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THE DEVELOPMENT OF THE HOLISTIC PASTORAL WELLBEING ASSESSMENT:
A MIXED METHODS STUDY

by

Timothy Lee Captain

A dissertation submitted in partial fulfillment
of the requirements for the degree of

Doctor of Philosophy

May 2023

Dissertation Committee

Fred J. Galloway, EdD
Robert Donmoyer, PhD
Geoffrey Hsu, DMin

University of San Diego

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University of San Diego
School of Leadership and Education Sciences

CANDIDATE'S NAME: Timothy Lee Captain

TITLE OF DISSERTATION: THE DEVELOPMENT OF THE HOLISTIC PASTORAL
WELLBEING ASSESSMENT: A MIXED METHODS STUDY

APPROVAL:

_____, Chair
Fred J. Galloway, EdD

_____, Member
Robert Donmoyer, PhD

_____, Member
Geoffrey Hsu, DMin

DATE: December 20, 2022

ABSTRACT

Some pastors are clearly in crisis. Research has indicated that clergy struggle to cope with the stressors of their profession. While pastoral work is overtly spiritual in nature, day-to-day tasks include interactions with God, themselves, congregants, and the world at large. Without multi-dimensional tools to consider their wellbeing, specifically assessments that reflect their worldview and role, pastors may remain unaware of dangerously low levels of wellbeing until they reach a place of crisis. Therefore, in this mixed methods study, the Holistic Pastoral Wellbeing Assessment (HPWA) was developed and tested to offer a validated, useful tool for pastors and those who support them.

The instrument utilized the World Health Organization's 2004 holistic framework, asserting that spiritual, psychological, physical, social, and economic dimensions are all integral to a person's holistic wellbeing. Items for the HPWA were developed using data from pilot studies and the wellbeing literature. The instrument's reliability and validity were considered in two phases. Phase one consisted of a statistical analysis of the quantitative data. Phase two incorporated qualitative interviews with participants to allow them to member check the reliability of their assessment results. Statistical analysis suggested that the HPWA attained a high level of internal and construct validity. Participants reported that their HPWA scores were accurate. However, it was more important to them that the assessment was also useful for personal reflection, starting conversations, and seeking change. Regression analysis showed that the age and theological affiliations of pastors were significantly correlated to pastors' HPWA scores. Qualitative interview data from participants suggested that negative early ministry experiences, key relationships as leaders, and agency in their roles were explanatory to the demographic correlations.

This study actualizes holistic wellbeing theory into a validated and practical assessment tool. The HPWA may be useful to pastors and those who support them, helping to identify potential trouble spots in their own holistic wellbeing and to support their desired vocational trajectory. The results of this study suggest that research in the pastoral wellbeing field may benefit from moving from theory generation to the creation of practical tools, such as the HPWA, to support leaders' holistic wellbeing.

DEDICATION

To my wife, Julia, your patience and encouragement have been such a blessing to me. I'm excited to see what God writes next for our story. Both you and Him have a way with words.

To my children, Eleanor, Barnabas, Louisa, and Thomas – may God's grace rest on you and His Presence flourish in your lives. You may not remember this part of your dad's journey, but I wrote it with you in my heart.

To all of those who supported me in the ups and downs of my ministries, my parents, brothers, mentors, staff members, congregants, and community members – you have sustained me more than you know. Thank you.

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First and foremost, I want to thank each of the 127 pastors who participated in this study, with special thanks to the 10 pastors who spent extra time in the interviews with me. I know some of the challenges that you face and yet you keep going to serve God and others. I pray that we will all learn from you pastors how to support you better in your important work.

I also want to thank the people at the University of San Diego who helped me raise this research to the level of quality that it is today. I am filled with gratitude to each of my esteemed committee members who have spent countless hours considering this work alongside me. Similarly, to all the faculty and students at USD who provided feedback on the various versions of this study over the past three and a half years, thank you.

The thought leaders at the Lilly Endowment have contributed much to not only the study of Pastoral Wellbeing, but the support of pastors. All pastors are better off because of their work and this dissertation builds off what they have led out on for many years.

The work of Flourish San Diego is weaved throughout this dissertation. There are many pastors, including myself, who have greatly benefited from the mentorship and example of Dr. Geoffrey Hsu. The results of this research point to how important pastoral supporters like him are. Additionally, my work greatly benefited from the group of pastors at Flourish that convene bi-weekly to support each other. They inspired me and offered me a place to belong. Thank you.

Finally, I finished this research at the same time that I concluded a 10-year ministry at First Christian Church in National City. The pastors, leaders, and congregants at FCC saw me through many facets of life and this research. Their co-laboring with me allowed me to produce this research that might bless other pastors.

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CHAPTER ONE: BACKGROUND

Pastors are in crisis (Nelson, 2021). Both anecdotal accounts and recent national surveys point to pastors largely languishing in various areas of their lives. Local and national news headlines are rife with pastoral leaders caught in horrific examples of pastoral abuse (physical, sexual, and spiritual) or leaving their ministries because of pastoral moral failures (substance abuse, sexual impropriety, and unethical financial stewardship amongst others). Each case represents a pastor in crisis and their actions leave a wake of hurt for themselves, their families, and their victims. This harm is antithetical to the healing purpose of pastoral vocation – which is why pastors, those in the pews, and those in the public rightly wonder, how did that pastoral leader get to the point where they could harm people so horrifically?

There are relatively fewer reports on the everyday issues that those in the pastoral vocation face - pastoral emotional distress (anxiety, depression, burnout, suicide, etc.), pastoral relational issues (dissolution of marriages, parental distress, loneliness, etc.), pastoral financial issues (low pay compared to the field's educational requirements, no retirement safety net, a need to work multiple jobs, etc.), or pastors who experience physical challenges (higher rates of stress-related illness, insomnia, weight gain, etc.). Nationally representative quantitative surveys recently revealed that thirty-eight percent of protestant pastors have “given real, serious consideration to quitting being in full-time ministry within the last year” which represents a nine percent increase from January to November of 2021 (Barna Group, 2021). Extensive clinical work has shown that pastors face high rates of burnout (Beavis, 2019). Pastors are leaders that face unique tensions and pressures due to their vocational context, yet often do not receive the care they offer others (Nelson, 2021).

Therefore, it is unsurprising that many pastors are privately struggling in various ways. If left untended, these private struggles may lead to personal and professional crisis and significant consequences for pastors, their families, and the communities they lead. Therefore, this research study will introduce a quantitative assessment of holistic pastoral wellbeing and consider whether pastors believe the assessment is useful to increasing their own attentiveness to their wellbeing.

Epistemological Framework for the Study

Broadly speaking, the Christian religion comprises of: (1) the belief in a preeminent deity as described in canonical Christian scriptures and (2) the daily practices, individually and corporately, of believers in congruence with their interpretation and meaning-making of those scriptures. Epistemologically, therefore, the Christian faith and its practitioners do not fall into tidy, hegemonic camps. Rather, based upon the above presuppositions, Christians may be thought of broadly as both: (1) maintaining an existence of ultimate truth (ie. a God) and therefore holding a neopositivist view while also (2) admitting to the existence of multiple interpretations of scripture and therefore in daily life practicing an quasi-interpretivist stance. Of course, there may be exceptions to this broad diagnosis. However, for the purposes of this study, the epistemologies of the participants (pastors) will likely include both positivist and interpretivist views. It will be the posture of this study to therefore include both design and methodological elements that reflect and affirm the epistemologies of the participants. Largely, the quantitative assessment will approach knowledge generation as positivist whilst the qualitative interviews will provide an avenue for interpretivist meaning making.

Definition of “Pastor.” For the purposes of this study, “pastors” refer broadly to Christian religious leaders who hold some form of formal authority within a local congregation.

They may or may not be paid full time for their pastoral work, but they consider pastoring to be a main vocational calling in their lives and they actively engage in leading others. While their vocational calling is overtly spiritual in nature, their day-to-day vocational tasks include multiple dimensions of interaction with God, themselves, congregants, and the world at large. Pastors broadly deal with not only spiritual issues but also emotional, physical, economic, and relational issues in their congregations and communities. For example, within a given week a pastor may lead a religious service, offer emotional support to a grieving widow, organize volunteers to distribute food to the community, work in a community garden, advocate to city leaders about a social issue, and review organizational finances. Pastors are indeed holistic leaders. This study begins inquiry with an integrated view of pastors and their work and presupposes that a compartmentalized view of pastoral leadership leads to nefarious “off the clock” lives that are grossly mismatched with espoused values – ironically, “not practicing what they preach.” Meanwhile, viewing pastors as holistic people also considers that they have intrinsic value beyond their pastoral role – otherwise they may confuse a healthy sense of self with a sense that they “are their job.”

Positionality Statement. I have spent my entire professional life as a vocational pastor and all my immediate family are pastors. Therefore, I have had an inside view of pastoral ministry both as a pastor and as a family member within a pastor’s household. I position myself in this study not as one who has personally achieved perfect holistic wellbeing, but instead as one who has great empathy for the unique challenges my colleagues face in this pastoral vocation.

Statement of the Problem

A major issue for pastors is how they and others assess their life and work. Church attendance and financials are popular and easily accessible metrics for leadership effectiveness. Generally, pastors are considered more “successful” if they lead larger, wealthier churches and in turn typically have a larger sphere of influence beyond their local congregation through books, speaking at conferences, or positions of influence in denominational structures or church planting boards. Pastors may internalize and perpetuate this confluence of success and their wellbeing. For example, at pastoral gatherings such as conventions or conferences, the question ‘What is your attendance at?’ is utilized as a conversational replacement for ‘How are you doing?’ Systemically, pastors are formally and informally rewarded based upon their status and success largely measured by attendance and financial metrics. Pastoral wellbeing, including spiritual, emotional, physical, social, or financial health are not typically rewarded, only punished if there are “serious” allegations. This potentially incentivizes pastors to become successful at all costs, including toeing (or crossing) ethical lines. Simultaneously, “church growth” is often cited by pastors and boards alike as reason to minimize or cover up unethical pastoral behavior. Thus, pastors and their boards may be lured to sweep both large and small ethical issues under the rug in order to protect their statuses as being “successful” – often only dealing with such issues if a public exposure is imminent. Also, in this system, even ethical pastors are encouraged to do “whatever it takes” to be successful – disregarding the health of themselves, their families, their staff, or even the church itself. In this way, a level of burnout is not only normal, but expected to be present for anyone who is “working hard.” Therefore, current systemic norms of considering church attendance and financial metrics as indicators of leadership effectiveness are not only lacking but potentially contribute to pastoral failure –

morally and in their burnout. The methods by which pastors assess themselves are severely lacking and a new way of assessment of how pastors are doing is needed.

