A NOBLE TASK:

TESTING AN OPERATIONAL MODEL OF CLERGY OCCUPATIONAL HEALTH

By

Jeffrey Drake Terry

Christopher J. L. Cunningham
UC Foundation Professor of Psychology
(Chair)

Ralph W. Hood, Jr.
Professor of Psychology
(Committee Member)

Kristen J. Black
Assistant Professor of Psychology
(Committee Member)

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ABSTRACT

In many ways, clergy and religious leaders are an ignored yet high-risk population. A clergy member unable to cope with challenges in his or her own life may be ineffective at helping church members to cope with their stress. The purpose of the present study was to develop and test an operational model of clergy holistic health, including occupational demands, and personal and job-related resources. Data were collected from clergy ($N = 418$) and analyzed using correlational and regression based techniques. Results from the present study provided support for the *demands-control-support* model (Johnson & Hall, 1988). Specifically, clergy mental health may be improved by (a) an increase in the work-related social support needed to take advantage of job control followed by (b) an increase in job control.

DEDICATION

This work is dedicated to Josh Braddy, Jason Holmes, and Michael Kelly. These three served as my youth pastors while I was a teenager, and I am forever grateful for their influence on my life.

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LIST OF ABBREVIATIONS

CODI, Clergy Occupational Distress Index

COR Theory, Conservation of Resources Theory

DC Model, Job Demand-Control Model

DCS Model, Job Demand-Control-Support Model

GHQ-12, 12-Item General Health Questionnaire

GSE, General Self-Efficacy Scale

H1, Hypothesis 1

H2, Hypothesis 2

H3, Hypothesis 3

H4, Hypothesis 4

H5, Hypothesis 5

H6, Hypothesis 6

H7, Hypothesis 7

IRB, Institutional Review Board

JD-R Model, Job Demands-Resources Model

mMOS-SS, Medical Outcomes Study Social Support Survey

O*NET, Occupational Information Network

OLQ, Orientation to Life Questionnaire

PGWB-S, Psychological General Well-Being Index Short Version

PSI, Physical Symptoms Inventory

QoL, Quality of Life

QWI, Quantitative Workload Inventory

SoC-13, 13-Item Orientation to Life Questionnaire

SoC, Sense of Coherence

USA, United States of America

LIST OF SYMBOLS

α, Cronbach's alpha

N, Total number of cases (i.e., overall sample size)

r, Estimate of Pearson product-moment correlation coefficient

M, Mean

p, Probability

F, the ANOVA test statistic

t, Ratio of departure of the estimated value to its standard error

SD, Standard deviation

R, Correlation coefficient

b, Beta weight

R^2, Proportion of variance accounted for

se, Standard error

coeff, Coefficient

LLCI, Lower limit confidence interval

ULCI, Upper limit confidence interval

CHAPTER I

INTRODUCTION

In many ways, clergy and religious leaders (e.g., pastors, ministers) are an ignored yet high-risk population (Birk, Rayburn, & Richmond, 2001). In their efforts to ensure the spiritual well-being of their congregations, clergy frequently neglect their own well-being, resulting in stress, burnout, and other health-related impairments (Halbesleben & Buckley, 2004). This neglect often extends to the families and congregations of clergy. Church members typically seek help from clergy to cope with the loss of loved ones, life crises, and other general life stressors. A clergy member unable to cope with these same challenges in his or her own life may be ineffective at helping church members to cope with their stress.

For this reason, Cunningham (2014) noted that the stress and well-being of clergy are psychological health and well-being issues that can inherently trigger negative ripple effects on the health and well-being of entire communities of religious and spiritual believers and practitioners. An implication of this is that to improve the health and well-being of clergy is potentially to indirectly improve the health and well-being of the vast numbers of people who are served or assisted in some way by clergy. Despite this reality, clergy may consider self-care to be selfish or indulgent in some way, and may need convincing in order to see the connection between their own well-being, and the well-being of their families and congregations (Proeschold-Bell et al., 2011). For example, Proeschold-Bell and LeGrand (2012) found that clergy perceive their overall physical health to better than their age- and gender-matched peers,

despite suffering from above average disease burden (e.g., obesity, arthritis, diabetes). Similarly, Lindholm, Johnston, Dong, Moore, and Ablah (2016) found that clergy generally view their overall health status favorably despite being overweight or obese. These studies suggest that either clergy pay little attention to their own physical health and well-being, or are overly optimistic in their condition.

Recent theory applications and measure development efforts in this research space have led to several studies of specific occupational hazards or challenges faced by clergy. These challenges include high job demands, congregational criticism, and isolation (Frenk, Mustillo, Hooten, & Meador, 2013); restoration following moral failures (e.g., alcohol abuse, adultery; Sutton & Jordan, 2013); and resolving conflict among congregation members (Proeschold-Bell, Yang, Toth, Rivers, & Carder, 2014). Furthermore, Proeschold-Bell et al. (2011) proposed a holistic model of clergy health functioning, which includes specific occupational challenges and their detrimental effects on clergy health. Unfortunately, the constructs in this model are more theoretical than operational. While such a model is useful for conceptualizing the factors that influence clergy health, an operational model of clergy holistic health is still needed to empirically test the effects of occupational demands, and personal and job-related resources on the health of clergy.

The purpose of the present study, therefore, was to develop and test such a model. The ultimate goal of this research is to offer a model and methodological approach that can be useful to those interested in better identifying and addressing the health and well-being needs of clergy so that they may thrive in their roles to the betterment of their families and congregations. Building on earlier work along these lines by Proeschold-Bell et al. (2011), who noted that interventions aimed at improving occupational health and well-being should take into

consideration the beliefs and practices of the specific occupational group in question, the present study was limited to Christian clergy.

The remainder of this introduction is structured to provide the necessary background theory and empirical evidence to support the model and hypotheses at the heart of the present proposed study. First, various theoretical models are presented to help explain the relationships between job demands, job resources, and well-being. Second, the target population for this work (i.e., clergy) is defined in terms of occupationally specific job demands and job resources, as well as potentially pertinent personal resources for members of this population. The ultimate model proposed and tested in this study had many elements, which means that there were a large number of hypothesized relationships to ultimately test. For this reason, hypotheses are presented where they naturally fit throughout the remainder of this introduction. Finally, several notable environmental and individual difference covariate factors that are relevant to the present research and clergy population are discussed.

Theoretical Orientation

Before discussing the details of the clergy occupation, it is important to understand the overarching theoretical lens taken to study this population. Three common models of job-related stress processes help to explain how job demands may be negatively associated with worker health and well-being. First, Karasek (1979), in the *job demand-control (DC) model*, proposed that the combination of job demands and job control can predict a broad range of health and behavioral outcomes related to one's work. Specifically, Karasek and Theorell (1990) theorized that occupations high in job demands and low in job control lead to high job strain (i.e., high-strain jobs). However, they also theorized that occupations high in job demands and high in job

control only lead to average job strain (i.e., active jobs). This is because "much of the energy aroused by the active job's many stressors (the challenges of the job) is translated into action through effective problem solving, [and] there is little residual strain to cause disturbance" (p. 36).

Second, Johnson and Hall (1988) noted that work-related social support buffers the impact of demands and control on outcome variables. Hence, they expanded the DC model into the *job demand-control-support (DCS) model*. An important nuance of this model, however, is the finding that those in occupations high in job demands and job control (i.e., active jobs), but low in work-related social support, suffer from elevated prevalence rates of job strain. Thus, they theorized that "high levels of control may accentuate rather than reduce the impact of demands" (p. 1341).

Third, Bakker and Demerouti (2007), in the *job demands-resources (JD-R) model*, expanded further the theoretical reach of the DCS model to include all relevant job resources. According to the JD-R model, job control is one of several job-related resources (e.g., social support, technology, time) employees use to meet their job demands. Moreover, Bakker and Demerouti suggested that, while every occupation has its own unique set of risk factors associated with job strain, all these factors may be classified as either job demands or job resources, making the JD-R model appropriate to apply to any occupation. Specifically, they define job resources as "those physical, psychological, social, or organizational aspects of the job that are either/or functional in achieving work goals, reduce job demands and the associated physiological and psychological costs, [or] stimulate personal growth, learning, and development" (p. 312).

The JD-R perspective on job resources is also aligned with conservation of resources (COR) theory, which also recognizes the key role job control can play as a moderator between job demands and well-being (Hobfoll, 1989). According to COR theory, people strive to retain, protect, and build resources, and people are threatened by potential or actual loss of resources. Furthermore, COR theory expands the JD-R conceptualization of resources to include both personal (i.e., outside of work) resources and job-related resources as useful for recovery from work.

While the JD-R model and COR theory have dominated job stress research in recent years, the present study utilizes both COR theory and the DCS model jointly as the shared theoretical lenses through which it is possible to more comprehensively understand the stress-related occupational health challenges of clergy. To understand the potential buffering effects of work-related social support (e.g., support from supervisors) and job control on the relationship between job demands and well-being, the DCS model is emphasized, as it is expected that job demands, work-related social support, and the interaction between job control and work-related social support to explain a significant amount of the variance in well-being outcomes for clergy. Nonetheless, much overlap exists between the DCS model and COR theory, and for the present study COR theory helps to support the anticipated moderating role of personal resources (that may develop and exist outside the job itself) on the relationship between clergy job demands and well-being.

Understanding the Occupation of Clergy

Clergy work under a variety of titles depending on their religious denomination, including Priest, Pastor, Senior Minister, and Lead Minister (Tanner, 2016). Though clergy

typically serve as the executive leaders for their local churches, they also normally share leadership functions with lay persons (Monahan, 1999). Additionally, clergy often report to some form of church board composed of members of the church congregation. Forward (2000) found that most clergy describe themselves in either a dominant (i.e., CEO, captain) or submissive (i.e., shepherd, servant) one-way relationship with their congregations. This is in line with Tanner (2016), who noted that some churches use business terminology for their ministers, such as labelling the job of senior minister as "CEO".

Within the Occupational Information Network (O*NET) system of the United States of America's (USA) Department of Labor, the clergy occupation is described in terms of the following core characteristics. Work activities for clergy include resolving conflict and negotiating with church members; assisting and caring for others (e.g., those who are sick and in the hospital); organizing, planning, and prioritizing work (e.g., such as developing church curricula and writing sermons); communicating with persons outside the church (e.g., such as city leaders or government officials); and establishing and maintaining interpersonal relationships with church members and those in the community. In terms of occupational skills, clergy need to be effective speakers, active listeners, service oriented, socially perceptive, and strong in their ability to comprehend and teach the written word. Specifically, clergy must be well versed in philosophy, theology, counseling, and psychology. In terms of work styles, clergy need to be high in integrity, concern for others, dependability, leadership, and self-control. Work values for clergy include achievement, relationships, and independence (e.g., being able to work autonomously and make decisions). Accordingly, from research used to construct the clergy occupational profile, 79% of surveyed clergy and subject matter experts reported that clergy are

in constant contact with others, 89% reported that clergy have face-to-face discussions with others every day, and 68% reported that clergy work is unstructured (O*NET, n.d.).

Occupation-specific job demands. Clergy often face consistently high levels of job-related demands. For example, clergy generally set and maintain high, often unrealistic expectations for themselves (e.g., constant availability, long work hours). These expectations are often enforced and sometimes enhanced by church members who expect their clergy to be constantly available (Birk et al., 2001), even to the point of discouraging clergy from taking vacations when church members are sick, in case a funeral is needed on short notice (Proeschold-Bell et al., 2011). Accordingly, Hill, Darling, and Raimondi (2003) noted that clergy and their families often experience high levels of stress due to demanding responsibilities and hectic schedules. As they pointed out, clergy often struggle with stress and strain associated with challenges of managing work and nonwork role demands and boundaries. Even outside of church facilities, clergy are often held to a higher standard than others, and closely monitored by congregation members and the general community wherever they might be (Lee & Balswick, 2006). In many respects, clergy's nonwork life and morality are part of their job. As a common biblical standard for church leadership, a clergy member must "manage his own household competently and have his children under control with all dignity," for, "If anyone does not know how to manage his own household, how will he take care of God's church?" (1 Timothy 3:4-5, Christian Standard Bible).

Clergy often face similar job demands to those seen by mental health professionals. For example, Young, Griffith, and Williams (2003) noted that their sample of African-American pastors often addressed serious problems in their congregations similar to the issues faced by

secular mental health professionals, including severe mental illness and substance abuse. Accordingly, Holaday, Lackey, Boucher, and Glidewell (2001) noted that clergy experience a similar level of stress to the level of stress experienced by other mental health professionals. Indeed, counseling can take a physical and emotional toll on clergy. For example, clergy who counsel trauma victims often experience a secondary impact from the trauma, both cognitively and behaviorally (Hendron, Irving, & Taylor, 2012; Hendron, Irving, & Taylor, 2014). Additionally, many clergy provide services in difficult situations involving crisis intervention and abuse, situations that can lead to high levels of clergy stress (Bledsoe, Setterlund, Adams, Fok-Trela, & Connolly, 2013). Moreover, clergy may be increasingly encountering these issues as some communities are seeing the transfer of psychiatric care to be primarily the concern of faith-based organizations, such as churches and church-supported non-profit organizations (Leavey, Loewenthal, & King, 2007).

These chronic job-related demands just discussed impact clergy in many ways, and these demands are compounded by the fact that clergy often suffer from high levels of job insecurity. Tanner, Zvonkovic, and Adams (2012) estimated that 28% of clergy in the USA will experience an involuntary termination at least once during their career. Because the work of clergy is highly relational and deeply personal, involuntary terminations in this occupation are uniquely devastating experiences that may lead clergy members and their families (if applicable) to relocate and completely "start over" in building relationships and a church community (Tanner, 2015, 2016).

Involuntary termination in ministry often results from current and unresolved conflict between the clergy member and members of their congregation (Barfoot, Winston, & Wickman, 2005). Indeed, clergy may feel pressured to appease certain church members, especially those

who contribute financially to the church (Monahan, 1999). Additionally, clergy often lead their congregations under the supervision of a denominational governing body (Proeschold-Bell et al., 2011). In sum, clergy often face the job demands of appeasing both their church members and their denominational leadership.

Health and well-being. The consistently high levels of job demands and low levels of job security so common for clergy can lead to negative effects on clergy physical health, mental health, and spiritual well-being.

Physical health. Despite coverage of holistic health in clergy education (Bopp & Baruth, 2017), clergy suffer from disproportionately high chronic disease rates compared to the lay population (Cutts, Gunderson, Proeschold-Bell, & Swift, 2012; Webb & Bopp, 2017). Proeschold-Bell and LeGrand (2012) also reported high rates of obesity, arthritis, diabetes, asthma, and high blood pressure in their sample of United Methodist clergy in North Carolina compared to population norms in this state. Lindholm et al. (2016) found that 77.4% of their sample of United Methodist clergy in Kansas self-reported weights and heights that classified them as either overweight or obese. These researchers also found evidence of a lack of family time and an unpredictable work schedule as barriers to achieving a healthier lifestyle.

Ferguson, Andercheck, Tom, Martinez, and Stroope (2015) examined clergy data from multiple religious traditions in the USA Congregational Life Survey and found that clergy who experience more stress, work more hours, or are bi-vocational (e.g., work another job in addition to their clergy role) are more likely to suffer from obesity. Furthermore, Manister and Gigliotti (2016) found that emotional eating partially mediated the relationship between role stress and obesity in their sample of American Lutheran Church Missouri Synod clergy. However, as

Proeschold-Bell et al. (2013) found, clergy may be unaware of these various ailments and underestimate the toll these take on their daily functioning.

Mental health and spiritual well-being. Due to the nature of their work, clergy frequently experience stressful situations (Proeschold-Bell et al., 2015). Ellison, Roalson, Guillory, Flannelly, and Marcum (2010) suggested that the stressful life events clergy encounter may erode mental health by fostering an elevated sense of *spiritual struggle* (i.e., troubled relations with God, chronic religious doubts, negative interactions with congregation members). Ellison et al. noted that, in their sample of Presbyterian (USA) clergy, spiritual struggles were closely linked with psychological distress. They even found limited evidence for a stress-exacerbating effect of spiritual struggle (i.e., spiritual struggle partially mediated the relationship between stressful life events and well-being). As Ellison et al. stated, "the influence of stressful life events on well-being may be due to the tendency for clergy members who have undergone recent traumas to experience elevated religious doubts or strained relationships with God" (p. 296). Along similar lines, Büssing, Baumann, Jacobs, and Frick (2017) found that the best predictors of *spiritual dryness* (i.e., lack of vibrant spiritual encounter with God, depletion of spiritual vitality, absence of spiritual resources) in Catholic priests included lack of perception of the transcendent, low sense of coherence, depressive symptoms, and emotional exhaustion. Similarly, Chandler (2009) identified spiritual dryness as the primary predictor of emotional exhaustion among a sample of clergy from 20 different denominational and non-denominational churches and networks.

Based on the preceding background, it was expected that:

- *H1:* Clergy job demands are negatively correlated with clergy well-being, operationalized as general health perception, physical health, mental health, spiritual well-being, and quality of life.

Helpful Conditioning Factors: Job and Personal Resources

Despite the potentially detrimental effects high job demands can have on clergy health and well-being, job resources and personal resources may moderate and buffer these effects, to the benefit of clergy.

Job resources. Job resources refer to physical, psychological, social, or organizational aspects of the job that may help employees achieve work goals; reduce job demands and their subsequent costs; and stimulate personal growth, learning, and development (Bakker & Demerouti, 2007). For clergy, pertinent and valuable job resources may include job control and work-related social support.

