens and Boss (2006) found, through a review of the literature, that there were protective factors that help military families increase their resiliency during separation: (1) flexible gender roles, (2) active coping strategies, and (3) community and social support. Also, risk factors contributed to a less than adequate paradigm for resiliency with military families who found themselves in the following situations: (1) families that are alone or without unit affiliation, (2) young and inexperienced families, and (3) families with pile up stressors or traumatic events in their lives.

Wiens and Boss (2006) argued that for military families to manage the disruptive events in their lives, being prepared for the separations that occur during the normal career of soldiers is critical in helping families adjust to change. Soldiers and family members must be part of deployment preparedness. They should be engaged in unit activities such as support groups, be trained as family support group facilitators, and to

have regular communication with the deployed unit and with their service member.

These and other positive effects of staying in touch and in tune with what is happening with deployment helps to lessen the stresses associated with separation and ultimately with other aspects such as re-integration and reunion.

Besides deployments, the military is concerned about how soldiers, families, and DA civilians adjust to disruptions in their lives. To this end, the Army has developed a program called comprehensive soldier fitness (CSF) which deals with resiliency training. Corham (2010), Brigadier General in the Army, defined resilience as “the ability to thrive when faced with challenges and bounce back quickly when knocked down.” This program helps soldiers and families to (1) understand what makes a resilient person, (2) develop greater individual resilience, and (3) build an organizational climate that facilitates the ability to focus on attributes, skills and behaviors that lessen traumatic events (Brief, 2010).

The Army’s resiliency program under the CSF is based on four pillars: (1) Global Assessment Tool (GAT). This is an online assessment instrument which evaluates an individual’s strengths: emotional, social, spiritual and family. Baseline scores are kept on soldiers and areas where assistance is needed, help is provided. (2) Online training is provided which is associated with performance on the GAT. This program is mandatory for soldiers and voluntary for families. (3) Institutional military resilience is conducted as a primary component on all Army installations, and (4) Master Resilience Trainers. These are trainers who have been trained in resiliency skills that are embedded at the unit and installation levels to teach resilience skills based on rotation and deployment cycle schedules.

This is the Army's prevention model (CSF) to lessen the effects of traumatic events and disruptions in the daily lives of soldiers and family members. It starts by all soldiers taking the Global Assessment Tool (GAT), an individual assessment instrument. This is a developmental program that monitors the soldiers throughout the course of one's career. It is mandatory for all military personnel no matter ones rank. It provides training in areas where soldiers and family members have concerns (Brief, 2010).

### *Spiritual Resiliency*

The literature concerning spiritual resiliency is limited. There is almost no literature concerning spiritual resiliency among Army. However, Waynick, Frederick, Scheider, Thomas, and Bloomstrom ( 2006) concerning spiritual resiliency, argued that the Army chaplaincy has over two hundred years of pastoral experience, involvement in care work, and counseling with soldiers and family members. This history reflects the chaplaincy's ability to assist in the spiritual resiliency and emotional well being of military personnel, family members, DA civilians. Resilience is nurtured through ones connection with God and with attachments to others. They also argued that chaplain involvement in the different cycles of deployment also assists soldiers in their development of their spiritual resiliency. Although, they did not define spiritual resiliency, they suggested that the chaplaincy is aware of the importance of spiritual resiliency and are concerned that chaplains exhibit a high level of spiritual leadership and resiliency so that soldiers and family members receive the best possible care.

Spiritual resiliency is a primary construct of this investigation. How chaplains go about their care work and how their spiritual resiliency sustains them during times of emotional and traumatic events impacted by hostile and friendly environments is a

critical concept in this study. The chaplain corps wants their chaplains to be spiritually resilient so that they can provide quality religious support to soldiers, families and DA civilians. Unless the chaplains can sustain their spiritual resiliency they will not be able to replenish their spiritual well-being and ultimately they will fail not only their commands but those they have been called to serve.

### Part III

#### Other Factors that Influence Care Work

##### *Exposure to Traumatic Stressful Material*

Exposure to trauma is primarily through traumatic material that the caregiver experiences through their interaction with others. Examples of traumatic material can be, but is not limited to: sexual abuse, rape, PTSD, divorce, disaster relief, physical abuse, and the narrative stories of combat, death, suicide, and working with addiction.

During the aftermath of 9/11, chaplains, clergy and other first responders were shown to be at risk for compassion fatigue due to their exposure to the shared trauma of others (Flannelly et al., 2005; Taylor, Weaver, Flannelly, & Zucker, 2006). As would be expected, Taylor, et al. (2006) argued that Rabbis, working as chaplains, at the WTC 9/11 disaster found that their levels of compassion fatigue were commensurate with the number of hours spent working with the traumatized.

Altman and Davis (2002) and others involved in WTC tragedy (Toscone, et al., 2003) discussed how the disaster affected them personally. They related their personal reactions to trauma exposure and discussed their inability or ability to treat the victims. Though compassion fatigue is not talked about explicitly, it is referred to implicitly (that



is, their ability or inability to provide treatment to those who suffered and who experienced the same things that they experienced - that is to say trauma).

Boscarino, et al. (2004) in another study of social workers in lower New York, Manhattan (N=234) who provided care for the victims from the World Trade Center (WTC) attacks also found that those mental health professionals who worked with traumatized individuals were at greater risk for compassion fatigue. This literature suggests that by simply being exposed to the traumatic materials of others, chaplains could be at greater risk for compassion fatigue.

#### *Deployment Characteristics*

Even-though the war on terror has progressed into its tenth year in both Iraq and Afghanistan, there is almost no research on the effects of compassion fatigue and deployments and limited research on the effects of combat and deployment (see e.g., Figley, 1978; Hoge, et al., 2004, 2008, Tyson, 2007). However there is more research on the effects of deployment on soldiers and family (see e.g., Adams et al., 2006; Adler-Baeder, Pittman, & Taylor et al., 2006; Karney & Crown, 2007; Schumm, Bell, & Gade, 2000 for discussion).

Figley (1978) in his work with Vietnam Veterans found that those who work with the traumatized or combat related symptoms may suffer from compassion fatigue, that is, because they were empathetically engaged with those who suffered from combat related exposure which caused traumatic symptoms (e.g., PTSD).

Hoge et al. (2004) reported that the affects of combat related deployments are taking their toll on the all volunteer force. In a sample of U.S. Army soldiers (N=894) both male and female soldiers described the following harsh realities of war: 93 % of

soldiers reported small-arms fire; 86% knew someone that was seriously injured; 65% reported seeing dead or injured soldiers; 50 % reported handling or uncovering remains; 77% reported shooting or directing fire at the enemy; 48 % reported being responsible for the death of an enemy combatant; 14% reported being responsible for the death of a non-combatant; and 22% indicated having a friend shot or injured who was near them.

In a more recent study of U.S. Army soldiers after a one year deployment to Iraq, the following personal effects of combat (N=2,524) were reported: 4.9% had mild traumatic brain injury (MTBI), and 10.3% suffered an injury which altered their mental state. PTSD was strongly associated with MBTI in which 43.9% of soldiers who reported MBTI met the criteria for PTSD. Also, there was a strong association between MBTI, PTSD, and physical health problems 3 to 4 months after soldiers returned from their most recent deployment (Hoge, et al., 2008).

This data clearly demonstrated the severity of combat deployments and how military personnel suffered from exposure to traumatic material which represents the cruel realities of war in an environment where exposure to traumatic events is common (Hoge, et al., 2004; Tyson, 2007).

Researchers believe that the effects of deployment will continue as we sustain and participate in combat operations. What the effects of deployments on families, soldiers, and caregivers to include secondary effects has yet to be fully determined. It is an area that needs further research. This suggests that with multiple and longer deployments mental health problems and other concerns like marital instability, divorce, suicide, domestic violence and abuse will continue.

The effects of deployments on families and soldiers put caregivers and chaplains at risk for secondary trauma and compassion fatigue. This implies that trauma experienced by military personnel affects not only the victim but those who provide care work.

### *Experience*

Experience is understood as the years of training, skills, and professionalism of a caregiver. It includes the knowledge, exposure, and repeated involvement with an event over-time. In the military it is also defined as time in service.

Years of chaplaincy service of Rabbis working after the WTC disaster was negatively related to compassion fatigue. Most of the Rabbis working as chaplains/trauma counselors had 11 years in the chaplaincy and 16.6 years as Rabbis. Flannelly, et al. (2005) argued that the more experience or service of the Rabbis working as chaplains the less susceptible they were to compassion fatigue.

In other studies concerning compassion fatigue and experience (see e.g., Adams & Riggs, 2008; Pearlman & Mac Ian, 1995), findings showed that novice therapist trainers were more susceptible to vicarious trauma due to minimal experience and skill level. This suggested that those who have less experience working with traumatic material will be more susceptible to compassion fatigue. It would appear that experience does lower the levels of compassion fatigue in care givers and that new care providers need to be aware of its effects and plan accordingly.

### *Age*

Age is defined as the years that an individual has lived. Though the literature on age and its effect on compassion fatigue are limited, Pearlman and McLan (1995) found

that younger therapists were more likely to have changes in their cognitive schemas than older therapists. Also, in a study (Taylor et al., 2006) of Rabbis (N=66) responding to the WTC disaster, it found that the younger the caregiver the higher the levels of burnout with increased susceptibility to compassion fatigue.

As depicted by the literature on experience, experience is related to age in that as caregivers mature they gain knowledge and training so that they can learn how to manage compassion fatigue. This suggests that more research is needed concerning age and its influence on compassion fatigue. As previously mentioned, experience and age are temporal concepts of this model. Therefore with this understanding chaplains could be affected by compassion fatigue, and this will be understood over time.

#### *Battle Fatigue/Stress*

“Battle fatigue is the mental, emotional and physical reaction of soldiers to combat stress” (RB 1-1, 1988, p. 7-1). Normally, soldiers who exhibit symptoms of battle fatigue display negative behaviors which limit their ability to perform. Soldiers can be affected by it before, during, and after combat operations. Battle fatigue and combat stress if not treated can lead to more serious behaviors like PTSD. Battle fatigue is associated with primary exposure to combat (Training Circular, TC 1-05, 2005).

#### *Self Care*

Self care is personal maintenance. It is an activity primarily preformed by the chaplain with the purpose of self help (i.e., physical, mental, or spiritual). Self care is an important component of self maintenance and should be both preventive and restorative in nature.

Self care is seen as one way to ameliorate the effects of compassion fatigue, burnout, and secondary trauma. In a qualitative study in which therapists (N=20) were interviewed, 16 female and 4 male, questions were asked about self care and survival strategies for combating the effects caused by the cost of caring. They reported that self care is an important area of professional development and one that it is rarely talked about. They suggested that another's stress can affect the care giver. It is important to not let a client's stress influence the care provider's work. Also self care was seen as doing those things which ameliorate the affects of burnout or physiological problems. Killian (2008) suggested that for the care givers to not be influenced by compassion fatigue, it was important to leave the stresses and concerns association with helping others at work, thereby, improving one's self care.

The literature concerning self care, though not extensive, does provide suggestions and recommendations for self care concerning compassion fatigue, e.g., see Killian (2008) about the implications on professional training for self care, or Meadors and Lamson (2006) concerning a discussion on the need to be aware of compassion fatigue and how taking care of self can minimize its influence, also Trippany, et al. (2004) explored how training and education can lessen the impact of compassion fatigue if the care giver understands its symptoms and causes, and finally Gentry, et al. (2002) provided an explanation about an accelerated recovery program for those who are suffering from the effects of compassion fatigue.

Clearly, there is a cost of working with those who suffer. However, self care can lessen the affects of compassion fatigue and improve the chaplain's ability to bear the suffering of others.

## Part IV

### Conceptual Model: Compassion Fatigue (CF)

From a review of the literature a conceptual model for this dissertation was developed to help explain and understand the factors that affect the chaplains care work. Factors that were defined and explained through the literature were compassion fatigue, burnout, compassion satisfaction and spiritual resiliency. Other factors that influence how chaplains bear the suffering of others were also examined: exposure to traumatic stressful material, meaning that caregivers attach to stressful events, experience, age, deployment characteristics, battle fatigue/stress and self care. These factors can effect and moderate the chaplain's care work.

The theories Symbolic Interaction (SI) and Constructivist Self Development Theory (CSDT) were used to provide an over-arching understanding (implicitly and explicitly) of how chaplains give meaning to traumatic stressful material in their care work, and to understand the relationships among the various factors for analysis and interpretation (see Figure 1.1).

### Theoretical Overview

#### *Symbolic Interaction (SI)*

SI explains how people understand reality and how this understanding is related to their actions. Meaning is understood through symbols, words, objects, etc. These symbolic meanings influence one's actions and interactions (White & Klein, 2008). The theory of symbolic interaction comes from social psychology and has various assumptions. However, only three assumptions from SI that deal with how individuals understand meaning will be used in this paper: (1) individuals act according to what things mean to them, (2) meaning is

derived from social interaction with others, and (3) meaning is an interpretive process. This process looks at the individual as the primary actor in defining what events in life mean, especially as it pertains to self and others (Blumer, 1969; Burr, Leigh, Day, & Constantine, 1979; LaRossa & Reitzes, 1993; White & Klein, 2008).

These assumptions from SI are used to show how care givers comprehend and give meaning to traumatic/stressful events. The symbols that come through language that care givers hears in the narrative stories of those with whom they provide counseling are helpful in understanding concepts about compassion fatigue. Particularly useful from the theory are how caregivers interpret and give meaning to stressful/traumatic events, and how these events influence their lives. The meaning that caregivers give to stressful events can be transferred to self via symptoms, as they take upon themselves the hurt and pain of those to whom they provide care work – that is, secondary traumatic stress (Figley, 1995).

#### *Constructivist Self Development Theory*

Constructivist Self-Development Theory (CSDT) explains how caregivers are shaped by the characteristics of the situation in which they work or provide help. It describes how caregivers can change their frame of reference of “self” and their world view resulting from exposure to the traumatic/stressful events of others. It is a direct result of working with those who experience traumatic/stressful events in their lives. CSDT forms the conceptual basis for secondary traumatic stress and vicarious trauma (McCann & Perlman, 1990). “The underlying premise (one assumption of the theory) is that human beings construct their own personal realities through development of complex cognitive structures which are used to interpret events” (McCann & Pearlman, 1990, p. 137). These events can have secondary

effects on the care giver's "self" and his/her ability to bear the suffering of others (i.e., decreased sense of empathy, inability to hear the pain of others, depression, etc).

Also, the cognitive concept of self (according to a social and cultural context) is developed over the course of one's life span. Piaget (1971) defined the cognitive structures as schemas-that is, beliefs, value and assumptions that are constructed from experience and reactions to past knowledge that are capable of guiding an individual's perception. These values and assumption are vulnerable to traumatic material which McCann and Pearlman suggested (1992) can affect ones psychological needs and schemas.

McCann and Pearlman (1990) believed that traumatic events caused individuals to construct meaning from trauma which influences the "self" of an individual. The meaning they gave to traumatic events comes from their definition of "self" which represents the individual's identity in how they understand the world. These concepts come from the work of Epstein in which he argued (1989) that trauma disrupts the therapist's "fundamental assumptions" of the world in three areas: world view, social worth/meaning and self worth.

"CSDT focuses on the impact of trauma on the "self" and the psychological needs and related schemas that ....are most affected by the experience of trauma" (McCann & Pearlman, 1992, p. 190). Central to CSDT is the construct of cognitive schemas. These are the ideals, beliefs and assumptions that individuals give to "self". These assumptions and ideas are organized around schemas which form templates from which information is processed. Over time, traumatic material can influence the care worker's emotional stability according to their psychological needs and related schemas via the impact of trauma on the "self" (McCann & Pearlman, 1990).



Critical to CSDT is the concept of “self” or the individual’s identity. Also, psychological needs motivate behavior, which form a frame of reference from which care workers can be influenced in how they give meaning to trauma. McCann and Pearlman (1990) reviewed the literature on trauma and found five psychological needs related to one’s adjustment to trauma. Later in their trauma work they added two additional needs. The following is a list of the psychological needs critical in shaping one’s perception of “self” by individual schemas and ultimately how one is disrupted by trauma: (1) safety, (2) dependency/trust, (3) esteem, (4) power, (5) intimacy, (6) independence and (7) frame of reference (McCann & Pearlman, 1990, 1992).

### *Safety*

The narrative stories or images of harm, threats to life, damage to innocent victims could affect the safety schemas of caregivers. This could be especially challenging if the care giver has a high need of security (McCann & Pearlman, 1990). For example, care givers who work with soldiers who are in constant danger of being harmed could feel vulnerable. They could unconsciously take upon themselves the aspect of hyper vigilance and be constantly on the look-out for something to occur. Chaplains who work with soldiers who experience PTSD could have increased needs of safety or a heightened sense of vulnerability.

### *Dependency or Trust*

Care givers who work with various clients can be exposed to the traumatic material of people who are deceived, betrayed or a trust is violated. This could disrupt the helper’s schemas about trust. After hearing the narrative stories of abuse, sexual assault, or child molestation, the caregiver may be less trustful or more cynical about the

outcome. S/he may jump to conclusions and try to predict the identity of who the perpetrator is. S/he may feel that s/he already know the outcome. S/he may become over time sarcastic, wary or distrustful about people in general after listening to the constant stories of trauma (McCann & Pearlman, 1990).

### *Esteem*

Esteem is defined by McCann and Pearlman (1992) as “the need to perceive others as benevolent and worthy of respect” (p. 140). Individuals who are harmed or experience traumatic events in their lives may experience lower esteem for self and others.

The caregiver, in working overtime with others who experience traumatic events and issues of esteem, may find that s/he are more susceptible to becoming pessimistic, bitter, or suspicious of those with whom s/he counsels. Comments such as, “I have been there and heard that before,” and “I can’t believe that people can be so cruel” are statements that can influence how the caregiver views the world. S/he can begin to see the world as a cruel place and lose perspective with clients, self and others.

### *Power*

Power can affect disturbed cognitive schemas of an individual in two ways: (1) the belief that one is helpless to control the situation (vulnerability), and (2) one must control others in-order to avoid being dominated (McCann & Pearlman, 1992). This can push the caregiver to take action for the client or to encourage the client to take action for herself/himself. What is needed is to let the individual process the traumatic material or to be encouraged to participate in events that are positive (McCann & Pearlman, 1992a)

### *Intimacy*

Victims of trauma often feel alienated from the world and other people. They do not feel connected with others. Care givers also may be affected by alienation or the feeling of being alone. In their need to keep things confidential, they may not have the opportunity to process what they feel or experience (i.e., separation from the world, and a view that no one understands). Sometimes other caregivers may suggest that their work with the traumatized is because of their own personal problems. Nevertheless, remaining connected with others is an important part of intimacy and of a supportive environment (McCann & Pearlman, 1990, 1992).

### *Independence*

Individuals who experience traumatic events may feel the loss of independence. For example, those suffering from the effects of war related PTSD may find they are in a state of extreme awareness. They may confine themselves to home, or be nervous to be in places with large crowds. In a sense, their freedom has decreased. Care givers who have strong needs for independence may be influenced by this vigilance and identify with their victim's painful experience.

### *Frame of Reference*

Frame of reference is an important concept in how we experience a world view (Epstein, 1989). Most individuals who suffer from traumatic material ask, "Why did this happen to me"? Also, how the caregiver approaches the traumatic event, either to accept it or minimize it, can affect the victim (i.e., in their perception of how the caregiver reflects the client's needs or the caregiver's need to fix, blame, find causality, or interpret the event). Helping the individual to make sense of the experience, or exploring ways in

which change can occur, are methods of understanding disruptions in an individual's self and one's identity (McCann & Pearlman, 1990, 1992).

Therefore, CSDT builds a frame of reference from the traumatic material of the caregiver that is influenced by the seven psychological needs just addressed. This sets the stage for changes in the caregiver's schemas or beliefs according to the care giver's frame of reference (Saakvitne, 2002; Saakvitne, Tennen, & Afflect, 1998).

In a study of college students, McCann and Pearlman (1992) developed a conceptual model of how to treat traumatized students. They found that the theory of CSDT provided a framework from which to provide assessment, treatment and also how to regulate cognitive schemas of self in order to change a victim's view of his/her world as altered by traumatic events. They provided guidelines for long term treatment and a road map for understanding the differences in how to adapt to trauma. This study implicitly provided information on how the cognitive schemas of chaplains can be affected secondarily from traumatic material of others. Also, in a study of working with victims of vicarious trauma, McCann and Pearlman (1990) stated that "helpers must understand how their own schemas are disrupted or altered through the course of work [with the traumatized]...to shape the way they respond to clients" (p. 144). They suggested that as caregivers learn more about their own psychological needs that they will be better prepared to process the traumatic material of those with whom they provide care work.

In another study conducted by Pearlman and Mac Ian (1995) in assessing the effects of trauma on trauma therapists (N=188), they found that those therapists with a personal history of trauma were more likely to have greater disruptions of their schemas

in the areas of trust, self-esteem, and intimacy. It also noted that younger therapists had more disruptions in schemas than older therapists. This pertained to their personal history of trauma. The more experienced the therapist the less disruption in schemas of self.

In a similar study (Adams, Matto, & Harrington, 2001), the Traumatic Stress Institute Belief Scale was used to measure the direct traumatic experience of social workers to the traumatic material of their clients to assess if cognitive schemas had been disrupted. They found that the schemas of the social workers were not disrupted or bothered by the traumatic client material. Even though this study did not provide evidence that schemas were affected by client material or by a personal history of trauma, the authors argued that a qualitative study would have been a better method for measuring the internal disturbances of an individual and that vicarious trauma remains an important issue for future research among clinicians.

Lastly, in a study looking at various cognitions pertaining to morale in professionals, results showed that the measure of compassion fatigue with a measure of cognitive schemas was significantly correlated ( $r=.34, p < .001$ ) (Figley, 2002).

These studies and others like them show that there is a relationship with compassion fatigue and the caregiver's sense of self. It is influenced by the traumatic material that the care giver is exposed to that can disrupt her/his cognitive schemas. Therefore, as chaplains are aware or not aware of their own psychological needs, traumatic events that they experience will have or not have an effect on the meaning they give to traumatic stressful events.

### *Meaning Caregivers Attach to Traumatic Material*

The literature on how caregivers interpret traumatic material and its influence on compassion fatigue by combining aspects of SI and CSDT has not been examined. However, we can deduce from SI, and CSDT that the meaning caregivers attach to their traumatic material is an interactive process - that is, the caregiver listening and being exposed to the traumatic material of an individual. In this way, the meaning that they give to traumatic material and how they interpret it (SI) can influence their ability to help others (McCann & Pearlman, 1990; White & Klein, 2008). Also, the meaning that they give to the traumatic material can affect them secondarily - that is, the cost of helping those who suffer from stressful events can have secondary consequences in the care giver, e.g., depression, problems with intimacy, being connected with others, alienation, etc. (Blumer, 1969; LaRossa & Rietz, 1993; McCann & Pearlman, 1992; Saakvitine, 2002).