Purpose of the Study

The health of a leader not only is important for the impact it has on their followers, but for the experience of wellbeing for the leader themselves. So, reconsidering whether a pastor is “doing well” is of great value. Holistic Pastoral Wellbeing should be of interest to pastoral leaders themselves, their boards, their congregants, denominational leaders, and others tasked with providing support to pastors. While there will also be a need to provide care to pastors in crisis, more effort should be spent in keeping them from reaching crisis in the first place. While normalizing new metrics for pastoral health/wellbeing will not automatically change the level of pastors’ wellbeing, newfound awareness of their underlying health in various aspects of their lives may empower pastors, their congregations and other leaders to take practical steps to improve their wellbeing and prevent maladjusted behaviors that will ultimately destroy themselves and those they are tasked with caring for. As such, the purpose of this study is to develop an accessible and reliable assessment of pastoral wellbeing that adequately covers a holistic range of items concerning pastoral wellbeing, put in language that makes sense to pastoral leaders and those that support them.

Research Questions

In light of the study’s purpose to develop and test an instrument, as well as the epistemological differences of the participants, multiple methods of testing the reliability, validity, and trustworthiness of the assessment are proposed. The following research questions will guide the design and methodology of the study:

- 1) To what extent is the Holistic Pastoral Wellbeing Assessment (HPWA) a valid and reliable instrument?
- 2) What are the present levels of wellbeing of pastors as measured by the HPWA?
- 3) What demographic factors are correlated to variation in pastoral wellbeing as measured by the HPWA?
- 4) How do pastors make sense of their HPWA results?
- 5) In what ways do pastors affirm or disaffirm how their personal demographic factors are related to their experience of wellbeing as tested by the HPWA?

Research questions one through three (1-3) will broadly utilize quantitative design and analysis as a means to develop a positivist measure of validity. Research questions four and five (4-5) will utilize semi-structured qualitative interviews as means to consider interpretivist views of the participants themselves of the reliability and trustworthiness of the quantitative data.

Significance of the Study

The development and testing of the holistic wellbeing assessment for pastoral leaders may offer some scientific significance due to a gap in the literature – creating a baseline to which future studies may be compared. However, the primary significance of this study is that the assessment may provide a tool to assist pastors and those who support pastors to reflect upon their wellbeing and the multiple dimensions that comprise their holistic wellbeing. Without tools to consider multiple dimensions of their wellbeing, specifically ones that are framed in language that fits their unique contextual role, pastors may remain unaware of dangerously low levels of wellbeing until they reach a place of crisis. Low pastoral wellbeing may lead to real harm for pastors and those they lead. Thus, this study seeks to develop a reliable assessment tool which may be used as an early intervention to improve pastoral wellbeing.

CHAPTER TWO: LITERATURE REVIEW

The scientific understanding of wellbeing is a subject that is well researched yielding thousands of peer-reviewed studies in a wide variety of disparate fields, including medicine, psychology, sociology, and spirituality amongst others (Brdar et al., 2017; Cooke et al., 2016). “Wellbeing” can be differentiated from “Wellness” as follows: “Wellness is typically used for our physical health, while wellbeing is used for our psychological, social, and spiritual health. Wellness is about a healthy body and mind; wellbeing is about a flourishing life.” (Bloom, 2017, pp. 1–2) “Wellness” literature is often outcome focused, seeking the promotion of “optimal health” (Jamner & Stokols, 2000, p. 1). In contrast, the literature on wellbeing typically explores the undergirding processes of the human experience (Bloom, 2017). There is some disagreement in the literature about the differentiation between “wellbeing” and “wellness.” Notably The Handbook of Wellness Medicine (2020) sharply delineates wellbeing as a primarily psychological construct and wellness as the holistic one (p. 2), but later uses the terms synonymously when it comes to measuring either construct (p. 37). The taxonomical differentiation between wellbeing and wellness is less defined when scholars promote integrative or holistic approaches (Hattie et al., 2004; Mansager, 2000; Myers et al., 2000; Thornton, 2013). For the purpose of this review, “wellbeing” will be utilized when referring to each domain (e.g., psychological, physical, economic, social, and spiritual) and “holistic wellbeing” will be utilized when referring to the integrated components.

While many studies on individual wellbeing utilize specific, bounded demographic groups such as college students, cancer patients, or specific racial groups in therapy settings (Bauereiß et al., 2018; Falicov, 1998; Méndez & Cole, 2014; Riklikienė et al., 2020; Robino & Foster, 2018), less attention is paid to developing cross-demographic studies of wellbeing in

those occupying specific leadership roles including members of the clergy. Bronfenbrenner's (1979) early works on a bioecological model of human development assert that social context and a person's specific role in that context have significant importance in their development and human experience. This connection between one's leadership role and their experience of holistic wellbeing is largely absent in the literature. Instead, much of the leadership literature focuses on how the behaviors of leaders impact others' experience of wellbeing (Arnold & Connelly, 2013; Donaldson-Feilder et al., 2013; Robertson & Barling, 2014). However, recent leadership literature notes that the wellbeing of leaders is underappreciated in its impact on their ability to respond to crises, whether personal or organizational (Gigliotti, 2019; Hickman & Knouse, 2020). Some leadership scholars go as far as calling the work of leadership as inherently "dangerous" (Heifetz & Linsky, 2002, p. 2; Tripp, 2015). The position of pastor is considered a particularly challenging leadership role due to complex and demanding job duties (Barton, 2018; Beavis, 2019; Bloom, 2017; Terry & Cunningham, 2020; Tripp, 2015). The ill-effects of low pastoral wellbeing can extend to negatively affect the families under the care of the clergy (Terry & Cunningham, 2020). Thus, the literature indicates that more attentiveness to the study of pastoral wellbeing is needed.

While theoretical connections between disparate fields are prevalent in the wellbeing research, a review of the literature indicates a gap exists in developing integrated, holistic assessments of wellbeing – particularly in the experience of those in leadership roles. To date, no validated assessments of pastoral holistic wellbeing that include psychological, physical, social, spiritual, and professional dimensions have been found. Thus, leadership wellbeing, particularly pastoral wellbeing, is an important, yet underdeveloped area of research.

This review will 1) consider key works in the individual bodies of wellbeing and relevant wellness literature and 2) explore an integrative view of the individual bodies that may lay a theoretical foundation for a holistic assessment of pastoral wellbeing.

Psychological Wellbeing

While philosophical explorations of what constitutes the “good life” date back to ancient philosophers, modern scientific study of psychological wellbeing is a relatively young field – gaining prominence only in the past four decades (Bloom, 2017; Cooke et al., 2016; Moneta, 2014; Stoll, 2014). Positive Psychology, a sub-field of Psychology, emerged in the late 1990’s as a leading field in the study of wellbeing in the psychological domain (Stoll, 2014). Positive Psychology, as its name suggests, generally focuses on the ‘better’ for human beings as the aim for psychological study and intervention rather than merely seeking to guide towards the absence of mental illness (Moneta, 2014). To determine the extent to which people exhibit positive psychological wellbeing, researchers have attempted to measure wellbeing as the presence of positive affect, the absence of negative affect, and perceived life satisfaction (Cooke et al., 2016; Keyes, 2002). However, there is no agreed upon consensus in the assessment literature supporting a uniform term for what this kind of psychological wellbeing should be called – resulting in a wide variety of terminology used for the construct ranging from “Happiness” to “Thriving” to “Flourishing” to the overly simple “Well-being” (Butler & Kern, 2016). McMahan and Estes (2011), Moneta (2014), and later Cooke et al. (2016), utilize two general frameworks from within the history of positive psychology to describe two main categories of psychological wellbeing research, namely: 1) *Hedonic* (levels of pleasure) and 2) *Eudaimonic* (functioning at one’s highest potential). These two categories will be utilized below to further explore details about the theoretical constructs utilized by the psychological wellbeing literature. Additional

psychological wellbeing perspectives that do not fit within these categories will be explored in later sections because of their cross-dimensional scope.

Hedonic Wellbeing

Hedonic wellbeing can be defined as, “happiness and pleasant emotions in the here and now, and a positive outlook on one’s own life in respect to the past, present, and future” (Moneta, 2014, p. 2). A positive outlook can also be called dispositional optimism where a person, “believes that every situation and circumstance will ultimately produce positive outcomes” (Adams et al., 1997). Researchers of hedonic wellbeing focus on the measurement of a person’s salient feelings – sometimes referred to as Subjective Well-Being (SWB) or daily wellbeing (Bloom, 2017; Moneta, 2014). Diener et al. (2010), contend that the main focus of measuring hedonic wellbeing is intentionally broad; in other words: “a common goal of wellbeing researchers is to assess positive and negative feelings in general,” and that when researchers hone in on specific, “high arousal” feelings alone, scales can diminish other more subtle emotions such as happiness, contentment, gratefulness, and love (p. 145). Kahneman and Krueger (2006) note there is a limitation within the psychological wellbeing literature due to the methodological overuse of reflective self-reports to measure hedonic wellbeing:

the intensity of pain and pleasure that arises during an experience can be plausibly measured in real time and... retrospective assessments are not necessarily a good measure of the sum total of individuals’ actual experiences. These observations are relevant because past research on well-being has relied almost entirely on reports of life satisfaction and happiness, which are global retrospective assessments. (p. 6)

In addition, there is a lack of clarity in the hedonic wellbeing literature concerning operational definitions of subjective feelings such as “happiness,” which emotions should be measured, and

how to measure them. Furthermore, the leadership literature utilizing critical social theory might warn leaders of the danger of focusing on hedonic wellbeing. For example, Dugan (2017) states leaders can become willfully blind becoming, “complicit in maintaining inequitable systems by failing to acknowledge or act when something is harmful.” (p. 80) Seeing the world with hedonic rose-colored glasses may lead to happiness hegemonies that seek to suppress any negative feelings of leaders, even those that might guide them to lead positive change.

Eudaimonic Wellbeing

In the eudaimonic perspective, wellbeing has to do with developing the self towards an external purpose or potential. Eudaimonic wellbeing can be defined as, “optimal functioning, including absorption in meaningful and challenging endeavours, environmental mastery, resilience in facing challenges and setbacks, and lifelong organismic growth” (Moneta, 2014, p. 2). Within the eudaimonic construct not only the presence of positive emotions matter, but also the process by which they were pursued (McMahan & Estes, 2011). A eudaimonic view of wellbeing also embraces the possibility that the presence of negative emotions may actually be indicative of greater psychological wellbeing. Bloom (2017) explains that:

...some negative feelings are important: fear when we face danger, anger over an injustice, guilt over a wrong we have committed, and grief when someone dies. These feelings can motivate us to take action, inspire us to overcome obstacles, lead us to positive personal change, and encourage us to cherish the sanctity of life. Others, like hate, spite, or rage, almost always lead to bad outcomes unless they are carefully controlled. Still others, like frustration, stress, worry, and anxiety are signals that something is wrong, something that we need to deal with effectively. (p. 5)

Therefore, the eudaimonic approach asserts that assessments of hedonic psychological wellbeing that are only interested in scoring a person higher on wellbeing if they have an absence of negative emotions, will inadequately measure the potentially positive aspects of certain negative emotions and stress. Further research shows that challenging stimuli (which may be momentarily perceived as stress or induce negative emotions) are important for workers to develop resilience and experience happiness in overcoming difficulties (Burke, 2014). The literature on measuring resilience categorizes the response to stressors as either: 1) “bouncing back” – i.e. returning to a previous state of wellbeing or 2) “bouncing forward” – i.e. experiencing growth beyond a previous state due to the adaptation needed to overcome the challenge (Beavis, 2019; Davis et al., n.d.; B. W. Smith et al., 2008).