Job control. Karasek and Theorell (1990) defined job control, or decision latitude, as the combination of skill discretion and decision authority. *Skill discretion* refers to the variety of job-related skills an employee can exercise and the learning of new skills, and *decision authority* refers to having control over meaningful job-related decisions. Job control may serve an important role in buffering the impact of high job demands on well-being. For example, Van Yperen and Hagedoorn (2003) found in their sample of nurses that job control in particular reduced fatigue in highly demanding jobs. Though clergy often feel pressured to meet the demands of church members and denominational leadership, there is evidence from at least one

study that job control among clergy may be fairly high. Specifically, Sonnentag, Kuttler, and Fritz (2010) found that their sample of Protestant clergy rated their amount of job control as high. This may be because clergy have control over the day-to-day operations of their job, though the big picture direction of the church is influenced by church members and denominational leadership.

Work-related social support. Clergy may view church members and denominational leadership less as demands and more as valuable job resources in their own right. For clergy, work-related social support (i.e., relying on and asking others for help) from members of their congregation, denominational leaders, and fellow clergy may serve as an important buffering resource that conditions the relationship between job demands and well-being. Proeschold-Bell et al. (2015) found that congregation support was significantly and positively related to mental health in their sample of United Methodist clergy in North Carolina. Similarly, Wells (2013) analyzed data from a nationwide sample of clergy, and noted that support from both the congregation and the denomination moderates or lessens the negative effects of stress on clergy health.

In contrast, Proeschold-Bell et al. (2011) noted that clergy may lack social support in certain congregations, or choose not to discuss their personal lives with congregants and denominational leaders for fear of being seen as spiritually weak or inadequate to fulfill their clergy role. This may explain why Frame (1998) found that clergy families were reluctant to seek counseling services for themselves. As for a lack of social support in certain congregations, Spencer, Winston, and Bocarnea (2012) found that *vision conflict* (e.g., a sense of personal failure based on unrealistic expectations about ministry effectiveness) and *compassion fatigue*

(e.g., burnout) were more likely among clergy whose church had recently plateaued or declined in attendance.

The absence of work-related social support for some clergy is alarming, given the moderating effect of high job control on the relationship between high job demands and well-being is potentially dependent on work-related social support (Johnson & Hall, 1988). In a review of research on the DCS model, Häusser, Mojzisch, Niesel, and Schulz-Hardt (2010) found mixed support for the interaction of work-related social support and job control, depending on the specific occupation. Though clergy may generally be an occupation in which most members perceive high levels of job control, it could be that this job resource is only useful when clergy also perceive that they have the work-related social support from church members and denominational leadership to exercise skill discretion and decision authority. In other words, though clergy job control on its own may moderate the relationship between job demands and well-being, the strength of this moderation may be affected by work-related social support.

Based on the preceding background, it was expected that:

- *H2:* Clergy work-related social support moderates the relationship between job demands and clergy mental health, such that clergy with higher levels of work-related social support experience less of a detrimental effect on their mental health from a high level of job demands.

- *H3:* Clergy job control moderates the relationship between job demands and clergy mental health, such that clergy with higher levels of job control experience less of a detrimental effect on their mental health from a high level of job demands.

- *H4:* Clergy work-related social support moderates the moderating relationship of clergy job control to job demands and clergy mental health, such that job control's moderating effect is strongest in the presence of high levels of work-related social support.

Personal resources. Personal resources can be thought of as aspects of the self that are typically linked to resiliency (Hobfoll, Johnson, Ennis, & Jackson, 2003). More specifically, Hobfoll (1989) defined resources as "those objects, personal characteristics, conditions, or energies that are valued by the individual or that serve as a means for attainment of these objects, personal characteristics, conditions, or energies" (p. 516). For clergy, important personal resources may include nonwork-related social support, spiritual self-care practices, and physical self-care practices.

Nonwork-related social support. Clergy may receive social support (i.e., availability of help) from family and friends outside of the members of their congregations or general denomination. Galek, Flannelly, Greene, and Kudler (2011) found that social support, which they conceptualized to include work-related social support and support from friends and family, was negatively related to burnout and secondary traumatic stress in their sample of professional chaplains. Büssing, Sautermeister, Frick, and Baumann (2017) interviewed Catholic priests and found that many use interpersonal communication with friends, family, and their spiritual community to cope with spiritual dryness. Lee (2007) surveyed Seventh-Day Adventist clergy and their spouses, and found satisfaction with social support, which he conceptualized to include support from family, congregation, friends outside the congregation, and denomination, to be the

variable most highly correlated with both well-being and ministry attitude (e.g., intention to remain in ministry) for both clergy and their spouses. However, when clergy and their spouses were asked about the amount of social support they can depend on from these four groups and data from these four groups were analyzed individually, only support from family and denomination correlated significantly with well-being for clergy and their spouses. Alternatively, Blanton and Morris (1999) found that stressors associated with a lack of social support, which they operationalized as the quantity and availability of friendships in a clergy's or clergy spouse's social context, were the strongest predictors of physical symptomatology and emotional well-being. Based on the preceding background, it was expected that:

- *H5:* Clergy nonwork-related social support moderates the relationship between job demands and clergy mental health, such that clergy with higher levels of nonwork-related social support experience less of a detrimental effect on their mental health from a high level of job demands.

Spiritual self-care practices. Spiritual self-care practices, or the extent to which a clergy member engages in ongoing personal spiritual development, may be particularly relevant to clergy (Bickerton, Miner, Dowson, & Griffin, 2015). Spiritual self-care is conceptualized as experiences in which one looks to God for renewal and recovery apart from one's job duties. Hence, spiritual self-care may include prayer, listening to sermons, or reading Scripture without the intention of preparing for a job-specific task, such as writing a sermon. Sapolsky (1998) noted that those who have religious and spiritual beliefs benefit from the stress-reducing advantages of attribution. In other words, clergy may attribute their life circumstances to God, who intervenes in their daily lives and responds to their specific requests. Such a belief

reintroduces control into a clergy's general life, because they maintain that God ultimately controls their life outcomes.

Meisenhelder and Chandler (2001) found that, despite a lack of variation in both health and prayer in their sample of Presbyterian (USA) clergy, high frequency of prayer was significantly related to higher scores in vitality, general health, and mental health. Bickerton et al. (2015) surveyed clergy and found that spiritual resources positively predicted future work engagement, which then predicted reduced turnover intention. Pargament, Tarakeshwar, Ellison, and Wulff (2001) examined data from Presbyterian (USA) clergy, and found that positive and negative religious coping were associated respectively with higher and lower levels of well-being, even more so than for church members. Similarly, Ellison et al. (2010) examined data from a nationwide sample of Presbyterian (USA) clergy, and found that religious resources (e.g., positive religious coping practices, support from church members) predicted well-being, though they found only limited support for the stress-buffering role of religious resources. Furthermore, Darling, Hill, and McWey (2004) found that spiritual resources affected quality of life for both clergy and their spouses. Extending from this background, it was expected that:

- *H6:* Clergy spiritual self-care practices moderate the relationship between job demands and clergy well-being, such that clergy who more frequently engage in spiritual self-care practices experience less of a detrimental effect on their well-being from a high level of job demands.

Physical self-care practices. Physical self-care practices, another type of personal resource, may also serve as an important moderator between job demands and well-being. For example, Ferguson et al. (2015) found that American clergy who take a day off each week, have

taken a sabbatical, or are involved in a support group with other clergy are less likely to suffer from obesity. Additionally, United Methodist clergy in North Carolina reported spending time with God and taking a day off each week as important self-care practices (Proeschold-Bell et al., 2011). Ironically, these clergy also stated that many clergy view busyness as a sign of godliness and may choose not to take a day off each week. Similarly, Vaccarino and Gerritsen (2013) surveyed Anglican clergy in New Zealand and Polynesia, and found that, though clergy acknowledge the importance of self-care and know what should be done to live healthy lifestyles, clergy tend to work long hours at the cost of taking time to rest. Furthermore, some clergy in this sample reported struggling with setting clear boundaries and lacking a network of support to help them with their ministry.

Based on the preceding background, the final hypothesis was that:

- *H7:* Clergy physical self-care practices moderate the relationship between job demands and clergy well-being, such that clergy who more frequently engage in physical self-care practices experience less of a detrimental effect on their well-being from a high level of job demands.

Pertinent Covariates

As the purpose of the present study was to develop and test a model that ultimately may support the development of practical interventions for high-risk clergy, several demographic and environmental factors need to also be considered. Such factors are likely to be extremely difficult or even impossible to change within this population. Including these factors as covariates in the analyses makes it possible to account for variance linked to these factors that is unlikely to be

otherwise controlled or influenced through targeted intervention. This makes it possible to then focus more realistically on that which can be understood and potentially modified[1].

Demographic factors. Many demographic differences have been shown to influence perceptions of work-related stress and personal health and well-being. Within the present sample, it was identified through preliminary analysis that age and gender were moderately to strongly associated with several of the core study variables. This is consistent with other research in this population (Ferguson et al., 2015; Wells, 2013), so these two demographic variables were included as covariates in all analyses.

Environmental factors. Differences in geographical location may impact the job demands placed on clergy, though existing empirical support for this possibility is inconclusive. Lewis, Turton, and Francis (2007), in reviewing clergy burnout studies, consistently found a high level of work-related burnout among samples of clergy, regardless of their religious denomination or country location. In contrast to country location, Grosch and Olsen (2000) noted that clergy burnout results from a combination of the systems in which clergy work and intrapersonal factors. Systematic factors include bureaucracy, poor administrative support, and difficult work conditions. Intrapersonal factors include high idealism, Type-A personality, narcissism, and perfectionism.

However, differences in regional location can relate to differences in income as well as prevalence of obesity and joint disease, and this may explain why Miles, Proeschold-Bell, and

[1] In addition to the pertinent covariates detailed in the following subsections, three other variables (i.e., calling intensity, self-efficacy, and sense of coherence) were measured for exploratory purposes.

Puffer (2011) found that physical health-related quality of life was significantly lower for rural clergy than for non-rural clergy. However, Blanton and Morris (1999) used regression analyses with data from clergy and their spouses, and found that work-related stressors were more powerful as predictors of physical symptomatology and emotional well-being than economic and demographic variables. Taken together, these studies suggest that clergy suffer from similar levels of occupational stress, despite differences in location. Nevertheless, differences may still exist. Hence, geographical location was included as a covariate in all analyses. Also, because differences in location may not represent differences in the broader community prevalence of the clergy's denomination, prevalence of denomination in the broader community was also controlled for.

Exploratory and potential future covariates. Wood and Bandura (1989) defined perceived *self-efficacy* as "beliefs in one's capabilities to mobilize the motivation, cognitive resources, and courses of action needed to meet given situational demands" (p. 408). Self-efficacy may be particularly important to control for when analyzing the interaction of job demands and control. For example, Schaubroeck and Merritt (1997) measured the blood pressure of health professionals, and found that an interaction between demands and control was found only for employees who reported high self-efficacy. This study suggests that the interaction of control and demands may depend on other factors. In the present study, a similar effect for the job resource of work-related social support is expected, over and above the main effect of clergy members' self-efficacy. This is because work-related social support may serve as a point of intervention for clergy struggling with high job demands, in contrast to a personal difference such as self-efficacy which may be more difficult to change.

Another potentially influential personal difference clergy may possess is *sense of coherence (SOC)*. Antonovsky (1988) coined the term SOC to refer to the extent to which an individual has an enduring confidence in the comprehensibility, manageability, and meaningfulness of life. Comprehensibility refers to the belief that an individual has structure in their internal and external environments. Manageability refers to the belief that an individual has the resources they need to meet the challenges of their environments. Meaningfulness of life refers to the belief that these challenges are worthy of engagement and investment. Furthermore, Antonovsky argued that individual differences in SOC are related to adaptive functioning in stressful situations. For example, Antonovsky proposed that high levels of SOC are associated with effective coping, reduced stress, and improved health.

Few studies have examined SOC in clergy. Büssing, Baumann, et al. (2017) found, in their sample of Catholic priests, that SOC is significantly and positively related to daily spiritual experience (e.g., perception of the transcendent), and negatively related to spiritual dryness, depression, and stress perception. Similarly, Darling et al. (2004) found, in their sample of clergy and clergy spouses in the Southeast USA, that SOC is significantly and positively related to subjective well-being and spiritual resources. However, they also found that SOC is significantly and negatively related to psychological stress, physiological stress, compassion fatigue, and family stress (i.e., intrafamily strains, financial strains). Additionally, Strümpfer and Bands (1996) found, in their sample of Anglican priests in South Africa, that SOC is significantly and positively related to learned resourcefulness (e.g., beliefs, skills, and self-control behaviors used to effectively manage stress), and significantly and negatively related to person-role conflict (e.g., frustration with high expectations set by congregation members), role insufficiency (e.g., feeling inadequate and irrelevant, role ambiguity), and emotional exhaustion frequency and

intensity. These studies suggest that SOC may serve as valuable personal difference in terms of moderating the effect of job demands on job strain, and should, hence, be controlled for in determining potential points of intervention.

A final potentially influential personal difference for clergy may be a person's *calling intensity*. Dik and Duffy (2009) defined calling as a transcendent "summons, experienced as originating beyond the self, to approach a particular life role in a manner oriented toward demonstrating or deriving a sense of purpose or meaningfulness and that holds other-oriented values and goals as primary sources of motivation" (p. 427). Faucett, Corwyn, and Poling (2013) suggested that clergy view their work not just as an occupation, but as a vocation or calling from God. However, few studies have examined the relationship between calling and well-being in general, not to mention clergy well-being. Duffy and Dik (2013) noted that most calling and well-being studies have focused on life satisfaction and life meaning as outcomes in student samples. For example, Steger, Pickering, Shin, and Dik (2010) found that calling was significantly and positively related to meaning in life, life satisfaction, positive affect, and work enjoyment in their sample of college students.

In a study among Church of England ministers, Clinton, Conway, and Sturges (2017) found that calling intensity had a positive direct effect on morning work vigor. Nonetheless, they also noted some negative effects of calling intensity. They found that as calling intensity increased, so did work hours. Furthermore, calling intensity, both directly and indirectly through longer work hours, limited ministers' psychological detachment from work in the evenings, which then reduced their sleep quality and morning vigor. Clinton et al.'s study illustrates the "double-edged sword" concept of calling coined by Bunderson and Thompson (2009). In other words, people with intense callings may experience both positive and negative effects of their

calling. While their calling may motivate them to perform their job tasks, their calling may also drive them to work longer hours and, consequently, suffer from the negative well-being outcomes associated with a lack of psychological detachment. For clergy, calling may represent a valuable moderator as they embrace their job demands believing that they have been called to their occupation by God. Nevertheless, calling may also moderate the moderating effect of social support and self-care practices on the relationship between job demands and well-being as clergy fail to take advantage of these resources due to their calling driving them to work longer hours. Nonetheless, this potential interaction is not the primary focus of the present study. Thus, calling will also be controlled for to determine potential points of intervention.

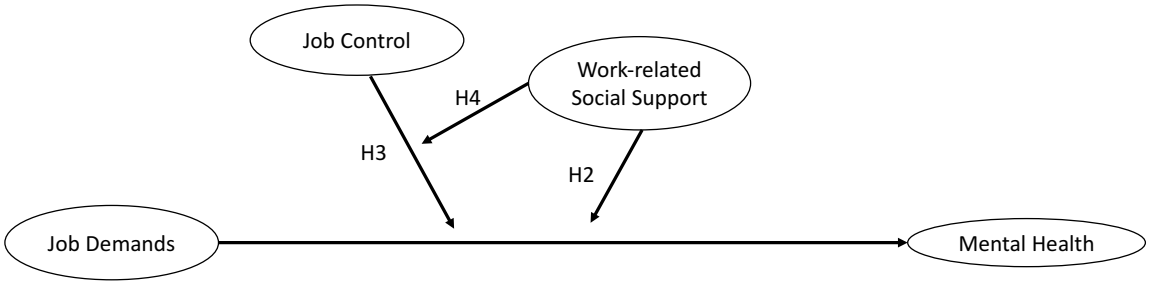

Figure 1 Theoretical model of proposed hypotheses

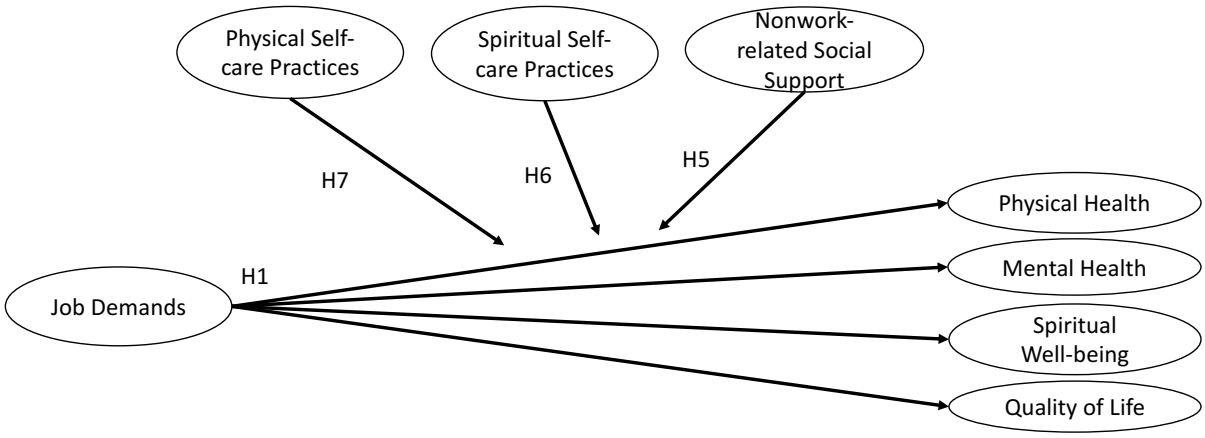

Figure 2 Theoretical model of proposed hypotheses

CHAPTER II

METHODOLOGY

Participants and Procedure

The sample for this study consisted of clergy from various Christian denominations. Specifically, my criteria for inclusion as a "Christian denomination" was adherence to the basic Christian doctrines as stated in the Apostles' Creed. The Apostles' Creed is one of the oldest and most universal statements of beliefs in the Christian tradition. This criteria is consistent with the traditional view of Christianity (Beck & Haugen, 2013). Inclusion criteria for the present study, were that clergy had to be employed, either part-time or full-time, and compensated by their congregation or denomination. Lay clergy and other individuals who responded, but did not fully meet these criteria were excluded from the data analyzed and reported here. Furthermore, clergy had to work for a specific congregation or congregations. Hence, chaplains and other denominational employees working for an organization other than a church were excluded.

