

In many ways, clergy and religious leaders 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 and burnout, which then can lead to impaired health (Halbesleben & Buckley, 2004). This neglect often extends to clergy's family and congregation. 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.

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, is 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, I have chosen to limit the scope of the present study to Christian clergy. The sample for this study will consist of clergy from various Christian denominations.

Pending approval by the university's Institutional Review Board (IRB), participants will be asked to respond to a securely managed, web-based structured survey delivered through the Qualtrics internet-survey system. To analyze sample data, I will use correlational and regression based techniques, taking advantage of the relatively new and more powerful PROCESS tools designed by Hayes (2013). Specifically, all variables will be analyzed together in a conditional process model to estimate the proposed direct effects, including moderation and moderated moderation.

References

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