While eudaimonic wellbeing research has included measuring the presence of resilience and absence of burnout, little generalizable data is available that explains factors making pastoral leaders more susceptible to lower psychological wellbeing rather than greater resilience after exposure to negative emotions and stress (Beavis, 2019). Additionally, both hedonic and eudaimonic approaches suffer from not explicitly naming who gets to define what the “better” for humankind is – noting the past misuse of psychological models to problematize certain populations. For example, measurements of resilience that only give a high score to those who have resolved their challenge or stress may undervalue the resilience of those who experience ongoing, long-term challenges such as racism or a disability. Another shortcoming of these models is that a lack of social or cultural inclusion may lead to measurement error (for example, studies measuring facial expression responses may not account for social or cultural differences of how emotion is appropriately expressed on one’s face (Ryff & Krueger, 2018). Notably, among the many tools utilized to measure psychological wellbeing, inconsistent reliability and

validity have been reported – underscoring the limitations of current assessment tools to accurately measure psychological wellbeing (Kahneman & Krueger, 2006).

Physical Wellbeing

It is beyond the scope of this literature review to consider all physical health measurements. Instead, a brief history of the trajectory of modern health assessment is considered, including literature connecting physical health to studies of holistic wellbeing.

Similar to psychological wellbeing, the modern scientific measurement of physical health has focused on the absence of disease (Cooke et al., 2016). However, the medical community has not always considered the absence of biophysical disease its only objective. For example, physicians were once considered healers in their early American communities – performing a pseudo-spiritual function (Badaracco, 2007). Similarly, within indigenous contexts, “healing” typically indicated a more holistic approach to determinants of health (Duran, 2006). Nineteenth century western practice of medicine combined religious ideology, psychology, homeopathy, biology, and spirituality to diagnose and treat ailments; however, medical interventions of the time often caused much physical harm to individuals and entire groups of people by prescribing poisonous treatments such as mercury, arsenic, and ether meant to address psychological or spiritual ailments (Badaracco, 2007). As further research and technological advancement occurred in the 20th century, scientific medicine swung in the other direction toward relying only on knowledge developed by “gold standard” randomized control trial experiments focused on cause-effect biophysical processes. Thus, a critical review of the history of western medicine indicates that the scientific medical community largely abandoned holistic practice after misuse caused great harm, but the exclusion of which left the field with limited biophysical tools through which to study and address holistic health issues (Badaracco, 2007). This necessitated a

theoretical course correction, indicated by the World Health Organization's (WHO) 1949 definition of health as the, "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (IsHak, 2020, p. 2; Jamner & Stokols, 2000). This definition was in many ways ahead of its time and perhaps, "diametrically opposed to existing American health policy" at that time (B. J. Smith et al., 2006, p. 12). While this definition expanded the theoretical scope of the WHO, exclusion of any wellbeing experts from membership in the WHO beyond medical health professionals set the course for limited implementation of the stated vision (Larsen, 2021). The WHO's definition was expanded in 2004 to include five dimensions including: physical, psychological, social, spiritual, and economic (IsHak, 2020). This progression of definition by the WHO is representative of how the wellness literature has expanded from 1) prevention of disease and mortality to 2) reduction of impairment, and 3) increased health objectives to aim for holistic wellbeing.

Prevention of Disease and Mortality

The earliest WHO definition of health stated that health should be more than "just" the prevention of disease (or mortality); no one within the wellness literature has suggested that disease or mortality prevention is not still a core measure of success within the medical community (B. J. Smith et al., 2006). There are some whose continued call for more integration of various medical subfields is explicitly focused on the purpose of disease prevention (Ryff & Krueger, 2018). Governments and workplaces have implemented multitudinous social health strategies, such as providing meal vouchers, in an aim to prevent disease and mortality (Burke, 2014). In general, a majority of medical resources are focused on understanding and interrupting disease (Jamner & Stokols, 2000).

Reduction of Impairment

Success in preventing disease and mortality among patients has brought about longer life and therefore a need to consider how the field can assess the wellbeing of patients with impairments. Jamner and Stokols (2000) explain the broadening focus of the medical community in this way:

An important consequence of delaying mortality among those afflicted with chronic disease has been the extension of life expectancy within the population as a whole.

Aging of the population, with its accompanying accumulation of multiple pathologies from life's stresses, is stimulating concern about functional impairment, with its social as well as individual implications. (Jamner & Stokols, 2000, p. 40)

In other words, medical practitioners have had to find ways to not just cure disease but to assist individuals living with impairments. Quality of Life (QOL) assessments are typically subjective assessments utilized to determine patient results in these circumstances and are becoming more widely used by providers to discover which treatments their patients feel are “working” or “worthwhile” (IsHak, 2020). However, subjective measurements of QOL and satisfaction of pain management have been contemporaneous with the excessive prescription of opioids resulting in the subsequent opioid epidemic (Allan et al., 2020). As a result, others looking for more objective quantitative assessments have relied on utilizing a measurement of progressive patient functions known as: 1) Activities of Daily Living (ADLs) – i.e., eating or toileting (for those needing extensive care), 2) Instrumental Activities of Daily Living (IADLs) – i.e., household chores or shopping, and 3) Advanced Activities of Daily Living (AADLs) – i.e., regular exercise (Jamner & Stokols, 2000). The literature suggests a gap in multi-modular assessment that measures both subjective and objective reduction of impairment.

Increased Health Objectives to Holistic Wellbeing

Even though the WHO expanded their definition of wellness to include multiple dimensions affecting all sectors of society, a more holistic approach has not been implemented in both research and practice. The literature notes some specific barriers which purportedly inhibit the medical field from fully embracing a goal of holistic health. These barriers include issues of measurement, scope, and consensus amongst the field.

Measurement

According to IsHak (2020), there is a gap in the practice of holistic measurement-based care in behavioral health. While there are some assessments utilized in medical settings to measure a more holistic construct of wellbeing, they are not commonly used as a standard of care (Jamner & Stokols, 2000; Schwartz et al., 2021).

Scope

Perpetuation of historical modes of medical training and expertise may limit some medical providers' ability to provide holistic care (Bein, 2008). For example, research has shown that while psychological, social, and spiritual interventions may significantly improve cancer patients' quality of life and even physical outcomes (Bauereiß et al., 2018; Riklikienė et al., 2020), utilizing interventions from these spheres may be out of the training scope of many oncologists (IsHak, 2020). While spiritual neutrality may be appropriate in certain clinical settings (Mansager, 2000), there is evidence that the integration of spirituality into practice is absent even when warranted (Keshavarzi & Haque, 2013; Lu et al., 2019; Peselow et al., 2014). Additionally, researchers with narrow theoretical lenses may be confounded by non-biophysical determinants of health. For example, research has found that, "attending worship services frequently emerges as a factor linked with living longer even when statistically controlling for

various confounding variables that might account for longer lives” (Larson & Larson, 2003, p. 38). In these ways, specialized scope of medical providers may prevent holistic care.

Consensus

While the WHO may have expanded their definition of wellness to be more holistic, at least some have not recognized their definition as authoritative in the medical field. One recent systematic review of wellness literature by Bart et al. (2018) reveals, “the need among the medical community to develop a consensus on defining wellness to complement emphasis on treating and preventing disease with health promotion” (p. 18). While operational definitions are available, there is still significant disagreement in the field.

In summary, medical models of assessing physical health that utilize only biophysical dimensions may diminish or even ignore significant factors related to one’s experience of physical wellbeing. The literature calls for expanding the vision for patient wellbeing to be more holistic (IsHak, 2020).

Economic Wellbeing

Even though economic wellbeing is referenced in the WHO’s 2004 vision for holistic wellness, it is largely underrepresented in the wellbeing literature (Jaggar & Navlakhi, 2021). Historically, economic wellbeing research has focused on how economic factors impact subjective wellbeing (Headey & Wooden, 2004; Stoll, 2014). For example, a study from Haiti demonstrated a strong correlation between greater wealth generated from income and lower depression and anxiety symptoms (Lachaud et al., 2020). Income and emotional wellbeing have been shown to be highly correlated at lower levels of income, but their correlation then tapers to essentially zero after income is at a level in which a person’s basic needs are met (IsHak, 2020). Other studies suggest that wealth is more important than income in determining subjective

wellbeing. (Headey & Wooden, 2004). One interesting challenge of noting economic impact on subjective wellbeing is that while economists have ways of accurately comparing wealth or income between subjects, measures of psychological wellbeing are often subjective and therefore their utility should not be compared across participants (Headey & Wooden, 2004). Additionally, the Organization for Economic Cooperation and Development (OECD) has recently endeavored to consider how to expand their economic focus to also measure societal wellbeing over time, which conceptually requires sustainable approaches to human, social, natural, and economic capital (Durand, 2015). In turn, the literature suggests that new measures of economic wellbeing should be developed as part of the larger holistic assessment of wellbeing (Jaggar & Navlakhi, 2021).

Social Wellbeing

Social wellbeing has been defined as, “the perception of having support available from family or friends in times of need and the perception of being a valued support provider” (Adams et al., 1997, p. 211). Many individual social traits such as sociability and extraversion have been found to be positively correlated with subjective wellbeing (Kahneman & Krueger, 2006). Further, research on a person’s relationships suggests social wellbeing ought to be a construct of its own. Three thematic areas of the wellbeing literature, as will be discussed below, emerge under the umbrella of measuring social wellbeing: 1) The Wellbeing of Close Relationships, 2) Wellbeing in Relation to Social and Cultural Identity, and 3) Workplace Wellbeing.

Close Relationships

Close relationships (i.e., family, friends, work relationships, and romantic relationships including marriage) have been shown to be important determinants of wellbeing (Moneta, 2014). Conversely, loneliness has been shown through objective and subjective measurements to have

significant impact on mortality yet, “issues such as obesity, cigarette smoking, and alcoholism are widely considered to be major public health concerns, while loneliness is not” (IsHak, 2020, p. 39). Even those who have a public-facing profession, such as pastors, can suffer from social isolation due to a languishing social ecosystem (Bledsoe & Setterlund, 2015; Bloom, 2017).