All procedures for this study were approved by the university's Institutional Review Board (IRB). Potential participants were identified and contacted through email lists from denominational administrative offices and religious institutions. Many of these lists included laypersons, retired clergy, and inactive email addresses, so a true response rate could not be calculated for this study. Additionally, participants were contacted through direct and indirect personal appeal through professional social networking groups (e.g., a private Facebook group). In these communications, participants were asked to send the survey to any other clergy they

knew. A web-based, structured survey was administered to participants through the Qualtrics internet-survey system. As incentive to respond to the survey, participants had the opportunity to enter their email address into a drawing for one of 15, $50 Visa gift cards (participation was not required to enter the drawing). These email addresses were separated from the survey data upon export from the Qualtrics system and kept separate from the survey data to facilitate confidential management of the data gathered for the actual study purposes.

A total of 546 participants at least partially responded to the survey. After applying the inclusion/exclusion rules just described, removing respondents who completed less than 50% of the survey, and excluding respondents who did not provide critical demographic information needed to establish whether inclusion criteria were met, the final sample for analysis included 418 mostly complete survey records. All reported statistics past this point are based on this final sample.

Respondents ranged in age from 21-84 years (M = 53.19, SD = 12.96 years). Male respondents made up 71.5% of the sample. A majority of respondents identified their race as White (91.1%), followed by Black (5%), Asian (1.2%), Middle Eastern (1.2%), Multiracial (0.7%), and Hispanic (0.5%). A majority of respondents reported their highest level of completed education to be a Master's degree (61.5%), followed by Doctoral degree (23%), some graduate school (5.5%), Bachelor's degree (4.8%), Associate's degree (1.2%), some college/university (3.3%), and high school diploma (0.7%). Religious, denomination was identified for respondents' personal and institutional affiliations. For personal denomination, most participants identified as United Methodist (79.7%), followed by Southern Baptist (14.6%), Catholic (1.4%), Presbyterian (PCA; 0.5%), Episcopalian (0.5%), Pentecostal (0.5%), Lutheran (0.2%), and Anglican (0.2%). For institutional denomination, most participants identified as United

Methodist (80.6%), followed by Southern Baptist (14.1%), Catholic (1.4%), Presbyterian (PCA; 0.5%), Episcopal (0.5%), Lutheran (0.5%), Pentecostal (0.2%), and Anglican (0.2%). Participants reported their geographical location to be rural (40.7%), suburban (39%), or urban (20.3%). The vast majority of participants' job titles included the term "pastor" (72.9%) or "minister" (24.4%). Respondents had worked in their current positions for an average of 5.58 years (*SD* = 6.54) and averaged 20.54 total years working in ministry (*SD* = 13.87). Participants had an average of 4.39 other clergy and workers on-staff at their church to help with their work-related duties (*SD* = 7.66).

Measures

The survey distributed to participants was composed of the following measures, in the order presented here. All measures are included in Appendix C as a copy of the actual survey. Some of the formatting from the online survey has been removed for the sake of clarity.

Physical health symptoms. Physical health symptoms were assessed using the 13-item Physical Symptoms Inventory (PSI; Spector & Jex, 1998). For the PSI, participants respond to items regarding physical symptoms (e.g., backache, eye strain) they have experienced over the past month on a five-point scale from not at all (1) to every day (5). Scores are totaled so that a score of 65 indicates the lowest health functioning and a score of 0 indicates the highest health functioning. Because the PSI is a causal indicator scale, no coefficient alpha was reported. Additionally, a single item assessing overall perception of health compared to age and occupational counterparts concluded the physical health portion of the survey. Scores from this single item, ranging from 5 indicating excellent health to 1 indicating poor health, were analyzed

separately from physical health scores on the PSI. Because this is a causal indicator scale, reliability cannot be properly established with an internal consistency reliability coefficient (Spector & Jex, 1998). However, Spector and Jex found significant correlations between PSI scores and doctor visits, absenteeism, and anxiety. In the present study, PSI scores correlated significantly with general health perception (-.40), mental health symptoms (.46), and quality of life (-.51).

Mental health symptoms. Mental health symptoms were assessed using the 12-item General Health Questionnaire (GHQ-12; Gao et al., 2004). This measure includes items assessing perceptions of mental health functioning over the past few weeks. The 12 items are divided into three factors: anxiety and depression (4 items), social dysfunction (6 items), and loss of confidence (2 items). However, Gao et al. noted that it is acceptable to use the GHQ-12 as a one-dimensional measure. The GHQ-12 uses a four-point scale (from 0 to 3), and scores from individual items are combined to generate a total score ranging from 0 to 36, with higher scores indicating worse conditions. The GHQ-12 has shown high internal reliability ($\alpha = .84$; Winefield, Goldney, Winefield, & Tiggemann, 1989); in the present study, a similar internal consistency reliability was observed ($\alpha = .87$).

Spiritual well-being. Spiritual well-being was assessed using the Clergy Spiritual Well-being Scale's power and presence of God in daily life subscale (Proeschold-Bell et al., 2014). This Clergy Spiritual Well-being Scale is a measure of closeness to God among Christian clergy. An underlying assumption of this scale is that "experiencing the presence and power of God more frequently indicates closeness to God" (p. 890). Proeschold-Bell et al. used the

experiencing the power and presence of God in daily life subdimension items as a way of operationalizing spiritual well-being. Proeschold-Bell et al. noted that no other measure of spiritual well-being has been specifically designed for use among clergy, and that other measures of spiritual well-being and related constructs are not suitable for use among clergy due to ceiling effects. In other words, Proeschold-Bell et al. noted that clergy scores on general spiritual well-being measures tend to be higher, on average, than scores from respondents in the general population. Thus, Proeschold-Bell et al.'s measure was designed to capture variance in spiritual well-being explicitly among clergy. The power and presence of God in daily life subscale consists of 6 items, each of which assesses how frequently a respondent has encountered the power and presence of God in during the past 6 months. Each item is rated on a five-point scale from never to always, and individual item scores are combined so that higher scores indicate higher levels of spiritual well-being and lower scores indicate lower levels of spiritual well-being. Total scores on this measure can range from 6 to 30. Proeschold-Bell et al. reported high internal consistency reliability in multiple samples for the power and presence of God in daily life subscale (α = .90, .93). In the present study, the internal consistency reliability was α = .88.

Quality of life. Quality of life (QoL) was assessed using the Psychological General Well-being Index short version (PGWB-S; Grossi et al., 2006). PGWB-S items assess participants' emotions during the past month (e.g., nervousness, vitality). Participants respond to items on a five-point scale, and individual item scores are totaled so that higher scores indicate higher levels of QoL and lower scores indicate lower levels of QoL. Total scores on this measure can range from 0 to 30. Grossi et al. reported high internal reliability in multiple samples for the PGWB-S (α = .80, .92). In the present study, the internal consistency reliability was α = .86.

Physical self-care practices. Physical self-care practices were assessed using five items from the United States Congregational Life Survey (2013) and two items from Proeschold-Bell et al. (2015). The five items from the U.S. Congregational Life Survey ask about hours spent in different activities (e.g., time with family, physical exercise) within the past seven days. Instructions were adapted slightly to ask about time spent fully engaged in activities. The first item from Proeschold-Bell et al. asked about frequency of keeping an intentional Sabbath within the past year on a four-point scale from never to always. The second item from Proeschold-Bell et al. asked about the number of vacation days taken in the last 12 months, excluding holidays, intentional Sabbaths, and weekend days. The five items from the U.S. Congregational Life Survey were combined into a total number of hours spent in physical self-care activities. The two items from Proeschold-Bell et al. were assessed independently. Proechold-Bell et al. found that their Sabbath keeping and vacation days items correlated significantly with depression, anxiety, ministerial satisfaction, and quality of life. Because the items from both of these sources are causal indicator items, reliability cannot be properly established with an internal consistency reliability coefficient. In the present study, significant correlations were found between physical self-care practices and mental health symptoms (-.12), spiritual well-being (.20), Sabbath-taking (.19), and spiritual self-care (.39).

Spiritual self-care practices. Spiritual self-care practices were assessed using three items from the U.S. Congregational Life Survey (2013). The instructions for these items were modified slightly to ask about hours spent fully engaged in prayer, Scripture reading and study, and other spiritual activities and/or traditions not for work purposes within the past seven days.

These three items were combined into a total number of hours spent in spiritual self-care practices. Because the items from both of these sources are causal indicator items, reliability cannot be properly established with an internal consistency reliability coefficient. In the present study, a significant correlation was found between spiritual self-care practices and spiritual well-being (.38).

Job demands. Two different measures were used to assess job demands. The Quantitative Workload Inventory (QWI; Spector & Jex, 1998) was used to assess job demands from a general perspective, as the items of this scale measure the frequency with which participants experience heavy workloads (e.g., working very fast, little time to get things done). Responses are made on a five-point scale of frequency, ranging from less than once per month or never to several times per day. Scores on this measure can range from 5 to 25, with higher scores indicating higher workloads. Spector and Jex reported high internal reliability for the QWI (α = .82). In the present study, the internal consistency reliability was α = .86.

As a more context-specific measure of job demands, the Clergy Occupational Distress Index (CODI; Frenk et al., 2013) was also administered. The CODI measures the frequency with which clergy have experienced occupational distress over the past year. This measure includes five questions about perceptions of the work environment (i.e., congregational demands, congregational criticism, and feelings of isolation and loneliness at work), as well as perceptions of the impact of the workplace environment (i.e., critical congregation members and congregational challenges) on level of stress. These five items are assessed on a four-point scale ranging from never to very often. Scores on this measure can range from 5 to 20, with higher overall total scores indicating higher levels of clergy job demands. Frenk et al. found good

internal reliability for the CODI in multiple samples (α = .77, .82). In the present study, the internal consistency reliability was α = .82.

Nonwork-related social support. Nonwork-related social support was assessed using the Medical Outcomes Study Social Support Survey (mMOS-SS; Moser, Stuck, Silliman, Ganz, & Clough-Gorr, 2012). The mMOS-SS contains eight items asking participants about the availability of someone to take care of them if they needed it (e.g., confined to bed, unable to prepare meals). The instructions for this measure were modified for the present study to focus respondents' on availability of support outside of work. Participants respond on a five-point scale, from 1 (none of the time) to 5 (all of the time). Overall total scores can range from 8 to 40, with higher scores indicating higher levels of available nonwork-related social support. Moser et al. reported high internal reliability for the mMOS-SS across multiple samples (α = .88 - .93). In the present study, the internal consistency reliability was α = .95.

Job control. Job control was assessed using the Job Control Scale, which was initially developed and validated by Van Veldhoven (1996), and further validated by Van Yperen and Hagedoorn (2003). This measure includes 11 items referring to timing control and method control over work. Participants respond to items on a four-point scale, from 1 (never) to 4 (always), and individual item scores are totaled so that higher scores indicate higher levels of job control. Scores on this measure can range from 11 to 44. Van Yperen and Hagedoorn reported high internal reliability (α = .90) for the Job Control Scale. In the present study, the internal consistency reliability was α = .93.

Self-efficacy. The covariate of self-efficacy was assessed using the General Self-Efficacy Scale (GSE; Chen, Gully, & Eden, 2001). This measure includes eight items assessing the participants' confidence to achieve tasks (e.g., "Even when things are tough, I can perform quite well"). Participants respond on a five-point scale, and individual item scores are totaled so that higher scores indicate higher levels of self-efficacy. Scores on this measure can range from 8 to 40. Chen et al. reported high internal reliability in multiple samples (α = .86, .90) for the GSE. In the present study, the internal consistency reliability was α = .87.

Calling intensity. The covariate of calling intensity was assessed using four modified items from the Calling Intensity Scale (Dobrow & Tosti-Kharas, 2011). These modified items were used by Clinton et al. (2017) to assess calling intensity among clergy. These four items ask participants to rate their feelings of calling toward their work (e.g., "I enjoy ministry more than anything else"). Participants respond on a five-point scale, and individual item scores are totaled so that higher scores indicate higher levels of calling intensity. Scores on this measure can range from 4 to 20. Clinton et al. reported acceptable internal reliability for their modified calling intensity measure (α = .70). In the present study, the internal consistency reliability was α = .71.

Work-related social support. Work-related social support was assessed using an adapted version of the Job Social Support Scale (Van Yperen & Hagedoorn, 2003). The original measure consisted of four items addressing perceived support from participants' immediate supervisors (two items) and co-workers (two items). These items were also adapted and repeated for the present research to assess perceived support from participant's denominational leadership and congregation, bringing the total number of items in this measure to eight. For all items, "not

applicable" was an option for participants who came from nondenominational churches or for clergy who did not have co-workers or an immediate supervisor. Participants responded on a four-point scale, and individual item scores were totaled so that higher scores indicated higher levels of work-related social support. Scores on this modified measure could range from 0 to 32. Van Yperen and Hagedoorn reported good internal reliability for their original four-item measure (α = .80). In the present study, the internal consistency reliability for the modified eight-item measure was α = .81.

Sense of coherence. The covariate of sense of coherence (SoC) was assessed using the Orientation to Life Questionnaire (OLQ) short version (SoC-13; Antonovsky, 1993). This measure includes 13 items and assesses perceptions of the manageability, comprehensiveness, and meaningfulness of participants' lives. Participants respond to items on a seven-point scale. Some items are reversed-coded, and individual item scores are totaled so that higher scores indicate higher levels of individual SoC. Scores on this measure range from 13 to 91. Antonovsky reported internal consistency on the SoC-13 has ranged from .74 to .91. In the present study, the internal consistency reliability was α = .86.

Demographics. The following demographic information was gathered to fully understand and report on the sample: age, sex, race/ethnicity, highest level of completed education, denomination, job title, number of clergy or other staff at current church who help manage work-related responsibilities, congregation size (overall), total years working at current church, total years working in ministry, church location (rural, suburban, or urban), and prevalence of religious denomination in the broader community in which the clergy worked.

CHAPTER III

RESULTS

The following analyses were conducted with data collected from the analyzable sample of participants ($N = 418$). These data were analyzed using correlational and regression based techniques in SPSS (v23), also taking advantage of the powerful PROCESS macro tools (v3) developed by Hayes (2018). Descriptive statistics for and intercorrelations between all study variables are summarized in Tables 1-6. The results of the PROCESS analyses testing the hypotheses are summarized in Tables 7-32 and Figures 3-5. Note that all effects reported from the PROCESS analyses in this section are over and above the impact of the demographic and environmental covariates listed in the previous section.

Table 1 Descriptive Statistics and Correlation Matrix for All Study Variables: Part A

1.	General health perception	3.65	0.96	418
2.	Physical health symptoms	21.69	5.72	418
3.	Mental health symptoms	9.50	4.81	418
4.	Spiritual well-being	20.84	4.81	418
5.	Quality of life	21.57	4.84	418
6.	Physical self-care	38.57	23.20	416
7.	Sabbath	2.54	0.83	418
8.	Vacation	14.15	11.98	417
9.	Spiritual self-care	15.59	14.80	417
10.	Job demands	14.01	4.80	418
11.	Occupational distress	10.66	3.03	418
12.	Nonwork-related social support	31.23	8.12	418
13.	Job control	36.82	5.57	417
14.	Self-efficacy	32.38	3.86	418
15.	Calling intensity	14.84	3.09	418
16.	Work-related social support	20.80	6.24	418
17.	Sense of coherence	68.53	11.33	416
18.	Age	53.19	12.96	417
19.	Female	0.28	0.45	415
20.	Education	6.87	1.13	418
21.	Other clergy/staff	4.39	7.66	418
22.	Congregation size	532.93	1070.38	416
23.	Years at current church	5.58	6.54	411
24.	Total years in ministry	20.54	13.87	418
25.	Urban	0.20	0.40	418
26.	Rural	0.41	0.49	418
27.	Broader community percentage	48.94	25.77	397

** = Correlation is significant at the 0.01 level (2-tailed).

* = Correlation is significant at the 0.05 level (2-tailed).