SI and CSDT, as a theory for this model, will be used to provide a filter from which chaplains interpret the traumatic material of those who suffer. This is usually done through the pastoral counseling process. It also can happen in their routine work of nurturing the living, caring for the wounded, and honoring the dead. In this way, the chaplain's ability or inability to bear the suffering of others is affected.

### Summary

Chapter Two gave a brief overview of the Army chaplain and their ministry work in the context of a military environment. It examined through the literature compassion fatigue and how the concepts compassion fatigue, burnout, compassion satisfaction, and spiritual resiliency were defined and understood. It looked at the effects of traumatic material on the caregiver and how compassion fatigue can be experienced by those who provide care work.

It also examined a model developed through the literature that helped to understand and explain how compassion fatigue affects caregivers over time by the meaning that they attach to traumatic stressful events and how these events influence their ability or inability to bear the suffering of others. Concepts such as deployment characteristics, experience, age, battle fatigue/stress, exposure to traumatic stressful material, and self care were also explored.

## CHAPTER 3 METHODOLOGY

Although the research on compassion fatigue and its effects on chaplains is limited, it does suggest that the effects of compassion fatigue on those who provide care work can be life changing. Currently, there is little research on compassion fatigue, burnout, and compassion satisfaction among chaplains. In particular, there is almost no research concerning chaplains and spiritual resiliency and how it pertains to compassion fatigue. Consequently, this study examined the relationships among demographic factors, compassion fatigue including the concepts of compassion satisfaction, burnout, and spiritual resiliency on a select group of U.S. Army chaplains.

This chapter focuses on research questions, hypotheses and theoretical models from which data was analyzed. The research models include specific variables related to exploring concerns of U.S. Army chaplains and their care work. There is also a section that includes an explanation of instruments for measurement, a plan of analysis and a brief summary.

### Research Design

The data for this investigation were gathered by an online survey. The sample for this study came from a non-random purposive sample of 1,229 mid-level career chaplains. In coordination with the Department of the Army Chief of Chaplains (DACH) office, chaplains for this study consisted of 781 captains, and 448 majors who were administered an online survey. This group was selected because of their close involvement and proximity to soldiers and families. The majority of chaplains in the rank of captain and majors typically work at the battalion and brigade levels where the preponderance of soldiers resides, and where large numbers of soldiers deploy.



## Research Questions

Compassion fatigue to include burnout, compassion satisfaction, and spiritual resiliency are concepts that the U.S. Army chaplaincy corps have not investigated. The U.S. Army chaplaincy is particularly interested in how these factors affect their work and more specifically how chaplains perform their care work while tending to their own personal and religious support needs (Department of the Army Chief of Chaplains, 2009).

The research questions developed for this study examine relationships among the indicators of chaplain's care work. The general questions generated about U.S. Army chaplains serving in the military are as follows:

1. What is the relationship between spiritual resiliency and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?
2. What is the relationship between deployment characteristics and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?
3. What is the relationship between years of experience (chaplain service) and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?
4. What is the relationship between age and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?
5. What is the relationship between self care, deployment status, chaplaincy status, battle fatigue/stress, spiritual well-being, and resiliency to include concepts like compassion fatigue, burnout, and compassion satisfaction among chaplains and their care work?

## Research Hypotheses

To answer the research questions, five hypotheses were developed that received support from the literature and the theoretical concepts discussed in this dissertation. Each hypothesis explains a relationship and offers a prediction for each research question. Hypotheses will be explained according to data analyzed and measurement models that were developed. These models help to explain how chaplains care work is affected by spiritual resiliency, deployment characteristics (total number of deployment), experience (years of service) and age, when compared across several measures, e.g., compassion fatigue, burnout and compassion satisfaction. To assess this, the following hypotheses to include subsets are proposed. They are as follows:

H<sub>1a</sub> Level of spiritual resiliency will be negatively associated with compassion fatigue and burnout among chaplains and their care work.

H<sub>1b</sub> Level of spiritual resiliency will be positively associated with compassion satisfaction among chaplains and their care work.

H<sub>2a</sub> Number of deployments will be positively associated with compassion fatigue and burnout among chaplains and their care work.

H<sub>2b</sub> Number of deployments will be negatively associated with compassion satisfaction among chaplains and their care work.

H<sub>3a</sub> Years of experience (chaplain service) will be negatively associated with compassion fatigue and burnout among chaplains and their care work.

H<sub>3b</sub> Years of experience (chaplain service) will be positively associated with compassion satisfaction among chaplains and their care work.

H<sub>4a</sub> Age of chaplains will be negatively associated with compassion fatigue and burnout among chaplains and their care work.

H<sub>4b</sub> Age of chaplains will be positively associated with compassion satisfaction among chaplains and their care work.

H<sub>5</sub> Care work will be positively associated with chaplaincy status, self care, spiritual resiliency and compassion satisfaction, and negatively associated with compassion fatigue/burnout and deployment status among chaplains.

The initial conceptual model of compassion fatigue (see Figure 1.1) was developed by a review of the scholarly literature to assess the likelihood of relationships among variables like deployment characteristics, experience, age and spiritual resiliency in helping to understand concepts like compassion fatigue, burnout, and compassion satisfaction. These ideas were then developed into a simple path model that would allow me to investigate the relationships between and among the variables (See Figure 3.1). However it was clear that my overarching construct of care work would be more accurate if measured with a more appropriate model, one that employed more suitable statistical tools for uncovering the hypothesized relationships. These variables affect the care work of chaplains. To illustrate and explain the hypotheses two models are considered. The first model is a simple path model which looks at different variables and their relationship to the care work of chaplains (see Figure 3.1.). The second model is a general path theoretical structural equation model (SEM) which seeks to explain chaplain care work as a function of both observed and latent constructs (see Figure 3.2). This became the initial model for analysis used for this dissertation.

## Theoretical and Research Models

In order to investigate these hypotheses the following models were examined: 1) Simple Path Model of Chaplain Care Work [see Figure 3.1], and 2) A Theoretical Structural Equation Model (SEM) of Chaplain Care Work [see Figure 3.2]. These models were utilized to analyze the data and to explain how the various variables used in this investigation explain care work.

## Data Sources

Participants for this study came from the active duty component of the Army's chaplaincy. A survey was developed and administered to U.S. Army active duty chaplain participants. I worked with the committee for research involving human subjects (IRB) at Kansas State University and I complied with all human studies protocols that were approved by the Institutional Review Board (IRB) of Kansas State University before implementation of the proposed study, i.e., administration of the online questionnaire. Also, all procedures and protocols pertaining to administration of surveys in the United States Army were followed in accordance with Army regulations (AR 600-46: Attitude and Opinion Survey Program) [see Appendix A].

The data were gathered over a period of two days at the United States Chaplain Center and School at Fort Jackson, SC. These data collection limits were imposed upon this project by the U.S. Army Research Institute as a result the responsive rate was limited. After the initial survey output (online), three reminders were sent to survey respondents to try to increase the survey response rate. This covered a three week period. The response rate was 33.2% with a return of 408 surveys.

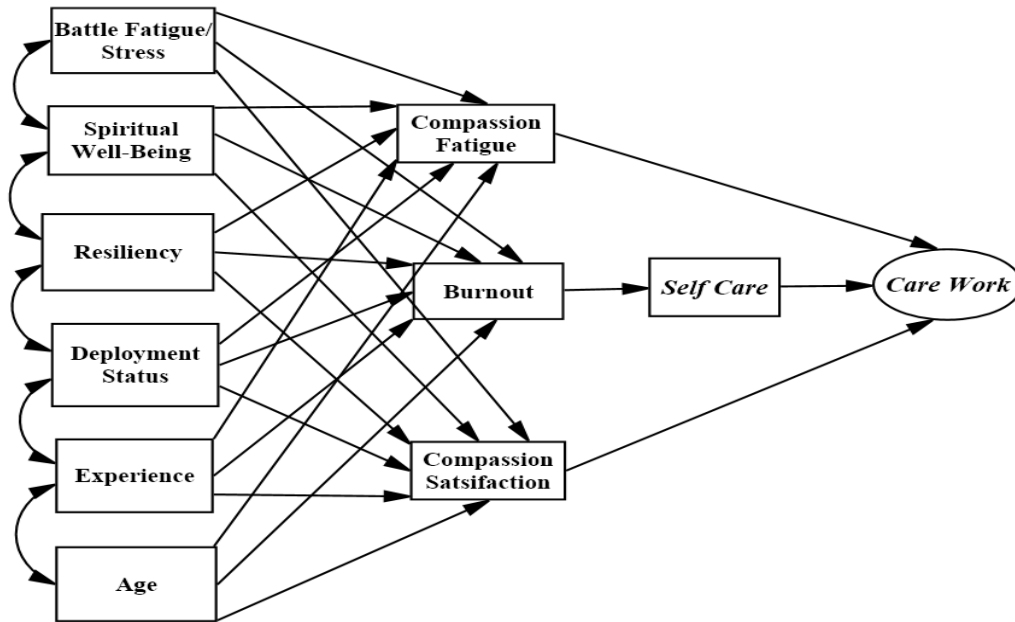


Figure 3.1. Simple Path Model Depicting Relationships by Compassion Fatigue, Burnout, and Compassion Satisfaction and other Variables to Chaplain Care Work  
 Note: Spiritual Resiliency=Spiritual Well-Being/Resiliency, Deployment Status=Total Number of Chaplain Deployments, and Rank, Chaplain Status=Experience (years of chaplain service) and Age.

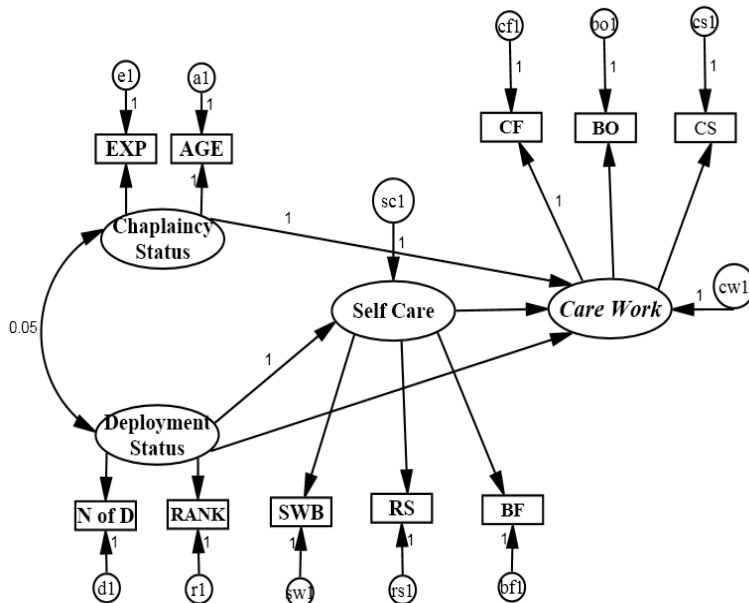


Figure 3.2. Hypothesized Structural Equation Model (SEM) Depicting Relationships to Chaplain Care Work. Note. Exp = Years of Chaplain Service, Age = Age of Chaplains, N of D = Total Deployments, CPT = Captains, MAJ = Majors, SWB = Spiritual Well-Being, RS = Resiliency, BF = Battle Fatigue/Stress, CF = Compassion Fatigue, BO = Burnout, and CS = Compassion Satisfaction.

## Measurement Instruments

A self administered online survey was developed which consisted of four components (see Appendix A). The first component of the survey gathered descriptive data, e.g., age, time in service, gender, etc. The second component of the survey consisted of the Professional Quality of Life Scale (ProQOL IV) (Stamm, 2005) which measures the relationships of compassion fatigue, burnout, and compassion satisfaction. The third component, the Spiritual Well-Being Scale, (Paloutzian & Ellison, 1982) measured spiritual well-being, and the final component of the survey, the Resiliency Scale (Wagnild & Young, 1993) was used to assess one's ability to cope with life's situations.

The following measures and scales used to gather data are as follows:

### *The Professional Quality of Life Scale<sup>1</sup> (ProQOL IV)*

The Professional Quality of Life Scale (ProQOL IV) (Stamm, 2005) consists of three discrete scales that measures compassion fatigue, burnout, and compassion satisfaction. It is a revision of Figley's (1995) Compassion Fatigue Test (CFT). Each scale is unique and cannot be combined with another scale. Stamm (2005) found there was not a single measure for compassion fatigue, and that the ProQOL IV scale does not provide a composite score. The reason for this is the unique relationships between the scales i.e., compassion satisfaction, burnout, and compassion fatigue.

The first scale measures compassion satisfaction which is the satisfaction that one gets from helping others. High scores on this sub-scale reflect satisfaction with the ability

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<sup>1</sup> Copyright information: Instruments used in this study are by the permission of the authors. Authors are credited if used, i.e., ProQOL IV (Stamm, 2005), and Resiliency Scale (Wagnild & Young, 1993). The Spiritual Well Being Scale (Paloutzian & Ellison, 1982) is a pay for use scale (see [www.lifeadvance.com](http://www.lifeadvance.com)).

of the caregiver to be effective in serving others. The second sub-scale measures burnout and the caregiver's feelings of emotional exhaustion or difficulties in the work environment. The last sub-scale measures compassion fatigue/secondary trauma which is the ability or inability of the caregiver to bear the suffering of others - higher scores on this sub-scale represent greater levels of compassion fatigue/secondary traumatic stress.

Bride, et al. (2007) argued that burnout together with secondary trauma (CF) tends to increase one compassion fatigue or show the most negative outcome. Also, it should be noted that compassion satisfaction tends to have a mitigating influence on compassion fatigue (Stamm, 2005).

The scale's alpha reliability is: compassion satisfaction  $\alpha = .87$ , burnout  $\alpha = .75$ , and compassion fatigue  $\alpha = .80$ . The Cronbach's alpha measures the reliability of the scale (Cronbach, 1951; Field, 2009). The scale contains 30 items displayed on a 6-item Likert-scale (0 = never, 1 = rarely, 2 = a few times, 3 = somewhat often, 4 = often, and 5 = very often). Examples of questions used in the ProQOL IV are: "I feel as though I am experiencing the trauma of someone I have helped," "Because of my work as a caregiver, I feel exhausted," and "I get satisfaction from being able to help people." These questions and others like them are used in the ProQOL IV survey. The survey takes 5-10 minutes to take and asks participants to select the number that best reflects how frequently they have experienced the characteristics described in the survey in the last 30 days.

The ProQOL IV scale has been used to assess the effects of compassion fatigue, compassion satisfaction, and burnout in a variety of studies, and with numerous helping professionals (Bride, et al., 2007; Stamm, 2005).

### *The Spiritual Well Being Scale (SWB)*

The spiritual well-being scale is a 20 item self report survey which provides a measure of one's perceived spiritual quality of life. It has two subscales: the first (vertical) measures religious well-being (RWB), and the second (horizontal) measures existential well-being (EWB). Each subscale has ten items, that is - 10 existential and 10 religious items. The SWB scale asks questions such as "I don't find much satisfaction in private prayer with God," "I feel very fulfilled and satisfied with life," and "I believe there is some real purpose for life." The scale has demonstrated adequate internal consistency with alphas of SWB  $\alpha = .89$ , RWB  $\alpha = .87$ , and EWB  $\alpha = .78$ . It has three scores: a total SWB score which represents the summed scores for existential and religious well-being (Ellison, 1983). It has been used widely with various agencies and in 1997 the U.S. Navy administered the scale to 800 of its military chaplains.

### *The Resilience Scale (RS)*

The purpose of the Resilience Scale is to identify an individual's ability to adapt to major life events. Designed to measure resiliency in individuals, it has 25 items which identify five characteristics: self-reliance (survivors), meaning (purpose), equanimity (balance), perseverance (persistence), and existential aloneness (freedom). Example of questions utilized in the scale are: self reliance - "I usually manage one way or another," meaning - "Keeping interested in things is important to me," equanimity - "I usually take things in stride," perseverance - "Self discipline is important," and existential - "I am friends with myself" (Wagnild, 2009).



Item's are scored on a Likert-scale from 1 (strongly disagree) to 7 (strongly agree). Scores are summed and higher scores represent greater resiliency in an individual. Its strength lies in its internal reliability, and concurrent validity. Its Cronbach's alpha coefficients range from  $\alpha = 0.85$  to 0.94. (Wagnild & Young, 1993).

#### Summary Score from Measurement Instruments

Summary scores from the measurement instruments (i.e., ProQOL IV Scale [compassion fatigue, compassion satisfaction, and burnout], Spiritual Well-Being Scale [religious and existential well-being], and the Resiliency Scale [coping]) were used in data analysis to show mean and standard deviation scores. These scores were compared with the manual's standard scores to see if scores obtained from the data are consistent with research averages shown for the measurement scales.

#### Survey Administration and Follow-up

Dillman's (2007) total design method was used for construction of the online survey. The web survey designed was developed according to the following criteria: (1) the internet survey will provide a design that is easy to read and understand without a complicated design format and (2) the internet survey will provide simple instructions in how to complete the web survey taking into account the user's computer skills and their ability or inability to process information (Dillman, Tortara, & Bowker, 1999).

The following principles for survey development were utilized: (1) construct survey that is easy to understand, (2) begin the web survey with a question that can be comprehended quickly and answered with minimal computer skills, (3) present questions in a format that is similar to paper surveys, (4) provide specific instructions for each

computer function that is requested, (5) construct web survey so that questions follow one after another and (6), give appropriate instruction for length and time required for each section. The use of these principles as delineated by Dillman, et al. (1999) should increase response rate.

The web survey was emailed to 1,229 participants. Follow-up was provided by e-mail timed reminders (three) from AKO (the Army Knowledge Online website). The average time for survey completion was 60 minutes, because nearly all respondents chose to offer extensive comments. A brief summary of these responses can be found in Chapter Five.

## Research Variables

### *Outcome Variable*

The outcome variable in this study consisted of a latent construct called care work. It is comprised of three observed measures: compassion fatigue; burnout; and compassion satisfaction. Briefly these concepts are defined as:

*Compassion Fatigue:* Compassion fatigue is work related exposure to the traumatic stressful events of others. It's the stress one feels from helping others. The negative effects in care givers can be sleep disturbances, avoidance, and frustrations (see Table 2.1 for symptoms of compassion fatigue/burnout). The effects of compassion fatigue can come on suddenly.

*Burnout:* Burnout is associated with the work environment. It manifests itself in feelings of hopelessness, exhaustion, and loss of interest in work. The effects usually start gradually (Maslach, 2001).

*Compassion Satisfaction:* Compassion satisfaction is understood as the gratification one feels from doing your job well (Stamm, 2002).

*Predictor Variables*

The predictor variables in this investigation were spiritual resiliency, deployment characteristics, experience, age, rank, and battle fatigue/stress. They are defined as follows:

*Spiritual Resiliency:* Spiritual Resiliency is defined by two concepts, spiritual well-being (positive relationship with God) and resiliency (ability to cope). These two constructs were combined to create what I have called spiritual resiliency<sup>2</sup>. The spiritual resiliency of chaplains is critical in their ability to minister to the men and women of the military.

*Deployment Characteristics:* This is the number of times that the chaplain has been deployed since 9/11.

*Experience:* Experience is understood as the years of training, skills, and professionalism of the chaplain. It usually deals with knowledge, exposure, and repeated involvement with an event over time. It is the know-how or the ability to accomplish an assignment. Also, experience will defined as the number of years in the chaplaincy.

*Age:* Age is defined as the years that an individual has lived.

*Rank:* Rank in the military is a designation of a military rating that denotes pay, position, and seniority. For this study rank connotes captains, and majors.

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<sup>2</sup> Spiritual Resiliency was constructed as a composite measure by dividing the two scales spiritual well-being and resiliency by a constant which created a mathematical equivalent scale that would allow both scales to be combined and the mean value between the two scores could be treated as an observed measure termed spiritual resiliency. Subsequent statistical testing demonstrated the efficacy and reliability of such measurement. The new variable was used in the re-specified path models and proved to be of value to the overall results.

*Battle fatigue/Stress.* Battle Fatigue/Stress is the emotional, physical, and mental reaction to a hostile environment caused by combat stress. It is considered primary exposure to stressful event in a wartime environment.

*Self Care:* Self care is personal maintenance. It is an activity primarily preformed by an individual with the purpose of self help (i.e., physical, mental, or spiritual). Self care is usually a component of a program that is preventive and restorative in nature. Self care programs will be defined as those programs the chaplains were involved in to lessen the stressful effects of their care work such as priest retention workshops, spiritual retreats, etc.

### Plan of Analysis

The following section provides insight into how the data analysis will proceed. Basic tables, figures and summary of data will be analyzed to provide a general demographic picture of the purposive sample population. This involves examining and describing spiritual resiliency, deployment characteristics, experience, age, battle fatigue/stress, and self care measures. Mean difference tests for comparative purposes were also used. The final section involves conducting bivariate, multivariate, correlational and regression based analyses to address the hypotheses.

#### *Univariate Analysis*

Statistical investigation begins with univariate analysis which explores the variables in the data set by examining and explaining the distribution of the variables as they relate to measures of central tendency, standard deviation, and variances. Also, as a tool of analysis, it is a precursor to bivariate and multivariate analysis where a need for

more complex statistics will be required to explain relationships to compassion fatigue and spiritual resiliency.

#### *Bivariate Analysis*

Analysis of Variance (ANOVA) is used to test the differences between the outcome variables. By comparing mean scores, ANOVAs can be used to explain significant group differences between the variables and their relationship to compassion satisfaction, burnout, fatigue and spiritual resiliency. ANOVA will be used to examine the elements that contribute to ‘care work’, and where models are constructed, it will be used to see if they are statistically significant.

#### *Multivariate Measures*

This leads to more complex relationships between more than two variables. This will be important in the data analysis taken from the online survey input to develop data sets to measure and to answer the research questions dealing with the concepts of compassion fatigue, burnout, compassion satisfaction, spiritual resiliency and their impact/relationship on chaplains and their care work.

#### *Statistical Analysis of Hypotheses*

The hypotheses developed for this study explored the relationships among the predictor variables of spiritual resiliency, deployment characteristics, experience (service), age, and self care with the outcome variables, compassion fatigue, burnout, and compassion satisfaction.

A simple data analysis strategy will be used in answering the research hypotheses. It will start with frequency distributions and measures of central tendencies to include measures of mean, medium and mode in dealing with and explaining the descriptive

statistics used in this study. After this initial exploration, more complex procedures will be used, i.e., bivariate and multivariate statistics.

In this way analyses such as ANOVA's will examine the differences between and among groups as determined by the functions of compassion fatigue, burnout and compassion satisfaction as they are related to indicators like spiritual resiliency, deployment characteristics experience, age, and battle fatigue/stress. Zero and first order correlations will also be conducted to test for significant relationships among the variables used in this investigation.