Thus, a healthy social life necessitates both the giving and receiving of social support from close relationships. Indeed, reciprocity in relationships can be especially important to experiencing wellbeing, e.g., happiness of a close family member is associated with higher life satisfaction and happiness (Kahneman & Krueger, 2006; Moneta, 2014). This explains, for example, why marital status has been shown to be a significant determinant to a myriad of wellbeing outcomes (Ryff & Krueger, 2018), while also realizing the caveat that when close relationships sour they have a significant, negative impact on one’s wellbeing. Bloom (2017) states it simply, “When marriages are good, they are wonderful for wellbeing, but when they are not, they undermine wellbeing significantly.” (p. 83) Ryff and Krueger (2018) further explain how this effect is seen in the literature:

The health-enhancing effects of high-quality romantic relationships cannot be understated, yet it is essential to recognize that at least part of these benefits reflect social selection characteristics, that is the preexisting traits of persons who enter in and out of stable and legally sanctioned partnerships. For example, researchers have found that the deleterious physical health effects of life-long singlehood and divorce (especially for men) and the relatively weak health protection provided by cohabitation reflect the fact that divorced and cohabiting persons tend to have fewer economic resources than their counterparts who remain married. (p. 138)

Thus, the health of specific close relationships should be considered a more important influence than relationship status when assessing social wellbeing.

Social and Cultural Identity Considerations

The literature reveals that people with different social or cultural identities have vastly different experiences of wellbeing. Research shows, for example, that a person's chronic exposure to racial discrimination and microaggressions diminishes psychological and physical health while increasing the risk of engaging in behaviors considered detrimental to personal wellbeing (Ryff & Krueger, 2018, p. 174). Persons within indigenous communities experience negative impacts to their psychological wellbeing due to intergenerational trauma (Duran, 2006). As a third example, "Coaxed migration," an experience of uprootedness prevalent within the Latino community, has been shown to negatively impact psychological wellbeing and cause strain in social relationships (Falicov, 1998, p. 47). Last, violence and poverty (social problems experienced disproportionately by women and people of color) have negative impacts on multiple dimensions of a person's wellbeing (Jamner & Stokols, 2000).

These examples stress that social and cultural identities are not just demographic determinants to other dimensions of wellbeing but are important in understanding and measuring a person's social health within a particular culture (IsHak, 2020). However, social and cultural identity have often been ignored by those promoting wellbeing in the literature. For example, the historical public health focus on communicating information about the prevention of disease to low-income ethnic minority groups was largely ineffective because they did not consider social and cultural identity (Jamner & Stokols, 2000). Leaders with privileged identities, especially those in helping professions, may unconsciously diminish how their own status and history of their field may impact their practice (Parham, 2002; Ryde, 2009). This may cause

leaders to underappreciate “the extent that daily positive experiences promote health and mitigate the effects of stress” and how “racial minorities and those from disadvantaged backgrounds may have diminished reserves to draw on when faced with challenges” (Ryff & Krueger, 2018, p. 157). These challenges can be counteracted via leadership practices that critically view social and cultural identities (Dugan, 2017). Jamner and Stokols (2000) state that “Community empowerment models have long recognized the relationship between feelings of alienation, powerlessness, and health behaviors” (p. 311). So, while the assessment of social wellbeing within the literature often diminishes or excludes social and cultural identity, there are underutilized theoretical models for the inclusion of social and cultural identity as factors to defining and assessing social wellbeing.

Workplace Wellbeing

If workplaces are considered only places to make money, then economic wellbeing measures would only need to consider financial aspects realized in the career of a person to determine their professional wellbeing. However, workplaces are an important social component to people’s experience of wellbeing in their daily lives (Moneta, 2014). Research shows relationship status and employment status are even more important to an individual’s experience of hedonic wellbeing than wealth or income. (Headey & Wooden, 2004). Specifically, workplaces are a context where individuals can experience connection to relationships, social support, personal identity, and value to society (Ryff & Krueger, 2018). Conversely, workplaces can have measurable negative impact on multiple dimensions of personal wellbeing, including psychological stress, physical harm, social isolation, or even spiritual abuse. Certain occupations, including helping professionals, have been shown to place workers at an increased risk for diminished wellbeing (Blount & Lambie, 2018). Theoretically the occupation-specific

effects on wellbeing may be related to an individual's locus of control, environmental stressors, and behaviors used to mitigate those stressors (Beavis, 2019). Application of Conservation of Resources (COR) theory suggests that workers utilize a wide range of available tools to mitigate job demands in order to maximize personal wellbeing (Hickman & Knouse, 2020; Ryff & Krueger, 2018; Terry & Cunningham, 2020). Research into job control and wellbeing in clergy specifically suggests that, "clergy need work-related social support before they are most able to benefit from job control" (Terry & Cunningham, 2020, p. 1558). Generally, creating a healthy, supportive work culture is the ideal in promoting workplace wellbeing (Burke, 2014). However, little is known about how those who act as social support are affected by their giving of support to co-workers if it is not reciprocated. Therefore, Robertson and Barling (2014) suggest that, "research should now be extended to include leaders' own wellbeing as an antecedent (to employee wellbeing)." Hence, more validated research in the pastoral domain is needed to explore what social tools may be most effective in supporting clergy holistic wellbeing.

While the workplace as a social container is explored thoroughly by existing literature, the human resources and physical environment of a workplace are often overlooked in their contribution to an employee's experience of wellbeing:

The majority of health promotion programs implemented in corporate and community settings have focused on changing individuals rather than their environments, organizations, or institutions. That is, they have been designed to modify individuals' health habits and lifestyles (e.g., exercise and dietary regimens) rather than to provide environmental resources and interventions that promote enhanced well-being (e.g., installation of improved ventilation systems within buildings to enhance indoor air quality, design of safe stairways to reduce falls and injuries, modification of agricultural

machinery to reduce occupational injuries, and provision of insurance coverage for preventative risk-factor screenings among the elderly). (Jamner & Stokols, 2000, p. 25)

Thus, the literature indicates that a holistic view of the workplace as both social container and embodied environment ought to be considered when assessing a person's wellbeing.

Spiritual Wellbeing

Within the broader construct of spiritual wellbeing, the literature indicates two major subcategories: religious and spiritual (Bauereiß et al., 2018; Paloutzian & Ellison, 2009; Thornton, 2013). There is some argument that religious wellbeing and spiritual wellbeing should not be divided (Unterrainer et al., 2012); however, this indicates that the literature already makes a distinction between the two. Further, the differentiation between religious and spiritual categories can be helpful not only in defining the theoretical construct but also when attempting to measure them in specific contexts (Bauereiß et al., 2018). For example, Zwingmann et al. (2011) suggest, "that the distinction between religiosity and spirituality is especially important in countries with a more secular background where a growing number of people identify themselves as 'spiritual, but not religious'" (p. 353). Alternatively, concentration only on an existential form of spirituality may diminish the ability to fully measure the wellbeing of those who identify as particularly religious.

Spirituality

There is little agreement in the literature when it comes to an operational definition of spirituality (Bryman, 2011). Therefore, the wellbeing literature tends to take an individualistic (Mayer & Viviers, 2014), existential approach to spirituality as an intentionally broad construct, seeking to provide "universal applications for all traditions," including those who have varying "faith or belief in God (from 0 to 100)" (Bein, 2008, p. 6). When referring to the construct of

spirituality, Thornton (2013) bluntly declares, “the definitions are endless” (p. 84). This non-specificity causes multitudinous challenges when it comes to establishing reliable assessments of spiritual wellbeing (SWB) (IsHak, 2020). Reviewing the measurement of spirituality as it applies to the field of leadership, Dent et al. (2005) suggests that:

It is, perhaps most accurate to say that spirituality may not be measurable, but there are closely correlated manifestations of spirituality which can. The primary challenge, then, is one of ensuring that appropriate proxies are selected that come extremely close to revealing the phenomenon of spirituality. (p. 639)

Therefore, most SWB assessments utilize many different second order proxies, such as purpose, meaning, life direction, or a feeling of connectedness to a higher power (Ekşi & Kardaş, 2017; Westgate, 1996). This leads to Zwingmann et al.’s (2011) further critique of the landscape of spiritual wellbeing assessments as too closely resembling concepts of mental health, bringing into question whether many spiritual wellbeing assessments are truly measuring the unique construct of spiritual wellbeing or not. Qualitative research has shown that participants also have divergent views on meaningful spiritual constructs (Mayer & Viviers, 2014). Therefore, the literature suggests there is need for more specificity by researchers when it comes to how scale items connect to the greater SWB construct. However, this does not necessitate construct rigidity since theory supports that SWB is not static and therefore measurements ought to consider how SWB can increase or diminish over time (Zwingmann et al., 2011). Yet, this possibility of fluctuation of SWB over time can be a challenge for verifying SWB instruments via test-retest methods (Zwingmann et al., 2011).

Religious Spirituality

The literature on specific religious expressions of spirituality is much more defined due to the hegemonic boundedness that religious traditions create – both in belief and practice. Within religions there are sects or denominations which further standardize belief and practice. Thus, the literature supports attempting to measure both inner (belief) religiosity and outer (practice) religiosity (Halaas, 2004; Zwingmann et al., 2011). Generally, outward religiosity across religions includes such things as participating in religious practices, disciplines, and rituals; these are considered ways to build spiritual wellbeing (Halaas, 2004). A benefit of this specificity is that religious behavior is potentially more objectively quantified than subjective measures of strength of belief.

Therefore, assessments of general spiritual wellbeing should consider including a combination of existential spirituality, inner religiosity, and outer religiosity in order to adequately assess spiritual wellbeing.

Integrative Theories of Holistic Wellbeing

A review of the literature covering the WHO's (2004) five dimensions of wellness (i.e., psychological, physical, economic, social, and spiritual as defined above) has indicated there exists a fractured view of holistic wellbeing (Bart et al., 2018). Integrating the disparate parts into a holistic scientific assessment of wellbeing is an inherently complex challenge, which is perhaps why relatively few researchers have attempted to do so. Yet the literature consistently calls for more focus to be placed on holistic approaches (Adams et al., 1997; Dent et al., 2005; Myers et al., 2000; Ryff & Krueger, 2018). Holistic wellbeing theory has reached a level of maturity within the human development literature, yet the unified measurement of holistic wellbeing is an emerging science. Therefore, this review will conclude with a brief review of

holistic wellbeing theory which has implications for development of a holistic assessment of pastoral wellbeing.