Table 2 Descriptive Statistics and Correlation Matrix for All Study Variables: Part B

		1.		2.		3.		4.		5.	
1.	General health perception										
2.	Physical health symptoms	-.40	**								
3.	Mental health symptoms	-.32	**	.46	**						
4.	Spiritual well-being	.21	**	-.08		-.29	**				
5.	Quality of life	.46	**	-.51	**	-.75	**	.44	**		
6.	Physical self-care	.05		-.03		-.12	*	.20	**	.11	*
7.	Sabbath	.09		-.08		-.24	**	.19	**	.19	**
8.	Vacation	.14	**	-.11	*	-.19	**	.04		.12	*
9.	Spiritual self-care	.01		.02		-.03		.38	**	.09	
10.	Job demands	-.11	*	.11	*	.22	**	-.04		-.23	**
11.	Occupation-specific job demands	-.32	**	.36	**	.44	**	-.26	**	-.52	**
12.	Nonwork-related social support	.27	**	-.22	**	-.30	**	.22	**	.33	**
13.	Job control	.23	**	-.25	**	-.29	**	.23	**	.28	**
14.	Self-efficacy	.32	**	-.21	**	-.42	**	.37	**	.52	**
15.	Calling intensity	-.07		.09		-.02		.24	**	.07	
16.	Work-related social support	.12	*	-.15	**	-.33	**	.26	**	.31	**
17.	Sense of coherence	.37	**	-.39	**	-.59	**	.45	**	.68	**
18.	Age	.23	**	-.03		-.08		.28	**	.20	**
19.	Female	.07		.04		-.02		.16	**	.00	
20.	Education	.19	**	-.20	**	-.06		-.04		.05	
21.	Other clergy/staff	.05		-.05		-.04		-.09		.04	
22.	Congregation size	.06		-.01		-.07		-.03		-.01	
23.	Years at current church	.08		-.07		-.05		.14	**	.07	
24.	Total years in ministry	.13	**	-.11	*	-.09		.12	*	.14	**
25.	Urban	.09		-.09		-.07		.01		.05	
26.	Rural	-.08		.12	*	.07		-.02		-.08	
27.	Broader community percentage	.01		-.02		-.15	**	.09		.14	**

Table 3 Descriptive Statistics and Correlation Matrix for All Study Variables: Part C

		6.		7.		8.		9.		10.	
6.	Physical self-care										
7.	Sabbath	.19	**								
8.	Vacation	.08		.19	**						
9.	Spiritual self-care	.39	**	.04		-.03					
10.	Job demands	-.11	*	-.11	*	-.05		-.02			
11.	Occupation-specific job demands	-.12	*	-.09		-.03		-.01		.37	**
12.	Nonwork-related social support	.16	**	.16	**	.16	**	-.05		-.02	
13.	Job control	.14	**	.16	**	.04		.06		-.32	**
14.	Self-efficacy	.09		.15	**	.09		.12	*	-.10	*
15.	Calling intensity	.04		-.04		-.08		.14	**	.04	
16.	Work-related social support	.10	*	.14	**	.13	**	.08		-.05	
17.	Sense of coherence	.14	**	.22	**	.12	*	.11	*	-.24	**
18.	Age	.12	*	-.07		-.03		.27	**	-.20	**
19.	Sex	.03		-.02		-.08		.00		.04	
20.	Education	.07		.04		.22	**	.01		.10	
21.	Other clergy/staff	-.04		.03		.09		-.08		.15	**
22.	Congregation size	-.06		.01		.20	**	-.08		.17	**
23.	Years at current church	.00		.06		.08		.07		.02	
24.	Total years in ministry	.14	**	.03		.14	**	.20	**	-.04	
25.	Urban	.00		.15	**	.06		-.01		.11	*
26.	Rural	-.06		-.09		-.19	**	-.02		-.13	**
27.	Broader community percentage	.04		.03		.10		.03		-.06	

Table 4 Descriptive Statistics and Correlation Matrix for All Study Variables: Part D

		11.		12.		13.		14.		15.	
11.	Occupation-specific job demands										
12.	Nonwork-related social support	-.25	**								
13.	Job control	-.37	**	.18	**						
14.	Self-efficacy	-.28	**	.21	**	.33	**				
15.	Calling intensity	-.03		.03		.04		.11	*		
16.	Work-related social support	-.31	**	.29	**	.25	**	.28	**	.14	**
17.	Sense of coherence	-.56	**	.35	**	.37	**	.51	**	.12	*
18.	Age	-.28	**	.02		.13	**	.05		.15	**
19.	Sex	-.01		-.07		-.01		.05		.08	
20.	Education	.07		.10	*	.08		.11	*	-.06	
21.	Other clergy/staff	.09		.09		-.16	**	.07		-.01	
22.	Congregation size	.05		.07		-.11	*	.06		.07	
23.	Years at current church	-.07		.06		.04		.03		.07	
24.	Total years in ministry	-.14	**	.09		.04		.00		.09	
25.	Urban	.02		.11	*	.00		.02		-.01	
26.	Rural	-.08		-.11	*	.04		-.09		-.01	
27.	Broader community percentage	-.07		.06		.08		.07		-.03	

Table 5 Descriptive Statistics and Correlation Matrix for All Study Variables: Part E

		16.		17.		18.		19.		20.	
16.	Work-related social support										
17.	Sense of coherence	.39	**								
18.	Age	.07		.27	**						
19.	Sex	.08		.07		-.06					
20.	Education	-.01		.05		-.01		-.06			
21.	Other clergy/staff	.07		.07		-.08		-.05		.17	**
22.	Congregation size	.07		.06		-.06		-.01		.16	**
23.	Years at current church	.12	*	.19	**	.26	**	-.04		-.03	
24.	Total years in ministry	.12	*	.20	**	.63	**	-.30	**	.24	**
25.	Urban	.00		.02		-.06		.02		.10	*
26.	Rural	-.08		-.08		.07		-.02		-.19	**
27.	Broader community percentage	.11	*	.11	*	-.04		.05		-.02	

Table 6 Descriptive Statistics and Correlation Matrix for All Study Variables: Part F

		21.		22.		23.		24.		25.		26.
20.	Education											
21.	Other clergy/staff											
22.	Congregation size	.49	**									
23.	Years at current church	.11	*	.11	*							
24.	Total years in ministry	.10	*	.08		.35	**					
25.	Urban	.18	**	.11	*	-.03		.05				
26.	Rural	-.30	**	-.29	**	-.11	*	-.14	**	-.42	**	
27.	Broader community percentage	.00		.07		-.06		-.08		-.08		.05

Hypothesis 1 was that clergy job demands are negatively correlated with clergy well-being. As shown in Tables 1-6, perceived occupation-specific job demands were more strongly correlated with well-being than perceived general job demands. Given this reality and the understanding that context-specific measures are likely to provide more appropriate operationalizations of hypothesized constructs and their relationships, the remainder of the analyses focused on the occupation-specific measure of job demands. With respect to this first hypothesis, perceived occupation-specific job demands were significantly correlated with all five indicators of well-being considered in this study: general health perception (-.32), physical health symptoms (.36), mental health symptoms (.44), spiritual well-being (-.26), and quality of life (-.52). These findings support Hypothesis 1.

Hypothesis 2 was that work-related social support moderates the relationship between job demands and mental health, such that clergy with higher levels of work-related social support experience a less negative relationship between perceived job demands and mental health. From the PROCESS results summarized in Table 7, this hypothesis was not supported, though the

observed effect fell just shy of the rather stringent alpha = .05 cutoff for statistical significance (b = .1366, p = .0964). This is discussed further in the next section.

Table 7 PROCESS Output for Hypotheses 2-4

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	53.6945	18.8935	2.8420	.0047	16.5453	90.8437
Job Demands	-2.4993	1.4983	-1.6681	.0961	-5.4454	0.4468
Job Control	-1.3715	0.4799	-2.8578	.0045	-2.3152	-0.4279
Job Demands X Job Control	0.0938	0.0390	2.4040	.0167	0.0171	0.1705
Work-related Social Support	-2.0881	0.9698	-2.1530	.0319	-3.9951	-0.1812
Job Demands X Work-related Social Support	0.1366	0.0820	1.6665	.0964	-0.0246	0.2979
Job Control X Work-related Social Support	0.0574	0.0244	2.3540	.0191	0.0095	0.1054
Job Demands X Job Control X Work-related Social Support	-0.0042	0.0021	-2.0200	.0441	-0.0084	-0.0001
Age	0.0133	0.0169	0.7884	.4310	-0.0199	0.0466
Sex	0.1470	0.4792	0.3067	.7592	-0.7953	1.0892
Urban	-1.0104	0.5754	-1.7560	.0799	-2.1418	0.1210
Rural	0.3354	0.4792	0.6999	.4844	-0.6068	1.2775
Prevalence of denomination	-0.0179	0.0083	-2.1592	.0315	-0.0342	-0.0016
Model Summary						
R	*R*-sq	*MSE*	*F*	*df*1	*df*2	*p*
.5443	.2963	17.2196	13.2971	12.0000	379.0000	.0000

Hypothesis 3 was that job control moderates the relationship between job demands and mental health, such that clergy with higher levels of job control experience a less negative relationship between perceived job demands and mental health. This hypothesis was supported (b = .0938, p = .0167), in that higher levels of job control reduced the negative impact of perceived job demands on mental health. Hypothesis 4 was an extension of Hypothesis 3, in which work-related social support was expected to moderate the moderating effect of perceived job control on the relationship between perceived job demands and mental health. The nature of this hypothesized effect was such that job control's moderating effect was expected to be strongest in the presence of

high levels of work-related social support. This hypothesis was also supported (b = -.0042, p = .0441). As illustrated in Figures 3-5 (which effectively illustrate the effects observed for the tests of H4 and H3) the nature of this moderated moderation was that job control's moderating effect was strongest in the presence of high perceived job demands and high work-related social support.

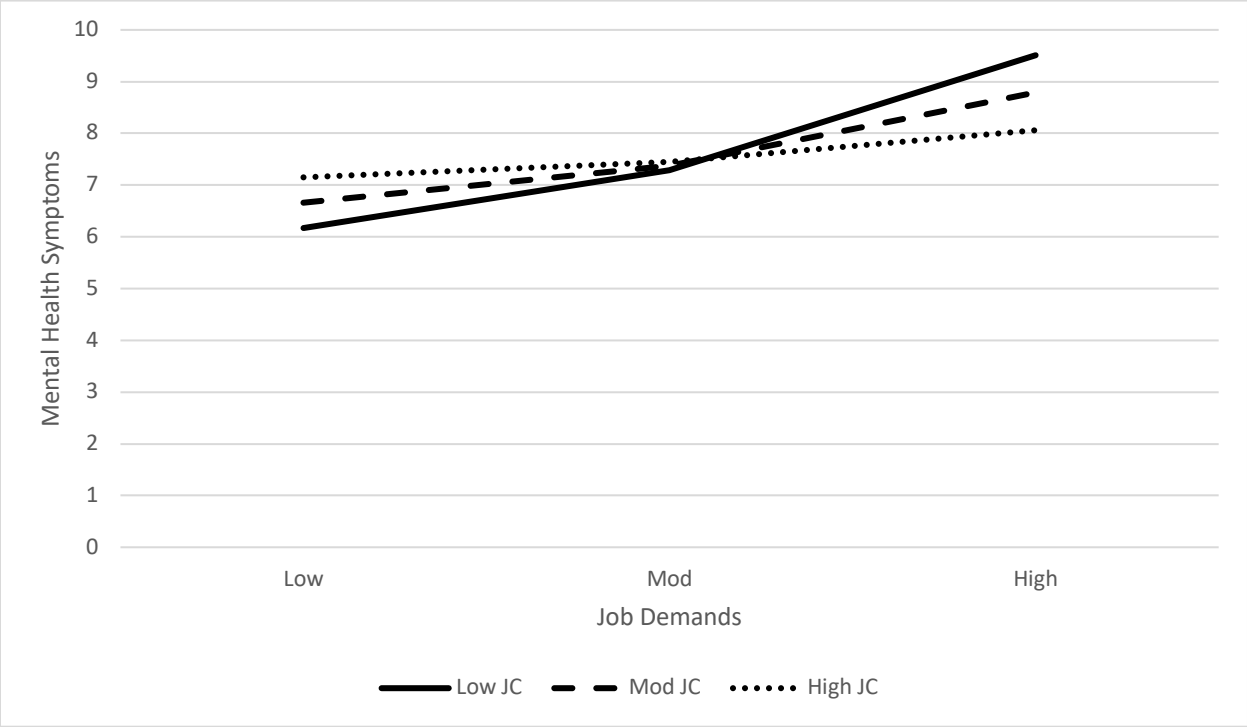

Figure 3 Effects of job control and job demands on mental health symptoms among individuals low in work-related social support

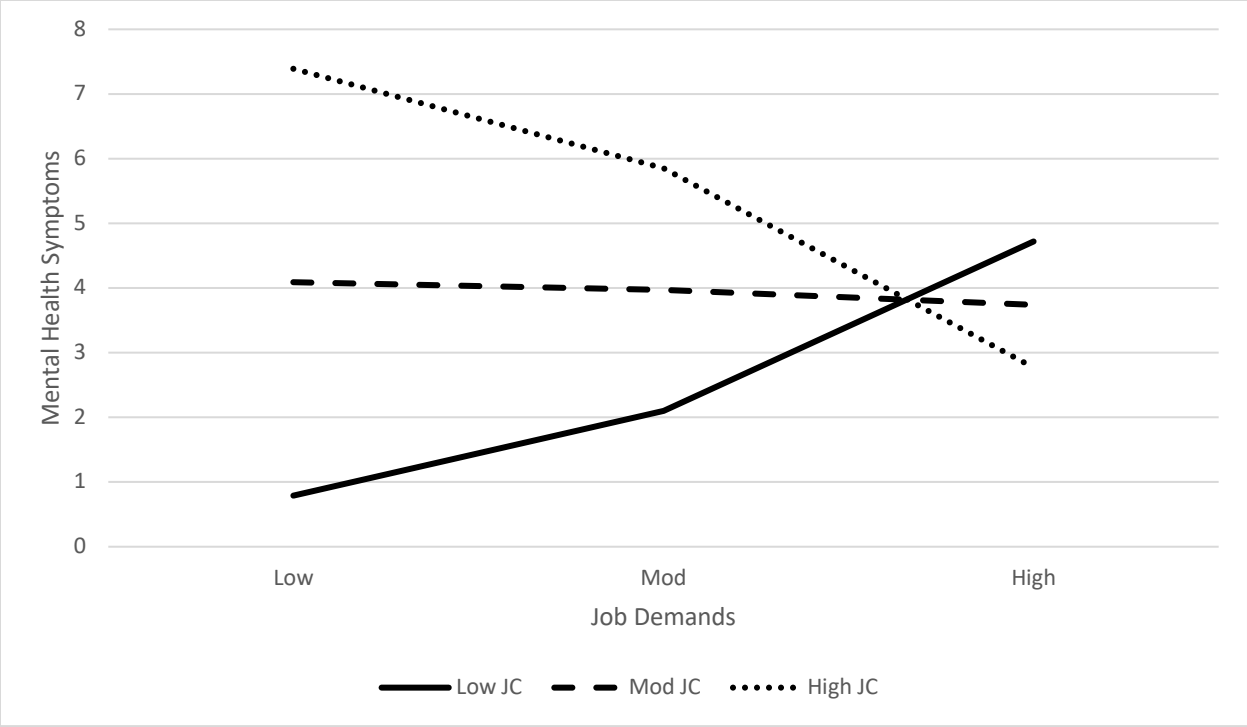

Figure 4 Effects of job control and job demands on mental health symptoms among individuals moderate in work-related social support

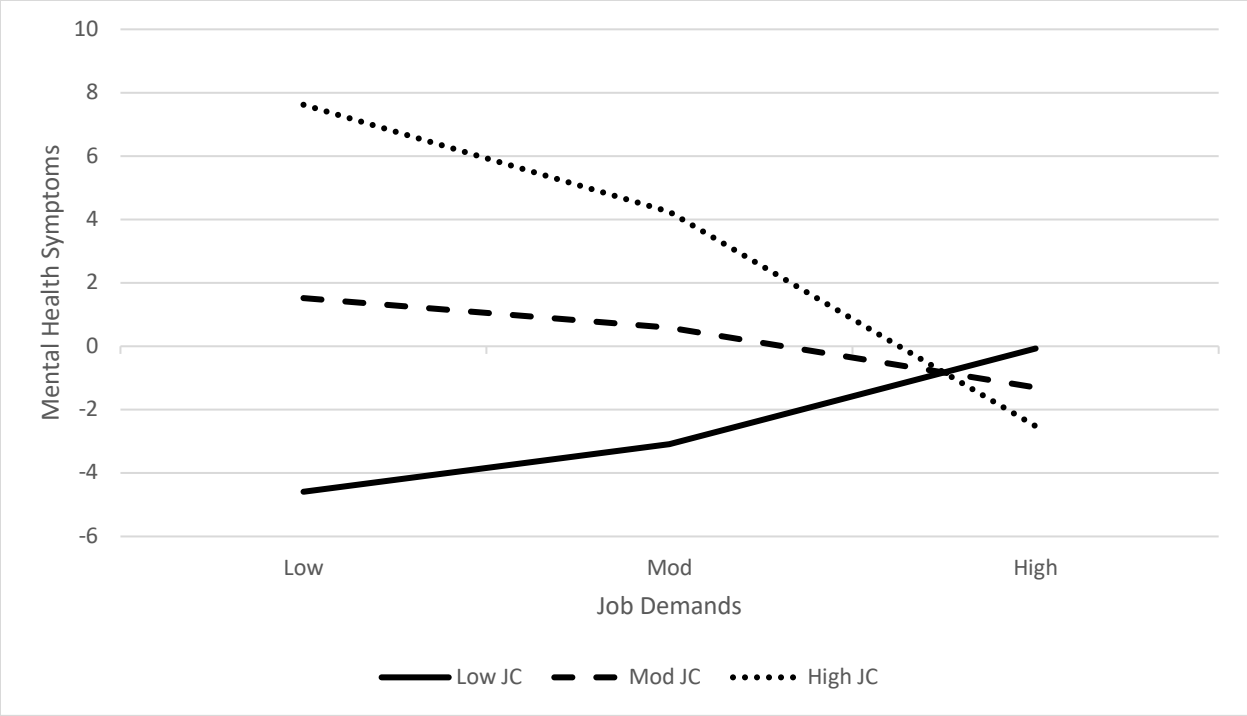

Figure 5 Effects of job control and job demands on mental health symptoms among individuals high in work-related social support

Hypothesis 5 was that nonwork-related social support moderates the relationship between perceived job demands and mental health. The nature of this hypothesized effect was such that clergy with higher levels of nonwork-related social support experience less of a detrimental effect on their mental health from a high level of perceived job demands. As shown in Tables 8-12, this hypothesis was not supported, though the observed effect fell just shy of a magnitude necessary to meet the alpha = .05 criteria for significance (b = .0150, p = .0590); this is discussed further in the next section.