Finally, path analysis using structural equation modeling techniques will be developed to examine and explore the last hypothesis that addresses self care using latent constructs like deployment and chaplaincy status as components of chaplains care work along with observed variables such as compassion fatigue, burnout, spiritual well-being, and battle fatigue/stress.

### Summary

Chapter 3 developed a methodology and a research design to assess compassion fatigue, burnout, compassion satisfaction, and spiritual resiliency among post 9/11 U.S. Army chaplains. It is hypothesized that higher levels of compassion fatigue will be associated with deployment characteristics, experience, and age. While lower levels of compassion fatigue will be associated with higher levels of spiritual resiliency and self care. It is also assumed that higher levels of compassion satisfaction will be associated with lower levels of compassion fatigue. Also, higher levels of burnout and secondary trauma will be associated with higher levels of compassion fatigue. Concerning self care

programs, it is predicted that self care will mitigate the effects of burnout and compassion fatigue, and increase levels of spiritual resiliency and compassion satisfaction.

Chapter 3 also provided a review of measurement instruments and strategies from which statistical analysis of data would be conducted. Also, additional findings were reported concerning the demographic variables and how they relate to compassion fatigue, burnout, compassion satisfaction, and spiritual resiliency.

Chapter 4 will explain the results of the statistical analyses. Finally, Chapter 5 will present a discussion of the results with study limitations, implications, suggestions for future research, and end with a concluding statement for the investigation.

## CHAPTER 4

### RESULTS

The focus of this chapter concerns four parts pertaining to the researcher's findings. The first part uses descriptive statistics to describe the demographic data of the respondent population. The second part examines the summary scores of the three scales used as measurement instruments to collect data for this dissertation, i.e., the Professional Quality of Life Scale (ProQOL IV), the Spiritual Well-Being Scale, and the Resiliency Scale. The third and fourth part explore relationships among and between the predictor and outcome variables. Finally, the last part concerns the hypotheses and the analysis of data.

#### Descriptive Analysis

##### *Sample*

Initially, a sample of 1,229 active duty Army chaplains was selected to receive the online survey. Although 437 started the survey only 93% ( $n = 408$ ) were able to complete it. Ultimately the data for this investigation comprised a completion ratio of a little less than one-third (33.2%) of the original sample pool.

##### *Sample Demographics*

Descriptive statistics revealed a sample that was 98.3% male ( $n=401$ ), and 1.7% female ( $n=7$ ). Data concerning rank showed that 63.3% were Captains and the remaining 36.0% held the rank of Major (see Table 4.1). In accordance with military accessioning requirements, all chaplains must have a master's degree in divinity or graduate degree in theological studies (72 semester hours). The mean age for the sample was 43 ( $M = 43.2$ ,  $SD 7.03$ ) with a median age of 43. Experience, expressed as the number of years one



served as a chaplain, had a mean of eight ( $M = 8.0$ ,  $SD 5.41$ ). The median number of years one served as a chaplain was seven (see Table 4.2).

Table 4.1

*Descriptive Statistics of Chaplain Respondent Demographic Variables*

Variables	Coding Scheme	<i>n</i>	%
GENDER (n=408)	Male	401	98.3
	Female	7	1.7
EXPERIENCE (years) (n=405)	0-2		
	3-6		
	7-11		
	12 or more		
RANK (n=405)	Captain	258	63.2
	Major	147	36.0

Note. Not all the variables equal the total (n=408) due to missing data.

Table 4.2

*Descriptive Statistics of Average Mean of Age, Years of Experience and Number of Deployments of Chaplains*

Variable	<i>n</i>	<i>M</i>	<i>sd</i>	<i>Md</i>	<i>Range</i>
Age of Chaplain	405	43.20	7.03	43.00	27-66
Years of Experience	405	8.00	5.41	7.00	00-29
N of Deployments	405	1.97	1.26	2.00	00-09

In addition, respondents were asked how many times they had been deployed to the combat regions of Iraq, and Afghanistan, as well as other areas for more than 90 days. The mean number of deployments was two ( $M= 1.97$ ,  $SD 1.26$ ) with the median level of two deployments—that means that 50.0% of all chaplains had two or more deployments in their years of service. The range for number of deployments went from 0 (6.6%) to 9

(0.2%). The normal time for deployments to combat areas for chaplains was between 12 and 15 months. The data for total number of deployments is depicted in Table 4.3.

Table 4.3

*Number of Deployments to Iraq, Afghanistan and Other Areas Reported by Chaplains*

Deployments (n=408)	<i>n</i>	%
0	27	6.6
1	131	32.1
2	138	33.8
3	70	17.2
4	26	6.4
5	10	2.5
6	3	.7
7	2	.5
9	1	.2

In an effort to distinguish between secondary exposure and issues related to primary exposure of deployments, chaplain respondents were asked, how they believed battle fatigue/stress personally affected them (see Table 4.4). More than half (58.3%) reported that they were moderately to very severely affected by battle fatigue/stress concerning their deployments. The impact of deployments is perhaps best illustrated by one comment extracted from the narrative results. The respondent said: *“Many of us have experienced many combat related traumas and it is more a hindrance to care work than other peoples’ trauma.”*

*Scale Measurement Scores*

Table 4.4 depicts the summary statistics for the inventory scales: Professional Quality of Life Scale (ProQOL IV), the Spiritual Well-being Scale (SWB), and the Resiliency Scale (RS). The average scores reflect the chaplain scores on the measurement scales in comparison to mean scores reported in the scale manuals.

Table 4.4

*Descriptive Statistics for Compassion Fatigue, Burnout, Compassion Satisfaction, Spiritual Well-Being, and Resiliency Inventories with Respondent Average Scale Scores*

Measurement Scales	<i>N</i>	<i>M</i>	<i>M<sup>b</sup></i>	<i>Minimum</i>	<i>Maximum</i>	<i>SD</i>
ProQOL IV Scale <sup>a</sup>	408					
Compassion Fatigue (CF)		12.92	13.00	0.00	46.00	7.82
Burnout Score (BO)		19.53	22.00	4.00	42.00	6.39
Compassion Satisfaction (CS)		39.27	37.00	14.00	50.00	6.88
Spiritual Well-Being Scale	396	94.75	<i>na</i>	20.00	120.00	21.8
Religious Well-Being (RWB)		49.60	<i>na</i>	10.00	60.00	11.8
Existential Well-Being (EXB)		45.18	<i>na</i>	10.00	60.00	11.2
Resiliency scale (RS)	387	140.00	135.40	25.00	175.00	26.5

<sup>a</sup>Note. The ProQOL IV scale is made up of three separate scales that do not yield a combined score.

<sup>b</sup>Note. These scores represent the manuals standardized mean scores.

*Interpretation of Measurement Scores*

A brief explanation of the scaled score items are given along with a description of the concepts each measurement scale assesses. Compassion fatigue (CF) is defined as the exposure to stressful or traumatic material of others which may affect the stress that the caregivers feel in helping others. It can be rapid in onset and is often related to a particular event. Symptoms may include but are not limited to the following: being afraid, anxiety, sleeplessness, disturbing imagines, avoidance, etc. (Figley, 1995). The average scale score on CF scale is 13. About 25% of scale respondents scored below 8, while another 25% scored 17 or above. To better understand the scoring of this measurement scale (ProQOL IV), quartiles were used, i.e., high (top 25%) and low (bottom 25%) scores act as borders in understanding data. A score greater than 17 suggests that chaplain respondents may want to take time to figure out what is bothering them. A score does not mean you have a problem, it simply implies that you may want to

examine how your care work is affecting you, and your ability to help others (see Table 4.5).

Among the respondent chaplain group average score was  $M = 12.9$  ( $SD = 7.83$ ). Chaplain respondent scores were similar to the scale's standardized measurement. Chaplains who took the CF portion of the ProQOL IV about 22% scored 17 or above. When examining compassion fatigue, especially for chaplains, it is important to note that if their care work puts them in dangerous environments such as combat the exposure to traumatic events will more likely than not be primary. However, the secondary effects of working with others exposed to traumatic material can also produce some sense of compassion fatigue.

Burnout (BO) is a concept that for many is instinctive in nature. It is a feeling of tiredness and diminished interest concerning ones work. Usually it concerns the work environment and how we feel we are accomplishing our jobs in a professional setting (Maslach, 2001). Burnout, unlike compassion fatigue, is a cumulative process and is usually associated with high work-loads and poor work environments. A high score in this area suggests that an individual can be at risk for burnout. The average standardized scale score is  $M = 22$  ( $SD 6.0$ ). Approximately 25% score greater than 27 and 25% score is less than 18. A score of 18 and below suggests a positive feeling concerning one's work and ability to be effective in your job. If scores are above 22, the individual may not feel effective in their work or feel that their work efforts do not make a difference (Stamm, 2005).

Table 4.5

*Descriptive Statistics of Chaplain Respondent Scale Scores on Select Scale Measures of Compassion Fatigue, Burnout Compassion Satisfaction, Spiritual Well-Being (Religious Well-Being, Existential Well-Being), and Resiliency*

	Outcome	n	%	M	Scores	Range
Compassion Fatigue	Risk for CF	89	22.0		>17	
Burnout	Positive feeling a/work	171	42.0		<18	
	High risk for burnout	124	30.0		>22	
Compassion Satisfaction	Low job satisfaction	62	15.0		<33	
	High job satisfaction	144	35.0		>42	
Spiritual Well-Being	<i>Average Score</i>			94.7		
	Low levels	23	5.6			(20-40)
	Moderate levels	214	52.5			(41-99)
	High Levels	158	41.9			(100-120)
Religious Well-Being	<i>Average Score</i>			50.0		(50-60)
	Unsatisfactory relationship w/God	20	4.9			(10-20)
	Moderate level	151	37.0			(21-49)
	Positive relationship w/God	220	53.9			(50-60)
Existential Well-Being	<i>Average Score</i>			45.2		(21-49)
	Low levels for chaplains	23	5.6			(10-20)
	Moderate levels of life satisfaction	240	58.8			(21-49)
	High levels of purpose/life satisf.	132	32.4			(50-60)
Resiliency	<i>Average Score</i>			140.0		
	Low levels	45	11.6			(25-120)
	Moderate levels	152	39.3			(121-145)
	High levels	190	49.1			(146-175)

Note. Scales – CF = Compassion Fatigue, BO = Burnout, CS = Compassion Satisfaction, SWB = Spiritual Well-Being, RWB = Religious Well-Being, EWB = Existential Well-Being, and RS = Resiliency.

Note. M = Chaplain average scores from inventory measures. Overall, the mean scores are fairly consistent with the mean scores reported by the scoring manuals used for this study (see Table 4.4).

The average chaplain score of those who responded to this scale was  $M = 19$  ( $SD = 6.40$ ). Approximately 42% had scores below 18 suggesting positive feelings about their work. However a full 30% scored above 22 which imply they are at greater risk for burnout.

Compassion Satisfaction (CS) is the pleasure that one derives from doing ones work well (Stamm, 2002). A standard scale score is 37 with about 25% who score greater than 42 and 25% who score less than 33. It should be noted that high scores indicate a positive feelings about colleagues and ones work environment. Low score reflect that an individual may not be excited about work, the work environment or their profession. They may find more enjoyment concerning life in other non-work related activities.

The average score for chaplain respondents was  $M=39.3$  ( $SD = 6.89$ ). At least 15% had scores below 33 suggesting problems with job or problems with the work environment. However, another 35% scored above 42 which imply good job satisfaction.

The Spiritual Well-being Scale (SWB) score is the perceived overall spiritual well-being of an individual. A total score in the SWB in the following ranges indicates: 20 - 40 low spiritual well-being, 41 - 99 moderate spiritual well-being, and 100 - 120 high spiritual well-being. The average score for chaplains was  $M = 94.7$  ( $SD = 21.8$ ). This represented a modest to moderate sense of spiritual well-being (Paloutzian & Ellison, 2009).

Religious Well-being (RWB) is a measure of how an individual views their relationship with God. Range scores indicate the following: 10 - 20 unsatisfactory relationship with God, 21-49 moderate sense of religious well-being, and 50 - 60

indicates a positive relationship with God. Religious well-being scores for chaplains were  $M = 49.6$  ( $SD = 11.8$ ), which reflects a positive perspective of one's relationship with God.

Existential Well-being (EWB) measures one's level of satisfaction and purpose for life. The following score ranges reflect: 10 - 20 low satisfaction with life's purpose, 21 - 49 indicates a moderate level of life satisfaction and purpose, and 50 – 60 suggest a high level of life satisfaction and purpose. The EWB average score for chaplain respondents was  $M = 45.18$  ( $SD = 11.2$ ), depicting a moderate level of life satisfaction and purpose.

Resiliency scale's (RS) score indicates the individual's overall ability to cope according to resiliency characteristics, i.e., self-reliance, meaning, equanimity, perseverance, and existential aloneness. Scores used in the scale ranged from 25 – 175. Resiliency was scored as follows: greater than 145 reflect moderately-high to high resiliency, 121-145 moderately-low to moderate levels of resiliency, and 120 to 25, low resiliency. The average chaplain score for resiliency  $M = 140$  ( $SD = 26.5$ ) which represents a moderate score for the respondent population or in other words chaplains had moderate levels of resiliency (Wagnild, 2009).

#### *Scale Score Reliabilities*

The study scale reliabilities were compared to the results from the established inventories used in this study (see Table 4.6). The scales indicated excellent reliability scores (marvelous) on all measures for the sample. In fact, the reliability scores for the chaplains exceeded the scores reported in the established inventory scales on all measures. It would appear that these measures would serve as adequate indicators of

compassion fatigue, burnout, compassion satisfaction and spiritual well-being for the selected sample.

Table 4.6

*Descriptive Statistics of Alpha Reliabilities for Army Chaplains Study Scales with Comparisons to Established Inventories for Compassion Fatigue, Burnout, Compassion Satisfaction, Spiritual Well-Being and Resiliency*

Reported Scales	Reported Alpha Reliabilities of Established Inventories (ProQOL, SWBS RS) Scales		Alphas Reliabilities of Current Army Chaplains Study Respondent Scales	
	$\alpha$	n	$\alpha$	n
Compassion Fatigue	.80	369	.85	403
Burnout	.71	379	.77	402
Compassion Satisfaction	.89	457	.89	405
Spiritual Well-Being	.89	na	.90	393
<i>Religious Well-being</i>	.87	na	.90	395
<i>Existential Well-being</i>	.78	na	.87	394
Resiliency (RS)	.85-.94	na	.97	378

Note. ProQOL IV, Stamm, 2005; Spiritual Well-Being Scale, Paloutzian & Ellison, 1982; Resilience Scale, Wagnild, 2010).

## Analysis

### *Correlations*

In this study, zero-order correlations (see Table 4.7) were used to analyze relationships among the variables as well as to measure of relationships originally hypothesized to be indicators of the outcome measure care work. Ultimately, the correlations in this study will be utilized to understand the relationships between and among the latent constructs<sup>3</sup>. The variables examined are those observed measures found in the chaplain Care Work Model (see Figure-3.1). Initially, the age of chaplains was

<sup>3</sup> Effect Size. Cohen suggested that effect size in the social sciences tend to be small and are made up of small to large effect sizes, e.g.,  $r = .10$  (small effect),  $r = .30$  (medium effect), and  $r = .50$  (large effect). The effect sizes are important for interpreting relative effects between variables. They are best interpreted when the effect size is understood or compared to other or similar variables (Valentine & Cooper, 2003).



found to be significantly and not unexpectedly related to experience ( $r = .682, p < .01$ ), rank in service ( $r = .540, p < .01$ ), and total number of deployments ( $r = .154, p < .01$ ). Surprising there were no differences with battle fatigue/stress and age ( $r = .021, p < .01$ ).

Table 4.7

*Zero-Order Correlation Matrix for Observed and Scaled Study Measures for Care Work*

	AGE	EXP	RK	TD	SWB	RS	SR	BTE	CF	BO	CS
AGE	---										
EXP	.682**	---									
RK	.540**	.836**	---								
TD	.154**	.306**		---							
SWB	.027	-.061	-.059	-.025	---						
RS	-.047	-.043	-.042	-.059	.174**	---					
SR	-.016	-.074	-.070	-.055	.819**	.708**	---				
BTE	-.021	.063	.009	.205**	-.164**	-.136**	-.201**	---			
CF	.075	.121*	.061	.092	-.232**	-.228**	-.307**	.484**	---		
BO	-.096	.014	-.003	.105*	-.362**	-.272**	-.424**	.348**	.612**	---	
CS	.011	.009	.026	-.061	.339**	.266**	-.403**	-.132**	.200**	-.591**	---

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

Note. AGE = Age, EXP = Experience, RANK = Rank, TD = Total Number of Deployments, SWB = Spiritual Well-Being, RS = Resiliency, SR = Spiritual Resiliency, BTE = Battle Fatigue/Stress, CF = Compassion Fatigue, BO = Burnout, and CS = Compassion Satisfaction.

Not unexpectedly, experience was strongly related to rank ( $r = .836, p < .01$ ), total number of deployments ( $r = .306, p < .01$ ) and compassion fatigue ( $r = .121, p < .05$ ).

Experience to compassion fatigue suggests that there time in service and the constant grind of dealing with traumatic materials increases the levels of compassion fatigue in their lives. On the other hand, as chaplains experience more deployments this correlation suggests that burnout will also increase. The number of times a chaplain had been deployed was significantly related to the battle fatigue/stress experienced ( $r = .205, p < .01$ ). In fact the battle fatigue/stress measures was found to be significantly related to spiritual well-being ( $r = -.164, p < .01$ ), resiliency ( $r = -.136, p < .001$ ), compassion

fatigue ( $r = .484, p < .01$ ), burnout ( $r = .348, p < .001$ ), and compassion satisfaction ( $r = -.132, p < .01$ ). In essence battle fatigue/stress was related to all measures of direct involvement with military related activities and the measures that examined constructs related to these ideas.

#### *Correlation of Scaled Variables*

In this section I discuss the specific correlations found among the scaled variables (spiritual well-being, resiliency, spiritual resiliency, compassion fatigue, burnout out, and compassion satisfaction). Spiritual well-being was significantly related to resiliency ( $r = .174, p < .01$ ). It was also found to be significantly related to compassion fatigue ( $r = -.232, p < .01$ ), burnout ( $r = -.362, p < .01$ ), and compassion satisfaction ( $r = .339, p < .01$ ). Resiliency was similar to spiritual well-being which was also significantly related to the variables of compassion fatigue ( $r = -.228, p < .01$ ), burnout ( $r = -.272, p < .01$ ), and compassion satisfaction ( $r = .266, p < .001$ ).

Also, a new measurement concept was developed by combining the scales spiritual well-being and resiliency to create a variable called spiritual resiliency. Spiritual resiliency was found to be significantly related to the variables of compassion fatigue ( $r = -.307, p < .01$ ), burnout ( $r = -.424, p < .01$ ), and compassion satisfaction ( $r = .403, p < .01$ ). Unsurprising, it was also significant to battle fatigue/stress ( $r = -.201, p < .01$ ).

The measurement scales of compassion fatigue, burnout and compassion satisfaction were all significantly related. Compassion fatigue was significantly related to burnout ( $r = .612, p < .01$ ) and compassion satisfaction ( $r = -.200, p < .01$ ), and finally compassion satisfaction was significantly related to burnout ( $r = -.591, p < .01$ ).

## Multivariate Analysis

### *Mean and Difference Tests.*

In an effort to examine the overall efficacy of the scales it was necessary to conduct Analysis of Variance (ANOVA) to analyze hypothesized relationships among the variables. Differences among the variables being examined were compassion fatigue, burnout, and compassion satisfaction by spiritual well-being, resiliency, deployment characteristics, experience, and battle fatigue/stress. In assessing differences between groups a series of ANOVAs were conducted. The scores from the inventory measures were used to compare the mean values with the scaled variables. Post-hoc (Tukey HSD =) was used to determine where the differences among the groups existed (Sweet & Grace-Martin, 2008). *Compassion Fatigue, Burnout, and Compassion Satisfaction by Deployment Characteristics.* Deployment characteristics were recoded to 1 = no deployments, 2 = one deployment, 3 = two deployments, 4 = three deployments, and 5 = four or more deployment so that an ANOVA could be conducted. Data showed two significant  $F$  scores for the measures of compassion fatigue ( $F_{4, 403} = 3.52, p < .001$ ) and burnout ( $F_{4, 403} = 2.72, p < .05$ ) and a non-significant result for compassion satisfaction ( $F_{4, 403} = 1.63, p < .ns$ ). Although there was a significant  $F$  score for burnout, it did not reveal any mean differences.

Post hoc comparisons revealed significant ( $p < .05$ ) mean differences with the number of chaplain deployments between compassion fatigue, but not with burnout, and compassion satisfaction. Levels of compassion fatigue differed between no deployments and one deployment; no deployments ( $M = 10.19, SD = 4.72$ ) and three deployments ( $M =$

15.30,  $SD = 8.38$ ), and one deployment ( $M = 11.80$ ,  $SD = 6.74$ ) and three deployments (see Table 4.8).

*Compassion Fatigue, Burnout, and Compassion Satisfaction by Experience.*

ANOVA results (see Table 4.9) revealed one significant  $F$  score for compassion fatigue, and not for burnout, and compassion satisfaction with experience (years of chaplain service). The findings showed depicted years of chaplain experience as (0 - 2 [Little], 3 - 6 [Moderate], 7 – 11[A lot], and [12 and up], a Great Deal). Results revealed a significant  $F$  score for compassion fatigue ( $F_{3, 401} = 4.40$ ,  $p < .001$ ) but not for burnout ( $F_{3, 401} = 2.10$ ,  $ns$ ), nor compassion satisfaction ( $F_{3, 401} = 1.32$ ,  $ns$ ).

Table 4.8

*ANOVA for Compassion Fatigue, Burnout, and Compassion Satisfaction by Deployment Characteristics (number of deployments)*

		SS	df	Mean Square	F
CF	Between	842.589	4	210.637	3.52***
	Within	24090.902	403	59.779	
	Total	24933.40	407		
BO	Between	438.093	4	109.523	2.72**
	Within	16211.427	403	40.227	
	Total	16649.520	407		
CS	Between	307.883	4	76.791	1.63
	Within	19007.372	403	47.165	
	Total	19315.255	407		

$p < .001$ \*\*\*  $p < .01$ \*\*

Note. CF = Compassion Fatigue, BO = Burnout, and CS = Compassion Satisfaction.

Note. Between = Between Groups, Within = Within Groups.

Table 4.9

*ANOVA for Compassion Fatigue, Burnout, and Compassion Satisfaction by Experience*

		SS	df	Mean Square	F
CF	Between	792.685	3	264.22	4.40***
	Within	24038.328	401	59.94	
	Total	24831.012	404		
BO	Between	257.311	3	85.77	2.10
	Within	16358.798	401	40.79	
	Total	16616.109	404		
CS	Between	188.70	3	62.90	1.32
	Within	19064.01	401	47.60	
	Total	19279.29	404		

$p < .001$ \*\*\*

Note. CF = Compassion Fatigue, BO = Burnout, and CS = Compassion Satisfaction.

