'Chaplains for Wellbeing' in primary care: Results of a mixed-methods study and future directions

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Background: the ‘Sandwell Hub’

• draws together a range of wellbeing services, from self-help groups to psychotherapy.

• as well as referral through a GP surgery or Primary Care Centre, patients can self-refer through the Hub’s own Wellbeing Coordinators

• Has employed Chaplains for Wellbeing (CfW) since 2011
Overview

Phase 1 (Quantitative): Retrospective Study

Phase 2 (Quantitative): Resource Implications of Improvements in Wellbeing for Providers

Phase 3 (Qualitative): Evaluation of Chaplaincy Role and Impact on Patient Health and Wellbeing

Phase 4 (Qualitative): Induction and Training of Chaplains
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Retrospective Study

Background

• Chaplains gather data on wellbeing from patients using the WEMWBS questionnaire. Successive ratings of a patient yield pre-post data.

• Further data can be obtained from records on age, sex, employment, ethnicity.
Gathering the data

- In 2011-12, 246 people accessed the chaplaincy service
- Of these, 107 had two successive WEMWBS scores

### The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Please tick the box that best describes your experience of each over the last 2 weeks

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling interested in other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've had energy to spare</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling good about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling loved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been interested in new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling cheerful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Three hypotheses:

1. There was no significant difference between the population (N=246) and the sample (N=107)

2. There was a significant difference between pre- and post- scores across the sample

3. This difference was independent of key demographic variables
1. The population and the sample

- No difference in sex or ethnicity. Slight difference in employment ($\chi^2(3)=2.151$, $p=.34$)
- No difference in age or WEMWBS initial scores (t-test, bootstrapped)
2. The comparison of pre- and post-scores

- Mean improvement of 9 points, significant at $p<.001$
- Median improvement of 12 points, $p<.001$
- Suggests the average use is improving by more than half a point on each item
3. Potential confounding variables

- Near-significant ($p=.094$) difference in improvement for un/employed
- No difference for sex, age, ethnicity or number of visits but . . .
... Significant negative correlation with initial score:
The next step

‘Playing the devil’s tune’, what is the relationship between 9 points’ improvement and reduced resource use (e.g. fewer GP appointments, different antidepressant use)?
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Resource Implications

• Background
  – Statistically significant improvements in patients’ mental health and wellbeing are evident.
  – However, this is just one aspect of evidence which NHS Commissioners consider when continuing services.
  – Need to determine whether these improvements lead to a reduction in the use of healthcare resources.
Resource Implications

• Method
  – Again, retrospective analysis of a sample \((n = 138)\) of the population \((n = 246)\).
  
  – Inclusion:
    • Attended first appointment with the Chaplain between Jan 2011 and Jan 2013.
    • Registered with one particular GP practice (with records available).
    • Registered with the same GP practice for at least 12 months before and after first appointment with the Chaplain (to obtain pre-post data).
Resource Implications

• Method
  – Hypotheses (in the 12 months before + after first appointment with the chaplain):
    • Significant difference in the number of appointments with the practice.
      – GP appointments, other appointments (e.g., practice nurse) and non-attendance.
    • Significant difference in antidepressant use.
      – Number of prescriptions issued in the two periods.
    • Correlation between number of visits to the Chaplaincy service and change in one or more of these key indicators of mental wellbeing.
Resource Implications

• Results
  – No significant change in the number of GP appointments.
  – No significant change in the number of antidepressant prescriptions.
  – No significant effect between the number of visits to the Chaplaincy service and change in appointments (over 1 year; GP appointments; other appointments).
  – However, significant effect between antidepressant prescriptions but further analysis was negligible (only 3% of total variance).
Resource Implications

• Conclusions
  – Despite significant improvements in patients’ mental health and wellbeing, there appears no significant effect in reducing healthcare resources.
  – Puzzling finding.
  – Further reflection suggests this is a problem of construct validity
  – Chaplaincy is a complex intervention and qualitative methods are more likely to yield insights into its effects for patients
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Qualitative Evaluation