Table 8 PROCESS Output for Hypothesis 5: Outcome–Quality of Life

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	22.1895	3.0215	7.3438	.0000	16.2487	28.1303
Job Demands	-0.6220	0.2349	-2.6477	.0084	-1.0839	-0.1601
Nonwork-related Social Support (NWRSS)	0.1464	0.0861	1.7004	.0899	-0.0229	0.3156
Job Demands X NWRSS	-0.0023	0.0075	-0.3050	.7605	-0.0171	0.0125
Age	0.0290	0.0164	1.7723	.0771	-0.0032	0.0612
Sex	-0.0564	0.4643	-0.1216	.9033	-0.9693	0.8564
Urban	0.2379	0.5561	0.4278	.6690	-0.8555	1.3314
Rural	-0.9811	0.4602	-2.1321	.0336	-1.8859	-0.0764
Prevalence of Denomination	0.0198	0.0079	2.4923	.0131	0.0042	0.0354
Model Summary						
R	*R*-sq	*MSE*	*F*	*df*1	*df*2	*p*
.5757	.3314	16.2140	23.7914	8.0000	384.0000	.0000

Table 9 PROCESS Output for Hypothesis 5: Outcome–Mental Health Symptoms

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	11.3521	3.1672	3.5843	.0004	5.1249	17.5793
Job Demands	0.1887	0.2462	0.7664	.4439	-0.2954	0.6729
Nonwork-related Social Support (NWRSS)	-0.2729	0.0902	-3.0251	.0027	-0.4503	-0.0955
Job Demands X NWRSS	0.0150	0.0079	1.8934	.0590	-0.0006	0.0305
Age	0.0147	0.0171	0.8573	.3918	-0.0190	0.0484
Sex	-0.1989	0.4867	-0.4086	.6831	-1.1557	0.7580
Urban	-0.7012	0.5829	-1.2029	.2298	-1.8474	0.4449
Rural	0.4983	0.4824	1.0331	.3022	-0.4501	1.4467
Prevalence of Denomination	-0.0211	0.0083	-2.5389	.0115	-0.0375	-0.0048
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.5127	.2628	17.8148	17.1150	8.0000	384.0000	.0000

Table 10 PROCESS Output for Hypothesis 5: Outcome–Physical Health Symptoms

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	14.1993	3.9071	3.6343	.0003	6.5174	21.8812
Job Demands	0.7542	0.3038	2.4829	.0135	0.1570	1.3515
Nonwork-related Social Support (NWRSS)	-0.0607	0.1113	-0.5452	.5859	-0.2795	0.1582
Job Demands X NWRSS	-0.0029	0.0098	-0.2945	.7685	-0.0221	0.0163
Age	0.0280	0.0212	1.3243	.1862	-0.0136	0.0696
Sex	0.5603	0.6004	0.9333	.3512	-0.6201	1.7407
Urban	-0.3302	0.7191	-0.4592	.6463	-1.7441	1.0837
Rural	1.3669	0.5950	2.2971	.0221	0.1969	2.5368
Prevalence of Denomination	0.0031	0.0103	0.2990	.7651	-0.0171	0.0233
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4273	.1826	27.1102	10.7236	8.0000	384.0000	.0000

Table 11 PROCESS Output for Hypothesis 5: Outcome–Spiritual Well-Being

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	11.5222	3.2824	3.5103	.0005	5.0684	17.9760
Job Demands	-0.0027	0.2552	-0.0107	.9915	-0.5045	0.4990
Nonwork-related Social Support (NWRSS)	0.1917	0.0935	2.0499	.0411	0.0078	0.3755
Job Demands X NWRSS	-0.0079	0.0082	-0.9644	.3354	-0.0240	0.0082
Age	0.0901	0.0178	5.0711	.0000	0.0552	0.1251
Sex	2.1644	0.5044	4.2913	.0000	1.1727	3.1561
Urban	0.0427	0.6041	0.0706	.9437	-1.1452	1.2305
Rural	-0.2512	0.4999	-0.5025	.6156	-1.2341	0.7317
Prevalence of Denomination	0.0132	0.0086	1.5343	.1258	-0.0037	0.0302
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4353	.1895	19.1348	11.2238	8.0000	384.0000	.0000

Table 12 PROCESS Output for Hypothesis 5: Outcome–General Health Perception

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	3.2331	0.6546	4.9386	.0000	1.9459	4.5202
Job Demands	-0.0944	0.0509	-1.8552	.0643	-0.1945	0.0056
Nonwork-related Social Support (NWRSS)	0.0127	0.0186	0.6812	.4961	-0.0240	0.0494
Job Demands X NWRSS	0.0008	0.0016	0.4995	.6177	-0.0024	0.0040
Age	0.0139	0.0035	3.9089	.0001	0.0069	0.0208
Sex	0.1753	0.1006	1.7425	.0822	-0.0225	0.3731
Urban	0.1468	0.1205	1.2185	.2238	-0.0901	0.3837
Rural	-0.1370	0.0997	-1.3742	.1702	-0.3330	0.0590
Prevalence of Denomination	-0.0003	0.0017	-0.1888	.8503	-0.0037	0.0031
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4279	.1831	.7611	10.7568	8.0000	384.0000	.0000

Hypothesis 6 was that spiritual self-care practices moderate the relationship between perceived job demands and well-being, such that clergy who more frequently engage in spiritual self-care practices experience less of a detrimental effect on their well-being from a high level of perceived job demands. As shown in Tables 13-17, this hypothesis was not supported for any of the well-being indicators, though for quality of life ($b = .0064$, $p = .0740$) this hypothesized moderation effect approached significance.

Table 13 PROCESS Output for Hypothesis 6: Outcome–Quality of Life

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	29.3465	1.6190	18.1267	.0000	26.1634	32.5297
Job Demands	-0.8964	0.0939	-9.5420	.0000	-1.0811	-0.7117
Spiritual Self-Care (SSC)	-0.0461	0.0430	-1.0734	.2838	-0.1306	0.0384
Job Demands X SSC	0.0064	0.0035	1.7916	.0740	-0.0006	0.0133
Age	0.0161	0.0174	0.9266	.3547	-0.0180	0.0502
Sex	-0.2162	0.4723	-0.4578	.6474	-1.1449	0.7125
Urban	0.4061	0.5656	0.7180	.4732	-0.7059	1.5181
Rural	-1.2508	0.4671	-2.6779	.0077	-2.1692	-0.3324
Prevalence of Denomination	0.0211	0.0081	2.6055	.0095	0.0052	0.0370
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.5531	.3059	16.8324	21.1540	8.0000	384.000	.0000

Table 14 PROCESS Output for Hypothesis 6: Outcome–Mental Health Symptoms

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	1.0419	1.7024	0.6120	.5409	-2.3054	4.3892
Job Demands	0.7925	0.0988	8.0223	.0000	0.5982	0.9867
Spiritual Self-Care (SSC)	0.0348	0.0452	0.7703	.4416	-0.0540	0.1236
Job Demands X SSC	-0.0043	0.0037	-1.1634	.2454	-0.0117	0.0030
Age	0.0222	0.0183	1.2143	.2254	-0.0137	0.0581
Sex	-0.0364	0.4967	-0.0734	.9416	-1.0130	0.9402
Urban	-0.8623	0.5947	-1.4500	.1479	-2.0317	0.3070
Rural	0.7255	0.4912	1.4771	.1405	-0.2402	1.6913
Prevalence of Denomination	-0.0228	0.0085	-2.6848	.0076	-0.0396	-0.0061
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4794	.2298	18.6130	14.3225	8.0000	384.000	.0000

Table 15 PROCESS Output for Hypothesis 6: Outcome–Physical Health Symptoms

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	12.6767	2.0680	6.1299	.0000	8.6106	16.7427
Job Demands	0.6158	0.1200	5.1318	.0000	0.3799	0.8517
Spiritual Self-Care (SSC)	-0.0799	0.0549	-1.4565	.1461	-0.1879	0.0280
Job Demands X SSC	0.0069	0.0045	1.5266	.1277	-0.0020	0.0158
Age	0.0336	0.0222	1.5151	.1306	-0.0100	0.0772
Sex	0.7488	0.6034	1.2410	.2153	-0.4375	1.9351
Urban	-0.5264	0.7224	-0.7287	.4666	-1.9469	0.8940
Rural	1.4878	0.5966	2.4936	.0131	0.3147	2.6609
Prevalence of Denomination	0.0013	0.0103	0.1301	.8965	-0.0190	0.0217
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4146	.1719	27.4647	9.9656	8.0000	384.000	.0000

Table 16 PROCESS Output for Hypothesis 6: Outcome–Spiritual Well-Being

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	18.9461	1.6488	11.4907	.0000	15.7042	22.1879
Job Demands	-0.3265	0.0957	-3.4127	.0007	-0.5146	-0.1384
Spiritual Self-Care (SSC)	0.1181	0.0438	2.6993	.0073	0.0321	0.2042
Job Demands X SSC	-0.0009	0.0036	-0.2551	.7988	-0.0080	0.0062
Age	0.0494	0.0177	2.7926	.0055	0.0146	0.0841
Sex	1.8811	0.4811	3.9104	.0001	0.9353	2.8269
Urban	0.2838	0.5760	0.4928	.6224	-0.8486	1.4163
Rural	-0.3452	0.4757	-0.7256	.4685	-1.2805	0.5902
Prevalence of Denomination	0.0123	0.0082	1.4985	.1348	-0.0039	0.0286
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.5104	.2605	17.4588	16.9095	8.0000	384.000	.0000

Table 17 PROCESS Output for Hypothesis 6: Outcome–General Health Perception

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	3.8169	0.3504	10.8925	.0000	3.1279	4.5059
Job Demands	-0.0829	0.0203	-4.0770	.0001	-0.1229	-0.0429
Spiritual Self-Care (SSC)	-0.0010	0.0093	-0.1110	.9116	-0.0193	0.0173
Job Demands X SSC	-0.0001	0.0008	-0.1772	.8594	-0.0016	0.0014
Age	0.0137	0.0038	3.6566	.0003	0.0064	0.0211
Sex	0.1458	0.1022	1.4260	.1547	-0.0552	0.3468
Urban	0.1810	0.1224	1.4782	.1402	-0.0597	0.4216
Rural	-0.1815	0.1011	-1.7950	.0734	-0.3802	0.0173
Prevalence of Denomination	0.0001	0.0018	0.0644	.9487	-0.0033	0.0036
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.3919	.1536	.7886	8.7116	8.0000	384.000	.0000

Hypothesis 7 was that physical self-care practices moderate the relationship between perceived job demands and well-being, such that clergy who more frequently engage in physical self-care practices experience less of a detrimental effect on their well-being from a high level of perceived job demands. As shown in Tables 18-32, this hypothesis was not supported for any of the five outcome variables. However, clergy who took more vacation days experienced less of a detrimental effect on their general health perceptions from low to moderate levels of perceived job demands, but not from high job demands (b = -.0032, p = .0030). Overall, therefore, this hypothesis was not supported.

Table 18 PROCESS Output for Hypothesis 7: Outcome–Quality of Life

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	28.6669	1.8910	15.1595	.0000	24.9488	32.3850
Job Demands	-0.8535	0.1309	-6.5215	.0000	-1.1109	-0.5962
Physical Self-care (PSC)	-0.0126	0.0324	-0.3880	.6982	-0.0762	0.0511
Job Demands X PSC	0.0017	0.0029	0.6020	.5475	-0.0040	0.0074
Age	0.0210	0.0169	1.2399	.2158	-0.0123	0.0543
Sex	-0.2223	0.4759	-0.4671	.6407	-1.1581	0.7135
Urban	0.3683	0.5712	0.6449	.5194	-0.7547	1.4914
Rural	-1.2056	0.4695	-2.5677	.0106	-2.1287	-0.2824
Prevalence of Denomination	0.0222	0.0081	2.7199	.0068	0.0061	0.0382
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.5467	.2989	17.0471	20.4059	8.0000	383.0000	.0000

Table 19 PROCESS Output for Hypothesis 7: Outcome–Mental Health Symptoms

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	3.2609	1.9781	1.6485	.1001	-0.6284	7.1502
Job Demands	0.6286	0.1369	4.5915	.0000	0.3594	0.8978
Physical Self-care (PSC)	-0.0321	0.0339	-0.9472	.3441	-0.0987	0.0345
Job Demands X PSC	0.0018	0.0030	0.5998	.5490	-0.0041	0.0078
Age	0.0195	0.0177	1.1008	.2717	-0.0153	0.0544
Sex	0.0434	0.4979	0.0871	.9307	-0.9355	1.0222
Urban	-0.9228	0.5975	-1.5444	.1233	-2.0975	0.2520
Rural	0.6601	0.4911	1.3441	.1797	-0.3055	1.6258
Prevalence of Denomination	-0.0226	0.0085	-2.6503	.0084	-0.0393	-0.0058
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4749	.2255	18.6530	13.9381	8.0000	383.0000	.0000

Table 20 PROCESS Output for Hypothesis 7: Outcome–Physical Health Symptoms

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	12.3555	2.4088	5.1294	.0000	7.6195	17.0916
Job Demands	0.6323	0.1667	3.7925	.0002	0.3045	0.9601
Physical Self-care (PSC)	-0.0275	0.0412	-0.6659	.5058	-0.1085	0.0536
Job Demands X PSC	0.0028	0.0037	0.7490	.4543	-0.0045	0.0100
Age	0.0324	0.0216	1.5024	.1338	-0.0100	0.0749
Sex	0.7145	0.6062	1.1786	.2393	-0.4775	1.9065
Urban	-0.4819	0.7276	-0.6624	.5081	-1.9125	0.9486
Rural	1.5507	0.5981	2.5929	.0099	0.3748	2.7266
Prevalence of Denomination	0.0017	0.0104	0.1679	.8667	-0.0187	0.0220
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4079	.1664	27.6599	9.5550	8.0000	383.0000	.0000

Table 21 PROCESS Output for Hypothesis 7: Outcome–Spiritual Well-Being

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	18.8958	2.0095	9.4032	.0000	14.9448	22.8468
Job Demands	-0.4101	0.1391	-2.9483	.0034	-0.6835	-0.1366
Physical Self-care (PSC)	0.0006	0.0344	0.0184	.9853	-0.0670	0.0683
Job Demands X PSC	0.0025	0.0031	0.7970	.4259	-0.0036	0.0085
Age	0.0779	0.0180	4.3266	.0000	0.0425	0.1133
Sex	1.9762	0.5058	3.9074	.0001	0.9818	2.9706
Urban	0.1101	0.6070	0.1814	.8561	-1.0833	1.3035
Rural	-0.3834	0.4989	-0.7684	.4427	-1.3643	0.5976
Prevalence of Denomination	0.0149	0.0087	1.7189	.0864	-0.0021	0.0319
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4251	.1807	19.2500	10.5572	8.0000	383.0000	.0000

Table 22 PROCESS Output for Hypothesis 7: Outcome–General Health Perception

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	3.8488	0.4075	9.4455	.0000	3.0476	4.6499
Job Demands	-0.0851	0.0282	-3.0158	.0027	-0.1405	-0.0296
Physical Self-care (PSC)	-0.0003	0.0070	-0.0438	.9651	-0.0140	0.0134
Job Demands X PSC	0.0000	0.0006	0.0001	.9999	-0.0012	0.0012
Age	0.0131	0.0037	3.5990	.0004	0.0060	0.0203
Sex	0.1436	0.1026	1.4002	.1623	-0.0580	0.3452
Urban	0.1871	0.1231	1.5205	.1292	-0.0549	0.4291
Rural	-0.1811	0.1012	-1.7901	.0742	-0.3800	0.0178
Prevalence of Denomination	0.0000	0.0018	0.0178	.9858	-0.0034	0.0035
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.3895	.1517	.7915	8.5630	8.0000	383.0000	.0000

Table 23 PROCESS Output for Hypothesis 7: Outcome–Quality of Life

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	27.3923	2.6199	10.4556	.0000	22.2413	32.5434
Job Demands	-0.9248	0.2042	-4.5292	.0000	-1.3263	-0.5234
Sabbath-taking	0.0052	0.8708	0.0060	.9952	-1.7069	1.7174
Job Demands X Sabbath-taking	0.0668	0.0757	0.8824	.3781	-0.0820	0.2155
Age	0.0304	0.0167	1.8210	.0694	-0.0024	0.0633
Sex	-0.1502	0.4705	-0.3193	.7497	-1.0753	0.7748
Urban	0.2112	0.5687	0.3714	.7106	-0.9070	1.3295
Rural	-1.1461	0.4651	-2.4641	.0142	-2.0605	-0.2316
Prevalence of Denomination	0.0211	0.0081	2.6184	.0092	0.0053	0.0369
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.5578	.3111	16.7060	21.6771	8.0000	384.0000	.0000

Table 24 PROCESS Output for Hypothesis 7: Outcome–Mental Health Symptoms

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	1.7106	2.7085	0.6316	.5280	-3.6147	7.0359
Job Demands	1.0147	0.2111	4.8066	.0000	0.5996	1.4298
Sabbath-taking	0.4171	0.9003	0.4633	.6434	-1.3530	2.1872
Job Demands X Sabbath-taking	-0.1318	0.0782	-1.6849	.0928	-0.2856	0.0220
Age	0.0083	0.0173	0.4779	.6330	-0.0257	0.0422
Sex	-0.1498	0.4864	-0.3080	.7582	-1.1062	0.8065
Urban	-0.5788	0.5880	-0.9844	.3255	-1.7349	0.5772
Rural	0.5864	0.4808	1.2195	.2234	-0.3590	1.5318
Prevalence of Denomination	-0.0221	0.0083	-2.6544	.0083	-0.0385	-0.0057
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.5110	.2612	17.8554	16.9666	8.0000	384.0000	.0000

Table 25 PROCESS Output for Hypothesis 7: Outcome–Physical Health Symptoms

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	13.5408	3.3661	4.0227	.0001	6.9225	20.1591
Job Demands	0.5801	0.2624	2.2110	.0276	0.0642	1.0959
Sabbath-taking	-0.8489	1.1189	-0.7587	.4485	-3.0487	1.3510
Job Demands X Sabbath-taking	0.0592	0.0972	0.6092	.5427	-0.1319	0.2504
Age	0.0321	0.0215	1.4932	.1362	-0.0102	0.0743
Sex	0.6857	0.6045	1.1343	.2574	-0.5028	1.8742
Urban	-0.4038	0.7308	-0.5526	.5808	-1.8406	1.0329
Rural	1.5586	0.5976	2.6081	.0095	0.3836	2.7335
Prevalence of Denomination	0.0017	0.0104	0.1646	.8693	-0.0186	0.0221
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4105	.1685	27.5785	9.7264	8.0000	384.0000	.0000