Note. Between = Between Groups, Within = Within Groups.

Post hoc comparisons showed one significant ( $p < .05$ ) mean differences between years of experience of chaplains on compassion fatigue, but not on burnout, or compassion satisfaction. Levels of compassion fatigue differed as a function of chaplain experience with significant mean differences across all levels of years of chaplain experience, i.e., Little, Moderate, A lot, and A Great Deal between and within the groups. There were no significant mean differences across the other measures (burnout and compassion satisfaction) by years of chaplain experience

*Compassion Fatigue, Burnout, and Compassion Satisfaction by Battle Fatigue/Stress.*

ANOVA results (see Table 4.10) revealed three significant  $F$  scores for the measures of compassion fatigue, burnout, and compassion satisfaction with battle fatigue/stress. The findings showed that chaplain respondent levels (Not at All, Slightly Moderately, Severely, Very Severely) of battle fatigue/stress were significantly

associated with compassion fatigue ( $F_{4, 377} = 30.7, p < .001$ ), burnout ( $F_{4, 377} = 13.5, p < .001$ ), and compassion satisfaction ( $F_{4, 377} = 2.63, p < .01$ ).

Table 4.10

*ANOVA for Compassion Fatigue, Burnout, and Compassion Satisfaction by Battle Fatigue/Stress*

		SS	df	Mean Square	F
CF	Between	5829.331	4	1457.333	30.778***
	Within	17851.80	377	47.350	
	Total	23680.411	381		
BO	Between	1952.001	4	488.000	13.501***
	Within	13627.311	377	36.147	
	Total	15579.312	381		
CS	Between	492.746	4	123.187	2.639**
	Within	17594.900	377	46.671	
	Total	18087.647	381		

$p < .001$ \*\*\*  $p < .01$ \*\*

Note. CF = Compassion Fatigue, BO = Burnout, and CS = Compassion Satisfaction.

Note. Between = Between Groups, Within = Within Groups.

Post hoc comparisons revealed several significant ( $p < .05$ ) mean differences with battle fatigue/stress between compassion fatigue, burnout, and compassion satisfaction.

Levels of compassion fatigue differed between the not at all group ( $M=8.13, SD = 6.05$ ) and very severely battle fatigue/stress group ( $M = 23.0, SD = 8.82$ ); slightly ( $M = 9.08, SD = 4.43$ ) to moderately ( $M = 13.6, SD = 6.91$ ); and severely ( $M = 18.26, SD = 9.52$ ) to very severely battle fatigue/stress group.

A comparison on burnout and the affects of battle fatigue/stress revealed there were significant differences between the not at all ( $M=15.79, SD = 5.26$ ) moderately ( $M = 20.48, SD = 6.25$ ) and severely ( $M = 21.82, SD = 6.75$ ) battle fatigue/stress group.

Also there were differences between slightly ( $M = 17.52, SD = 5.02$ ) and moderately ( $M$

= 20.48, *SD* = 6.25) to severely (*M* = 21.82, *SD* = 6.75) and very severely battle fatigue group.

Comparisons with mean scores of battle fatigue/stress with levels on compassion satisfaction showed significant differences between the not at all group (*M* = 41.85, *SD* = 6.18) to moderate (*M* = 38.35, *SD* = 7.09) levels of battle fatigue/stress.

*Compassion Fatigue, Burnout, and Compassion Satisfaction by Spiritual Well-Being.* In Table 4.11 the ANOVA results revealed three significant *F* scores for the measures of compassion fatigue, burnout, and compassion satisfaction with spiritual well-being. The findings showed that chaplain respondent levels (low, moderate, high) of spiritual well-being were significantly associated with compassion fatigue ( $F_{2, 392} = 15.45, p < .001$ ), burnout ( $F_{2, 392} = 53.68, p < .001$ ), and compassion satisfaction ( $F_{2, 392} = 52.76, p < .001$ ).

Table 4.11

*ANOVA for Compassion Fatigue, Burnout, and Compassion Satisfaction by Spiritual Well-Being*

		SS	<i>df</i>	Mean Square	F
CF	Between	1769.43	2	884.71	15.45***
	Within <sup>a</sup>	22452.22	392	57.27	
	Total	24221.66	394		
BO	Between	3466.21	2	1733.10	53.68***
	Within	12656.48	392	32.28	
	Total	16122.69	394		
CS	Between	3840.24	2	1920.12	52.76***
	Within	14265.23	392	36.39	
	Total	18105.48	394		

$p < .001$ \*\*\*

Note. CF = Compassion Fatigue, BO = Burnout, and CS = Compassion Satisfaction.

Note. Between = Between Groups, Within = Within Groups.

Post hoc comparisons revealed several significant ( $p < .05$ ) mean differences with spiritual well-being between compassion fatigue, burnout, and compassion satisfaction. Levels of compassion fatigue differed between low levels ( $M = 16.35$ ,  $SD = 11.22$ ) and moderate levels ( $M = 14.45$ ,  $SD = 7.79$ ), and high levels ( $M = 10.41$ ,  $SD = 6.41$ ) and with high levels and moderate levels of spiritual well-being. A comparison on burnout and levels of spiritual well-being showed similar results. There were significant differences between low levels ( $M = 19.78$ ,  $SD = 7.73$ ) and moderate levels ( $M = 22.12$ ,  $SD = 6.10$ ), and with high levels ( $M = 15.94$ ,  $SD = 4.67$ ) and moderate levels of spiritual well-being. However, comparisons with mean scores of spiritual well-being with levels on compassion satisfaction showed significant differences between moderate levels and with both low ( $M = 40.70$ ,  $SD = 7.74$ ) and high levels ( $M = 42.98$ ,  $SD = 4.50$ ) of spiritual well-being.

*Compassion Fatigue, Burnout, and Compassion Satisfaction by Resiliency.*

The ANOVA results disclosed three significant  $F$  scores for the measures of compassion fatigue, burnout, and compassion satisfaction measures as a function of resiliency (see Table 4.8). The findings showed that chaplain respondent levels of resiliency (low, moderately low, high) had significantly different mean scores, i.e., compassion fatigue ( $F_{2, 384} = 20.02$ ,  $p < .001$ ), burnout ( $F_{2, 384} = 32.53$ ,  $p < .001$ ), and compassion satisfaction ( $F_{2, 392} = 29.25$ ,  $p < .001$ ).

In Table 4.12 comparisons using Post-hoc procedures were conducted to assess the differences that existed among and between the groups. Results showed that there were significant differences across all measures and between and all groups.



Table 4.12

*ANOVA for Compassion Fatigue, Burnout, and Compassion Satisfaction by Resiliency*

		SS	df	Mean Square	F
CF	Between	2220.54	2	1110.271	20.024***
	Within	21291.51	384	55.447	
	Total	23512.05	386		
BO	Between	2267.81	2	1133.906	32.535***
	Within	13383.30	384	34.852	
	Total	15651.12	386		
CS	Between	2352.99	2	1176.445	29.258***
	Within	15440.27	384	40.209	
	Total	17793.16	386		

 $p < .001$ \*\*\*

Note. CF = Compassion Fatigue, BO = Burnout, and CS = Compassion Satisfaction.

Note. Between = Between Groups, Within = Within Groups.

*Compassion Fatigue, Burnout, and Compassion Satisfaction by Spiritual*

*Resiliency.* ANOVA results (see Table 4.13) revealed three significant  $F$  scores for the measures of compassion fatigue, burnout, and compassion satisfaction with spiritual resiliency. The measure of spiritual resiliency was made by combining the scales spiritual well-being and resiliency. The findings showed that chaplain respondent levels (low, moderate, high) of spiritual resiliency-were significantly associated with compassion fatigue ( $F_{2, 384} = 16.55, p < .001$ ), burnout ( $F_{2, 384} = 42.64, p < .001$ ), and compassion satisfaction ( $F_{2, 384} = 44.70, p < .001$ ).

Post hoc comparisons revealed several significant ( $p < .05$ ) mean differences with spiritual resiliency between compassion fatigue, burnout, and compassion satisfaction. Levels of compassion fatigue differed as a function of chaplain spiritual resiliency with significant mean differences across all levels (low, moderate, high) and between groups of compassion fatigue with spiritual resiliency. A comparison on burnout and levels of

spiritual resiliency depicted the following results. There were significant differences between low levels ( $M = 22.69, SD = 8.04$ ) and moderate levels ( $M = 21.04, SD = 5.50$ ) and high levels ( $M = 16.11, SD = 4.74$ ) and moderate levels of spiritual resiliency.

However, comparisons with mean scores of spiritual resiliency with levels on compassion satisfaction showed significant differences between low levels ( $M = 36.20, SD = 8.79$ ) and moderate level ( $M = 37.25, SD = 6.08$ ) and high levels ( $M = 42.92, SD = 4.50$ ) and moderate levels of spiritual resiliency.

### Hypotheses Testing

Initial analyses of the first four hypotheses suggested that simple correlation analysis could be used to explore, explain, and test the study's hypotheses. The final hypothesis is multivariate in its nature and required the use of a causal model to explain the overall relationships. Path analysis conducted via structural equation modeling (SEM) was employed to determine how the outcome measure—care work—is influenced by chaplain status, deployment status, and self-care among active duty US Army chaplains.

#### *Hypothesis 1*

Hypothesis 1 is stated in two parts as follows: *H<sub>1a</sub> Level of spiritual resiliency will be negatively associated with compassion fatigue and burnout among chaplains and their care work. H<sub>1b</sub> Level of spiritual resiliency will be positively associated with compassion satisfaction among chaplains and their care work.* This hypothesis was mostly sustained by finding significant negative relationships between spiritual resiliency and compassion fatigue ( $H_{1a}$ ) ( $r = -.307, p < .001$ ) and burnout ( $r = -.424, p < .001$ ) and a

negative correlation for compassion satisfaction ( $H_{1b}$ ) ( $r = -.403, p < .001$ ). The correlations can be found in Table 4.14.

Table 4.13

*ANOVA for Compassion Fatigue, Burnout, and Compassion Satisfaction by Spiritual Resiliency*

		SS	df	Mean Square	F
CF	Between	1866.690	2	933.345	16.55***
	Within	21645.362	384	56.368	
	Total	23512.052	386		
BO	Between	2844.229	2	1422.144	42.64***
	Within	12806.887	384	33.351	
	Total	15651.116	386		
CS	Between	3360.098	2	1680.049	44.70***
	Within	14433.065	384	37.586	
	Total	17793.16	386		

$p < .001$ \*\*\*

Note. CF = Compassion Fatigue, BO = Burnout, and CS = Compassion Satisfaction.

Note. Between = Between Groups, Within = Within Groups.

Table 4.14

*Zero-Order Correlation Matrix for Hypothesized Scaled and Observed Variables as Measures of Care Work Among Army Chaplains.*

Variables	SWB	RS	SR	BATTLE	CF	BO
SWB	1.000					
RS	.174**	1.000				
SR	.819***	.708***	1.000			
BATTLE	-.164**	-.136**	-.201**	1.000		
CF	-.232**	-.228**	-.307***	.484***	1.000	
BO	-.362**	-.272**	-.424***	.348***	.612***	1.000
CS	.339**	.266**	-.403***	-.132**	-.200**	-.591***

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

Note. SWB= Spiritual Well-Being, RS=Resiliency, SR=Spiritual Resiliency, BATTLE=Battle Fatigue/Stress, CF=Compassion Fatigue, BO=Burnout, and CS=Compassion Satisfaction.

### *Hypothesis 2*

Hypothesis 2 is stated in two parts as follows:  $H_{2a}$  *Number of deployments will be positively associated with compassion fatigue and burnout among chaplains and their care work.*  $H_{2b}$  *Number of deployments will be negatively associated with compassion satisfaction among chaplains and their care work.*

Hypothesis 2 explored the relationships between deployment characteristics and compassion fatigue, burnout, and compassion satisfaction. Deployments are defined as the number of times that chaplain respondents were deployed to Iraq, Afghanistan, and other areas for more than 90 days. The hypothesis was partially supported which showed a significant relationship ( $H_{2a}$ ) ( $r = .105, < .05$ ) between total number of deployments and burnout suggesting that the greater number of deployments of chaplain respondents the greater amount of burnout in their lives. Although the other measures were not significant at the expected probability level ( $p < .05$ ) the measures were in the right direction ( $H_{2a}$ ) (compassion fatigue,  $r = .092, p < n.s.$ ; ( $H_{2b}$ ) compassion satisfaction,  $r = -.061, p < n.s.$ ). The hypothesis was not supported. However, since at least one of the characteristics of this hypothesis was partially supported we must use caution because there may be some underlining causes that are not readily seen in the data.

### *Hypothesis 3*

Hypothesis 3 focused on time in service in two parts and is stated as follows:

$H_{3a}$  *Years of experience (chaplain service) will be negatively associated with compassion fatigue and burnout among chaplains and their care work.*  $H_{3a}$  *stated: Years of experience (chaplain service) will be positively associated with compassion satisfaction among chaplains and their care work.* Hypothesis 3 examined the

relationships between years of experience of active duty chaplain respondents by compassion fatigue, burnout, and compassion satisfaction. The hypothesis had one significant relationship between years of chaplain service (experience) and compassion fatigue ( $r = .121, p < .05$ ) but no support for burnout ( $r = .014, p < n.s.$ ) or compassion satisfaction ( $r = .009, p < n.s.$ ). It would appear that years of service might be related to how fatigued one becomes while performing service but it does not diminish the sense of service to duty or passion one feels for the work they do. However, given the current results, this hypothesis was rejected and the alternative must be accepted.

#### *Hypothesis 4<sub>a/b</sub>*

Hypothesis 4 focused on the biological age of chaplains in two parts. It is stated as follows: H<sub>4a</sub> *Age of chaplains will be negatively associated with compassion fatigue and burnout among chaplains and their care work.* H<sub>4b</sub> *Age of chaplains will be positively associated with compassion satisfaction among chaplains and their care work.*

Hypothesis 4 explored the relationship of age of chaplain respondents and its influence on compassion fatigue, burnout, and compassion satisfaction. The hypothesis was not supported by the correlation analyses and no significant relationships were found. Therefore, I must reject the null hypothesis and accept the alternative that age is not related to compassion fatigue, burnout, and compassion satisfaction among chaplains.

#### *Hypothesis 5*

The fifth Hypothesis states that: *Care work will be positively associated with chaplaincy status, self care, spiritual resiliency and compassion satisfaction, and negatively associated with compassion fatigue/burnout and deployment status among*

*chaplains*. Hypothesis 5 is multivariate in its nature and requires more advanced statistical techniques to assess its value in this study.

#### *Path Analysis and SEM*

The last hypothesis will be analyzed via path analysis using structural equation modeling (SEM) techniques and measures. SEM is a process which uses various models to depict relationships among variables. More importantly, SEM allows for the existence of latent constructs. Depending upon the research model used, path analysis with SEM takes latent variables (constructs) and combines them with observed variables in explaining complex phenomena. The added advantage of using SEM is that it also minimizes and takes into account measurement error when analyzing data (Tabachnick & Fidel, 2007). The final model for Care Work in this investigation uses multiple constructs with observed measures and developed a model that best fits and explains chaplain care work.

The proposed model (see Figure 4.1) utilizes four latent constructs (chaplaincy/deployment status, self-care and care work) that are described by various observed variables. Chaplaincy status deals with age and the years of experience that each chaplain brings to his profession. Deployment status is comprised of the following observed variables, the total number of deployments of chaplain respondents, and the military rank of chaplains. Self-care is described by spiritual well-being, resiliency, and battle fatigue/stress. As noted, spiritual well-being and resiliency make up the concept, spiritual resiliency. Finally, the variables that explain care work are compassion fatigue, burnout, and compassion satisfaction. The question asked in this investigation is how these variables via self-care ultimately influence the care work of chaplains.

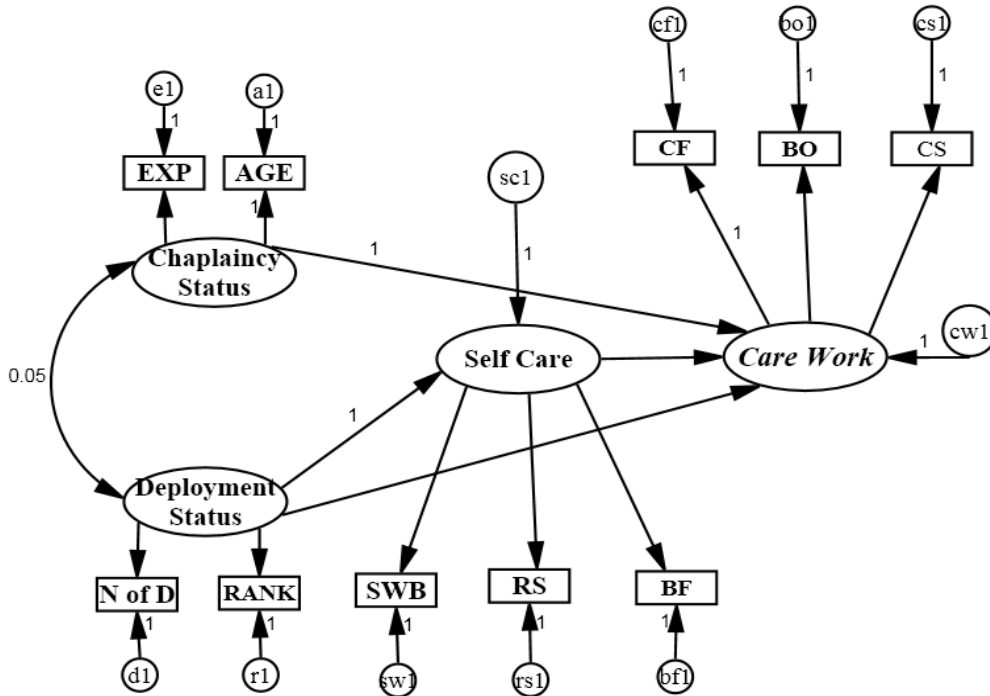


Figure 4.1. Hypothesized Structural Equation Model (SEM) Depicting Relationships to Chaplain Care Work.

### *Modeling in SEM*

The use of SEM requires uses a sequence of five steps in the analysis of data. They are: 1) model specification, 2) model identification, 3) model estimation, 4) model testing, and 5) model modification. These steps are critical for all SEM models and help to ensure that the most parsimonious model is developed. The Chaplain Care Work Model is very minimal and yet it too can be further enhanced through the SEM process.

### *Model Specification*

This process involves the design and development of a model for research by selecting variables and deciding how these variables are related. This implies that the researcher selects the important parameters which will supply the model with a good fit. Shumacher and Lomax (2004) believed that the inclusion or exclusion of unimportant

variables could cause a model to be mis-specified—one where needless elements are used and that can cause a model not to offer a good solution. The variables used in this model were identified mainly through a review of the scholarly literature and by an inductive processes and observation of these elements through first-hand accounts based on the experiences I gained as a military chaplain (see Figure 4.1).

### *Model Identification*

Model identification is focused on values—that is to say, distinctive values that can be obtained from the observed data. It concerns the model's choice and the specification of fixed, constrained and free parameters. Models are typically over-identified so that they can be estimated (see Schumacker & Lomax, p. 64 for a detailed explanation). One of the primary purposes of model identification is to have more known elements (parameters) than unknown elements. In other words, the number of known values must equal or exceed the number of free parameters that belong in the model so that the model is clear, easy to understand, and the observed variables explain the association between the latent constructs.

### *Model Estimation*

In an SEM model, estimates are obtained for each parameter specified in the model. This entails selecting a model fit program and choosing the right fit indices. In order to do this, the fit indices are assessed to if they are a poor fit. If the model is a poor fit it needs to be re-specified. To determine if the model is a good model, there are various fit indicators, they include but are not limited to, the Chi-Square ( $\chi^2$ ), Root Mean Square Error of Approximation (RMSEA), comparative fit index (CFI), normal fit index (NFI) and the goodness of fit index (GFI). A model is said to have a good fit model if the



$\chi^2$  is not significant. However, due to the fact that sample size directly effects the  $\chi^2$  this indicator is often reported but not used. It is preferable to use the other indicators. These indicators suggest whether or not a model is a good fit. If the CFI, NFI, and GFI, are greater than .95 they are said to be good fits. However, there is some current controversy centered on the ultimate “good” value for fit indices. Finally, good fit models are usually reported by RMSEA values less than .10 (Tabachnick & Fidell, 2007).

### *Model Testing*

Model testing explores how the fit of the model is assessed. This is done by seeing if the parameters selected are significant or if a different test of significance should be used.

Questions concerning self-care and how the chaplain care work of chaplain will be explored. That is, how do chaplain status, deployment status, compassion fatigue, burnout, and compassion satisfaction influence chaplain care work. To test these variables the Chaplain Care Work Model was drawn as a path model (using AMOS®) and tested. The first model had ten observed measures that was then reconfigured into four latent constructs that I believe would adequately assess my conceptualization of chaplain care work.

### *Model Modification*

This procedure deals with the fit of the model. If the model is not strong enough it may need to be re-specified. The purpose being is to modify the model and then to re-evaluate the new specifications. This can be done by altering or by eliminating paths, altering or eliminating variables, examining the significance of parameters for effect. Also, constraints can be added, moved or eliminated to provide

for a better fit. Ultimately, the purpose of model modification is to improve the fit of the model.

### *Results*

The hypothesized model (see Figure 4.1) was analyzed to explain the effects of care work on U.S. Army chaplains. The path model using structural equation modeling (SEM) techniques and maximum likelihood estimation procedures was conducted. The model depicted relationships between the latent constructs of chaplaincy and deployment status, self care and care work. Model I was found to be admissible, and reported a significant chi-square result ( $\chi^2 = 192.69$ ,  $df 31$ ,  $p < .000$ ). However, some of Model I indices indicated a good fit, revealing an NFI = .871, CFI = .888, GFI = .917 and a marginal RMSEA = .113 (see Table 4.15).

Although the model fit results were not as strong as I would have liked, they did manage to uncover a strong relationship between the variables and the outcome measure—care work. The model variables accounted for a squared-multiple correlation<sup>4</sup> ( $R^2$ ) of .785 or 79% of the variance in care work being explained by the three indicators of chaplaincy status, deployment status and self-care. Despite the marginal fit, the model provided a useful indicator (see Figure 4.2).

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<sup>4</sup> The Multiple-squared correlation is the same thing as the  $R^2$  in Path models using Ordinary Least Squares (OLS). If the model were non-recursive then the  $R^2$  interpretation would require further explanation and mathematical refinement.