Holistic Wellbeing Theory

The theoretical underpinnings of holistic wellbeing (i.e., holism) developed concurrently and separately within the psychological, physical, economic, social, and spiritual domains. Studies within each specific domain tend to reference a limited number of theorists (e.g., Adler or Frankl as their theoretical genesis), yet they draw from one another frequently. Physical manifestations of holism often utilize the WHO's definitions as a starting point. Arguably the newest field to enter the pursuit of holism is economics, the studies of which tend to prefer the global scale of the OECD model or the UN's Sustainable Development Goals. Within social science, holistic theory from the human development field (i.e., Wilber or Bronfenbrenner) or global social change models (i.e., Sarvodaya) are often represented in the literature. From the spiritual domain, holistic theory has typically come from the spiritual or religious backgrounds or experiences of the researchers themselves. Below, brief consideration is given to four important holistic theoretical models which underpin the understanding of holistic wellbeing: 1) Individual Psychology, 2) Logotherapy, 3) Spiral Dynamics, and 4) The Sarvodaya Shramadana Movement.

Individual Psychology

Alfred Adler, along with Sigmund Freud and Carl Jung, was a founder of modern psychotherapy (Carlson & Englar-Carlson, 2017; Mayer, 2017). However, Adler later disassociated with Freud and developed the term "individual psychology" to denote a more "holistic understanding of human behavior" (Carlson & Englar-Carlson, 2017). Adlerian holistic theory strongly connects psychological, social, economic, and physical domains with a general

openness to spirituality (Mayer, 2017). Therefore, Individual Psychology offers theoretical advantages over Positive Psychology in attempting to assess holistic wellbeing.

Logotherapy

Viktor Frankl is considered the founder of a different type of psychology: logotherapy. Frankl's logotherapy, sometimes referred to as "healing through meaning," focused on bringing the individual's deep spiritual meaning to consciousness (S. Costello, 2015). Frankl (2000) rejected Freudian psychology; he instead conceptualized the spiritual unconscious as the center of human meaning and experience. Thus, human wholeness emanates from integrating spiritual, psychological, and physical components as people pursue their ultimate meaning (S. Costello, 2015). Frankl did not extend the theory into explicitly economic or social domains yet is still cited as an early holistic theoretical influence for multiple holistic wellbeing assessments.

All-Quadrants, All-Levels (Spiral Dynamics).

Wilber's (2001) All-Quadrants All-Levels approach encapsulates all five WHO dimensions (psychological, physical, economic, social, and spiritual) although the connection to economic wellbeing is more implicit than explicit (Dent et al., 2005; Wilber, 2001). Wilber suggests through his integral transformative practice (ITP) that, "the more aspects of our being that we simultaneously exercise, the more likely that transformation will occur" (Wilber, 2001, p. 138). Wilber's discourse therefore suggests that human development is a holistic endeavor.

The Sarvodaya Shramadana Movement

Holistic human development is not only restricted to the theoretical realm – there are a few examples of social movements that have encapsulated all five WHO dimensions. In their review of the Sarvodaya Shramadana Movement in Sri Lanka and the leadership of Dr. Ahangamange Tudor Ariyaratne, Getz and Sabatini (2017) determined that the movement's

model “focuses on an integrative process that includes spiritual, moral principles, cultural norms, social development, economic systems, and political engagement” (Boitano de Moras, 2017, p. 133). Physical and psychological wellbeing are implicitly covered by values of personal awakening and the economic/social development within the model. Thus, the Sarvodaya model offers a real-life example of how leaders can approach implementing holistic wellbeing in their own contexts. Holistic wellbeing is possible.

Holistic Assessment of Pastoral Wellbeing

However, no holistic assessments of pastoral wellbeing are found in the literature, despite the availability of strong theoretical foundations for holism from Adler, Frankl, and Wilber et al., the example of social movements such as Sarvodaya that are incorporate holistic change, and the need for holistic care of clergy as a contextual group. There is only one assessment of pastoral wellbeing which includes even four out of the five main WHO dimensions, Terry and Cunningham’s (2020) Assessment of Clergy. While a strong biopsychospiritual base is present in their study, their assessment instrument leans heavily on measuring the social wellbeing of pastors with special focus placed on how social support may moderate job demands (Terry & Cunningham, 2020). Economic wellbeing is wholly absent from their assessment.

Therefore, there still exists a gap in the literature pertaining to the development and validation of a holistic assessment of pastoral wellbeing which includes psychological, physical, economic, social, and spiritual dimensions. Such an assessment could be developed utilizing the literature available in each category of wellbeing, while using the frameworks found in theories of holistic wellbeing. After reviewing these theories, an integrative tool might be developed which would demonstrably add to the emerging science of measuring holistic wellbeing.

CHAPTER THREE: METHODOLOGY

The study design and methodology intentionally reflected the participants' broad ontological and epistemological backgrounds and the theoretical underpinnings established within the holistic wellbeing literature. The following section elaborates on the study's logic of inquiry and gives detailed explanation of the study's design features including sample size and selection, data collection, and data analysis. Limitations and delimitations for the study are also considered along with the study's overall timeline and feasibility. Each of the methodological characteristics were designed to meet well-established standards in the social sciences.

Logic of Inquiry and Study Design

Due to the breadth of pastoral backgrounds of participants and the desire to be reflexive to the participants' values in knowledge generation, a mixed-methods approach was adopted. Mixed-methods research design allows a pragmatic approach that considers both objective and subjective knowledge generation (Creswell & Plano Clark, 2018). The development of a quantitatively reliable instrument using statistical methodology and a large sample size typically reflects postpositivist epistemologies. The study's use of this design feature logically connected the participant's ontological belief in a God and the nature of reality. Meanwhile, there simultaneously exists a breadth of belief amongst pastors and variation in their experience of wellbeing and therefore a design that considered their subjective experience and meaning-making was an appropriate consideration. Similarly, utilizing an interpretivist approach to make meaning of the quantitative results was important because the instrument is a self-reported assessment which is inherently subjective. Instead of comparing the strengths and weaknesses of the quantitative and qualitative approaches, this mixed-methods study design sought to integrate their strengths and thereby reduce their individual weaknesses. The resulting mixed-methods

design therefore elevated the understanding of validity, reliability, and trustworthiness of the instrument.

A sequential mixed-methods design was utilized. Exploratory sequential designs are commonly used in the development of instruments by first defining the “measures and questions on a survey instrument” (Creswell & Plano Clark, 2018, p. 90). However, this study utilized data from pilot studies to develop the measures and questions on the survey instrument. Therefore, the first phase of this study was designed as the administration of the quantitative instrument, followed by analysis of the quantitative results. In this way, the study design completed the second half of a typical exploratory sequential design. However, because the purpose of the study is to assess the validity, reliability, and trustworthiness of the developed instrument across epistemologies, a final qualitative component was included. In this way, the study features an explanatory sequential design with qualitative data explaining the reliability (or lack thereof) of the quantitative results.

Research Questions and Study Design. The study’s research questions were developed to support the overall purpose of designing a valid, reliable, and trustworthy instrument. Five research questions were developed – each with unique testable elements through the results of preliminary pilot studies and the literature. The study utilized deductive logic to answer the first three questions and inductive reasoning to explain the instrument results in questions four and five.

RQ 1: To what extent is the Holistic Pastoral Wellbeing Assessment (HPWA) valid? The study explored the instrument’s validity by utilizing a variety of statistical analysis methods. For example, upon completion of the respondents, the instrument’s Cronbach’s Alpha was reported as a measure of internal consistency. Additionally, an Exploratory Factor Analysis

(EFA) was planned to be performed to investigate individual items in the survey and to investigate the five dimensions within the instrument – providing a statistical consideration of construct validity.

RQ 2: What are the present levels of wellbeing of pastors as measured by the HPWA?

The study then utilized the reporting of basic descriptive statistics to explore participant's responses. An explanation of the meaning of these scores was not possible at this point in the study, but these results were an important determinant in the emergent explanations of participants in the second, qualitative phase of the study

RQ 3: What demographic factors are correlated to variation in pastoral wellbeing as measured by the HPWA? Any relationship between demographic variables and wellbeing scores were determined using multiple regression analysis. While the causal nature of any relationships were not determined at this phase, demographic factors that emerged as statistically significant were utilized to select the sample for the second, qualitative phase.

RQ 4: How do pastors make sense of their HPWA results? Those selected for the qualitative interviews were shown the HPWA results, both collectively and individually. Then they were asked a series of open-ended questions to consider how they make meaning of the results. Thematic analysis of responses were reported as an answer to RQ4.

RQ 5: In what ways do pastors affirm or disaffirm how their personal demographic factors are related to their experience of wellbeing as tested by the HPWA? In a second line of open-ended questions, participants were given a chance to consider their own demographic factors and to put in their own words the nature of the relationship between these factors and their experiences of wellbeing.

Sample Size and Selection

No exhaustive database or list exists of all churches, let alone pastors. Therefore, the study's sample was developed by utilizing purposeful sampling methods to gain enough study participants necessary to test the assessment. Based on the number of quantitative items in the assessment (36), a total of three hundred and sixty (360) responses were desired to maintain a minimum ten to one (10:1) subject to item ratio to increase the validity of an Exploratory Factor Analysis (EFA) (Osborne, 2014). Based upon response rates from pilot studies of about twenty-five percent, an estimated one thousand four hundred and forty (1,440) contacts were thought to be needed for the study. The researcher targeted gathering this number of contacts by compiling lists of pastors from denominational and para-church organizations. Since this collection of participants did not reach the desired total number, participants were encouraged to invite friends or colleagues to take the assessment – including utilizing an invite link to directly share with potential participants via social media. This snowball sampling was utilized only as a necessary means to gain enough participant invitations. Due to the researcher's professional affinity to the San Diego region, an attempt was also made to develop a large enough sample from San Diego that statistical significance could be achieved for the quantitative portion of the study within this geographical area. However, to achieve the desired sample size, it was necessary to do away with this original geographical restriction.

For the second phase, qualitative interview component of the study, a sample of participants were chosen to represent “maximum variation” as suggested by Marshall and Rossman (Marshall & Rossman, 2016, p. 115). This sampling strategy prioritized selecting cases that represented a variety of demographic variables of significance within the study and their relationship to variation in those participant's total wellbeing scores. Therefore, the qualitative

sample emerged from the data analysis of the first phase. For example, if an initial analysis of the quantitative data indicated that total household income was related to total wellbeing scores, participants that represent the bottom quartile, median, and top quartile of household income would be selected and purposefully interviewed to consider their experience of how the statistical variation affected their perception of their holistic wellbeing. Based upon pilot study results, an estimate of fifteen (15) to thirty (30) qualitative interviews were considered necessary to cover the significant demographic factors.

