

'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



Sandwell Wellbeing Hub



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

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



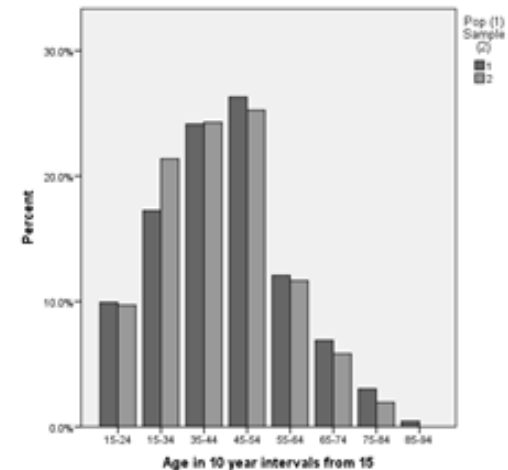
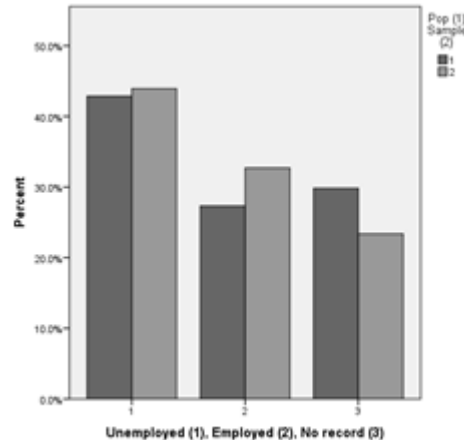
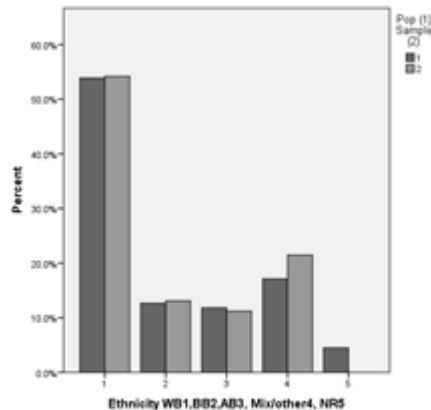
Three hypotheses:

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

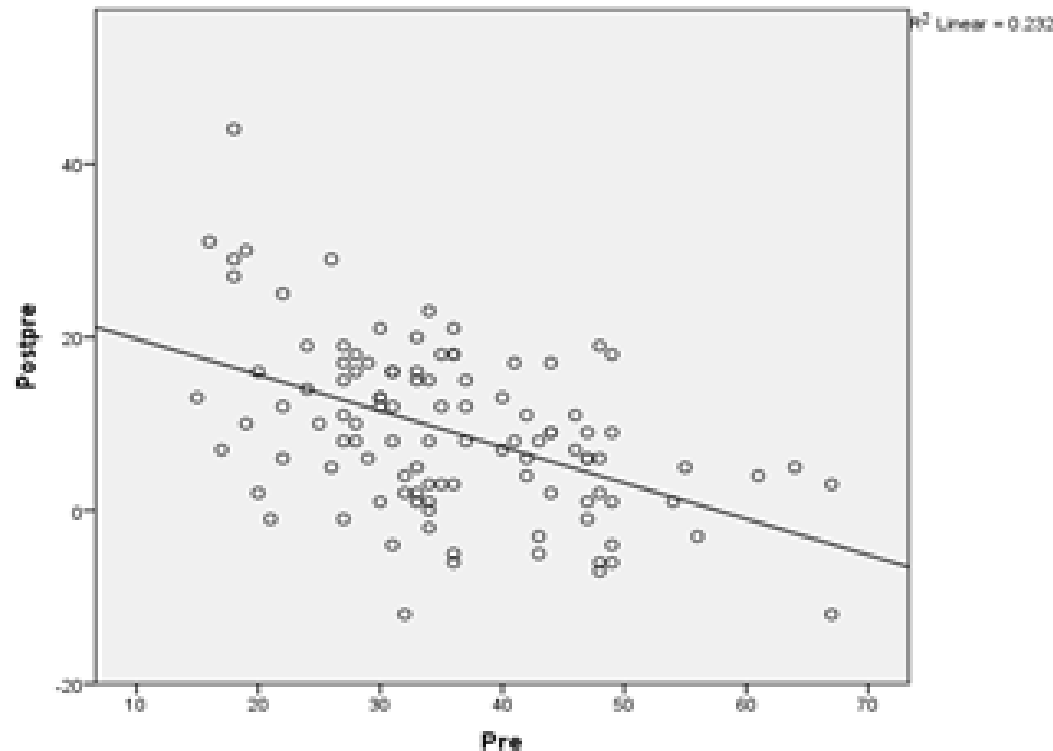


3. Potential confounding variables

- 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



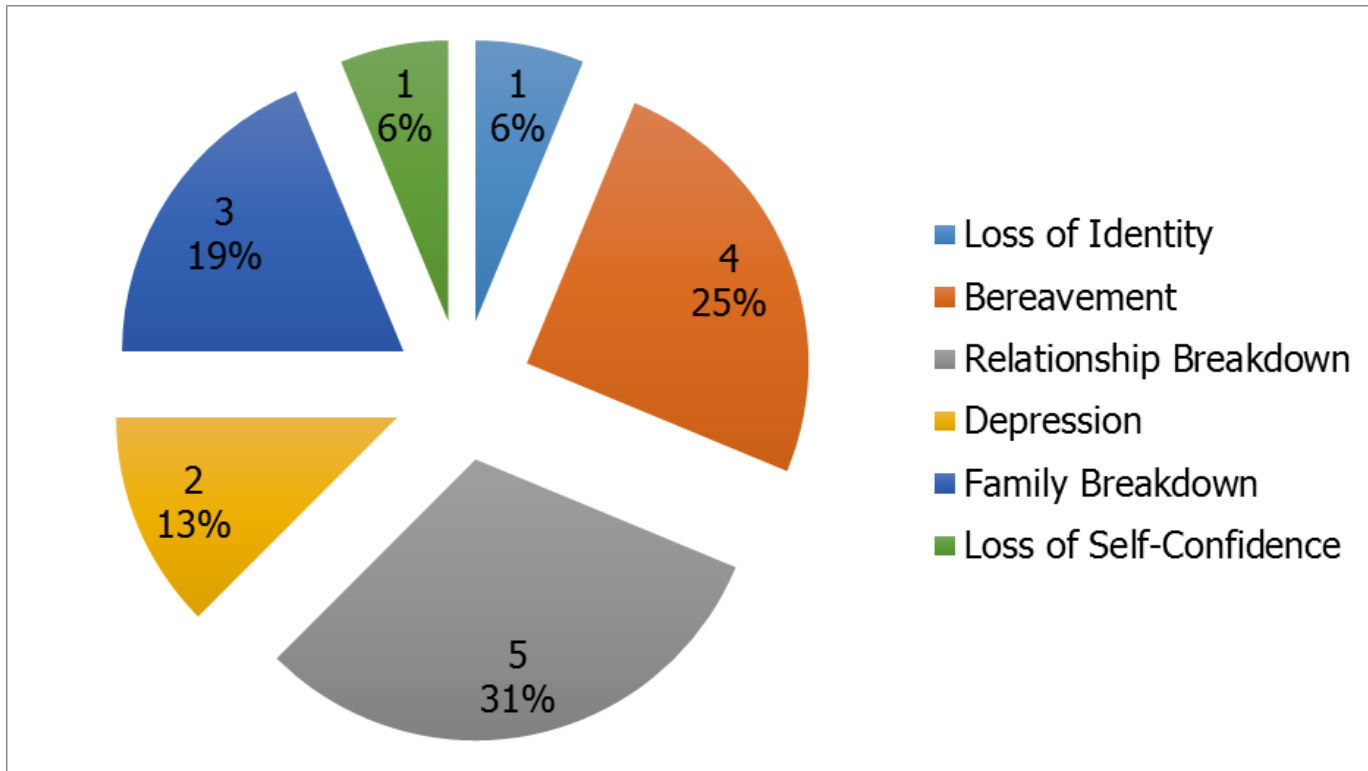
Qualitative Evaluation

- 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

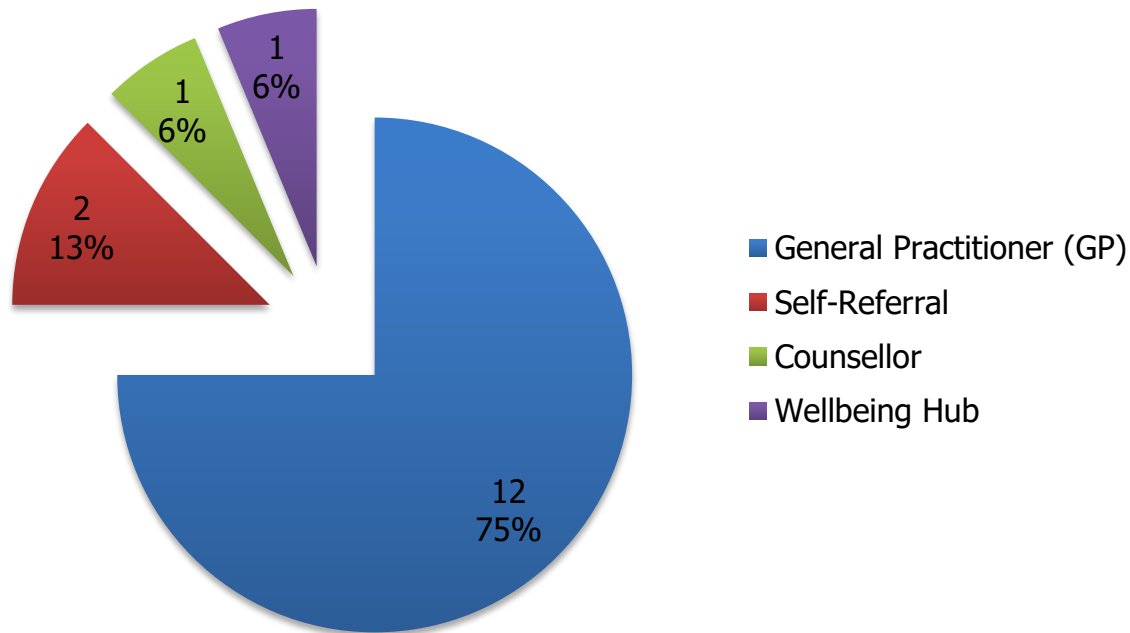
Patient presenting issues





Qualitative Evaluation

Referral pathways





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

Summary



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