*Direct Effects*

There were several significant direct paths that were revealed in the Model

I. The relationship between chaplaincy status and care work was strong and positive ( $\beta = 1.07$ ). Deployment status had a weak relationship to self-care ( $\beta = .08$ ) and a strong but negative relationship to care work ( $\beta = -1.14$ ). Despite these relationships, Self-care exhibited a strong and vital relationship with care work as was expected ( $\beta = .86$ ). These strong direct relationships and marginally strong indicators point to the value of Model I.

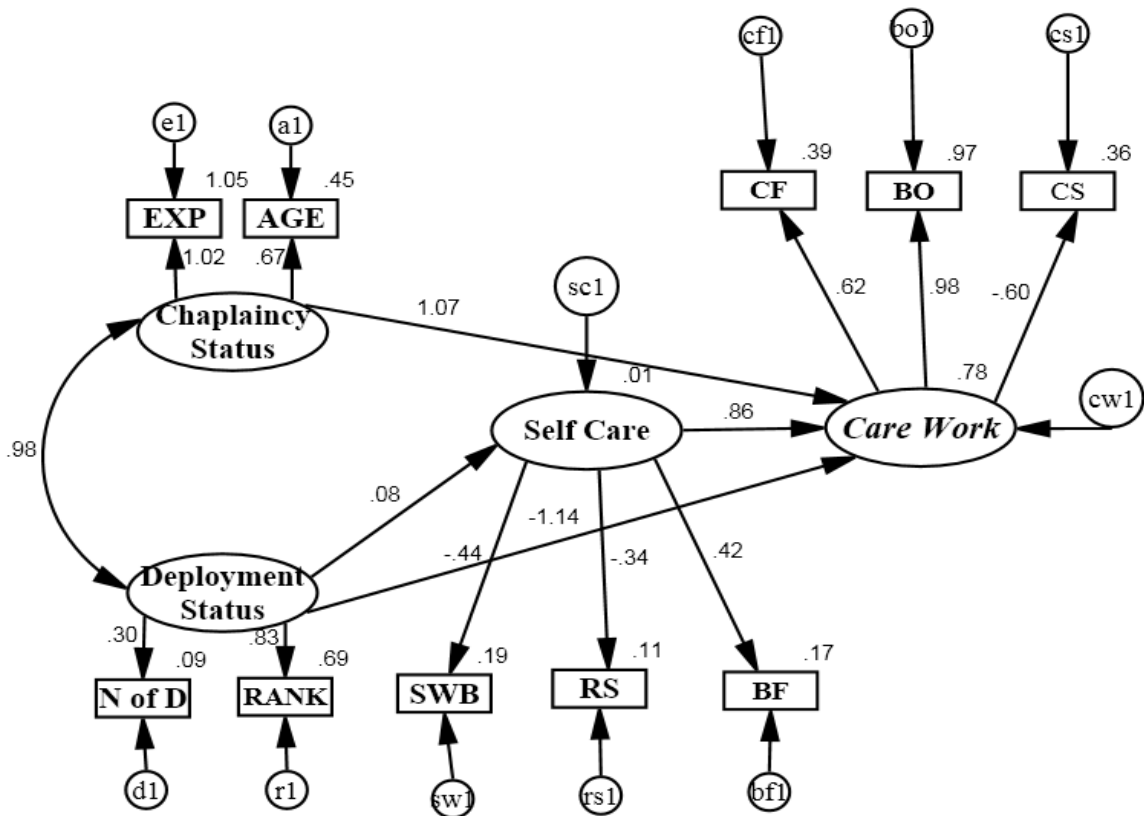


Figure 4.2. Model I Latent Variable Structural Equation (SEM) of Chaplain Care Work

Table 4.15

*Results for Chaplain Care Work Structural Equation Models I-IV*

Model	$\chi^2$	<i>df</i>	NFI	CFI	GFI	RMSEA <sup>a</sup>	CI
MODEL I <sup>a</sup>	192.69***	31	.87	.88	.92	.11	.098 - .129
MODEL II <sup>b</sup>	190.35***	30	.87	.89	.92	.11	.099 - .130
MODEL III <sup>b</sup>	169.33***	24	.83	.85	.92	.12	.105 - .140
MODEL IV <sup>b</sup>	165.04***	22	.89	.90	.92	.13	.109 - .145

\*\*\* $p < .001$ Note. <sup>a</sup>Initial Model, <sup>b</sup>Re-specified Models*Re-specification of Chaplain Care Work Models*

The original model, shown in Figure 4.1, depicts the conceptualization that guided this study. SEM techniques require that Models be re-specified whenever the possibility exists for a better fit. Models II through IV represent re-specifications from the initial model in an attempt to improve the fit indices and to provide more parsimonious models. The re-specified models may be found in Figure 4.2 through Figure 4.5.

*Model II*

Model I representing the original conceptualization of Chaplain Care Work provides an adequate solution although the model fit indicators varied in their reported value. In an effort to improve the fit the model is re-specified. Model II (see Figure 4.3) was re-specified and a path was developed from chaplaincy status to self care. Model II was found to be admissible with a significant chi square and several good fit indices ( $\chi^2 = 190.36$ ,  $df = 30$ ,  $p < .001$ , NFI = .87, CFI = .89, GFI = .92, and RMSEA = .11). The relationship between chaplaincy status and care work was ( $\beta = 1.06$ ) and self care ( $\beta = -.93$ ) were significant. Deployment status had a significant relationship to self-care ( $\beta =$

1.06), and to care work ( $\beta = -1.16$ ). In view of these relationships, self care exhibited a strong and vital relationship with care work. The three latent constructs (chaplaincy status, deployment status, and self care) explain an  $R^2$  of .840 or 84% of the variance.

### *Model III*

In yet another modification of the initial model, Model III was re-specified by removing the latent construct deployment status. The observed characteristic number of deployments was moved to chaplaincy status to serve as an indicator of chaplaincy status. The model was initiated and was found to be admissible with the following chi square and fit indices ( $\chi^2 = 169.41$ ,  $df = 25$ ,  $p < .001$ , NFI = .83, CFI = .85, GFI = .92, RMSEA = .12). There were three direct effects that were significant though they were weak. The relationship between chaplaincy status and care work was weak and negative ( $\beta = -.02$ ). Also chaplaincy status to self care was positive but weak ( $\beta = .06$ ), and as expected the relationship between self care and care work was positive and strong ( $\beta = .85$ ). Although the model variables accounted for ( $R^2 = .720$ ) 72% of care work as explained by chaplaincy status and self care indicators were weak and revealed this model to be the least valuable despite its parsimonious structure (see Figure 4.4).

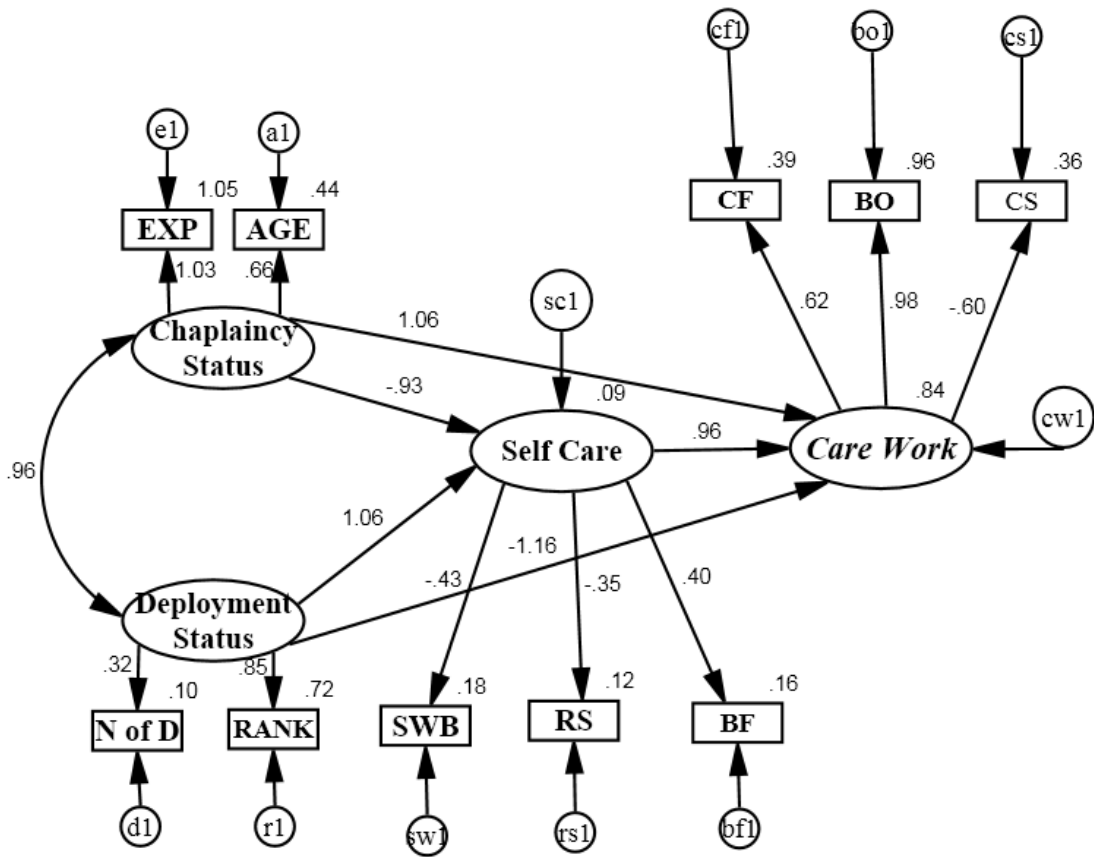


Figure 4.3. Model II Re-specified Latent Structural Equation (SEM) of Chaplain Care Work adding Relationship between Chaplaincy Status and Self Care

The final Model IV was re-specified and was found to be admissible with a significant chi-square ( $\chi^2 = 165.04, df = 22, p < .001$ ). The indexes indicated a good fit to marginal fit (NFI = .887, CFI = .899, GFI = .922) with a marginal RMSEA of .126.

The model employed the use of the composite observed variable known as spiritual resiliency. Just as Models I through III there were many relationships which were significant and strongly related to the outcome measure. Model IV displayed the

strongest relationship to care work and accounted for ( $R^2$ , .850) 85% of the variance. In fact, this model generated the best fit of the four Models (see Table 4.15).

#### *Model IV*

Model IV (see Figure 4.5) was re-specified by drawing a path from chaplaincy status to self care and adding the observed variable spiritual resiliency as an indicator for self care. Several significant paths were revealed in Model IV. The relationship between chaplaincy status and care work was significant ( $\beta = 1.07$ ) as was chaplaincy to self care ( $\beta = -.75$ ), and deployment status to both self care ( $\beta = .92$ ) and care work ( $\beta = -1.21$ ). There was also a strong positive relationship (as expected) between self care and care work ( $\beta = .94$ ). Model IV's strong direct relationships between the indicators for care work helps to describe the complex issues involved in the phenomena of chaplain care work, thus assisting in explaining the important roles that spiritual resiliency, compassion fatigue, burnout and compassion satisfaction play in aiding chaplains in their efforts to do care work.

#### *Summary*

The final hypothesis was examined using four models to explicate the relationship between care work and three latent constructs that served as the best indicators for the hypothesized concepts. Although Models I through IV were not the best fit models (chaplain care work); nevertheless, they were adequate and revealed some strong fits in all cases on the GFI measures (see Table 4.15).

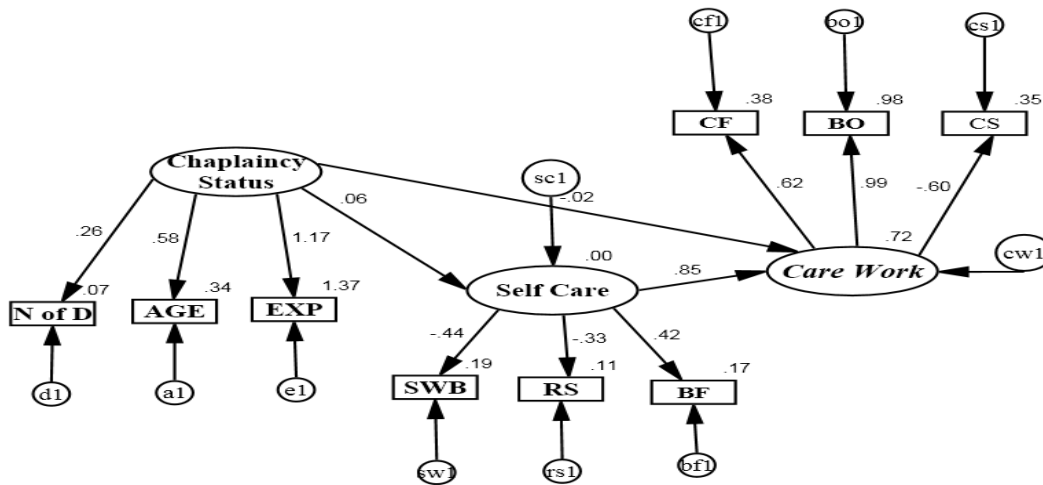


Figure 4.4. Model III Re-specified Latent Structural Equation (SEM) of Chaplain Care Work with Latent Construct of Deployment Status Removed

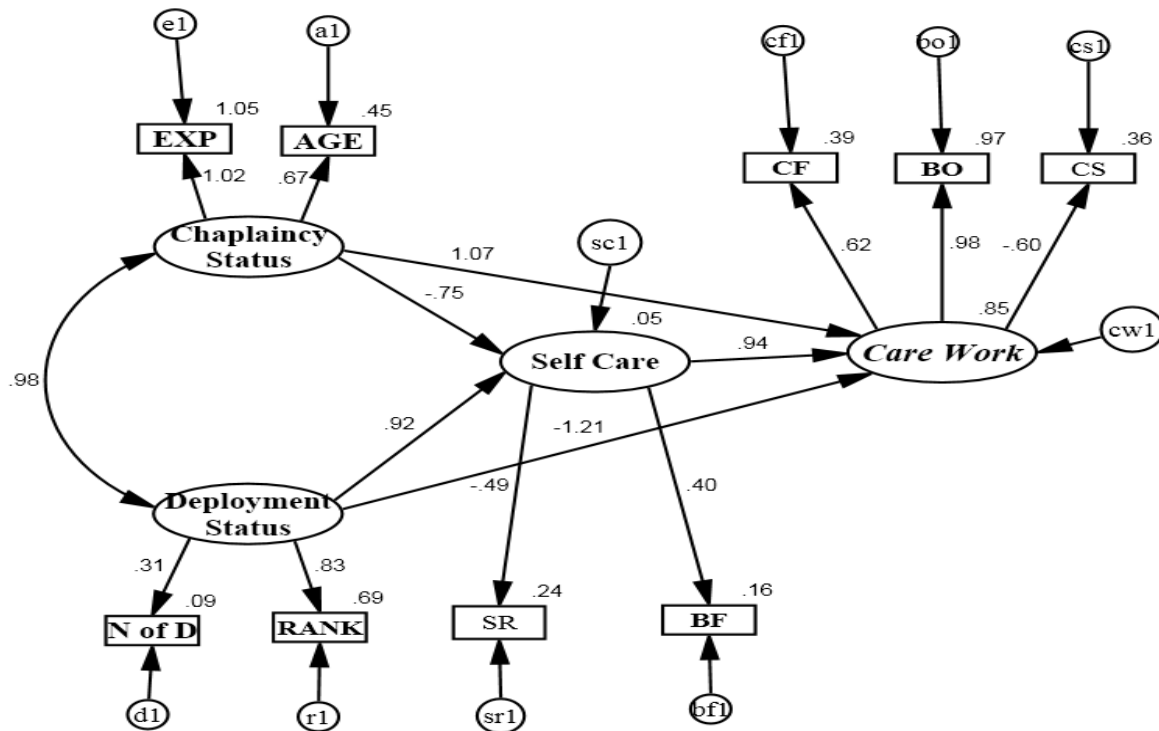


Figure 4.5. Model IV Re-specified Latent Structural Equation (SEM) of Chaplain Care Work with Spiritual Resiliency



Consistent with the data, the Models depicted many significant relationships concerning the variables and the outcome measure—care work. These relationships and others like them accounted for the general strength reported in the four theoretical latent variable structural equation models examined in this study. The latent variable structural equation models provided a useful snap shot of chaplain care work.

## CHAPTER 5

### DISCUSSION AND CONCLUSIONS

#### Overview

This study examined the relationships between and among the factors of compassion fatigue, burnout, compassion satisfaction and spiritual resiliency in association with the care work of chaplains who minister to soldiers, families, and Department of the Army (DA) civilians in the military. Determining how chaplains are affected by these elements of care was one of the primary goals of this study. Another goal was to ascertain how concepts like compassion fatigue, burnout and compassion satisfaction are influenced by spiritual resiliency. The spiritual well-being of a chaplain is critical in the overall performance of duties and responsibilities (Waynick, et al., 2006).

The primary purpose of this investigation was to evaluate the factors that influence chaplain care work and to determine its effect. To do this, spiritual resiliency, deployment characteristics, experience (years of service), age, rank, battle fatigue/stress and self care were measured as a function of compassion fatigue, burnout, and compassion satisfaction. Chaplain scores from three inventory scales were used in the analysis of the data. Results from research hypotheses were formulated and analyses conducted to determine relationships, significant differences, and the significant relationship between latent constructs of Chaplaincy status, Deployment status and Self care to Care work.

Results from this research study suggest that chaplains are affected by compassion fatigue and burnout and that their spiritual resiliency and compassion satisfaction ebbs and flow in accordance with the levels of these two factors in their lives

(i.e., when compassion fatigue is high spiritual resiliency is low). The data shows that there can be an inverse relationship with these two variables (Figley, 1995, Stamm, 2002).

In this chapter the results, integration of findings, implications of findings to include limitations, and future directions for research are discussed. Also, findings lend themselves to specific recommendations from which the chaplain corps can benefit and from which strategies can be developed into applied aspects for chaplain self-care. Finally, the importance of the study will conclude the investigation.

### *Research Questions*

To understand the factors that affect the care work of active duty chaplains, five research questions were asked so that associations and relationships could be predicted among the independent and outcome variables and hypotheses tested. The research questions were:

1. What is the relationship between spiritual resiliency and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?
2. What is the relationship between deployment characteristics and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?
3. What is the relationship between years of experience (chaplain service) and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?
4. What is the relationship between age and compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?

5. What is the relationship between self care, deployment status, chaplaincy status, battle fatigue/stress, spiritual well-being, and resiliency to include concepts like compassion fatigue, burnout and compassion satisfaction among chaplains and their care work?

### *Hypotheses*

The research questions were answered by testing five hypotheses. Results from this investigation predicted the first hypothesis, partially supported the second and third hypotheses, and rejected the fourth. The last hypothesis was supported by a model that was re-specified that explained 85% of the variance in care work as explained by the indicators of chaplain status, deployment status and self care. The following is a summary of the results to include a discussion of the findings of whether the data supported or did not support each of the research questions/hypotheses.

*Hypothesis 1 stated that  $H_{1a}$  level of spiritual resiliency will be negatively associated with compassion fatigue and burnout among chaplains and their care work.*

*$H_{1b}$  Level of spiritual resiliency will be positively associated with compassion satisfaction among chaplains and their care work.*

The results from this investigation mostly supported the first hypothesis. Chaplain respondents showed that levels of spiritual resiliency were associated with compassion fatigue, burnout, and compassion satisfaction. In addition an ANOVA result showed significant differences in compassion fatigue, burnout, and compassion satisfaction between groups with respect to spiritual resiliency.

It should be noted that in a discussion of spiritual resiliency, two measurement scales were combined to develop this concept, (i.e., Spiritual Well-Being Scale, Paloutzian & Ellison, 1982, and The Resiliency Scale, Wagnild & Young, 1993). These

results indicated that levels of spiritual resiliency had an inverse relationship with compassion fatigue, burnout and compassion satisfaction. For example if chaplain respondents had low spiritual resiliency, it would be associated with high compassion fatigue/burnout, and low compassion satisfaction. Chaplains with high compassion fatigue and burnout would be more likely to suffer from low spiritual resiliency. There is no literature which validates this measurement (combination of spiritual well-being and resiliency) as a measurement scale; however, given the important role it played in this investigation, it is perhaps one area where the combining of these two scales can be used in future research and studies or at least a new scale developed that can singularly quantify spiritual resiliency as a concrete measure.

Concerning compassion fatigue and burnout, it is not uncommon for these two variables to work together, i.e., chaplains can be at risk for compassion fatigue and burnout and still have high levels of compassion satisfaction (Stamm, 2002). High risk for compassion fatigue and low risk for burnout with high compassion satisfaction is a classic example of those who work in disaster relief or in combat areas. They do well in their work because they believe that what they do (ministry) is important. They get satisfaction from helping others, and can relate to their soldiers because they experience the same events. Many chaplains fall into this category. Chaplains who have primary exposure to trauma mixed with secondary exposure, like compassion fatigue, can find it difficult working with soldiers with similar experiences associated with the stresses of combat. Close supervision and the opportunity to explore these issues can help alleviate symptoms like compassion fatigue, and help chaplains re-interpret events.

In this study simple correlations were used which revealed that spiritual resiliency was negatively associated with higher levels of compassion fatigue and burnout, and positively related with high levels of compassion satisfaction. Stamm (2002) noted that compassion satisfaction can act as a mitigating factor with compassion fatigue and burnout, i.e., the higher the compassion satisfaction in an individual the lower the levels of compassion fatigue and burnout. Bride, et al. (2007) found that as compassion fatigue increases it may lessen the effect of compassion satisfaction as an ameliorating agent.

Chaplain respondents in this investigation 22% (n=408) were at risk for compassion fatigue, and 30 % (n=408) were at risk for burnout while 35% scored high on compassion satisfaction.

The composite scores for chaplain respondents with spiritual well-being were at moderate levels to include moderate levels of resiliency. What this means for the chaplaincy is that by and large chaplains get satisfaction from what they do; however, their care work can be affected by compassion fatigue, burnout, and compassion satisfaction. Spiritual resiliency is influenced by these aspects and the ability of the chaplains to maintain their spiritual well-being is associated with these factors that influence their care work.

As noted, Reese (2008) did not find significant relationships among hospital trauma workers with spiritual well-being and the three subscale variables (compassion fatigue, burnout, and compassion satisfaction). This could be explained by his small sample size (n=89) compared to the purposive sample size of this study (n=408). However, this data suggests significant relationships with spiritual well-being/resiliency and the three factors measured.

Though the literature is sparse concerning the effects of spirituality by compassion fatigue, burnout, and compassion satisfaction, it does suggest that there is an inverse relationship with compassion fatigue as suggested by Simpson (2005). He found that high scores on compassion fatigue predicted lower scores on spirituality. In his study, he did not use Spiritual Well-Being as a measure for spirituality. However, when Reese (2008) used the same measurement scale (SWB, Paloutzian & Ellison, 1982) with trauma workers concerning spiritual well-being, data suggested that there was a trend toward significance concerning compassion fatigue, burnout and compassion satisfaction. Also, concerning burnout and spirituality with a group of clergy, Golden, et al. (2004) found that “the less one feels oneself in intimate relationship with the Divine, the greater the likelihood for burnout” (p. 123). Here again, the researcher states that spirituality predicted significance toward burnout.