Data Collection

Data was digitally collected and managed during the two stages of the study. The assessment was sent electronically to respondents via Qualtrics and survey items were automatically scored before being downloaded and analyzed in SPSS statistical software. Once final data sets were scored and cleaned, a master quantitative data set was saved and securely stored for the duration of the study. Stage two included qualitative interviews which were conducted remotely and recorded via Zoom. These recordings were downloaded and transcribed into text utilizing software and manually checked for accuracy by the researcher before being input into NVivo software for analysis. Both the transcriptions and NVivo files were saved and securely stored for the duration of the study. Video recordings of the interviews were deleted at this point of the study. All data collected were kept secure and private – but personally identifiable information of participants were not replaced until the end of the study to ensure reliability during comparative analysis.

Data Analysis

Data was analyzed at three distinct time periods in the study. A quantitative analysis was conducted after the completion of quantitative data collection. The results of the quantitative

analysis informed the selection of phase two participants and the design of the qualitative interviews. A qualitative analysis occurred after the completion of the interviews. Finally, a comparative analysis occurred at the very end of the study to consider the cohesiveness of the study as a whole.

Quantitative Analysis. Phase one quantitative analysis first began with maintaining the quality of responses. The response data was investigated to check for incomplete or invalid responses that could create errors in the analysis. For example, procedures were in place to report and remove responses that had no variation (i.e., the respondent answered the same for every survey item) or extreme variation (i.e., the respondent answered a demographic question for household income of a billion dollars). Any removal of responses was reported in chapter four findings. After the data was cleaned, it was analyzed utilizing SPSS software. Calculations were done multiple times and procedures reported clearly in order to create accuracy through redundancy.

Qualitative Analysis. Once the qualitative interviews were completed, they were transcribed into text utilizing Zoom's transcription feature. The accuracy of each transcription was manually checked by the researcher re-listening to the recording while correcting the transcription where needed. Once transcriptions were complete and accurate, they were imported into NVivo for analysis.

Coding of the qualitative data occurred over three successive rounds utilizing methodology defined by Strauss (1987) and later described by Neuman (Neuman, 2014). The first round was a process of open coding - considering the broad codes that emerge from the interview data and field notes of the researcher taken during the interviews. After all transcripts were broadly coded in this first round, initial themes were developed. In the second round of

reviewing the transcripts, the qualitative data was organized into subcategories and sequences utilizing axial coding. Detailed procedures, initial codes and themes, and resultant subcategories and sequences from the first two rounds of coding are displayed in the final report of the study. In the third and final round of qualitative analysis, specific examples of themes were considered using selective coding. Whole quotations from the participants are reported as selective examples of the key themes and their subcategories and processes. The purpose of reporting whole participant quotations is to center the participant's own words as key findings and explanations of the value of the assessment.

Final Comparative Analysis. At the very end of the study, a final comparative analysis considered how the two phases of the study interacted with each other and explored any issues with congruence of findings. Quantitative and qualitative data differences and agreements were analyzed by combining relevant data. For example, in considering the reliability and trustworthiness of the assessment, quantitative reliability measurements were considered alongside the member checking data which emerged from the qualitative phase. Similarly, quantitative variables from the multiple regression analysis are presented alongside quotations from participants' considerations of the importance (or nonimportance) that the specific demographic variable had upon their experience of wellbeing. This final comparative analysis chart is reported in chapter four and resultant study limitations are reported in chapter five.

Limitations and Delimitations

From the outset, this study's design and methodology had several notable limitations and delimitations. First, due to not having a firmly definable population, the quantitative generalization of findings will not be possible. However, to maintain high standards of quality for the instrument, an explicit sample methodology was implemented and reported. Further,

descriptive statistics for the demographics of the sample are reported to investigate the diversity of the study sample. Another limitation of the study was that the quantitative survey design necessitates a self-assessment of wellbeing which by nature introduces a subjective component to what is otherwise attempting to develop an objective measurement. While this caused some challenges for the design, alternatives were found impractical for the scope of the study. For example, doing 360-degree assessments – surveying a person, their subordinates, peers, family members, and bosses could produce rich triangulated data on a person’s wellbeing, but would make collection and analysis of such complex and multitudinous data extremely difficult. Third, the study design intentionally delimited the use of survey items from other instruments. The design choice not to use these items was made for several reasons. Sometimes the other items were copyrighted. Other potential assessments did not cover multiple dimensions and combining survey items from multiple authors could have resulted in a disjointed, mismatched collection of items – potentially reducing the participant completion rate. A final delimitation of note is that the study was unable to qualitatively explore all significant quantitative discoveries due to scope. Each of these limitations and delimitations are noted in the final discussion of the study and are considered in providing suggestions for future research on the subject.

CHAPTER FOUR: STUDY ANALYSIS AND FINDINGS

In this chapter, the analysis and findings are presented for research questions one through five from the study. The study research questions are restated below as:

RQ1: To what extent is the Holistic Pastoral Wellbeing Assessment (HPWA) valid?

RQ2: What are the present levels of wellbeing of pastors as measured by the HPWA?

RQ3: What demographic factors are correlated to variation in pastoral wellbeing as measured by the HPWA?

RQ4: How do pastors make sense of their HPWA results?

RQ5: In what ways do pastors affirm or disaffirm how their personal demographic factors are related to their experience of wellbeing as tested by the HPWA?

Analysis and findings related to research questions one through three were resultant of the quantitative data garnered from the study. Meanwhile, analysis and findings regarding research questions four and five were from the qualitative data generated in the study. The data analysis followed the ordinal progression of the research questions to methodically frame whether the study accomplished the stated purpose of developing an accessible and reliable assessment of pastoral wellbeing that adequately covered a holistic range of items concerning pastoral wellbeing, put in language that makes sense to pastoral leaders and those that support them. Further discussion of whether the assessment instrument accomplished these goals will be considered in chapter five.

Analysis and Findings Concerning RQ1: Assessment Validity

After the study was approved by the institutional review board, the assessment was disbursed via anonymous Qualtrics links sent to participants. A first round of invitations was sent via an organizational e-mail list from Flourish San Diego starting on August 18, 2022. Due to

observing a slow response from this initial distribution, the researcher sent personal invitations to individual contacts on social media beginning on August 23. A large parachurch organization (P1 below) sent invitation links to their database of pastors on September 1 with limited response. Finally, after considering the total response up until that point, arrangements were made with an additional regional parachurch organization (P2 below) to send the assessment on October 25 to their database of pastors which resulted in a substantial response. Quantitative data collection was closed on November 1, 2022. Figure 1 displays the total invitations, total responses, study responses after cleaning the data, and final response rates for the study.

Figure 1

Study Response Rates

Source	Total Invitations	Total Responses Collected	Total Responses after Cleaned	Final Response Rate
Flourish San Diego	171	38	28	16.37%
Personal Contacts	101	30	26	25.74%
P1	666	18	15	2.25%
P2	609	77	58	9.52%
Study Totals	1547	163	127	8.21%

Data Integrity. After the final survey responses were received and data collection closed, the dataset was then cleaned and anonymized per the methodological specifications of the study. All data was first downloaded from Qualtrics into Excel where responses were combined. A category was created to notate from which source each response was collected. Ordinal demographic variables including respondent age, number of children, debt, income, years of experience, organizational age, and organizational budget were cleaned by removing text and commas to create pure numeric data. Two values for organizational budget were removed because they were extreme outliers (\$6 and \$150) and their reported staff sizes (40 and 2 respectively) likely indicated that the respondents meant to include million or thousand.

However, in these cases, instead of assuming organizational budget values, they were simply excluded from the dataset. Textual demographic responses were also cleaned and organized. When no data was present under demographic variables, nothing was done to change the response. Due to settings in Qualtrics, responses were recorded where some respondents started the demographics but never completed the assessment (n=9) and others agreed to the participant consent form but did not complete any other information (n=24). Two participants completed the demographics and part of the assessment. One participant recorded a perfect score – selecting only ones and fives on the Likert scale for items, even reverse scoring items. Each of the above participant responses were cleaned (n=36) to manage the integrity of the dataset. A summary of data that were cleaned is reported in the following chart.

Figure 2

Dataset Cleaning

Source	Consent but no more	Demographics	Demographics + Partial Assessment	“Perfect Score”	Total Cleaned
Flourish	7	2	1	0	10
Personal Contacts	3	0	0	1	4
P1	2	1	0	0	3
P2	12	6	1	0	19
Study Totals	24	9	2	1	36

After the data had been cleaned, a total of one hundred twenty-seven (127) complete assessment responses were recorded. Names, e-mail address, and response IP addresses were removed to create an anonymized dataset. Finally, assessment items were scored, including utilizing reverse scoring for negative items (see Appendix A for item scoring). Participants’ total wellbeing scores, spiritual wellbeing scores, psychological wellbeing scores, physical wellbeing

scores, social wellbeing scores, and economic wellbeing scores were computed and compared to the automatic scoring performed by Qualtrics to ensure scoring accuracy.

One column of outside data was integrated into the dataset at this point. An Excel formula was written to locate the median income of each participant's zip code through the 2020 American Community Survey five year data (*American Community Survey, 2020*). The median income for each participant's reported zip code was included in their case. Throughout each step of data management, the dataset was saved to preserve a history of data integrity. Once completely cleaned, anonymized, and transformed, the dataset was imported into SPSS for analysis.

Validity Analysis. Once the dataset was imported into SPSS, it was analyzed to consider the validity of the assessment items (n=36). Individual item means, minimums, maximums, ranges, and variance were analyzed and are reported below in Figure 3.

Figure 3

Summary Assessment Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance
Item Means	3.67	2.69	4.65	1.96	1.73	.27
Item	1.24	.49	2.14	1.66	4.42	.18
Variations						
Inter-Item	.16	-.35	1.21	1.56	-3.51	.03
Covariances						
Inter-Item	.13	-.21	.65	.86	-3.06	.02
Correlations						

With a total of 127 responses, the assessment also recorded a Cronbach's Alpha score of .84 for all 36 items from the HPWA. Four items yielded slightly higher Cronbach's Alpha scores by a few thousandths of a point if individually deleted: Q5.1, Q7.2, Q7.5, and Q8.2. If all four items were removed, the Cronbach's Alpha would increase by seven thousandths of a point.