Table 26 PROCESS Output for Hypothesis 7: Outcome–Spiritual Well-Being

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	12.3153	2.7902	4.4138	.0000	6.8294	17.8013
Job Demands	-0.0323	0.2175	-0.1483	.8822	-0.4598	0.3953
Sabbath-taking	2.1862	0.9274	2.3573	.0189	0.3627	4.0097
Job Demands X Sabbath-taking	-0.0979	0.0806	-1.2147	.2252	-0.2563	0.0606
Age	0.0919	0.0178	5.1636	.0000	0.0569	0.1269
Sex	2.0901	0.5011	4.1713	.0000	1.1049	3.0752
Urban	-0.1568	0.6057	-0.2588	.7959	-1.3477	1.0342
Rural	-0.4130	0.4953	-0.8337	.4050	-1.3869	0.5610
Prevalence of Denomination	0.0140	0.0086	1.6361	.1026	-0.0028	0.0309
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4443	.1974	18.9489	11.8050	8.0000	384.0000	.0000

Table 27 PROCESS Output for Hypothesis 7: Outcome–General Health Perception

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	2.9250	0.5661	5.1668	.0000	1.8119	4.0380
Job Demands	-0.0214	0.0441	-0.4841	.6286	-0.1081	0.0654
Sabbath-taking	0.3580	0.1882	1.9026	.0578	-0.0120	0.7280
Job Demands X Sabbath-taking	-0.0244	0.0164	-1.4945	.1359	-0.0566	0.0077
Age	0.0130	0.0036	3.5913	.0004	0.0059	0.0201
Sex	0.1482	0.1017	1.4575	.1458	-0.0517	0.3481
Urban	0.1484	0.1229	1.2073	.2281	-0.0933	0.3900
Rural	-0.1830	0.1005	-1.8211	.0694	-0.3806	0.0146
Prevalence of Denomination	0.0000	0.0017	-0.0285	.9772	-0.0035	0.0034
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4034	.1627	.7800	9.3299	8.0000	384.0000	.0000

Table 28 PROCESS Output for Hypothesis 7: Outcome–Quality of Life

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	26.8535	1.6894	15.8956	.0000	23.5319	30.1751
Job Demands	-0.7308	0.1014	-7.2044	.0000	-0.9302	-0.5313
Vacation-taking	0.0609	0.0603	1.0111	.3126	-0.0575	0.1794
Job Demands X Vacation-taking	-0.0026	0.0050	-0.5118	.6091	-0.0125	0.0073
Age	0.0266	0.0168	1.5836	.1141	-0.0064	0.0597
Sex	-0.1623	0.4757	-0.3413	.7331	-1.0976	0.7730
Urban	0.4138	0.5675	0.7291	.4664	-0.7021	1.5297
Rural	-1.0860	0.4768	-2.2780	.0233	-2.0234	-0.1487
Prevalence of Denomination	0.0200	0.0082	2.4547	.0145	0.0040	0.0361
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.5480	.3003	16.9360	20.5441	8.0000	383.0000	.0000

Table 29 PROCESS Output for Hypothesis 7: Outcome–Mental Health Symptoms

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	2.8503	1.7511	1.6277	.1044	-0.5928	6.2934
Job Demands	0.7266	0.1051	6.9106	.0000	0.5199	0.9333
Vacation-taking	-0.0442	0.0625	-0.7075	.4797	-0.1670	0.0786
Job Demands X Vacation-taking	-0.0016	0.0052	-0.3098	.7569	-0.0119	0.0087
Age	0.0159	0.0174	0.9123	.3622	-0.0184	0.0502
Sex	-0.1667	0.4931	-0.3380	.7355	-1.1362	0.8028
Urban	-0.9320	0.5883	-1.5843	.1140	-2.0887	0.2247
Rural	0.3744	0.4942	0.7576	.4491	-0.5973	1.3461
Prevalence of Denomination	-0.0204	0.0085	-2.4069	.0166	-0.0370	-0.0030
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4988	.2488	18.1975	15.8555	8.0000	383.0000	.0000

Table 30 PROCESS Output for Hypothesis 7: Outcome–Physical Health Symptoms

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	12.4095	2.1543	5.7603	.0000	8.1738	16.6453
Job Demands	0.6845	0.1293	5.2922	.0000	0.4302	0.9389
Vacation-taking	-0.0665	0.0768	-0.8656	.3872	-0.2176	0.0846
Job Demands X Vacation-taking	0.0031	0.0064	0.4820	.6301	-0.0096	0.0158
Age	0.0314	0.0214	1.4619	.1446	-0.0108	0.0735
Sex	0.6038	0.6066	0.9953	.3202	-0.5889	1.7965
Urban	-0.4788	0.7237	-0.6615	.5087	-1.9018	0.9442
Rural	1.3952	0.6080	2.2949	.0223	0.1999	2.5906
Prevalence of Denomination	0.0031	0.0104	0.3022	.7627	-0.0173	0.0236
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4136	.1711	27.5411	9.8808	8.0000	383.0000	.0000

Table 31 PROCESS Output for Hypothesis 7: Outcome–Spiritual Well-Being

	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	18.8898	1.8230	10.3618	.0000	15.3054	22.4742
Job Demands	-0.3964	0.1095	-3.6215	.0003	-0.6116	-0.1812
Vacation-taking	-0.0495	0.0650	-0.7617	.4467	-0.1774	0.0783
Job Demands X Vacation-taking	0.0063	0.0054	1.1613	.2463	-0.0044	0.0170
Age	0.0907	0.0181	5.0001	.0000	0.0551	0.1264
Sex	2.0063	0.5133	3.9084	.0001	0.9970	3.0156
Urban	0.2165	0.6124	0.3536	.7239	-0.9876	1.4207
Rural	-0.3786	0.5145	-0.7360	.4622	-1.3902	0.6329
Prevalence of Denomination	0.0137	0.0088	1.5576	.1202	-0.0036	0.0310
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4068	.1655	19.7218	9.4944	8.0000	383.0000	.000

Table 32 PROCESS Output for Hypothesis 7: Outcome–General Health Perception

Outcome: General Health Perception						
	coeff	*se*	*t*	*p*	LLCI	ULCI
Constant	3.1562	0.3561	8.8621	.0000	2.4560	3.8565
Job Demands	-0.0368	0.0214	-1.7216	.0860	-0.0789	0.0052
Vacation-taking	0.0461	0.0127	3.6296	.0003	0.0211	0.0711
Job Demands X Vacation-taking	-0.0032	0.0011	-2.9892	.0030	-0.0053	-0.0011
Age	0.0131	0.0035	3.6844	.0003	0.0061	0.0200
Sex	0.1810	0.1003	1.8052	.0718	-0.0161	0.3782
Urban	0.1684	0.1196	1.4076	.1601	-0.0668	0.4037
Rural	-0.1349	0.1005	-1.3420	.1804	-0.3325	0.0627
Prevalence of Denomination	-0.0006	0.0017	-0.3239	.7462	-0.0039	0.0028
Model Summary						
R	*R-sq*	*MSE*	*F*	*df1*	*df2*	*p*
.4338	.1882	.7527	11.0965	8.0000	383.0000	.0000

CHAPTER IV

DISCUSSION AND CONCLUSION

The purpose of the present study was to offer and test a model and methodological approach that can be useful to those interested in better identifying and addressing the health and well-being needs of clergy so that they may thrive in their roles to the betterment of their families and congregations. Many of the proposed job resources were shown to buffer the relationship between high perceived job demands and well-being.

The present study expands previous research by identifying factors that influence clergy well-being, especially mental health. Along these lines, the results from the present study provided support for the *demands-control-support* model (Johnson & Hall, 1988). Specifically, Hypotheses 2 through 4 were tested in the same PROCESS model, from which significant effects were identified for job control, and the interaction of job control and work-related social support, but not for work-related social support when predicting mental health. Job control and work-related social support were also tested as single moderators in separate models. These models resulted in significant moderation for work-related social support (b = -.0265, p = .0152; see Figure 6) but not for job control (p = .7443). The implication of these findings is that job control appears to only be a health-enhancing job resource in the presence of moderate to high levels of work-related social support. In other words, this finding suggests that clergy need work-related social support before they can take advantage of job control. This indicates that clergy mental health may be improved by (a) an increase in the work-related social support needed to take

advantage of job control followed by (b) an increase in job control. Practically, this work-related social support could come from congregation members, denominational leadership, and other church staff members. This support could range from asking clergy about their personal lives to seeing if the clergy need any help with their work-related tasks.

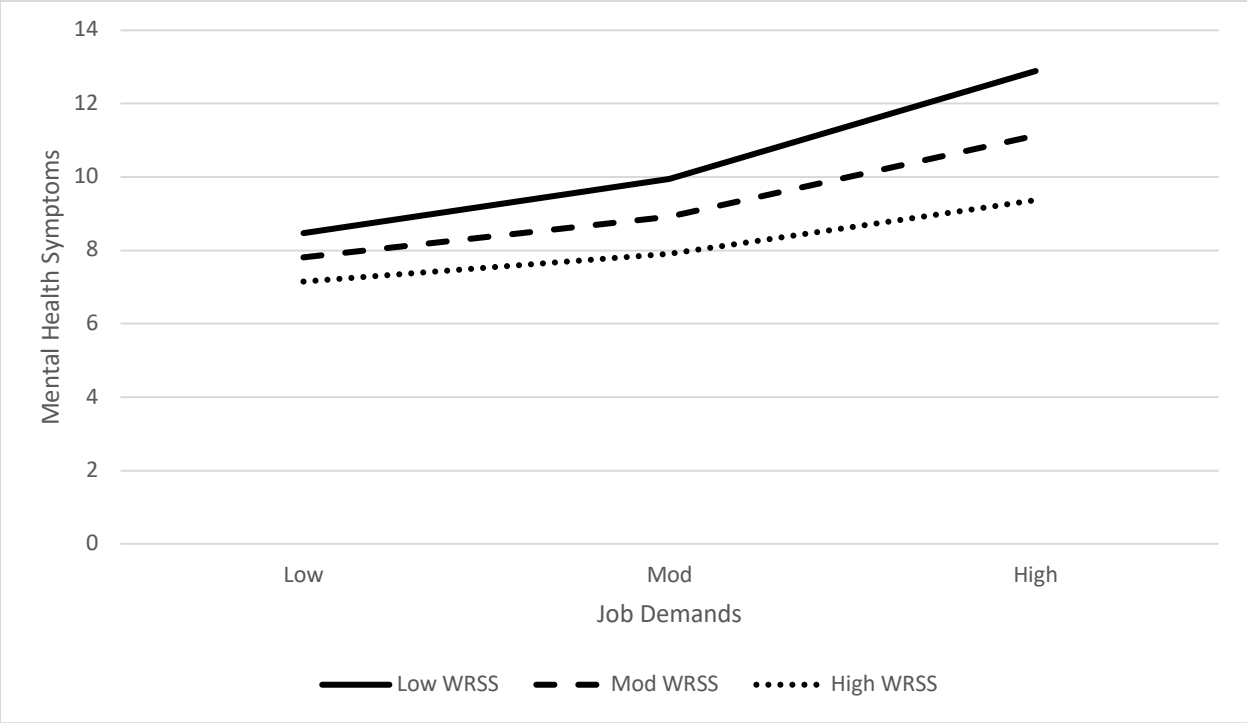

Figure 6 Effects of work-related social support and job demands on mental health symptoms

Most of the present findings corroborate the propositions outlined in the proposed framework and previous research that has highlighted the negative relationship between high perceived job demands and well-being. The present study expands on these previous findings by identifying spiritual well-being as an important well-being outcome in the context of job demands. Ellison et al. (2010) found that the stressful life events clergy frequently encounter negatively affects their mental health, and that this relationship is partially mediated by spiritual

struggle. However, spiritual well-being may be an important well-being outcome for clergy in its own right. Future research should examine this relationship in the general population.

Additionally, the present findings underscore the need for occupation-specific measures, given the stronger correlations that were observed between the occupation-specific measure of perceived job demands than the general measure of perceived job demands. This is consistent with research into the importance of contextualized measures (Proeschold-Bell et al., 2014). According to the *matching hypothesis*, specific stressors and specific resources should match to show moderating effects in the prediction of strain (Cohen & Wills, 1985; de Jonge & Dormann, 2006). This hypothesis is supported by the present findings in that available resources (e.g., work-related social support) for clergy corresponded to existing stressors (e.g., secondary impact from counseling) to mitigate the negative effects of those stressors on mental health. Taken together, these findings suggest that future research should include occupation-specific measures to zone in on resources which might be especially efficacious for mitigating the negative effects of stressors on health and well-being outcomes.

Three hypothesized moderation effects tested in the present study likely would have reached significance with data from a larger sample. Future researchers are encouraged to plan accordingly when designing studies to examine similar phenomena to these three rather small magnitude effects. First, significant results were not found in the tests of the hypothesized moderating effect of clergy nonwork-related social support on the relationship between perceived job demands and well-being. However, this moderating effect for mental health fell just shy of a magnitude necessary to meet the alpha = .05 criteria for significance (b = .0150, p = .0590). As Figure 7 illustrates, it appears that clergy nonwork-related social support may buffer

the impact of high perceived job demands on mental health, but that this buffering effect is rather small in terms of magnitude.

Second, significant results were also not found for the moderating effect of spiritual self-care practices. However, the moderating effect of spiritual self-care practices for quality of life also fell just shy of a magnitude necessary to meet the alpha = .05 criteria for significance (b = .0064, p = .0740). As Figure 8 illustrates, it appears that clergy spiritual self-care practices may buffer the impact of high perceived job demands on quality of life. It is also important to note that spiritual self-care practices did have a significant direct effect on spiritual well-being (b = .1181, p = .0073), indicating that these practices are important for clergy experiencing the presence and power of God in their daily lives.

Third, significant results were not found for the moderating effect of physical self-care practices. However, the moderating effect of Sabbath-taking for mental health also fell just shy of a magnitude necessary to meet the alpha = .05 criteria for significance (b = -.1318, p = .0928). As Figure 9 illustrates, it appears that Sabbath-taking does buffer the impact of high perceived job demands on mental health. It is also important to note that Sabbath-taking did have a significant direct effect on spiritual well-being (b = 2.1862, p = .0189). As Figure 10 illustrates, vacation-taking was found to significantly moderate the impact of perceived job demands on general health perception (b = -.0032, p = .0030). This suggests that clergy taking time away from work is an important factor to their general health perceptions. However, the mitigating effect of vacation-taking seems to disappear in the presence of high job demands. This suggests that clergy may be unable to detach from high job demands, even when they spend time away from work. By implication, giving clergy more time away from work may not improve their general health perceptions. Instead, those who want to help clergy should focus their attention on

lightening clergy job demands. This could be done by distributing job-related tasks among congregation members, denominational leadership, and other church staff. With lowered job demands, clergy would be able to better use their vacation-taking to detach from work.