The results in this investigation clearly show a significant relationship between compassion fatigue, burnout, and compassion satisfaction as measured by the spiritual well-being of the chaplain respondents. It found that spiritual resiliency was negatively associated with lower levels of compassion fatigue and burnout and higher levels of compassion satisfaction among chaplains. Also compassion fatigue, burnout, and compassion satisfaction were measured by resiliency of chaplain respondents. The same associations were found concerning how resiliency effected these factors among the chaplain respondents. So much so, that these two measurements were conceptualized together to form a measurement scale called spiritual resiliency. This scale predicted the ebb and flow of compassion fatigue, burnout, and compassion satisfaction on chaplains according to their levels of spiritual resiliency.

This has implications for the chaplaincy, as indicated by the aggregate data, the purposive sample population (n=408) was effected by compassion fatigue and burnout to include compassion satisfaction. Spiritual Resiliency can act as a mitigating factor in lessening the effects of compassion fatigue and burnout and in improving the compassion satisfaction among chaplains. How the chaplaincy plans strategically, as a corps, to influence the care work of chaplains can come about through supervision, mentoring, development of self care programs and training (i.e., supervision in being aware of the effects of burnout and compassion fatigue on chaplains; mentoring in providing timely interventions, training at all levels concerning the effects of these factors, and finally the concept of spiritual resiliency which lies at the heart of the chaplain corps). How the chaplain corps influences the spirituality of its chaplains to provide a force that is resilient in nature and true to their calling to “provide religious support to American’s army across the full spectrum of operations; assist the commander in ensuring the right of free exercise of religion; and provide spiritual, moral, and ethical leadership to the Army” (Department of the Army Chief of Chaplain, 2009, p. 1) is a matter for future research.

*Hypothesis 2 stated that  $H_{2a}$  number of deployments will be positively associated with compassion fatigue and burnout among chaplains and their care work.*

*$H_{2b}$  Number of deployments will be negatively associated with compassion satisfaction among chaplains and their care work.*

In this hypothesis there were not significant correlations across the measures for deployment characteristics except for burnout among chaplains. Deployment characteristics were identified as the total number of times a chaplain had deployed since 9/11 to Iraq, Afghanistan and other areas. The literature on deployment and its effects on



families, soldiers, and children are extensive (see e.g., Adams et al., 2006; Adler-Baeder, Pittman, & Taylor et al., 2006; Karney & Crown, 2007; Schumm, et al., 2000 for discussion).

This data showed that there was a positive association with burnout among chaplains by their number of deployments. The literature on burnout and its effect on chaplains due to deployments is non-existent. As Maslach (1982, p. 3., 2003) reported burnout can happen with those who are engaged in the profession of care work, and as a condition “of emotional exhaustion, depersonalization, and reduced personal accomplishment that occur among individuals who do people work.” Chaplains can be affected by this constant strain of deployments as shown by this data. The average deployments for this group of chaplains (n=408) was two. The data showed that 6.6 % had none, 32.1% had one, 33.8% had two, 17.2% had three, 6.4% had four, and 2.5% had five.

Clearly there is something connected with the amount of chaplain deployments and burnout. The data raises an important issue related to deployments and burnout, i.e., the effect that chaplain deployments have on work satisfaction, their emotional exhaustion, detachment from work and others, and feelings of inadequacy concerning their careers (Maslach, et al., 2001; Maslach, 2003). The chaplaincy may want to look at reintegration programs and how chaplains are provided self care. There is no guarantee or significant research that suggests that adaptive programs lessen the effects of deployment or burnout. However, targeting chaplains with self care strategies may lessen the effects of burnout experienced by the chaplain respondents. Gentry, et al. (2002) developed a recovery program for helping care givers recover from the effects of

compassion fatigue and burnout. This program may provide a recovery model for chaplains experiencing the effects of compassion fatigue and burnout.

*Hypothesis 3 stated that  $H_{3a}$  years of experience (chaplain service) will be negatively associated with compassion fatigue and burnout among chaplains and their care work.*

*$H_{3b}$  Years of experience (chaplain service) will be positively associated with compassion satisfaction among chaplains and their care work.*

In this hypothesis there were not significant correlations across the measures for experience (years of service) except towards compassion fatigue. The data from this purposive sample of chaplains suggests that experience affects compassion fatigue. Fannelly, et al. (2005) found that compassion fatigue was negatively associated with experience, that is, the fewer years of experience as a care giver the higher levels of compassion fatigue. However, the results in this study showed that greater years of experience resulted in a positive relationship with compassion fatigue suggesting the experienced chaplain coupled with deployments and the stress of helping others can increase compassion fatigue

Though the research suggests (Flannelly et al., 2005; Pearlman & Mac Ian, 1995) that there is a relationship with experience/age with increased levels of compassion fatigue and burnout, this study did not obtain those results. It did however, find a relationship between experience and compassion fatigue which suggests that experience, as defined by years of service, can be affected by compassion fatigue.

In other studies (see e.g., Adams & Riggs, 2008; Pearlman & Mac Ian, 1995) findings showed that novice therapists were more vulnerable to compassion fatigue due

to lack of experience and training. It should be noted in this study that only 22% of chaplain respondents suffered from compassion fatigue—ironically also the estimated number of people in the U.S. who are reported to suffer from depression at one time or another. This suggests that the majority of chaplains, due to their experience and training, did not suffer from the effects of compassion fatigue.

Nonetheless, one would think that burnout would have a significant relationship to experience; however, this could be a function of time in that burnout is a cumulative process while compassion fatigue can occur quickly and without notice. Variables like age, which can be associated with experience, were not significant in this study.

Also, chaplain respondents in this study were experienced pastors who had an average of 8 years in the chaplaincy. Their average age was 43 years. This study did not include the years of pastoral experience chaplain respondents had before they came into the military as active duty chaplains which could help to explain why experience was not a significant factor to burnout. As already noted with compassion fatigue, burnout can be a serious concern for chaplains, especially as it influences issue of retention, promotion, and one's ability to serve soldiers, families and DA civilians of the United States Army.

*Hypothesis 4 stated that  $H_{4a}$  age of chaplains will be negatively associated with compassion fatigue and burnout among chaplains and their care work.  $H_{4b}$  Age of chaplains will be positively associated with compassion satisfaction among chaplains and their care work.*

The hypothesis was not supported by the data. There were no significant relationships across the measures for compassion fatigue, burnout, and compassion satisfaction by age.

Though the literature is sparse concerning age and its influence on compassion fatigue, burnout, and compassion fatigue, Taylor et al. (2006) suggested in a study of Rabbi chaplains who were providing ministry to those affected by the World Trade Center (WTC) disaster that the younger the care giver the higher the levels of burnout with an increased susceptibility to compassion fatigue. They also found that the older the care giver the less inclined to be effected by burnout and compassion fatigue. Pearlman and McIan (1995) found that younger therapist's schemas of self, as influenced by traumatic material, were more likely to be effected than older therapists.

Of interest was the average age of the chaplain respondents in this study which was 43 years old. This suggests that age would not be a contributing factor to compassion fatigue and burnout as reported by its affect on younger therapist and counselors (Pearlman & McIan, 1995; Taylor, 2006).

*Hypothesis 5 stated Care work will be positively associated with chaplaincy status, self care, spiritual resiliency and compassion satisfaction, and negatively associated with compassion fatigue/burnout and deployment status among chaplains.*

This model supports the research questions that were developed for this investigation, that is, levels of spiritual well-being and resiliency along with battle fatigue/stress can influence the self care and thus care work among chaplains. The model helped to explain some of the theoretical postulates that were thought to be related to care work in a direct way, such as compassion fatigue, burnout and compassion satisfaction. Clearly, the study shows that the care work of chaplains is a complex process and one that needs further investigation and research.

### *Comments-Battle Fatigue/Stress*

Battle Fatigue/Stress was added as a predictor variable in helping to understand compassion fatigue. In this sense battle fatigue/stress is defined as the primary exposure to traumatic or stressful events which can affect the individual emotionally, physically and mentally. Compassion fatigue, on the other hand, deals with the secondary exposure of the care giver to traumatic material (Figley, 1995). Chaplain respondents were asked one question on the online survey: During your deployment(s) how much were you personally affected by battle fatigue/stress? It was implicitly understood that chaplain respondents understood the question or the understanding of battle fatigue/stress. The data showed that there were significant correlations between battle fatigue/stress and compassion fatigue, burnout, compassion satisfaction, and spiritual resiliency. Though this study did not concern itself with primary exposure to traumatic material, the responses to this question indicate the need to study how primary exposure to traumatic material affect the care work of chaplains. Chaplain respondents reported (58%) some type of battle fatigue/stress that they felt they experienced during deployments. This clearly is one area in which future research needs to be conducted.

### *Narrative Comments - Online Survey*

Data was collected using three scaled inventories to measure factors that influenced the care work of active duty Army chaplains (n=408). The inventories examined the constructs of compassion fatigue, burnout, compassion satisfaction, spiritual well-being, and resiliency, and how these concepts were associated with or related to the lives of chaplains through such aspects as deployments, experience, age,

spiritual resiliency and battle fatigue/stress. Data was administered through the use of an online survey which made the collection of data efficient and easy to examine.

A question that was part of the survey, but was not originally intended for detailed analysis, was the last statement of the online questionnaire which simply read “please add comments.” A block was provided (up to 1,500 characters) which allowed chaplain respondents the opportunity to write comments and to express their feelings or to provide suggestions concerning survey design. However, this was not explicitly explained, though it was implicitly understood. Responses to this question by chaplain respondents provided 27 pages (8 x 11) of single spaced comments in 12 point font just as is used in this document.

Although this study is quantitative in nature, the importance of qualitative data is not overlooked or dismissed. Therefore, in order to gain further insights comments chaplain respondents provided by the online survey were used. A preliminary examination of chaplain respondent comments revealed some over arching themes. I used Patton’s (2003) strategies for identifying themes, concepts and emergent patterns. After applying this idea the data yielded six themes relevant to chaplain care work. The identified themes were: 1) supervision: is it really happening. 2) spirituality: it sustains me, 3) I’m tired, 4) care work: the ability to help others, 5) satisfaction with career: my work really does matter, and 6) self care: take care of yourself, it’s important. These themes will be used, *not* as primary subject matter analysis in providing a portrait of chaplain care work, but as supplemental support data in the interpretation of findings, i.e., additional data describing the care work of chaplains.

Patton (2003) reported that in a quantitative study done by educators concerning the effectiveness of teaching in a school district that the quantitative data did provide some significant results; however, the qualitative comments provided at the end of the survey were rich with detail and input concerning the effectiveness of teaching and how to improve it. In this spirit, the following qualitative data provides themes and comments that support the quantitative data for this investigation concerning chaplain care work.

*Theme 1. Supervision: Is it Really Happening?*

In trying to gain a deeper understanding of the importance of care work and how it affects chaplains and their spiritual resiliency, chaplain respondents referred to the importance of supervision or the lack of supervision concerning issues like compassion fatigue, reintegration and mentoring:

Much of the reintegration or “spiritual fitness” provided by the chaplain corps is actually counter-productive. Most junior chaplains I’ve encountered feel that their chain of command (non-chaplain) cares more for them personally than the technical chain of command (chaplain). I can say that the only person to sit me down and ask how I was post-deployment was an infantry battalion commander. (In fairness, I was asked that question in the questionnaires in the reverse SRP (soldier readiness process) process, but none of the senior chaplains around me ever asked.)...I believe that ...the British model for chaplain reintegration training is far superior in allowing chaplains to process through the spiritual emotional, and relational effects of combat and compassion fatigue. It’s designed by their chaplain branch and focuses on the unique issues and role of chaplains. Most of all it removes them from another briefing and another presentation of slides. There is a reason other countries are currently looking to them for the model for post-deployment reintegration instead of the U.S.

The connection between supervision and providing care for the care giver by the quality of supervision that is needed is critical. It appears that the role of the supervisor is essential in the reintegration and recovery of the chaplains who may be suffering from the effects of compassion fatigue and burnout. So much so, that one chaplain respondent

took the time to identify a source where chaplains (technical chain) are helping their own recover from the unique stresses and effects that they face which are particular to their branch (British chaplains).

While identifying potential compassion fatigue issues, it is paramount to see how leaders create or shape conditions, for ill or good, that support effective compassion ministry and transition through stress and fatigue issues for the chaplain care givers at all levels. Invariably, leaders who supervise the care giver can create and exacerbate the stress and fatigue by not: providing effective leadership; monitoring the care giver and providing time and support for recovery from fatigue; by ineffective and meaningless pastoral support; and by failing to intervene in a timely and proper manner when the caregiver is overwhelmed, overused and under- appreciated/ supported whether by command channels or caregiver/chaplain channels. Often the care giver Chaplain's greatest threat and enemies are the supervisory chaplain's, in many ways.

Here the chaplain respondents stress the importance of timely reaction to the issues that chaplains face. Issues of support for recovery from fatigue are explored and the importance of timely intervention by the technical chain of command (chaplain) is stressed. Compassionate ministry is singled out as an intervening strategy in helping the chaplain care giver (at all levels) transition from the effects of fatigue. These comments support this investigation concerning the effects of compassion fatigue and burnout on life satisfaction and spiritual well-being, i.e., as compassion fatigue and burnout increase satisfaction with life to include spiritual resiliency decrease.

It is important to find mentors who are spiritually deep and whom you can look up to. I have found that people of character whom I met 10 years ago are still people of character and faith today. Now it is important for me to be willing to be a mentor to others.

Similarly compared to the importance of supervision, mentoring is viewed as an essential factor in providing care to the care giver. In this comment, the chaplain



encourages chaplains who are good at the art of mentoring to give back to the chaplain corps. He adds that he is willing to engage in this process, i.e., mentoring.

*Theme 2: Spirituality:* It sustains me.

Spirituality is an implied theme of the chaplain corps. It is through their spirituality that they feel sustained or not sustained. Chaplain respondents referred to their faith (relationship with God) as a support mechanism to get them through difficult times.

Based on personal past situations, I have found that the hard times make us a stronger individual. Philip Yancey asks in his writing, "Where is God when it hurts?" I believe that we must ask in order to understand. I believe that our failing to question makes us afraid to feel stronger. Strength comes in asking God who we are and what we need to be.

I find my greatest support in my relationship with God.....

Also the following chaplains explained how their faith in God sustained them through the challenges and stressful events that they encountered in their regular activities of providing ministry in a military environment.

God sustains me in the boring times and when I have seen a soldier bleed out. How that is lived depends upon my God and the specific lessons He wants me to learn personally. Ministry success in crises is victorious in the minutia. The personal growth and "great" success is dependent on how God wants it to play out.

My belief in God gets me through difficult times. Life is full of challenges for all of us. How I cope and understand what God is doing in my own life, enables me to engage in the life events of others.

As depicted by one chaplain respondent, closeness to God was an important theme in how the chaplain provided care work. The chaplain respondent's relationship with God was a primary aspect of his/her spiritual well-being. It can be inferred by the

comments that coping mechanisms were strengthened through the chaplain's relationship with God so that the chaplain could better serve military personnel.

I am not as close to God as I was when I came into the chaplaincy, although I feel God loves me and is nearby and watches over me. My most recent jobs.... have been lonely and I feel more alive and useful when I am deployed.

I wouldn't pick any other job in the world because this is my calling. If I could do it without God's help and healing it would just be a career. Together God and I stumble through the day. Although I pour out my heart to others, God is always faithful to build me back up. It just sometimes takes a bit longer than I would like.

The cost of care on spiritual well being is apparent in these chaplains comments. Though, they may become discouraged or feel lonely and more useful when deployed, they exhibit a trust in God. Despite the fact that their spiritual well-being may take a beating, their belief that their career is a calling helps sustain them.

### *Theme 3: I'm Tired*

In looking at the factors that influence compassion fatigue and burnout, the concept of being tired is consistent in the literature with feelings of exhaustion, job satisfaction, or the inability or ability to help others (Figley, 1995, Stamm, 2002, Maslach, 2001). Chaplains are affected by their care work, as seen by the comments concerning work hours, adequate time for rest, or how to receive renewal by a power greater than self.

I am a first term Army chaplain....My first assignment worked me 70-80 hours a week and failed to understand I worked Sundays also, there was not time off. My commander expected me to fix every soldier with a problem. When I was moved to a different unit, I was accused by the commander as having no loyalty...I'm tired and only one Sr. chaplain has cared enough to sit down and ask me how I was doing.

I need adequate spiritual rest and time away from “work.” Time to meditate and spend with God and the nature He created. Also, just time to be happy with my family and friends.

The above chaplains emphasized the stresses associated with care work are not just in combat environments. The following comments reflect the daily grind of bearing the suffering of others or of helping others to solve their concerns. The importance of recognition (gratitude) at all levels is mentioned. The chaplain appears to be suffering from the effects of burnout and low compassion satisfaction, and compassion fatigue. He refers to himself as a “pogue”, a term that became popular after the Vietnam War, which refers to rear-echelon or support personnel who are not engaged in the actual war fighting effort and are therefore perceived as non-contributors to the effort. This suggests how this chaplain feels about his care work or ministry, i.e., the resources are be given to the war fighting deployed chaplains who have a sense of pride, purpose, and commitment which affects the care work they provide.

Having been stuck in USAG (United State Army Garrison) for .....years, I can testify to the soul crushing stress of rear detachment, doing countless death notifications, and dealing with continuous hysterical spouses all the while never having the resources or personnel to fully accomplish the mission and never being truly thanked for what I’ve done. Rear-D never gets a parade in our honor nor do we get fancy medals or promotions. Countless times, studies have focused on and glorified deployment while us “poogs”(pogues) are over looked. At least deployed chaplains, have assistants, a deep sense of purpose, and a committed team of support: So yes, I am bitter...

The following chaplain comments underscore the meaning of the theme “I am tired”. They are exhausted by the cost of caring, drained by the demands of their calling, frustrated by the human conditions of sharing so much trauma that they metaphorically describe, in dramatic detail, how they will find rest from this condition, i.e., - one

chaplain will wait until the next phase of eternity to find rest, while the other chaplain will low crawl to Him who can give rest and then start again.

To briefly summarize what I think your survey results will show is that many (if not most) chaplains are doing what they know God called them to do, wouldn't think of doing anything else, are doing it the very best they can, are trying mightily to create margin in their life and boundaries which allow them to enjoy family and recreation, but are incredibly drained by the demands of their calling, gravely frustrated with the vast imperfection of the human condition, exhausted by the cost of sharing so much trauma with so many people, and waiting anxiously for the next phase of eternity so they can finally get some rest?

Stuff like this makes me feel depressed – low. I have worked with over 200 WIA/KIA-that were MY FLOCK – yeah – ouch is right. I leave in just a couple of weeks for my 3<sup>rd</sup> deployment which gives me (more than two years indicated) away from my bride and boys whom I love but can't completely connect with. I only feel fully alive physically and spiritually when I am fully engaged in performing my duties in a combat environment-yet the pain / cost is so great – separation, isolation, hypocritical spiritual blackmail. – you're a chaplain – Man of God – spiritual Leader – you're not suppose to hurt after all you didn't kill anyone. No I am the Chaplain to the Sniper who had to kill... The Chaplain who ministered to a couple who lost their baby...I am so tired – physically exhausted – it requires that I low crawl to Him to tap into the strength & now here we go again- Bless you all.

*Theme 4: Care Work: Ability to Help for Others.*

The natural consequence of helping others and feeling the stress in an attempt to provide care has been identified as compassion fatigue (Figley, 1995). Chaplain respondents referred to their care work and the price that comes with helping others. This theme helps us to understand that the price of caring can be costly.

All of my deployments occurred during my time as a BN (battalion) chaplain. ... I am still learning some of the long-term effects of having been in war zones. I believe that we all come out of country with long-term effects that we may or may not perceive. If we, as chaplains are stressed due to our deployment history, what does that tell us regarding our clientele? I think it will be decades before we determine the extent of the impact to our Soldiers, Sailors, Airmen and Marines.

I do feel fatigued in caring for others, but still find it meaningful and fulfilling. In other words, it's both/and – my fatigue is 29 months in Iraq, (describes a physical ailment in which he takes medication). That's been for 3 years... I cope, and life IS good!

Consistent with the literature on compassion fatigue and burnout, these chaplains feel the fatigue of caring for others. Symptoms can be exhaustion, physical, medical maladies and social/emotional issues (Figley, 2002). They can be perceived and unperceived as suggested by the comments. Ultimately the long term effects of deployments with chaplains in combat and those serving in installations and garrison commands are important to understand:

Most of my issues with dealing with the results of combat and being a chaplain caregiver do not come from my helping others with their traumatic events, but rather dealing with my own traumatic events in combat. I don't have issues with lack of sleep due to my counseling others, but due to what I personally experienced. I do not think this survey took that into account. While some chaplains simply serve in a counselor role, most Army chaplains go where their soldiers go and undergo many of the same traumatic events as their soldiers; then turn and become the counselor to the same group they suffered with.

The above comment focuses on the chaplain's ministry of presence. The Army chaplain, in order to provide care work to soldiers, experiences the same hazards and conditions that their soldiers experience and in turn provides primary pastoral counseling to those who suffer from the effects of trauma which the chaplain may also be experiencing.

Life is good. Combat was very tedious on me. It took awhile to come home mentally, spiritually and physically but I am back.

No real question on personal trauma and the effects it has on our ability to help. Many of us have experienced many combat related trauma and it is more a hindrance to care work than other peoples trauma.

It has been....years since I deployed. Immediately following deployment I felt empty, depressed, angry, felt life had not meaning, etc, etc. Time has healed most of that.

I do not struggle with PTSD =, however, after an Afghanistan deployment it took almost a year to feel comfortable again, to stop dwelling on my experiences there, and to regain the emotional strength to truly concentrate on being a care giver again. The amount of death and grief I had to deal with challenged my theology and faith. I survived and my theology and faith intact but my emotions completely worn out.

Sadly, the effects of deployments and combat are understood by the above comments, these chaplains clearly have paid the price for their service to others, and their journey of self recovery is one that is influenced by their faith and theology.

Unfortunately, those who have not recovered are depicted by the following statement:

The job would be a lot better if the Army had more soldiers and less p.....(term left out because of vulgarity), we need to quit babying everyone and grow some men not man-boys.

Though, this comment is not reflective of the spirit of the chaplain corps, and is only one remark with several other observations, the total comments together support the theme of caring for others which suggests that repeated deployments, exposure to traumatic material and the personal effects of hazardous duty environments are taking their toll on the chaplaincy.

*Theme 5: Satisfaction with Career: My Work Really Does Matter!*

As suggested in this study, one of the factors of care work is compassion satisfaction. The joy that the individual chaplain gets from serving others and the satisfaction of doing their jobs well is described by following observations:

I love my job as a chaplain....This is the most fun ever. Loving the job.