• Background
  – Despite no apparent effect of the Chaplaincy service impacting on other healthcare consultations or antidepressant use, patients still report significant improvements in their mental health and wellbeing.
  – Quantitative investigation alone only provides as much information as the outcome measures.
  – A qualitative investigation explores the patient experience, identifying complex factors which informs interpretation of the service.
Qualitative Evaluation

• Aim
  – To determine the impact the Chaplains for Wellbeing service in primary care has had upon patients’ sense of health and wellbeing.
  – To determine extrinsic or intrinsic factors that may influence the long-term viability and sustainability of this pioneering service.
Qualitative Evaluation

• Method
  – Face-to-face semi-structured interviews with patients having been seen and been discharged from a Primary Care Chaplain within Sandwell and West Birmingham.
  – Use of interpretative phenomenological analysis (IPA) to examine the impact the service has had on patients’ lived experience, sense of health and wellbeing.
Qualitative Evaluation

Step 1
Read single transcript and make/record initial thoughts and comments

Step 2
Generate initial themes: Themes will be developed from the initial comments

Step 3
Create an initial list of themes

Step 4
Cluster themes: Ordering themes group these within connected areas

Step 5
Create a list or table of superordinate themes and subthemes

Step 6
Repeat the above process/steps identifying any new themes and refine the list or table of themes

Step 7
Create a final list/table of superordinate themes and subthemes
Qualitative Evaluation

- 16 semi-structured patient interviews
- Humbling experience for the research team (AB and WM).
- Interviews transcribed and themes generated by AB; reviewed by 2 other researchers
- Final list developed and evaluated collaboratively.
Qualitative Evaluation

Patient presenting issues

- Loss of Identity: 4 (25%)
- Bereavement: 2 (13%)
- Relationship Breakdown: 5 (31%)
- Depression: 1 (6%)
- Family Breakdown: 1 (6%)
- Loss of Self-Confidence: 3 (19%)
Qualitative Evaluation

Referral pathways

- General Practitioner (GP): 12 (75%)
- Self-Referral: 2 (13%)
- Counsellor: 1 (6%)
- Wellbeing Hub: 1 (6%)

Total: 16 referrals
Qualitative Evaluation

Dominant theme of **Loss**

“That sense of identity had just gone and I was completely lost. [...] Sitting with the chaplain saying, ‘I feel like I am in a waiting room. I am sitting here waiting for something to happen. I don’t know why I am here [...] where am I going’. Total sense of bewilderment [...] very, very stressful. I had no sense of purpose, no sense of future either.” (P1, L10)
Qualitative Evaluation

Other key themes:

1. Differentiation of ‘care’ between GPs and Chaplains
2. The importance of environment
3. The gift of time
4. Active listening
5. The role of prayer
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Chaplain Training

• Background
  – Although Chaplains are regulated by the College of Healthcare Chaplains (CHCC), most standards of Healthcare Chaplaincy tend to be focused in acute and end of life (palliative) care.
  – Primary Care Chaplaincy is a relatively new and innovative application requiring exploration of what training is required, works best, and how Chaplains themselves experience their role.
Chaplain Training

• **Aim**
  – To determine the experiences of a group of experienced \((n = 2)\) and new \((n = 3)\) Chaplains over the period from 1 Dec 2012 to 31 Jan 2014.

• **Method**
  • Chaplains completed a questionnaire (by PK) reflecting on their job description, abilities and the personal specification, importance of certain abilities (e.g., listening, praying, report writing, etc.), and the WEMWBS.
  • Face-to-face semi-structured interviews and IPA.
Chaplain Training

• Preliminary findings
  – All chaplains demonstrated considerable experience and professionalism.
  – Some chaplains had backgrounds in ministry, others in nursing, and some in counselling.
  – There was no one particular protocol in assessing and ‘treating’ a patient, but rather:
    • Creating a calming and peaceful environment, enhancing patient comfort.
      – Use of natural objects (stones, etc.) and artwork.
    • Unconditional positive regard and active listening.
    • Spiritual guidance.
Chaplain Training

Key findings

1. Sources of wellbeing and resilience
2. The importance of prior experience(s)
3. Role in the interprofessional team