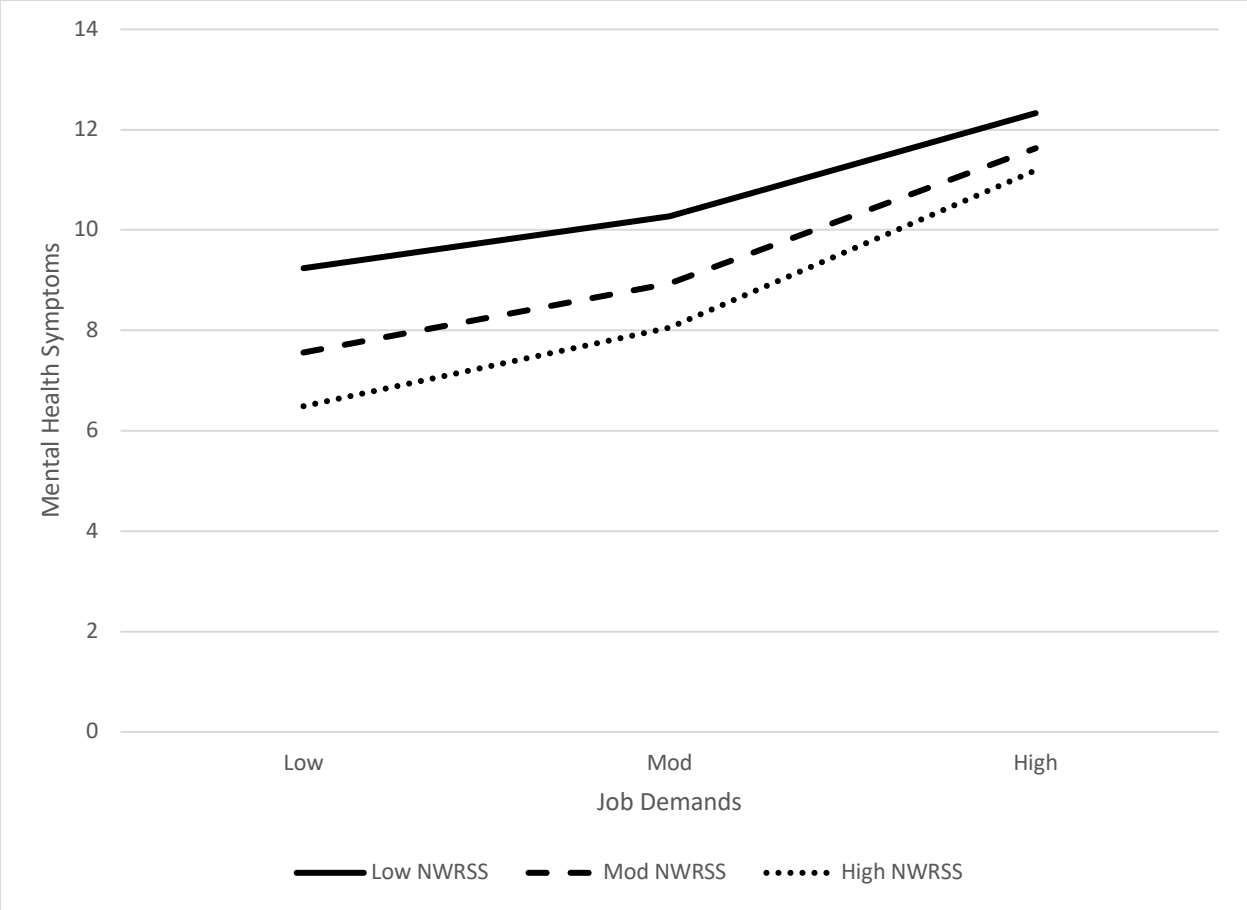

Figure 7 Effects of nonwork-related social support and job demands on mental health symptoms

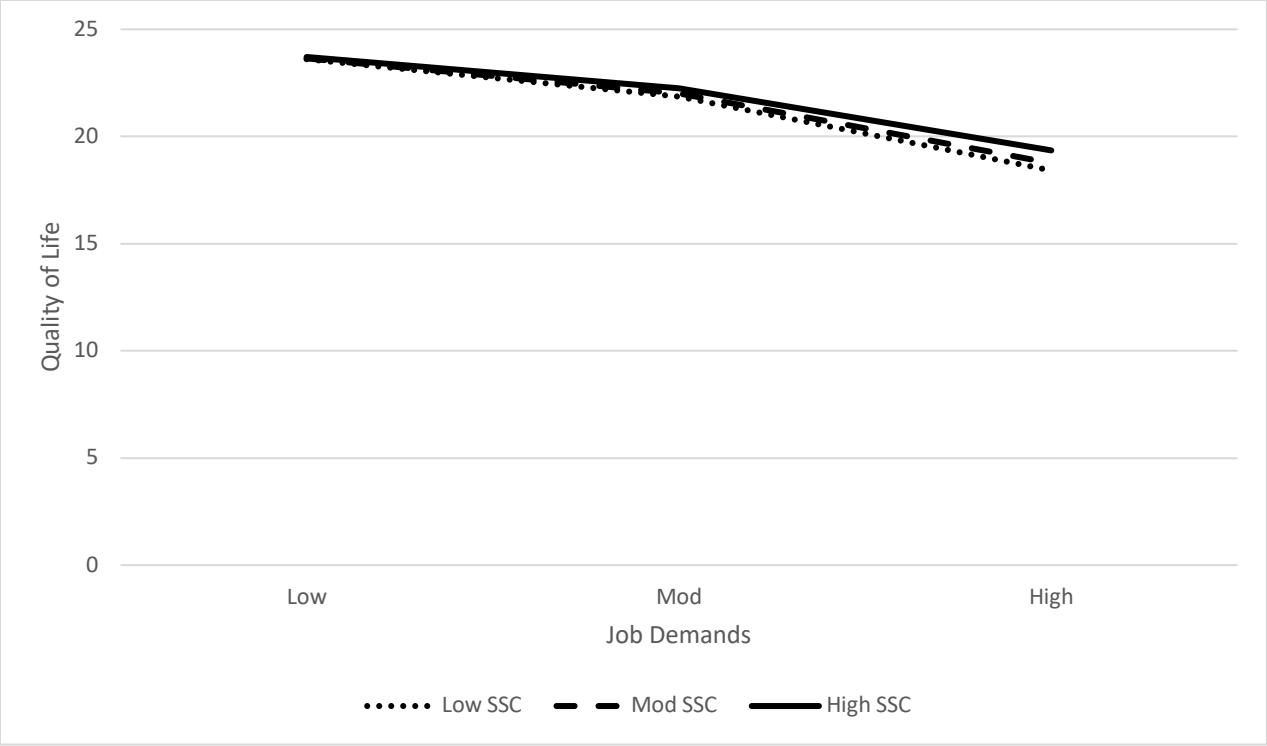

Figure 8 Effects of spiritual self-care practices and job demands on quality of life

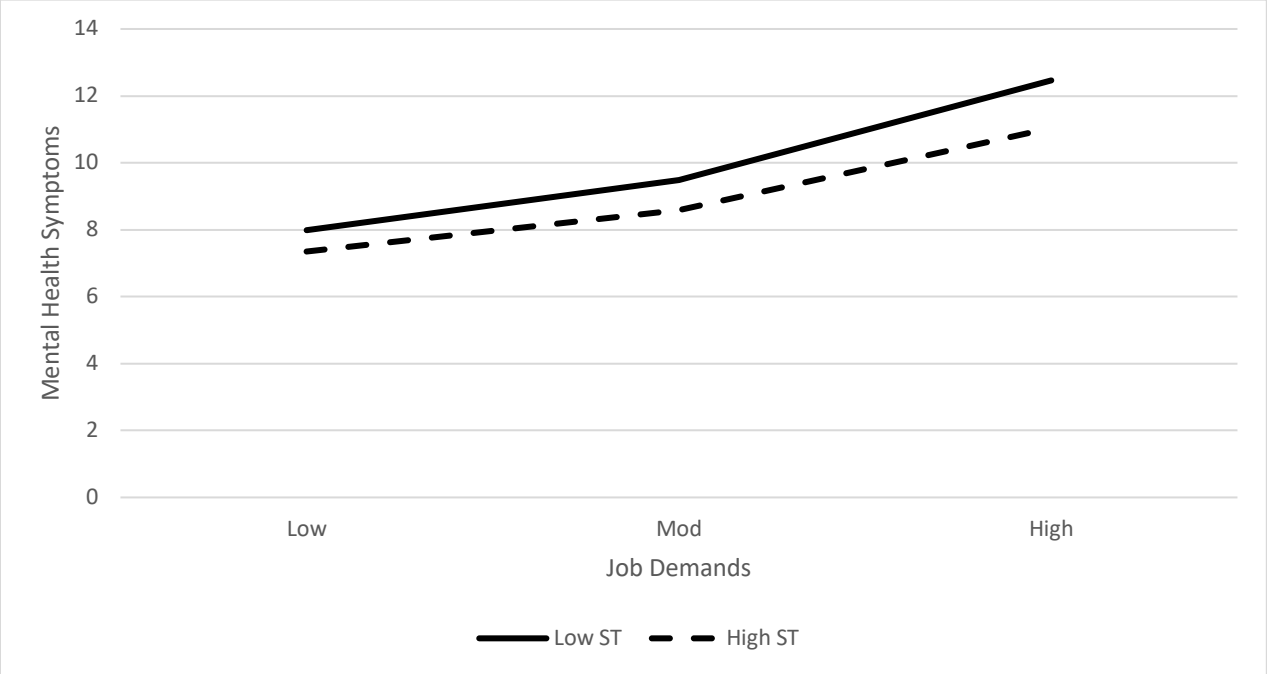

Figure 9 Effects of Sabbath-taking and job demands on mental health symptoms

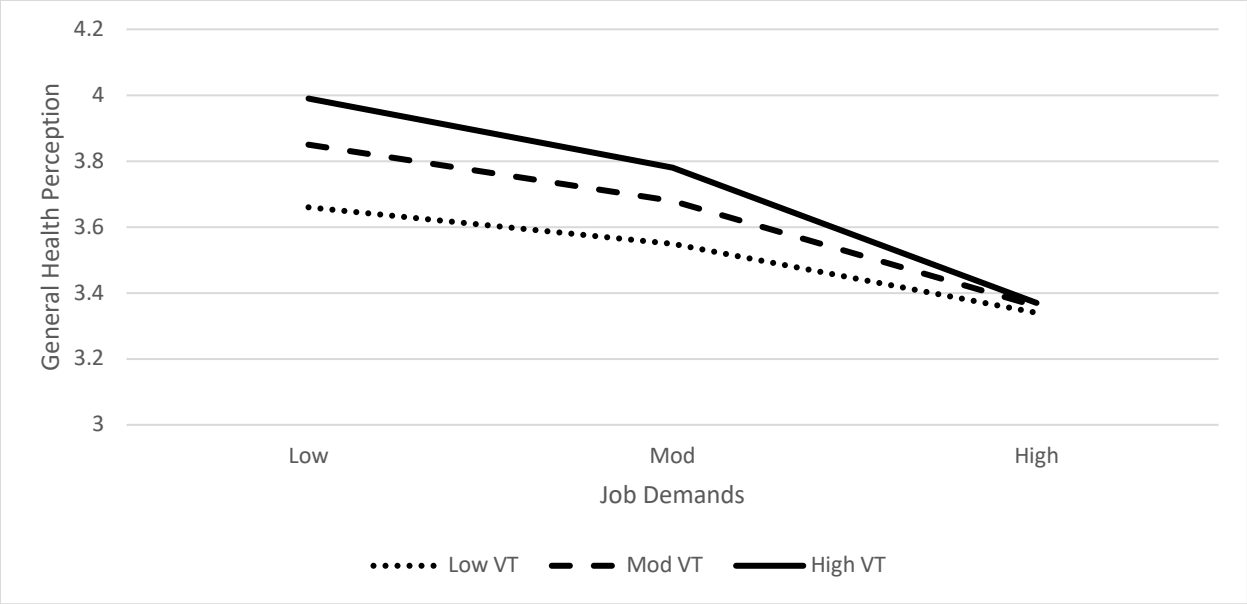

Figure 10 Effects of vacation-taking and job demands on general health perception

It is important to note that all significant results from this study applied directly to a clergy's work and not their lives outside of work. This makes sense, given that the present study examined interactions between job demands and potential job resources for clergy. As the significant correlations between clergy well-being outcomes and nonwork-related social support, physical self-care practices, and spiritual self-care practices suggest, these constructs are still relevant for studying clergy health and should be considered when developing holistic approaches to clergy well-being.

Finally, data were gathered with respect to clergy personality constructs (i.e., calling, self-efficacy, sense of coherence). Many significant correlations were found between these constructs, especially self-efficacy and SOC, and the other constructs in this study. Furthermore, when self-efficacy and SOC were included in the PROCESS models, many of the observed and reported significant results became nonsignificant. For example, in the PROCESS model for Hypotheses 2 through 4, only the moderating effect of job control remained significant (b =

.0736, p = .0405). However, the model that included the personality constructs accounted for a larger amount of the variance (R^2 = .4268) than the model without these constructs (R^2 = .2963). These constructs were ultimately left out of the model so the present analyses could focus on other, non-personality based areas of potential intervention for clergy well-being. However, it is important to note that these personality constructs factor into the model of clergy holistic health as mediators or moderators of the various constructs. Future research should examine the interaction of clergy personality variables, job demands, job resources, and well-being outcomes. There may also be intervention-related opportunities with respect to building and maintaining SOC and self-efficacy within this population.

Limitations

There were several limitations to this study. First, this study relied on cross-sectional data. More objective measures of well-being outcomes might have resulted in significant findings for physical self-care practices. Furthermore, the physical self-care and spiritual self-care items asked about time spent in these various activities. However, inferences could not be drawn from these data about the quality of time spent in these practices. Future studies should examine not only the quantity, but also the quality of self-care practices.

Additionally, the vast majority of participants in this study identified with the United Methodist denomination. As Proeschold-Bell et al. (2011) noted, United Methodist clergy are reassigned to different churches every several years by denominational leadership. This can make United Methodist clergy hesitant to rely on denominational leadership, out of fear that the leadership will not promote them to a larger congregation, or that the leadership will rule that the clergy member is unfit for ministry. Hence, denominational leadership may be a particularly

important source of support for United Methodist clergy. However, future research should examine whether this is just as true for clergy from other denominations.

Implications and Future Research

In addition to implications and future research directions already noted in this Discussion, the present methods and findings have the potential to guide those interested in better identifying and addressing the health and well-being needs of clergy so that they may thrive in their roles to the betterment of their families and congregations. Specifically, those interested in addressing clergy well-being needs should focus their attention on the environments in which clergy work. Work-related social support from the congregation, denominational leadership, supervisors, and co-workers should be the first priority of those who wish to help clergy. Job control should only become a priority after addressing work-related social support. In other words, the present study suggests that clergy need to have the support of those in their work environment to be able to best utilize job control. Furthermore, the present study suggests that clergy should take time off work for vacation days for better perceived general health. Future research should examine practices during vacation days which best help clergy to recover from their work. Additionally, future research should examine mental health outcomes for clergy family members, who often experience high levels of stress due to demanding responsibilities and hectic schedules (Hill et al., 2003), and what resources mitigate the detrimental effects of clergy job demands on their health and well-being.

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APPENDIX A

IRB APPROVAL LETTER

THE UNIVERSITY of TENNESSEE CHATTANOOGA

Institutional Review Board
Dept. 4915
615 McCallie Avenue
Chattanooga, TN 37403-2598
Phone: (423) 425-5867
Fax: (423) 425-4052
instrb@utc.edu
http://www.utc.edu/irb

MEMORANDUM

TO: Jeffrey Drake Terry
Dr. Chris Cunningham

IRB # 17-159

FROM: Lindsay Pardue, Director of Research Integrity
Dr. Amy Doolittle, IRB Committee Chair

DATE: 10/18/2017

SUBJECT: IRB #17-159: A Noble Task: Testing an Operational Model of Clergy Occupational Health

The IRB Committee Chair has reviewed and approved your application and assigned you the IRB number listed above. You must include the following approval statement on research materials seen by participants and used in research reports:

The Institutional Review Board of the University of Tennessee at Chattanooga (FWA00004149) has approved this research project # 17-159.

Annual Renewal. All approved research is subject to UTC IRB review, at least once a year. Please visit our website (http://www.utc.edu/research-integrity/institutional-review-board/forms.php) for the Form B (continuation / change / completion form) that you will need to complete and submit if your project remains active and UTC IRB approval needs to be renewed for another year. Unless your research moves in a new direction or participants have experienced adverse reactions, then renewal is not a major hurdle. You as Principal Investigator are responsible for turning in the Form B on time (2 weeks before one year from now), and for determining whether any changes will affect the current status of the project. When you complete your research, the same change/completion form should be completed indicating project termination. This will allow UTC's Office of Research Integrity to close your project file.

Please remember to contact the IRB immediately and submit a new project proposal for review if significant changes occur in your research design or in any instruments used in conducting the study. You should also contact the IRB immediately if you encounter any adverse effects during your project that pose a risk to your subjects.

For any additional information, please consult our web page http://www.utc.edu/irb or email instrb@utc.edu.

Best wishes for a successful research project.

APPENDIX B

INFORMED CONSENT FORM

Informed Consent Form

Purpose of the Study:
This study is being conducted by Drake Terry, a graduate student in the Industrial and Organizational Psychology program at The University of Tennessee at Chattanooga. This research is being conducted under the supervision of Dr. Chris Cunningham. Please note that participants in this study must be at least 18 years of age. The purpose is to examine the day-to-day health, well-being, and work-related experiences of clergy or chaplains, defined as individuals who provide spiritual care and support to congregations and/or those in their local communities.

What will be done:
If you agree to participate you will be asked to respond to a brief internet-based survey (requiring less than 30 minutes of your time). This survey includes questions about your health, job demands, and resources. Several demographic questions are also included so that the characteristics of the final sample can be accurately described.

Benefits of this Study:
You will be contributing to a growing base of knowledge regarding the occupational health of clergy and chaplains, and helping researchers to identify points of intervention for health within these populations. Additionally, at the end of the survey, you will be entered into a drawing for a chance to win one of 15 $50 Visa gift cards (please note that completion of the survey is not a prerequisite to entering the drawing).

What are the risks to me?
The risks of this study are limited to the potential inconvenience of taking the survey. If you feel uncomfortable with a question in the survey, you can skip it. You can also withdraw from the study at any time.

What about my privacy?
Your participation in this research will be kept strictly confidential. All data you provide through this survey will be securely gathered and stored in encrypted and password protected files accessible only by the researchers listed below. No names or identifying information will ever be shared with other persons not involved with this research.

Voluntary participation:
It is your choice to participate in this research and you may withdraw from this study at any time. If you decide to quit before you have finished the survey, however, your answers will NOT be recorded. Because we can only make use of fully complete surveys, we greatly appreciate your full participation.

How will the data be used?
The results of the study will be used for research purposes only. Group-level (not personally identified) results from the study will be presented in educational settings and at professional conferences, and the results may be published in a professional journal in the field of psychology.

Contact information:
If you have concerns or questions about this study, please contact the chair of UTC's Institutional Review Board, Dr. Amy Doolittle, at amy-doolittle@utc.edu or 423-425-5563 or the faculty supervisor for this study, Dr. Christopher Cunningham, at chris-cunningham@utc.edu or 423-425-4264.

By opting to continue and complete this survey, you acknowledge that you have read this information and agree to participate in this research, with the knowledge that you are free to withdraw your participation at any time without penalty.

Thank you in advance for your assistance and participation.

Sincerely,
Drake Terry
Christopher J. L. Cunningham, Ph.D.
The University of Tennessee at Chattanooga

The Institutional Review Board of the University of Tennessee at Chattanooga
(FWA00004149)
*has approved this research project # **-****

I have read the preceding information and am willing to participate fully in this research.

Yes No

APPENDIX C

COPY OF SURVEY

Informed Consent Form

Purpose of the Study:
This study is being conducted by Drake Terry, a graduate student in the Industrial and Organizational Psychology program at The University of Tennessee at Chattanooga. This research is being conducted under the supervision of Dr. Chris Cunningham. Please note that participants in this study must be at least 18 years of age. The purpose is to examine the day-to-day health, well-being, and work-related experiences of clergy or chaplains, defined as individuals who provide spiritual care and support to congregations and/or those in their local communities.