I love being a chaplain. It's tough work sometimes because I feel as though I don't fit into the natural makeup of an officer. However, because I am an officer

by way of rank allows me to have a better connection...I rest in the fact I know I'm called to be a chaplain. If I wasn't called, there is no way I could do or deal with what I've encountered.

My decision to become a chaplain in the Army is the best ever in my life. It is the greatest ministry that I have done so far.

I woke-up this morning...it's already a "good day"! Life is 10% what happens...and 90% what you do next.

These chaplains satisfaction with their career support the compassion satisfaction that many of the respondents reported in this study. These chaplains believe that what they do does matter. They feel that their career and their role as chaplains are important components in the fabric of the military structure.

Never accept the myth that the military could function without chaplains. I have been in 'real' combat where men lost their lives in the most horrible ways. The role of a chaplain is vital to the individual soldier in many ways (e.g., counsel, ethics, religious). If the nation were to remove chaplains from combat roles, the effect would be disastrous for the soldier/sailor/airman at the front lines of the battle field.

Finally, like with spirituality, this chaplain was humbled by the sovereignty of God and believed that the work of a chaplain really did make a difference in the lives of others. The chaplain considered it an honor to serve God and country.

The older I get the more the sovereignty of God is a very beautiful thing. I don't have to have all of the answers that takes a lot of pressure off me. It's important for chaplains to really believe that they are making a difference. Without this encouraging purpose they can quickly get bogged down in the mire of bloody combat. I consider it an honor to serve God and to take care of Soldiers and families.

Theme 6: *Self Care: Take Care of Yourself, It's Important.* Self care is an important issue in the chaplain corps concerning personal maintenance. Providing care and ministry to others can be demanding personally. Receiving training and the

opportunity for training appears to be important as suggested by the following respondent comments:

There should be standardized training/retreat programs for chaplains that is mandatory.....Chaplains may not know they are unhealthy; in turn, they hinder the effectiveness of the chaplaincy and most importantly, they are a danger to self and family.

I know that I can be more spiritually resilient and know I need to plug into training for this. I don't take care of myself as much as I should. My "tank" is mostly full, but I could be growing, and I'm not seeking opportunities or finding them like I should. I keep myself very, very busy. I'm not allowing myself to get that training.

However, the quality and how the self care training was administered were of concern to a few chaplains:

The "Chaplain Retreat" I was required to attend, it had good content but being force to go on it, ON A WEEKEND, shortly after returning from a 15 month deployment was worthless. Yes, still very hostile toward this event. We don't require soldiers to go to the rifle range on weekends-neither should we require chaplains to attend such training events on weekends in conditions that will separate them from their families after being deployed. Bad, Bad, Bad!

The Chaplain corps talks about resiliency. It promotes programs concerning resiliency. They're useless; rather than underscoring the inevitability of burnout and normalizing it, the chaplaincy offers programs which tell me that I'm never supposed to burnout in the first place. In other words, these programs offer guilt, not remedy.

Nevertheless, there were chaplains who felt that self care was critical and an important survival strategy in how they coped with deployments and how they viewed issues of self care:

One thing that helped me during my 13 months in Afghanistan was having my own room. I could go there and get away- a haven – a sanctuary. Also, it's critical to have good friends – real friends – friends that you can cry with – fiends that can laugh with – friends that you can be honest with.



The issue of self care in the profession of the military chaplaincy is a very real thing. My prayer is the aggregate results of this will lend to a better understanding of the unique balance in professional and personal spiritual resiliency within the chaplain's life.

*Narrative Themes – Summary*

The validity of the above comments is supported by the fact that chaplains who gave their remarks and observations used in this investigation did so freely. They were simply asked at the end of the online survey to comment. As the investigator for this study, I thought that they would primarily give survey design suggestions which they did; however, the majority of the comments (27 pages) reflected six themes of care work as already presented.

This in itself is noteworthy. The survey may have primed the pump concerning the content, but the chaplains provided the narrative data which by itself is rich with detail. The following is a brief summary and implications for each theme.

Supervision reportedly impacted the responses of chaplains as essential for leadership in providing recovery opportunities for the chaplains because of their care work (Theme 1). The chaplains appeared to want guidance and input from their senior leaders. Chaplains felt that the effects of their care work should not be overlooked by their technical chain of command (chaplains). This said, implications for policy changes need to be considered. However, perhaps the concept of mentoring or supervision is a personal choice, i.e., chaplains gain or give trust to supervisors who have their loyalty and confidence through personal experience. These supervisors may be the ones who they turn to for guidance, mentoring, and spiritual renewal.

The importance of spirituality (Theme 2) in the chaplain corps cannot be overstated (Waynick, et al., 2006). Spiritual well-being combined with resiliency is

critical with a chaplain corps that faces the effects of PTSD =, MTBI, multiple deployments, and the ebb and flow of reintegration and relocation (Hoge, et al., 2004; Hoge, McGurk, & Thomas, et al., 2008; Hosek, Kavanagh, & Miller, 2006). Theme 2 presents a personal view of a few chaplain respondents and how they perceive the importance of spirituality concerning themselves and the chaplain corps. The chaplain respondent's spirituality is what gets them through the tough times. It is their belief in God that sustains them, coupled with their call that centers them.

Spirituality has been addressed as policy by the chaplaincy with the development of the Center for Spiritual Leadership at Fort Jackson, South Carolina , and in the Army Chaplaincy Strategic Plan 2009-2014 (Department of the Army Chief of Chaplain , 2009). However, the aggregate data in this investigation (statistical) suggests moderate levels of spiritual resiliency of chaplain respondents as related to different levels of compassion fatigue and burnout that respondents experience in their lives. This data does not suggest that there is a problem with spirituality, only that the chaplaincy should be aware that as levels of compassion fatigue and burnout increase or decrease in the chaplain corps levels of spiritual resiliency can be affected. However, this does imply that resources, economic and administrative, should be allocated for training, preventative measures, and maintenance.

From chaplain comments provided, it was apparent that chaplains felt tired (Theme 3) and with increased deployments since 9/11 one chaplain's comment reflected theme 3 with "I am so tired – physically exhausted – it requires that I low crawl to Him to tap into the strength". Other specific remarks reported by chaplain respondents were that their ability to care for others (Theme 4) was associated with deployments, providing

ministry to those affected by trauma, and in nurturing the wounded (mind and body). Their ability to help others was also influenced by their need for self care (Theme 6). Nonetheless, many were satisfied with their care work in that they provided an important ministry to those they have been called to serve (Theme 5).

### *Narrative Conclusions*

The comments provided underscore how chaplain care work is affected. Overwhelmingly, the chaplains reported that the drain of deployments, being tired, and being involved in traumatic events affected their personal lives. Their spirituality was an important component in how they coped with life, and their relationship with God helped to sustain them through difficult times. It seems obvious that supervisors should be involved in the recovery aspects of the chaplains they supervise. Involvement by chaplain supervisors with chaplain reintegration and sustainment training and care providing responsibilities are important in providing for a healthy chaplaincy.

The importance of self care as a mechanism for recovery was mixed. On one hand, chaplains deemed it important, and on the other, it was viewed as an impediment to self care, (i.e., do not schedule it on a weekend). Chaplain respondents gave a clear message concerning their satisfaction with their careers and that their care work does matter. It appears that the common experience of chaplains is one of satisfaction; however, with increasing responsibilities, the stresses of deployment and rear detachment/garrison duties, this produces a complexity in the effect when influenced by factors like compassion fatigue, burnout and low spiritual resiliency, which can produce attitudes of bitterness and estrangement as depicted by five chaplain comments.

### *Limitations*

Before considering future research areas, implications, and conclusions from the results of this study, the limitations of this investigation should be discussed so that the reader can exercise prudence in making generalizations about its results.

Kline (2005) noted that a good fit model does not necessarily mean that the model is “proved” (i.e., the hypothesized model is sustained). In creating a model using SEM techniques, the researcher identifies the variables that effect or do not affect the parameters. For example, the use of error terms, direction or redirection of the paths for analysis, and conceptualization of constructs all play an important role. Though modeling is not a perfect statistical science, it does provide researchers with a tool that describes complex phenomenon.

In the analysis of narrative chaplain comments, triangulation was not used. Triangulation is a process in which fellow researchers, or a group of professionals, code and re-code data to check for inter-rater (inter-group) reliability (Patton, 2003). This type of analysis would improve the inter / intra group reliability of the comments provided. However, the comments do provide support material for understanding the data used in this study.

When generalizing from qualitative and quantitative data, reliability of information may be biased, in that the sample was purposive in nature and not random (i.e., chaplain population was selected from the total population of captains and majors). Random sampling provides a vehicle whereby a sample population increases the reliability and validity of data in that the results from the data are more generalizable.

The average time to complete the survey was over an hour. Perhaps the survey was too complicated or perhaps those who did complete the survey were more interested in the content of compassion fatigue and their care work, and spent their time writing comments which totaled over 27 pages.

Measurements with scaled instrument often pose limitations. Different scales measuring primary trauma could provide a different perspective in examining the care work of chaplains as more of a cumulative process instead of being secondarily exposed to traumatic material. In this way, concepts like burnout and stress could provide a better measure in that they are cumulative in nature and tend to cover the spectrum of primary and secondary exposure to stressful events. Also, another instrument, besides the ProQOL IV, that measures the indirect trauma experienced by care givers, could provide a better measure of secondary trauma experienced by chaplains and other care providers (Bride, et al., 2004).

Additional studies should be conducted concerning combining the two scales of spiritual well-being (Paloutzian & Ellison 1982) and resiliency (Wagnild & Young 1993) which were used to measure the concept of spiritual resiliency so that the psychometric properties of these measurement scales when combined can be compared to similar and different populations.

The structure of the survey scale measuring spiritual well being was difficult to answer for many survey respondents. The order of the questions required an inverse response from the previous section. For example, "I don't find much satisfaction in private prayer with God". Many chaplain respondents found that if they were not paying attention to the order of the questions that they answered the format utilized from the previous scale (e.g.,

previous scale started with Strongly Disagree, compared to the spiritual well-being scale which followed began with Strongly Agree).

### *Suggestions - Future Research*

The current study is a starting point for understanding the factors that affect chaplain care work. Future investigations could examine other factors besides compassion fatigue burnout, and compassion satisfaction on the care work of chaplains like primary exposure to traumatic material, models of effective supervision/mentoring, and future studies using the measurement tools of spiritual well-being combined with resiliency to help the chaplaincy improve the spiritual resiliency of the chaplain corps. This means future research on how spiritual resiliency (combination of spiritual well-being/resiliency) as a new construct in measuring the cost of caring could provide new information to chaplain care givers to promote a chaplaincy that encourages spiritual resiliency.

Using a mixed method strategy of both quantitative and qualitative methodologies could aid in better understanding the dynamics of the care work of chaplains. However, it was obvious from the comments provided by the chaplain respondents that a qualitative format with structured open-ended questions allowed chaplain respondents to explore their experiences and feelings about compassion fatigue, burnout or their spiritual well-being. This structured format should be used with future research.

In that the quantitative data suggested that there were significant relationships between compassion fatigue, burnout, compassion satisfaction and spiritual resiliency further research using a qualitative approach, (i.e., in-depth interviews could be conducted with chaplains to further assess the effects of their care work). Questions

could use the narrative themes identified in this study with a series of questions developed from the data. For example we know from the data of this investigation that spiritual resiliency ebbs and flows with the amount of compassion fatigue and burnout that a chaplain feels. Questions could be asked like: *How do you feel that the personal trauma of others or your own personal trauma affects your care work? What, if any effects, has it had on your personal life? How has separation and the grind of constant deployments, to include working in a garrison environment, influenced your spirituality?* With this knowledge, questions could be developed towards the chaplains concerning their work environment, supervision, how they feel about their personal ministry, and job satisfaction. There was a positive relationship between compassion fatigue (the stress that you feel from helping others) and experience. This lends itself to ask the following question: *Do you feel that the longer you are in the chaplaincy that your ability to care for others suffers, if so please explain.* Also a positive relationship between deployments and burnout was revealed thus lending itself to a myriad of in-depth questions that could be asked to explore this dynamic.

A researcher well versed in both quantitative and qualitative techniques and with the use of data from valid and reliable sources like the measurement instruments used in this study can advance the field by carefully applying the knowledge gained and present evidence that is more than anecdotal. The researcher would be able to explore the issues in depth with the chaplains being interviewed. Through investigative methods of inter and intra group reliability (Patton, 2003), the chaplaincy could provide a standard from which qualitative and quantitative matrices could be developed for resetting the spiritual dimension of the chaplain, that is the “corrosive effects of combat and the built up stress

of multiple combat tours can degrade a (Chaplain – added instead of Soldier) physically, mentally, emotionally, and spiritually” (Department of the Army, Chief of Chaplain, 2009, p. 10). In this same way the chaplaincy can focus not just on resetting the spiritual dimension of the Soldier (as described in the Army Chaplaincy Strategic Plan -2009-2014, p. 10); it can also focus on resetting the spiritual dimension of the chaplains.

The issues of primary trauma and its effect on chaplains is another area for future research (i.e., how chaplains are effected by primary exposure vs. secondary exposure). What other factors besides compassion fatigue, burnout, and compassion satisfaction affect the spiritual well-being of chaplain care givers. One factor that was identified as a predictor variable was battle fatigue/stress. Uncovering another area where future research can be carried out concerning the effects of primary exposure to trauma instead of secondary exposure which was one of the outcomes of this study.

Other studies could use a better heterogeneous sample in order to increase the knowledge of factors that affect chaplain care work. Indicators such as race, gender, religion and other independent and dependent variables can be examined.

High levels of compassion satisfaction were one of the findings of this study. It is not uncommon to have equal amounts of compassion fatigue and burnout with higher levels of compassion satisfaction (Stamm, 2009). This predicts that chaplains find their jobs rewarding even though the cost of caring may be reflected in high levels of burnout and compassion fatigue. Future research could look at how rear detachment chaplains compared to those deployed are affected differently according to the factors that affect their care work. Also, the positive aspects of spiritual resiliency and compassion satisfaction could be examined. Instead of looking at the negative aspects of



deployments, chaplain care work, and the stresses associated with a military lifestyle, how chaplains cope in a positive way could be explored so that self care programs could benefit from this knowledge. Though a focus on positive research is needed, effective self care strategies on how to diminish the effects of compassion fatigue and burnout in chaplain care givers is warranted.

Finally, spiritual resiliency as a concept that lessens the effects of compassion fatigue and burnout should be studied to provide more information on its development and how it lessens the effects of these two factors. Using these measurement tools together (spiritual well-being/resiliency) could add new information to the field of chaplain care work.

#### *Implications*

From the study, it seems obvious that chaplains are affected by their care work in the service that they provide to soldiers, families, and DA civilians. The effects of spiritual resiliency by compassion fatigue and burnout were apparent. The satisfaction that chaplains get from serving and the spirit of selfless service which they provide was evident by chaplain respondent comments.

Less obvious in the study was the impact of deployments and experience on the chaplain's care work by the statistical data provided. However, the narrative data supported the need for future studies and improvement in how self care is provided to those who suffer from the effects of long term separations, effects of deployment (primary and secondary trauma), and their ability to continue to perform their functions in the chaplaincy of nurturing the living, caring for the wounded and honoring the dead, in

an atmosphere of complexity that is continually changing in accordance with the political, social, and international implications of a military force.

Also apparent was the need for self care for chaplains due to their care work, though conflicted. Conflicted in how self care is delivered to the chaplains, apparent in the need to provide a program that meets the needs of the chaplains in sustaining and maintaining a spiritually resilient chaplain corps. An integrated self care strategy for the chaplain corps will enhance the chaplain's spiritual resiliency in the face of continuing deployments, and in their interface with the complex environment in which chaplains serve.

It is apparent that the Army chaplaincy is concerned about the men and women who make up the chaplain corps. The process of accessioning, their training schools, and the various technical chains (chaplains) attest to the fact that the Army chaplaincy is fully engaged in recruiting, training, and in maintaining a professional chaplain corps. However, according to the statistical data and the chaplain respondent comments provided in this study, there is a continual need for engagement, not just in areas of spiritual resiliency, compassion fatigue, burnout and compassion satisfaction as factors that effect the chaplain's care work, but in how the chaplain corps is supervised, mentored and sustained. This engagement should be outside of the technical chain of command (chaplain) to assess areas where (confidentially) data can be gathered to support needed change.

Also, in providing self care to maintain and sustain the chaplain corps, this study noted the importance of self care. The following self care program developed from the

literature could act as a base line program in providing assistance to those chaplains who suffer from the effects of their care work.

*Implications for Chaplain Self Care Trainers*

As chaplain care workers in the military, the United States Army chaplaincy understands that their lifestyle is demanding. The service that they give to others comes with a cost, which can affect their ability to care. The following model was developed to assist in the self care of the military chaplain care giver. This model provides a paradigm for understanding and combating the affects of compassion fatigue and burnout and offers a training model to ameliorate its effects (see Figure 5.1 –CHATS Model). Also an implied objective of this training model is to improve the spiritual resiliency of those who have been called to serve.

The model consists of three phases: 1) assessment; 2) training; and 3) self care of the chaplain caregivers. The outcome will be to educate chaplain caregivers concerning the effects of compassion fatigue and burnout. It will also provide strategies to combat its effects. Another implied goal of the program will be to improve chaplain spiritual resiliency

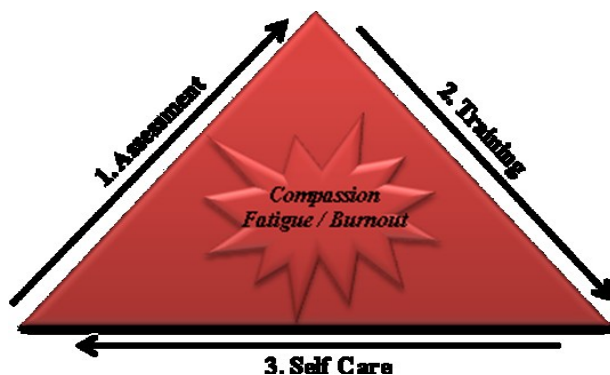


Figure 5.1. Chaplain Assessment, Training/Self Care Model (CHATS)

The CHATS Model is a structured self care program with assessment and training to enhance the performance of chaplain caregivers. It has three phases:

*Phase I—Assessment*

Chaplains will be administered three assessment tools: The first is the Professional Quality of Life Scale (ProQOL IV) (Stamm, 2005). This is a self assessment tool which measures burnout and the caregiver's feelings of emotional exhaustion or difficulties in the work environment. It also measures compassion fatigue which is the ability or inability of the caregiver to bear the suffering of others - higher scores on this sub-scale represent greater levels of compassion fatigue/secondary traumatic stress (Figley, 1995; Stamm, 2005). It also measures the satisfaction that one get from helping others. It takes approximately 15 minutes to complete.

The second assessment tool is the modified resiliency scale (Wagnild, 2009) and the spiritual well-being scale (Ellison, 1983) combined together to measure spiritual resiliency. These scales used together as aggregate data can generate discussion to assess where the chaplains are as a group. This information will be used to prime the pump with the assessment qualitative tool.

The last instrument is a qualitative assessment tool. Chaplain caregivers are given a group interview to de-mystify the process in understanding compassion fatigue and burnout, and to reinforce the idea that the symptoms experienced are common in those who work in stressful traumatic environments. The qualitative assessment normalizes the experiences of the participants involved in the self care recovery program by listening and by validating their stories. It gives them the opportunity to have a voice, and to process their experiences (e.g., exposure to combat, extensive pastoral counseling, rear

detachment ministry, warrior training units, and other concerns or topics of interest that are voiced) (Gentry, et al., 2002).

### *Phase 2—Training*

Training will take place during a 1 day course. Objectives will be to increase awareness of the effects of burnout and compassion fatigue and to improve the spiritual resiliency of chaplain caregivers. Administration of assessment scales will be conducted and results explained. Based on answers from assessment tools, training will target areas of needed improvement, e.g., how to know when you suffer from burnout and compassion fatigue, what are strategies, based on research that can lessen its affects, and what are the affects of compassion fatigue/burnout on the group present for training. How does spiritual resiliency affect an individual's ability to provide care work?

It will also provide training concerning theories which explain how caregivers are affected by the meaning they attach to traumatic material, i.e., symbolic interaction and constructivist self develop theory. All training will be evidence based. The effects of burnout and compassion fatigue will be explained and examined (see Table 5.1 - Symptom of Burnout/Compassion Fatigue). Training will teach the fundamentals of self care, and provide chaplain caregivers with education, to include preventive self care strategies.

Training will be offered to all chaplain caregivers who work in a military environment. Training will focus on the skills, knowledge and attributes necessary to combat burnout and compassion fatigue so that spiritual resiliency is increased.

### *Phase 3—Self Care of Chaplain Caregiver*

Self care is personal maintenance. It is an activity primarily preformed by an individual with the purpose of self help. Self care is usually a component of a program that is preventive and restorative in nature. The CHATS model will use self care as one of its primary phases in helping to eliminate the effects of burnout and compassion fatigue and to increase spiritual resiliency.

Self care is seen as one way to ameliorate the effects of compassion fatigue, burnout, and secondary trauma. In a qualitative study in which therapists (N=20) were interviewed, 16 female and 4 male, were asked questions about self care and survival strategies for combating the effects caused by the cost of caring. They reported that self care is an important area of professional development and one that it is rarely talked about. They suggested that if you do not get rid of stress then your client's problems can get mixed up with your own concerns. Also self care was seen as doing those things which ameliorate the affects of burnout or physiological problems. Self care was defined as leaving your work at work (Killian, 2008).

The literature concerning self care, though not extensive, does provide suggestions and recommendations for self care concerning compassion fatigue, e.g., see Killian (2008) about the implications on professional training for self care, or Meadors and Lamson (2006) concerning a discussion on the need to be aware of compassion fatigue and how taking care of self can minimize its influence, also Trippany, Kress, and Wilcoxon (2004) explored how training and education can lessen the impact of compassion fatigue if the caregiver understands its symptoms and causes, and finally

Gentry, et al. (2002) provided an explanation about an accelerated recovery program for those who are suffering from the effects of compassion fatigue.