Conversely, three items, if deleted would yield the largest decreases of Cronbach's Alpha: Q6.2 (.82), Q8.5 (.83) and Q6.4 (.83). If all three items were removed, the Cronbach's Alpha decreases from .84 to .80. The remaining twenty-nine items, if individually deleted yielded alphas of between .83 and .84. Cronbach's Alphas were also calculated for each of the HPWA's subscales, with much lower alphas and more items that could be deleted to increase subscale alphas. This may suggest that each of the subscales offer less internal validity as compared to the HPWA when taken as a whole. However, Yurdugül's (2008) research on the effect of sample size on Cronbach's Alpha suggest that this studies lower sample size may have created bias in the subscale alpha results. One way to check the potential presence of bias in the resultant Cronbach's Alpha was to compare the largest eigenvalue (λ_1) from each scale's Principal Components Analysis (PCA) with the study's sample size (127) (Yurdugül, 2008). With $n \geq 100$ and $\lambda_1 > 6.00$, the HPWA's Cronbach's Alpha is likely unbiased. However, all of the subscales yielded $\lambda_1 < 3.00$ and, therefore, Yurdugül's (2008) work would suggest that a sample size of at least three hundred (300) would be needed to limit bias. Alphas are presented in Figure 4 and limitations to HPWA validity are further discussed in chapter five.

Figure 4

Scale and Subscale Cronbach's Alpha Score Matrix

Scale	Scale Alpha	Items Suggested for Deletion	Alpha if Items Deleted	Largest Eigenvalue (λ_1)
HPWA	.84	Q5.1, Q7.2, Q7.5, Q8.2	.84	6.05
Spiritual Wellbeing	.64	Q5.1, Q5.3	.65	2.59
Psychological Wellbeing	.77	none	.77	2.85
Physical Wellbeing	.62	Q7.2, Q7.4, Q7.5, Q7.6	.78	2.17
Social Wellbeing	.57	Q8.1, Q8.2, Q8.3, Q8.4	.70	2.12
Economic Wellbeing	.74	Q9.6	.77	2.71

Despite a lower than desired response (127) to item (36) ratio of 3.5:1 rather than the minimum 10:1 proposed, an Exploratory Factor Analysis (EFA) was attempted. A Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was calculated as well as Bartlett's test of sphericity. The KMO figure was .69 which is lower than the .80 which is typically suggested as a minimum standard for research. However, Bartlett's test of sphericity returned a highly significant ($<.001$) result with a large Chi-Square (1470.83) and high level of degrees of freedom (630), indicating the null hypothesis that the covariances of the items are equal can be rejected. The results of Bartlett's test therefore suggest that factor analysis is possible. Both KMO and Bartlett's test results are presented in Figure 5.

Figure 5

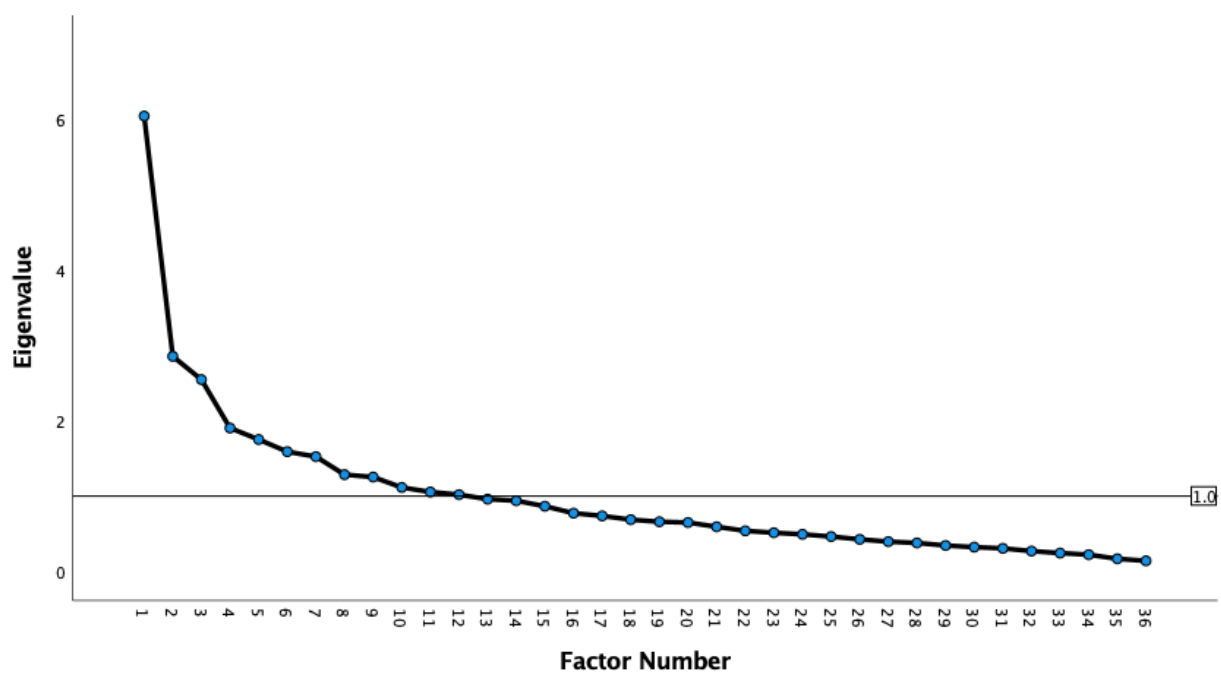
KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.69
Bartlett's Test of Sphericity	Approx. Chi-Square	1470.83
	df	630
	Sig.	$<.001$

Due to the split results of the KMO measure and Bartlett's test, further analysis of the data was performed. Figures 6 and 7 show the initial steps of a detailed Principal Components Analysis (PCA) which included inspecting the eigenvalues, variance explained and a scree plot.

Figure 6*PCA: Total Variance Explained*

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Var.	Cum. %	Total	% of Var.	Cum. %
1	6.05	16.81	16.807	5.60	15.56	15.56
2	2.86	7.94	24.74	2.44	6.78	22.33
3	2.55	7.08	31.82	2.08	5.77	28.11
4	1.90	5.29	37.11	1.45	4.03	32.13
5	1.75	4.87	41.97	1.26	3.51	35.64
6	1.59	4.42	46.39	1.05	2.92	38.56
7	1.52	4.23	50.62	.99	2.76	41.32
8	1.28	3.57	54.19	.84	2.34	43.65
9	1.25	3.48	57.67	.82	2.28	45.93
10	1.11	3.10	60.76	.62	1.71	47.64
11	1.05	2.93	63.69	.56	1.55	49.19
12	1.09	2.83	66.52	.51	1.42	50.60

Figure 7*PCA: Scree Plot*

Q8_3		.67		
Q8_4			.60	
Q8_5	.67			.59
Q8_6				
Q9_1	.64			
Q9_2				
Q9_3	.57			
Q9_4	.80			
Q9_5	.70			
Q9_6				

Notes: Extraction Method: Maximum Likelihood.

Rotation Method: Varimax with Kaiser Normalization.

Rotation converged in 17 iterations.

Factor loadings below .50 were suppressed which yielded items loading onto a total of eleven factors. However, when considering the theoretical construct of the items, the factor loadings may generally support the five categories of wellbeing. Assessment questions 4_1 through 5_6 were items under Spiritual Wellbeing and included items that significantly loaded onto factors 5, 6, 8, and 9. No other subcategories had items with significant loadings on these factors. Items 6_1 through 6_6 were from Psychological Wellbeing and four of the items loaded onto the first factor. There was one item (8_5) from Social Wellbeing that cross-loaded onto this same factor – the only such cross loading between theoretical subcategories. Items 7_1 through 7_6 from Physical Wellbeing had three items significantly loaded onto factors three and ten. Items 8_1 through 8_6 represented Social Wellbeing and loaded onto factors four, seven, and eleven. The item (8_5) loaded onto eleven, as previously mentioned was also cross-loaded onto factor one. Assessment items 9_1 through 9_6 were under Economic Wellbeing, and four items loaded onto factor two. Therefore, the overall inspection of the matrix indicates that the items do tend to load into unique factors relative to the five construct categories of wellbeing utilized, with the exception of one item which was cross-loaded.

This concluded the factor analysis performed. A further Exploratory Factor Analysis (EFA) was abandoned because of an inadequate sample size (A. B. Costello & Osborne, 2005; Rogers, 2022). Similarly, a Confirmatory Factor Analysis (CFA) was considered, but was not performed because it was beyond the scope of this research and the capabilities of the available software (SPSS) to do the necessary structural equation modeling.

Summary of Findings. The statistical analysis regarding the validity of the instrument yielded mixed results. The internal validity of the assessment was strong with a high Cronbach's Alpha statistic of .84. A Principal Component Analysis (PCA) suggested the presence of multiple factors with potential support for the five wellbeing subcategories being scored. However, an insufficient sample size prevented further analysis utilizing an Exploratory Factor Analysis (EFA). A Confirmatory Factor Analysis (CFA) was also unavailable due to sample size and software limitations. Further discussion of the assessment's validity will be considered in chapter five, including qualitative data analyzed regarding the instrument's face validity.

Analysis and Findings Concerning RQ2: Measurement of Pastoral Wellbeing

Due to the nature of the research, there is potential value in analyzing and reporting the wellbeing scores as measured by the instrument developed. Scores were created for the assessment as a whole (Total Wellbeing Score) and each of the five subcategories (Spiritual Wellbeing Score, Psychological Wellbeing Score, Physical Wellbeing Score, Social Wellbeing Score, and Economic Wellbeing Score). Each of the scores' means, standard deviations, and curvilinear distributions are analyzed and presented below.

Data Analysis. Utilizing the SPSS analyze frequency function, descriptive statistics were generated for each category of wellbeing. Descriptive statistics are presented in Figure 9 with transformed spiritual wellbeing scores so as to be more easily compared between categories.

Figure 9*Holistic Pastoral Wellbeing Score Summaries with Spiritual Score Transformation*

Category	Spiritual*	Psychological	Physical	Social	Economic	Total
Mean	22.67	19.94	21.83	21.92	22.92	131.94
Median	23.00	20.00	22.00	22.00	24.00	133.00
SD	2.76	4.64	4.19	3.90	4.59	15.50
Min Score	15	8	10	11	12	100
Max Score	29	30	30	30	30	164
Range	14	22	20	19	18	64
N	127	127	127	127	127	127
Minimum Possible Score	6	6	6	6	6	36
Maximum Possible Score	30	30	30	30	30	180

Note. *Spiritual Wellbeing scores were divided by 2 to be able to compare statistics between wellbeing constructs.

Comparing score means and medians suggest that the scores within categories may be normally distributed, except for Economic Wellbeing in which the distance between mean and median suggests a skewed distribution. The ranges and standard deviations for the scores suggest a strong variation amongst the data set as a whole and variance from one subcategory to another. Spiritual Wellbeing yielded the least variation (SD = 2.76) and range (14) of all subcategories. Meanwhile, it is also the only category in which no participants scored themselves perfectly. Psychological Wellbeing had the most range and variation while also standing apart from other subcategories as exhibiting by far the lowest mean (19.94). It may be noted that the Spiritual Wellbeing minimum score is nearly twice that of the minimum score of Psychological Wellbeing. This is of considerable interest because the participants self-evaluating are pastors. Further discussion of potential meaning behind the self-assessment of pastors will be presented in the qualitative data and in chapter five. Further analysis of the study group's wellbeing was completed utilizing visual inspection of the data presented in histograms (Figures 10-15).