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You will be contributing to a growing base of knowledge regarding the occupational health of clergy and chaplains, and helping researchers to identify points of intervention for health within these populations. Additionally, at the end of the survey, you will be entered into a drawing for a chance to win one of 15 $50 Visa gift cards (please note that completion of the survey is not a prerequisite to entering the drawing).

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The results of the study will be used for research purposes only. Group-level (not personally identified) results from the study will be presented in educational settings and at professional conferences, and the results may be published in a professional journal in the field of psychology.

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If you have concerns or questions about this study, please contact the chair of UTC's Institutional Review Board, Dr. Amy Doolittle, at amy-doolittle@utc.edu or 423-425-5563 or the faculty supervisor for this study, Dr. Christopher Cunningham, at chris-cunningham@utc.edu or 423-425-4264.

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Thank you in advance for your assistance and participation.

Sincerely,
Drake Terry
Christopher J. L. Cunningham, Ph.D.
The University of Tennessee at Chattanooga

The Institutional Review Board of the University of Tennessee at Chattanooga
(FWA00004149)
*has approved this research project # **-****

I have read the preceding information and am willing to participate fully in this research.

Yes No

Q3 **Over the past month, how often have you experienced each of the following symptoms?**

	Not at all (1)	Once or twice (2)	Once or twice per week (3)	Most days (4)	Every day (5)
An upset stomach or nausea (1)	○	○	○	○	○
A backache (2)	○	○	○	○	○
Trouble sleeping (3)	○	○	○	○	○
Headache (4)	○	○	○	○	○
Acid indigestion or heartburn (5)	○	○	○	○	○
Eye strain (6)	○	○	○	○	○
Diarrhea (7)	○	○	○	○	○
Stomach cramps (Not menstrual) (8)	○	○	○	○	○
Constipation (9)	○	○	○	○	○
Ringing in the ears (10)	○	○	○	○	○
Loss of appetite (11)	○	○	○	○	○
Dizziness (12)	○	○	○	○	○
Tiredness or fatigue (13)	○	○	○	○	○

Q4 **In general, how would you say your health is compared to others your age and in your occupation?**

- ○ Excellent (1)
- ○ Very good (2)
- ○ Good (3)
- ○ Fair (4)
- ○ Poor (5)

Instructions **For this set of questions, think about how you have been feeling, in general, over the past few weeks.**

Q5 **Over the past few weeks, have you been able to concentrate on whatever you're doing?**

- ○ Better than usual (1)
- ○ Same as usual (2)
- ○ Less than usual (3)
- ○ Much less than usual (4)

Q6 **Over the past few weeks:**

	More so than usual (1)	Same as usual (2)	Less so than usual (3)	Much less than usual (4)
Have you felt that you are playing a useful part in things? (1)	○	○	○	○
Have you felt capable of making decisions about things? (2)	○	○	○	○
Have you been able to enjoy your normal day-to-day activities? (3)	○	○	○	○
Have you been able to face up to your problems? (4)	○	○	○	○
All things considered, have you been feeling reasonably happy? (5)	○	○	○	○

Q7 **Over the past few weeks:**

	Not at all (1)	No more than usual (2)	Rather more than usual (3)	Much more than usual (4)
Have you lost much sleep because of worry? (1)	○	○	○	○
Have you felt constantly under strain? (2)	○	○	○	○
Have you felt you could not overcome your difficulties? (3)	○	○	○	○
Have you been feeling unhappy and depressed? (4)	○	○	○	○
Have you been losing confidence in yourself? (5)	○	○	○	○
Have you been thinking of yourself as a worthless person? (6)	○	○	○	○

Q8 **During the past six (6) months, how often have you...**

	Never (1)	Sometimes (2)	Often (3)	Frequently (4)	Always (5)
Experienced the presence and power of God in the ordinary? (1)	○	○	○	○	○
Observed the presence and power of God in the your closest relationships? (2)	○	○	○	○	○
Consciously practiced discerning the presence and power of God? (3)	○	○	○	○	○
Felt God's grace and God's love for you as you are, apart from any accomplishments or good works? (4)	○	○	○	○	○
Felt that events were unfolding according to God's intent? (5)	○	○	○	○	○
Felt that you have a vital relationship with God? (6)	○	○	○	○	○

Q9 **Have you been bothered by nervousness or your "nerves" during the past month?**

- ○ Extremely so - to the point where I could not work or take care of things (1)
- ○ Very much so (2)
- ○ Quite a bit (3)
- ○ Some - enough to bother me (4)
- ○ A little (5)
- ○ Not at all (6)

Q10 **How much energy, pep, or vitality did you have or feel during the past month?**

- ○ Very full of energy - lots of pep (1)
- ○ Fairly energetic most of the time (2)
- ○ My energy level varied quite a bit (3)
- ○ Generally low in energy or pep (4)
- ○ Very low in energy or pep most of the time (5)
- ○ No energy or pep at all - I felt drained, sapped (6)

Q11 **Please indicate frequency of the following items.**

	None of the time (1)	A little of the time (2)	Some of the time (3)	A good bit of the time (4)	Most of the time (5)	All of the time (6)
I felt downhearted and blue during the past month. (1)	○	○	○	○	○	○
I was emotionally stable and sure of myself during the past month. (2)	○	○	○	○	○	○
I felt cheerful, lighthearted during the past month. (3)	○	○	○	○	○	○
I felt tired, worn out, used up, or exhausted during the past month. (4)	○	○	○	○	○	○

Page Break

Q12 **Over the past seven (7) days, how much time would you say you invested in each of the following activities? (please round to the nearest hour between 0 and 100 hours)**

	Hours (1)
Reading (other than for specific sermons or teaching) (1)	
Family life (time spent on family activities including meals) (2)	
Physical exercise for your health (3)	
Recreation and hobbies (4)	
Socializing or eating out with friends (5)	

Q13 **Within the past year, how often did you keep an intentional Sabbath? In other words, how often did you abstain from work for a day each week to rest?**

- ○ Never (1)
- ○ Sometimes (2)
- ○ Often (3)
- ○ Always (4)

Q14 **How many vacation days have you taken off of work in the last 12 months? Do not include holidays like July 4th or Memorial Day, and do not include regular intentional Sabbath or weekend days. Please round to the nearest number of whole days (between 0 and 150 days)**

_____

Q15

Over the past seven (7) days, how much time would you say you invested in each of the following activities NOT for work purposes ? (please round to the nearest hour between 0 and 100 hours)

	Hours (1)
Prayer (1)	
Scripture reading and study (2)	
Other spiritual activities and/or traditions (3)	

Q16 **Think about your work in general. Please respond to the following items using the provided response options.**

	Less than once per month or never (1)	Once or twice per month (2)	Once or twice per week (3)	Once or twice per day (4)	Several times per day (5)
How often does your job require you to work very fast? (1)	○	○	○	○	○
How often does your job require you to work very hard? (2)	○	○	○	○	○
How often does your job leave you with little time to get things done? (3)	○	○	○	○	○
How often is there a great deal to be done? (4)	○	○	○	○	○
How often do you have to do more work than you can do well? (5)	○	○	○	○	○

Page Break

Q17 **Please respond to the following items using the provided response options.**

	Never (1)	Once in awhile (2)	Fairly often (3)	Very often (4)
During the past year, how often have the people in your congregation made too many demands of you? (1)	○	○	○	○
During the past year, how often have the people in your congregation been critical of you and the things you have done? (2)	○	○	○	○
Looking back over the past year, how often have you experienced stress as a result of dealing with congregational members who are critical of you? (3)	○	○	○	○
Over the past year, how often have you felt lonely or isolated in your work? (4)	○	○	○	○
Over the past year, how often have you experienced stress because of the challenges you have in this congregation? (5)	○	○	○	○

Q18 **If you needed it, how often is someone available outside of work...**

	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)
to help you if you were confined to bed? (1)	○	○	○	○	○
to take you to the doctor if you need it? (2)	○	○	○	○	○
to prepare your meals if you are unable to do it yourself? (3)	○	○	○	○	○
to help you with daily chores in you were sick? (4)	○	○	○	○	○
to have a good time with? (5)	○	○	○	○	○
to turn to for suggestions about how to deal with a personal problem? (6)	○	○	○	○	○
who understands your problems? (7)	○	○	○	○	○
to love and make you feel wanted? (8)	○	○	○	○	○

Q19 **Think about your work in general. Please respond to the following items using the provided response options.**

	Never (1)	Sometimes (2)	Often (3)	Always (4)
Can you choose the methods to use in carrying out your work? (1)	○	○	○	○
Do you plan your own work? (2)	○	○	○	○
Do you set your own pace? (3)	○	○	○	○
Can you vary how you do your work? (4)	○	○	○	○
On your job, do you have the freedom to take a break whenever you wish to? (5)	○	○	○	○
Do you decide on the order in which you do things? (6)	○	○	○	○
Do you decide when to finish a piece of work? (7)	○	○	○	○
Do you have full authority in determining how much time you spend on particular tasks? (8)	○	○	○	○
Can you decide how to go about getting your job done? (9)	○	○	○	○
Does your job allow you to organize your work by yourself? (10)	○	○	○	○

Do you have fully authority in determining the content of your work? (11)	○	○	○	○

Q20 Please respond to the following items using the provided response options.

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
I will be able to achieve most of the goals that I have set for myself. (1)	○	○	○	○	○
When facing difficult tasks, I am certain that I will accomplish them. (2)	○	○	○	○	○
In general, I think that I can obtain outcomes that are important to me. (3)	○	○	○	○	○
I believe I can succeed at most any endeavor to which I set my mind. (4)	○	○	○	○	○
I will be able to successfully overcome many challenges. (5)	○	○	○	○	○
I am confident that I can perform effectively on many different tasks. (6)	○	○	○	○	○
Compared to other people, I can do most tasks very well. (7)	○	○	○	○	○

Even when things are tough, I can perform quite well. (8)	○	○	○	○	○

Q21 Please respond to the following items using the provided response options.

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
My existence would be much less meaningful without my involvement in ministry (1)	○	○	○	○	○
The first thing I often think about when I describe myself to others is that I'm a minister (2)	○	○	○	○	○
Ministry is always in my mind in some way (3)	○	○	○	○	○
I enjoy ministry more than anything else (4)	○	○	○	○	○

Q22 Please respond to the following items using the provided response options.

	Always (1)	Often (2)	Sometimes (3)	Never (4)	Not applicable (6)
Can you rely upon your immediate supervisor when things get tough at work? (1)	○	○	○	○	○
If necessary, can you ask your immediate supervisor for help? (2)	○	○	○	○	○
Can you rely upon your co-workers when things get tough at work? (3)	○	○	○	○	○
If necessary, can you ask your co-workers for help? (4)	○	○	○	○	○
Can you rely upon your denominational leadership when things get tough at work? (5)	○	○	○	○	○
If necessary, can you ask your denominational leadership for help? (6)	○	○	○	○	○

Can you rely upon members of your congregation when things get tough at work? (7)	○	○	○	○	○
If necessary, can you ask members of your congregation for help? (8)	○	○	○	○	○

Q23 **Please respond to the following item on the provided seven-point scale.**

	1 (Very seldom or never) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (Very often) (7)
Do you have the feeling that you don't really care about what goes on around you? (1)	○	○	○	○	○	○	○

Q24 **Please respond to the following items on the provided seven-point scale.**

	1 (Never happened) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (Always happened) (7)
Has it happened in the past that you were surprised by the behavior of people whom you thought you knew well? (1)	○	○	○	○	○	○	○
Has it happened that people whom you counted on disappointed you? (2)	○	○	○	○	○	○	○

Q25 **Please respond to the following item on the provided seven-point scale.**

	1 (No clear goals or purpose at all) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (Very clear goals and purpose) (7)
Until now your life has had (1)	○	○	○	○	○	○	○

Q26a **Please respond to the following item on the provided seven-point scale.**

	1 (Very often) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (Seldom or never) (7)
Do you have the feeling that you're being treated unfairly? (1)	○	○	○	○	○	○	○

Q26b Please respond to the following item on the provided seven-point scale.

	1 (Very often) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (Very seldom or never) (7)
Do you have the feeling that you are in an unfamiliar situation and don't know what to do? (1)	○	○	○	○	○	○	○

Q27 **Please respond to the following item on the provided seven-point scale.**

	1 (A source of deep pleasure and satisfaction) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (A source of pain and boredom) (7)
Doing the things you do every day is (1)	○	○	○	○	○	○	○

Q28 **Please respond to the following item on the provided seven-point scale.**

	1 (Very often) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (Seldom or never) (7)
Do you have very mixed-up feelings and ideas? (1)	○	○	○	○	○	○	○

Q29 Please respond to the following item on the provided seven-point scale.

	1 (Very often) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (Very seldom or never) (7)
Does it happen that you have feelings inside you would rather not feel? (1)	○	○	○	○	○	○	○

Q30 Please respond to the following item on the provided seven-point scale.

	1 (Never) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (Very often) (7)
Many people - even those with a strong character - sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past? (1)	○	○	○	○	○	○	○

Q31 Please respond to the following item on the provided seven-point scale.

	1 (You overestimated or underestimated its importance) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (You saw things in the right proportion) (7)
When something happened, have you generally found that (1)	○	○	○	○	○	○	○

Q32 Please respond to the following items on the provided seven-point scale.

	1 (Very often) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (Very seldom or never) (7)
How often do you have the feeling that there's little meaning in the things you do in your daily life? (1)	○	○	○	○	○	○	○
How often do you have feelings that you're not sure you can keep under control? (2)	○	○	○	○	○	○	○

Instructions **In this final section of the survey, please respond to the demographics questions honestly and as accurately as possible. This information makes it possible for us to understand the sample of respondents for this research.**

*

Q33 **Age (round to the nearest year):**

_____

Q34 **Sex:**

- ○ Male (1)
- ○ Female (2)
- ○ Other (please specify) (3) _____

Q35 **Race/Ethnicity:**

- ○ White (1)
- ○ Black (2)
- ○ Asian (3)
- ○ Hispanic (4)
- ○ Middle Eastern (5)
- ○ Multiracial (6)
- ○ Other (please specify) (7) _____

Q36a **Highest level of completed education:**

- ○ Some high school (1)
- ○ High school diploma (2)
- ○ Some college/university (3)
- ○ Associate's degree (4)
- ○ Bachelor's degree (5)
- ○ Some graduate school (6)
- ○ Master's degree (7)
- ○ Doctoral degree (8)

Q36b **Your personal denomination:**

- ○ Southern Baptist (1)
- ○ Catholic (2)
- ○ Presbyterian (PCA) (3)
- ○ Presbyterian (USA) (4)
- ○ Episcopal (5)
- ○ United Methodist (6)
- ○ Pentecostal (7)
- ○ Lutheran (8)
- ○ Anglican (9)
- ○ Other (please specify) (10) _____

Q36c **The denomination of your church or institution:**

- ○ Southern Baptist (1)
- ○ Catholic (2)
- ○ Presbyterian (PCA) (3)
- ○ Presbyterian (USA) (4)
- ○ Episcopal (5)
- ○ United Methodist (6)
- ○ Pentecostal (7)
- ○ Lutheran (8)
- ○ Anglican (9)
- ○ Other (please specify) (10) _____

Q37 **Job title (e.g., minister, youth pastor, etc.):**

_____

*

Q38 **Number of clergy or other staff at your church who help you manage work-related responsibilities (excluding yourself; enter a number between 0 and 100):**

_____

*

Q39 **The approximate overall number of people you serve in your congregation/institution:**

_____

Q40 **Years at current church/institution:**

_____

Q41 **Total years working in ministry as a clergy and/or chaplain:**

_____

Q42 **Does your current church/institution serve a rural, suburban, or urban area?**

- ○ Rural (1)
- ○ Suburban (2)
- ○ Urban (3)

Q43 **What percentage of the people in the broader community in which you live identify with your personal religious beliefs?**

_____

Q44 **Thank you for completing this survey! Before you go, would you be willing to take just a few more minutes to respond to three more questions that are open-ended and will allow us to better understand your responses in this survey and general day-to-day experiences?**

- ○ Yes, I can do this right now (1)
- ○ Yes, but not right now; please contact me for a follow-up (2)
- ○ No (3)

Skip To: Q48b If Thank you for completing this survey! Before you go, would you be willing to take just a few more... = Yes, but not right now; please contact me for a follow-up

Skip To: Q48a If Thank you for completing this survey! Before you go, would you be willing to take just a few more... = No

Instructions

Thank you for all of the helpful information you have already provided. In this section, we would like to get a better picture of your specific work situation. This will allow us to better contextualize our research findings.

Q45 **Do you think your job interferes with your health in any way (physically, mentally, and/or spiritually)? How/in what ways?**

_____

_____

_____

_____

_____

Q46

What do you do in and out of work to ensure that you are able to function at your very best at all times? In other words, what types of self-care practices do you engage in on a regular basis?

_____

_____

_____

_____

_____

Q47

What are some strategies, routines, and/or practices you have adopted that help you successfully manage demands on you in the work and nonwork areas of your life?

_____

_____

_____

_____

_____

Q48a **Thank you for completing this survey. Please give your email address for a chance to win one of 15 $50 Visa gift cards.**

_____

Display This Question:

If Thank you for completing this survey! Before you go, would you be willing to take just a few more... = Yes, but not right now; please contact me for a follow-up

Q48b **Thank you for agreeing to answer a few questions at a later time. Please give your email address to be contacted at a later time. This will also enter you into the drawing to win one of 15 $50 Visa gift cards.**

_____

VITA

Drake Terry was born in Oxford, Mississippi, on January 7, 1994, to Jeff and Kathy Terry. He was raised in Madison, MS, and attended Madison Central High School. Upon graduation, he attended Mississippi College in Clinton, MS, where he studied English Writing and Psychology, and minored in Christian Studies and Philosophy. After graduating in 2016, he attended The University of Tennessee at Chattanooga for graduate school. He graduated in May 2018 with a Master of Science degree in Industrial-Organizational Psychology.