Table 5.1

*Symptoms of Compassion Fatigue/Burnout*

<b>Cognitive</b>	<b>Emotional</b>	<b>Behavioral</b>	<b>Spiritual</b>	<b>Personal Relations</b>	<b>Somatic</b>	<b>Work Performance</b>
Lower concentrations	Powerlessness	Inpatient	Question the meaning of life	Withdrawal	Shock	Low morale
	Anxiety	Irritable			Sweating	Low motivation
Decreased self esteem	Guilt Anger/rage	Withdrawn	Loss of purpose	Decreased interest in sex	Rapid heartbeat	Avoiding tasks
		Moody	Lack of self satisfaction	Mistrust	Breathing	Obsession about details
Apathy	Survivor Guilt	Regression	Pervasive	Isolation from others	Aches and pains	Apathy
Rigidity		Sleep disturbance	Hopelessness			
Disorientation	Numbness	Nightmares	Anger at God	Over protection	Dizziness	Negativity
			Appetite			
Perfection	Fear	Hyper-vigilance	Loss of faith	Projection of anger or blame	Increased Number of medical maladies	Lack of appreciation
Minimization	Helplessness	Elevated startle response	Greater skepticism about religion			
Preoccupation with trauma	Sadness	Emotional roller coaster	Interpersonal /conflicts	Loneliness		Detachment
Thoughts of self harm or harm of others	Depression					
	Sensitive					Exhaustion

Note. Adapted from "Treating Compassion Fatigue," by C.R. Figley, p. 7. Copyright 2002 by Charles Figley.

The CHATS model will use Gentry, et al. (2002) recovery program which can be adapted for chaplain caregivers. Primary educational components are as follows and will also be part of the training component of the model for curriculum development and presentation:

1. *Symptom Identification*
2. *Recognize Compassion Fatigue and Burnout Triggers*
3. *Identify and Utilize Resources*
4. *Review Trauma History*
5. *Learn Grounding and Containment Skills*
6. *Initiate Conflict Resolution*
7. *The recovery program will also implement an aftercare program (Gentry, et al., 2002, p.129).*

It also utilizes the 5 Pathway Plan of Learning:

1. *Learn Resiliency Skills*
2. *Self Management and Self Care*
3. *Connection w/Others*
4. *Acquisition Skills*
5. *Conflict Resolution program (Gentry, et al., 2002, p.131).*

An important element not present in the 5 Pathway Plan will be the personal spiritual resiliency self care of each chaplain. Chaplains come from various faith based perspectives. Their religious training gives them the concept of hope and renewal. One of the primary focuses (implied) of this training will be the individual chaplain's own spiritual self care. This is personal in nature, but will be stressed as a primary component of self care training.

This training program can be conducted in 1 day. It is encouraged that the program be facilitated in a place that is conducive for training. Training is available for the primary educational components to include the Pathway Plan of learning (Gentry, et al., 2002).

#### *Operational Principles*

The development of CHATS model will follow three operational principles of family life educators, that is, (1) the model is based on the needs of the chaplain caregiver, (2) programs are offered in different settings and environments, and (3) the



model will be educational in content (Arcus, Schvanevedlt, & Moss, 1991; Thomas & Arcus, 1992).

*1. The model is based on needs of chaplains.* The importance of meeting the needs of chaplain caregivers is critical for those who provide professional care to soldiers, families and DA civilians. Issues of retention, rank, time in-service, exposure to combat and working in stressful environments is apparent in the literature (e.g., see Drummet, et al., 2003; Tyson, 2007 for a discussion). In particular Tyson (2007) found that mental health workers, due to the collective shared trauma of working with soldiers, were more susceptible to compassion fatigue. He argued that compassion fatigue should be a primary point for policy development in the military for mental health administrators and policy makers. Tyson believed that educational programs, policy implementation, and supervisory practices should be changed due to the challenges of combat related trauma.

Drummet et al. (2003) suggested that family life educators should be in-tune to the stressful situation of a military environment and provide programs that meet the needs of military families, soldiers and military personnel. Also pertaining to retention of caregivers, Figley (1995) stated that many trauma workers leave the field because of compassion fatigue and burnout. With the military continually involved in combat operations, this could have lasting consequences on the retention of chaplain caregivers if not addressed in the United States Army chaplaincy

Chaplains in the military invest time in grade to make rank. They want to fulfill a twenty year career for retirement benefits. However, often they suffer the same injuries of PTSD = like the soldier they serve. They can become disabled from participating in

combat, or in training exercises like mass airborne operations. Many spend their time and energies dedicating their life's work to the military, and when they are burdened by burnout or compassion fatigue, many are unaware of its consequences. Therefore, programs like chaplain self care will assist in the retention of chaplain military caregivers. Meeting the individual needs of chaplain caregivers is critical for a healthy chaplaincy and is essential in maintaining a fighting force.

*2. Programs should be offered in different settings and environments.* This operating principle is critical to the military in that programs should be offered where many of the chaplain caregivers are providing services, such as in hazardous duty areas like Iraq and Afghanistan. As encouraged by Arcus, Schvanevedt, and Moss (1993) educational programs should be implemented across institutional boundaries and during the life span of the institution. Regarding other environments, in the chaplaincy, this means at all institutional levels, e.g., hospitals, units, school houses, United States and overseas commands. This also translates to rank, i.e., all chaplain caregivers, no matter their rank, should be involved in self care programs to help maintain their spiritual well-being. It should be noted that chaplain assistants were not a part of this study. However, as a unit ministry team, they are an important component of self care and should be part of this training. Chaplain assistants were not the focus of this study.

*3. Model should be educational in program content.* The goal of the CHATS training model is to provide education about compassion fatigue and burnout to increase spiritual resiliency for all chaplain caregivers. Thomas and Arcus (1992) believed that "family life education is an educational enterprise" (p. 7). They argued that program content should not be confused with only facts/skill development. In this case, the

program content of compassion fatigue and burnout will be concerned with the realities of the environment in which the chaplain caregivers serve and be tailored according to their needs and experiences.

#### *Recommendation for Self Care Program*

The CHATS model (see Figure 5.1) provides a recovery program for those who are suffering from the effects of compassion fatigue and burnout which can affect their spiritual well-being as found in this study. A training model was developed that followed a few approved protocols for education, and thus can provide chaplain caregivers with a plan to obtain the knowledge, skills and attributes necessary to maintain or improve their spiritual well-being. Other future components that need to be developed are a 1 day training curriculum that is sensitive to the needs of chaplains and is based on the real life experiences and the lived realities of the United States Army chaplain corps. How this model is initiated will depend on the needs and recovery issues of the chaplaincy.

#### Conclusion

This study provided a beginning in the understanding of the effects of compassion fatigue, burnout, compassion satisfaction, and spiritual resiliency on chaplains as factors of their care work. The study found that there were significant relationships between spiritual resiliency and compassion fatigue, burnout and compassion satisfaction. The ebb and flow of spiritual resiliency by compassion fatigue, burnout, and compassion satisfaction depended on the levels of severity of these factors in their lives which affected their care work. Of particular interest was the use of two scales combined together (spiritual well-being and resiliency) to predict how compassion fatigue, burnout and compassion satisfaction would be

effected. This provided a new measure in assessing spiritual resiliency and warrants further research.

The literature suggested that compassion fatigue with burnout can have deleterious effects on care providers. This study supported those findings especially when compared to spiritual resiliency. Also, deployments, as a factor influenced by compassion fatigue were supported by the data. However, it should be noted that deployments were studied and reported as significant according to the number of deployments that influenced compassion fatigue. This is one variable on which future research is needed to discover the complex effects that deployments have on the emotional, physical and spiritual aspects of chaplain care givers. Burnout was another area which had a significant effect on the chaplain care giver by experience (years of service). This data suggests that the wear and tear on the chaplain care giver may be cumulative, which as a component of burnout was reported by the literature.

Battle fatigue/stress was also of interest in its association to compassion fatigue, burnout, and spiritual resiliency. Primary, instead of secondary, exposure to traumatic events by chaplain care workers is an area where future research needs to be conducted and understood in how it influences the care work of chaplains.

Also, the addition of the narrative comments provided by the chaplain respondents offered a rich source of material which can be used in future research and was utilized in this study to support the afore mentioned research questions/hypotheses. Narrative studies using a qualitative methodology for gathering data can provide the chaplain corps with valuable data coupled with quantitative research that can support and help to develop policies which reflect the true nature of the issues and concerns used to refit the physical, emotional and

spiritual dimensions of the United States Army Chaplain Corps. Finally, helping chaplains cope with the realities of their demanding lives will have a significant impact on the chaplaincy.

### Epilogue

As stated in the prologue, I wondered, over the years, if I learned how to manage my heart value. Did I care too much? I would say that care work is an important aspect of the chaplain corps. In conducting this study, it helped me to understand the factors that affect chaplain care work. It also helped me to appreciate that care work is a complex process. It was an honor to serve God and country and to associate with the soldiers, family members and DA civilians of the military. It is my prayer that there will always be men and women who will step forward to serve America's finest.

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## Appendix A – Care Work: The U.S. Army Chaplaincy

Axio Survey

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AXIO SURVEY

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### Care Work: The U.S. Army Chaplaincy

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#### Survey Description

Dear Chaplain:

Chaplains are constantly involved in providing support to individuals who have suffered stressful events. This survey has been designed to provide important feedback on how chaplains are affected by the stressful events of their care work. Concepts such as compassion fatigue, burnout, compassion satisfaction and spiritual resiliency will be examined as part of your demanding lives.

The School of Family Studies and Human Services at Kansas State University is conducting this study. The survey being used for research is *confidential* and will not require you to reveal identifying information such as: name, e-mail, SSN, etc. All information provided will be treated with confidence and respect and be used only for the purpose of research. Again, this survey is *voluntary* and you can withdraw from this survey at any time.

By agreeing to fill out this instrument you are automatically covered by the Kansas State University Human Subjects Institutional Review Board against being compelled to answer any questions you feel uncomfortable with. If you have any problems or questions with issues raised by this survey you may contact the Research Compliance Office at 785-532-3224 or e-mail the principal investigator at [vance@ksu.edu](mailto:vance@ksu.edu).

#### Opening Instructions

Thank you for participating in this study. Your answers are very important to me and to all chaplains that work with the Soldiers and families of the military. Your participation will help us to gather data concerning your demanding lives. The time needed to fill out the questionnaire on average takes about 15 to 20 minutes. We appreciate your careful attention to detail.

Page 1

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#### Section I. Consent for Participation and Background Information:

In this section, we would like to get your consent for participation, learn more about you, your career, and gather other personal information.

**Question 1 \*\* required \*\***

**Consent for Participation**

Please place and (x) in the box for your consent to use data collected and to participate in this research study.

Characters Remaining: 1

**Question 2**

What is your gender?

- Male
- Female

**Question 3**

What religious category do you fall under in the chaplaincy realizing that this may not precisely reflect your denomination.

- Catholic
- Protestant
- Other

**Question 4**

What is your education?

- MA/MS
- MDiv
- ThM
- DMin
- ThD
- PhD
- Other:

**Question 5**

What was your age on your last birthday?

Characters Remaining: 3

**Question 6**

What is your race? Mark all that apply.

- Black, African American
- White
- Spanish/Hispanic/Latino
- Asian/Pacific Islander
- American Indian or Alaskan Native

**Question 7**

How many years have you been a U.S. Army chaplain?

Characters Remaining: 2

**Question 8**

What is your current rank/pay grade?

- 02
- 03
- 04
- Other:

**Question 9**

Since 2001, how many separate times have you been deployed to Iraq for at least a 90 day tour?

- Never
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Other:

**Question 10**

Since 2001, how many separate times have you been deployed to Afghanistan for at least a 90 day tour?

- Never
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Other:

**Question 11**

Since 2001, how many separate times have you been deployed to others areas beside Iraq or Afghanistan for at least a 90 day tour?

- 1
- 2
- 3
- 4
- 5

**Question 12**

1 - Not at All | 2 - Slightly | 3 - Moderately | 4 - Severely

5 - Very Severely

<input type="text"/>	1	2	3	4	5
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12.1 During your deployment(s) how much were you personally affected by battle fatigue/stress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Question 13**

What programs have you attended in the past two years to help you lessen the effects of stress in your demanding lives?

- Spiritual Retreat
- Priest Retention Retreat
- Training or Workshops on the effects of Compassion Fatigue
- Training or Workshops on the effects of Stress
- None
- Other:

**Question 14**

Overall, how effective were the programs?

1 - Somewhat Effective | 2 - Not Effective | 3 - Effective

	1	2	3
14.1 Spiritual Retreat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.2 Priest Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.3 Training or workshops on the effects of compassion fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.4 Training or workshops on the effects of stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.5 Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Page 2**

**Section II. Care Work:**

In this section, we are looking at how you help others. Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a chaplain. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the last 30 days.

© B. Hudnall Stamm, 1997-2005. Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL). This refers to 15.1 to 17.10.

**Question 15**

1 - Never | 2 - Rarely | 3 - A Few Times | 4 - Somewhat Often

5 - Often | 6 - Very Often

	1	2	3	4	5	6
15.1 I am happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.2 I am preoccupied with more than one person I help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.3 I get satisfaction from being able to help people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.4 I feel connected to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.5 I jump or am startled by unexpected sounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.6 I feel invigorated after working with those I help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.7 I find it difficult to separate my personal life from my life as a chaplain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.8 I am losing sleep over traumatic experiences of a person I helped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.9 I think I might have been "infected" by traumatic stress of those I help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.10 I feel trapped by my work as a chaplain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question 16**

1 - Never | 2 - Rarely | 3 - A Few Times | 4 - Somewhat Often

5 - Often | 6 - Very Often

	1	2	3	4	5	6
16.1 Because of my helping, I have felt "on edge" about various things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.2 I like my work as a chaplain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.3 I feel depressed as a result of my work as a chaplain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.4 I feel as though I am experiencing the trauma of someone I have helped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.5 I have beliefs that sustain me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.6 I am pleased with how I am able to keep up with helping techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.7 I am the person I always wanted to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.8 My work makes me feel satisfied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.9 Because of my work as a chaplain, I feel exhausted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.10 I have happy thoughts and feelings about those I help and how I could help them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question 17**

1 - Never | 2 - Rarely | 3 - A Few Times | 4 - Somewhat Often

5 - Often | 6 - Very Often

	1	2	3	4	5	6

17.1 I feel overwhelmed by the amount of work or the size of my work load I have to deal with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.2 I believe I can make a difference through my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.3 I avoid certain activities or situations because they remind me of frightening experiences of the people I help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.4 I am proud of what I can do to help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.5 As a result of my helping, I have intrusive frightening thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.6 I feel "bogged down" by the system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.7 I have thoughts that I am a "success" as a helper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.8 I can't recall important parts of my work with trauma victims.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.9 I am a very sensitive person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.10 I am happy that I chose to do this work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Page 3**

**Section III. Spiritual Well - Being**

In this section, we would like to learn about your spiritual well being and what impact it has on your life. For each of the following statements, please select the choice that best indicates the extent of your agreement or disagreement as it describes your personal choice.

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**Question 18**

1 - Strongly Agree | 2 - Moderately Agree | 3 - Agree  
4 - Disagree | 5 - Moderately Disagree | 6 - Strongly Disagree

	1	2	3	4	5	6
18.1 I don't find much satisfaction in private prayer with God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.2 I don't know who I am, where I came from, or where I am going.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.3 I believe that God loves me and cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.4 I feel that life is a positive experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.5 I believe that God is impersonal and interested in my daily situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.6 I feel unsettled about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.7 I have a personally meaningful relationship with God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.8 I feel very fulfilled and satisfied with life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



18.9 I don't get much personal strength and support from my God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.10 I feel a sense of well-being about the direction my life is headed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question 19**

1 - Strongly Agree | 2 - Moderately Agree | 3 - Agree  
 4 - Disagree | 5 - Moderately Disagree | 6 - Strongly Disagree

	1	2	3	4	5	6
19.1 I believe that God is concerned about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.2 I don't enjoy much about life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.3 I don't have a personally satisfying relationship with God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.4 I feel good about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.5 My relationship with God helps me not to feel lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.6 I feel that life is full of conflict and unhappiness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.7 I feel most fulfilled when I am in close communion with God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.8 Life doesn't have much meaning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.9 My relationship with God contributes to my sense of well being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.10 I believe that there is some real purpose for my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Page 4**

**Section IV: Resiliency**

In this section, we will examine your ability to manage life, and to make meaning from challenges. Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Select the number which best indicates your feelings about the statement. For example, if you strongly disagree with a statement, select "1". If you are neutral, select "4", and if you strongly agree, select "7", etc.

© 1983 by Wagnild and Young, Resiliency Scale. This refers to 20.1 to 21.13.

**Question 20**

1 - Strongly Disagree | 2 - | 3 - | 4 - | 5 - | 6 -  
 7 - Strongly Agree

	1	2	3	4	5	6	7
20.1 When I make plans I follow through with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20.2 I usually manage one way or another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.3 I am able to depend on my self more than anyone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.4 Keeping interested in things is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.5 I can be on my own if I have to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.6 I feel proud that I have accomplished things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.7 I usually take things in my stride.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.8 I am friends with myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.9 I feel that I can handle many things at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.10 I am determined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.11 I seldom wonder what the point of it all is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.12 I take things one day at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question 21**

1 - Strongly Disagree | 2 -- | 3 -- | 4 -- | 5 -- | 6 --  
7 - Strongly Agree

	1	2	3	4	5	6	7
21.1 I can get through difficult times because I've experienced difficulty before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.2 I have self-discipline.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.3 I keep interested in things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.4 I can usually find something to laugh about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.5 My belief in myself gets me through hard times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.6 In an emergency, I'm somebody people generally can rely on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.7 I can usually look at a situation in a number of ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.8 Sometimes I make myself do things whether I want to or not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.9 My life has meaning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.10 I do not dwell on things that I can't do anything about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.11 When I am in a difficult situation, I can usually find my way out of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.12 I have enough energy to do what I have to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.13 It's okay if there are people who don't like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section V.


Appendix B – Institutional Review Board (IRB) - Approval Letter



University Research  
Compliance Office  
203 Fairchild Hall  
Lower Mezzanine  
Manhattan, KS 66506-1103  
785-532-3224  
Fax: 785-532-3278  
[www.k-state.edu/research/comply](http://www.k-state.edu/research/comply)

TO: Farrell Webb  
FSHS  
310 Justin

Proposal Number: 5690

FROM:  Rick Scheidt, Chair  
Committee on Research Involving Human Subjects

DATE: December 28, 2010

RE: Proposal Entitled, "Care Work - Factors Affecting Post 9/11 United State Army Chaplains:  
Compassion Fatigue, Burnout, Compassion Satisfaction, and Spiritual Resiliency"

The Committee on Research Involving Human Subjects / Institutional Review Board (IRB) for Kansas State University has reviewed the proposal identified above and has determined that it is EXEMPT from further IRB review. This exemption applies only to the proposal - as written - and currently on file with the IRB. Any change potentially affecting human subjects must be approved by the IRB prior to implementation and may disqualify the proposal from exemption.

Based upon information provided to the IRB, this activity is exempt under the criteria set forth in the Federal Policy for the Protection of Human Subjects, **45 CFR §46.101, paragraph b, category: 2, subsection: ii.**

Certain research is exempt from the requirements of HHS/OHRP regulations. A determination that research is exempt does not imply that investigators have no ethical responsibilities to subjects in such research; it means only that the regulatory requirements related to IRB review, informed consent, and assurance of compliance do not apply to the research.

Any unanticipated problems involving risk to subjects or to others must be reported immediately to the Chair of the Committee on Research Involving Human Subjects, the University Research Compliance Office, and if the subjects are KSU students, to the Director of the Student Health Center.

## Appendix C – Review of Study Protocol - Army Human Research Protection Office

DASG-HRP

23 December 2010

### MEMORANDUM FOR RECORD

SUBJECT: Review of study protocol titled “Care Work - Factors Affecting Post 9/11 United States Army Chaplains: Compassion Fatigue, Burnout, Compassion Satisfaction, and Spiritual Resiliency”

1. On 24 September 2010 Mr. Vance P. Theodore, Principal Investigator (PI) requested that The Army Human Research Protections Office (AHRPO) conduct an assessment of the study protocol titled “Care Work - Factors Affecting Post 9/11 United States Army Chaplains: Compassion Fatigue, Burnout, Compassion Satisfaction, and Spiritual Resiliency.” The assessment focused on the determination of “engagement” in the study by the United States Army Chaplain Center and School, the institution engaged in the research for the purpose of the study.
2. The DoDD 3216.02 5.3.4 published 25 March 2002 applies to research involving human subjects conducted or supported by a DoD component, where involvement is stated to be “based on consideration of the DoD portion of the total involvement (i.e., funding, personnel, facilities, and all other resources) in the research.” The AHRPO staff reviewed the study protocol, questionnaire, and the supporting documents submitted to the Kansas State University Institutional Review Board (IRB). In order to help minimize the risk to subjects, AHRPO provided recommendations to the PI in accordance with DoDD 3216.02. The recommendations included the removal of potential identifiable information on the study questionnaire that was not needed in the study to address the research questions, as well as the delivery mechanism by which subject recruitment would be accomplished.
3. The PI made some of the recommended changes, which reduced the protocol risk level to study subjects, and ensured the United States Army Chaplain Center and School non-engagement in the research.
4. Based on the DoDD 3216.02 as well as OHRP guidance, AHRPO determined that the United States Army Chaplain Center and School is not engaged in the research. Therefore AHRPO has no required regulatory oversight on this study.
5. Any publications or data pertaining to the study in the above subject line referencing the Army, or the Army Chaplain Center and School must undergo publication clearance from the proper Army facilities.

DASG-HRP

SUBJECT: Review of study protocol titled "Care Work - Factors Affecting Post 9/11 United States Army Chaplains: Compassion Fatigue, Burnout, Compassion Satisfaction, and Spiritual Resiliency"

6. Point of contact for this action is Dr. Fabian Sandoval 703-604-7443, email Fabian.Sandoval1@us.army.mil.

A handwritten signature in black ink, appearing to read 'F. Sandoval MD', with a stylized flourish at the end.

FABIAN SANDOVAL MD  
Supervisory Research  
Integrity & Compliance Officer  
Army Human Research Protections Office

Appendix D – Permission to Publish – Center for Spiritual Leadership, United States Army Chaplain Center and School



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
UNITED STATES ARMY CHAPLAIN CENTER AND SCHOOL  
10100 LEE ROAD  
FORT JACKSON, SOUTH CAROLINA 29207-7090

ATSC-CSL

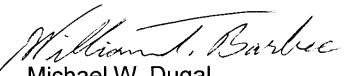
26 April 2011

MEMORANDUM FOR MR. VANCE P. THEODORE

SUBJECT: Permission to Publish

1. The Center For Spiritual Leadership is grateful to Mr. Vance Theodore for his scholarship and his persistence in producing needed research regarding the care work of the United States Army Chaplain. Mr. Theodore is granted any and all permission necessary from the Center For Spiritual Leadership pursuant to the publication of his dissertation for Kansas State University: CARE WORK - FACTORS AFFECTING POST 9/11 UNITED STATES ARMY CHAPLAINS: COMPASSION FATIGUE, BURNOUT, COMPASSION SATISFACTION, AND SPIRITUAL RESILIENCY.

2. POC. Contact CH (LTC) William T. Barbee at (803) 751-8730 or email [William.barbee@us.army.mil](mailto:William.barbee@us.army.mil) for questions or additional information.

*Woy*   
Michael W. Dugal  
CH (COL) USA  
Director, CSL