Figure 10

Total Holistic Wellbeing Scores

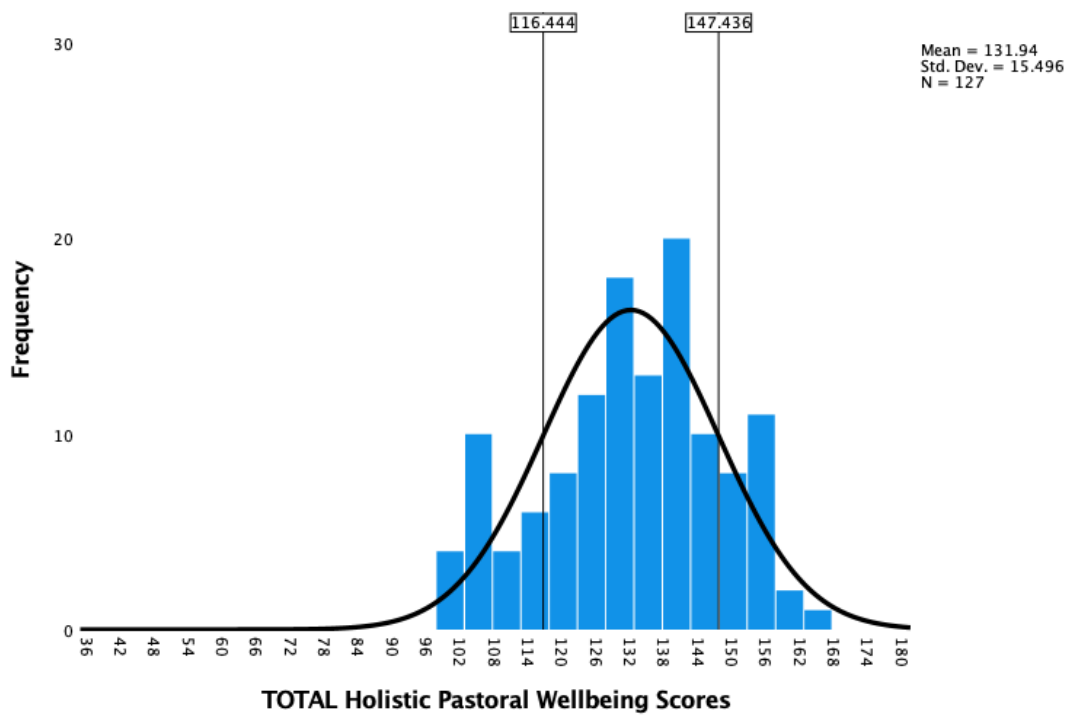


Figure 11

Spiritual Wellbeing Scores

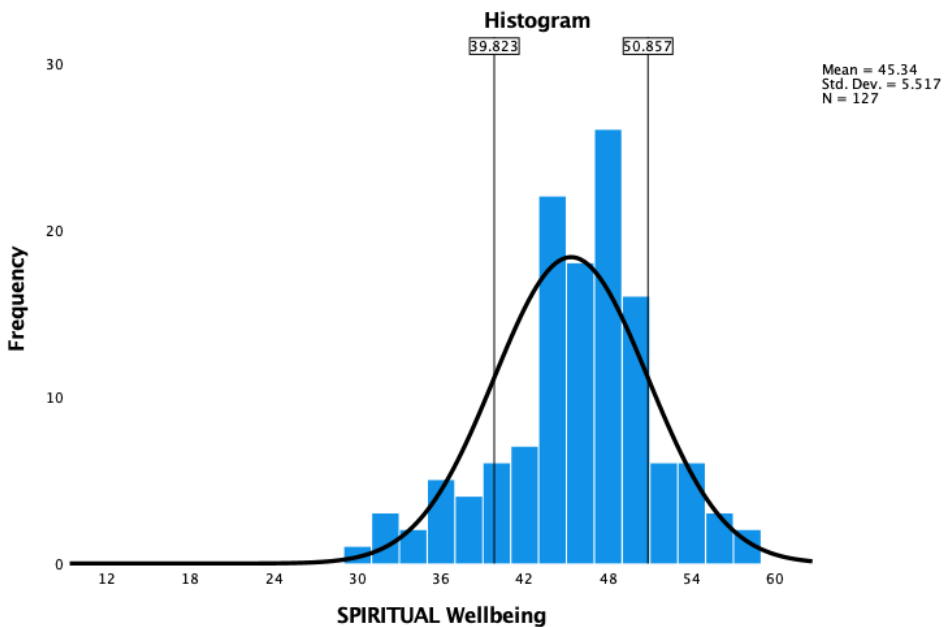


Figure 12

Psychological Wellbeing Scores

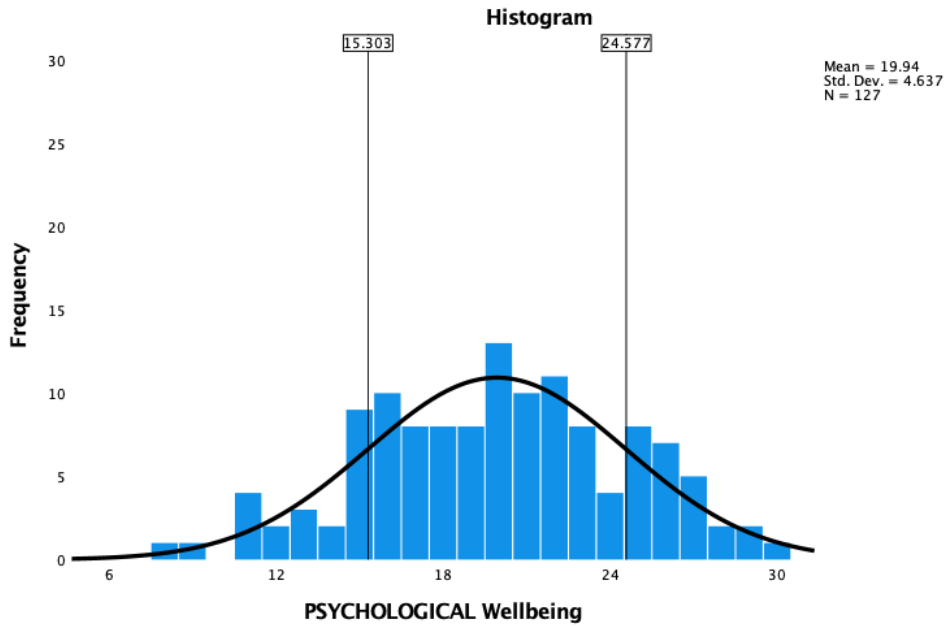


Figure 13

Physical Wellbeing Scores

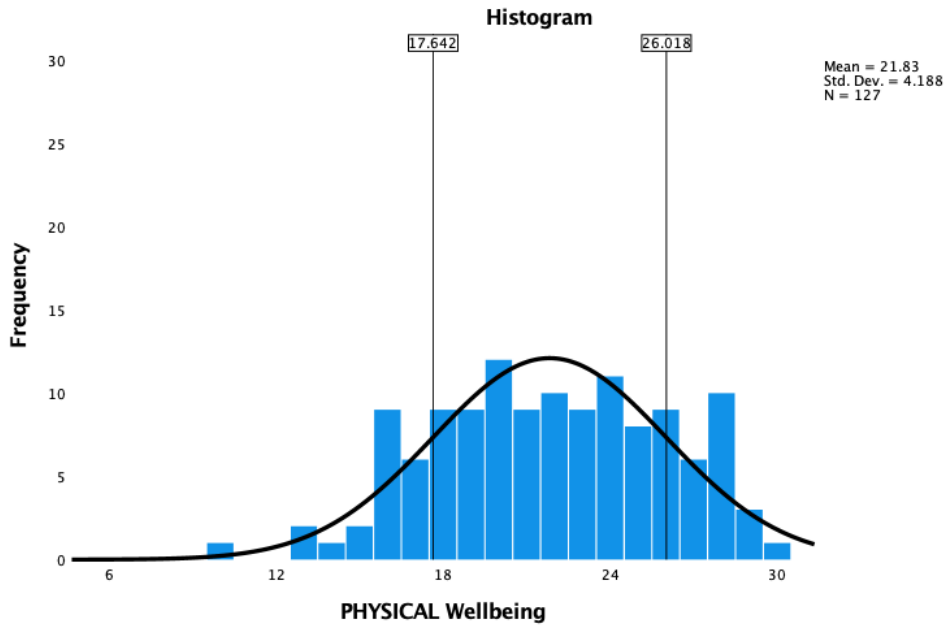


Figure 14

Social Wellbeing Scores

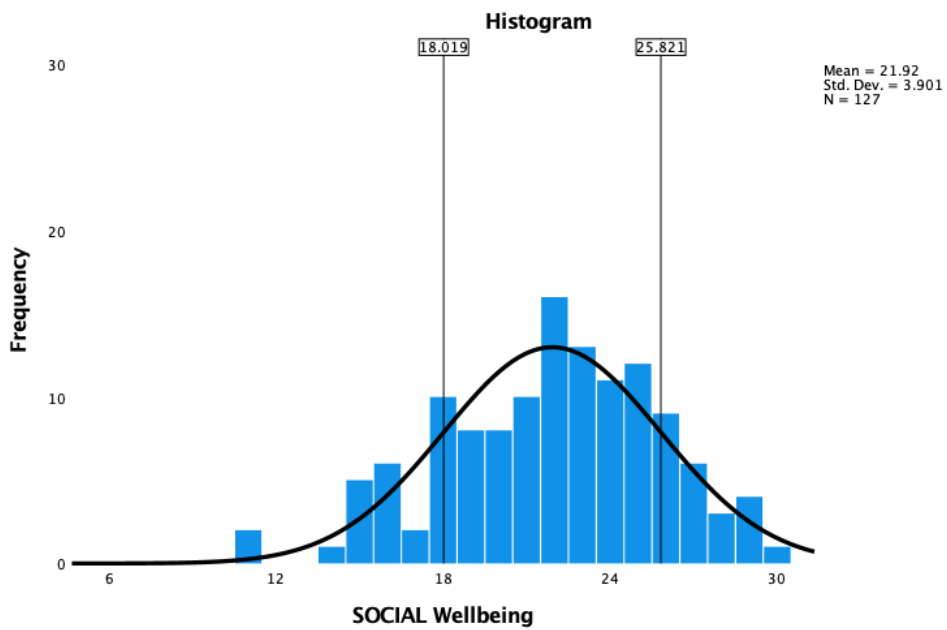
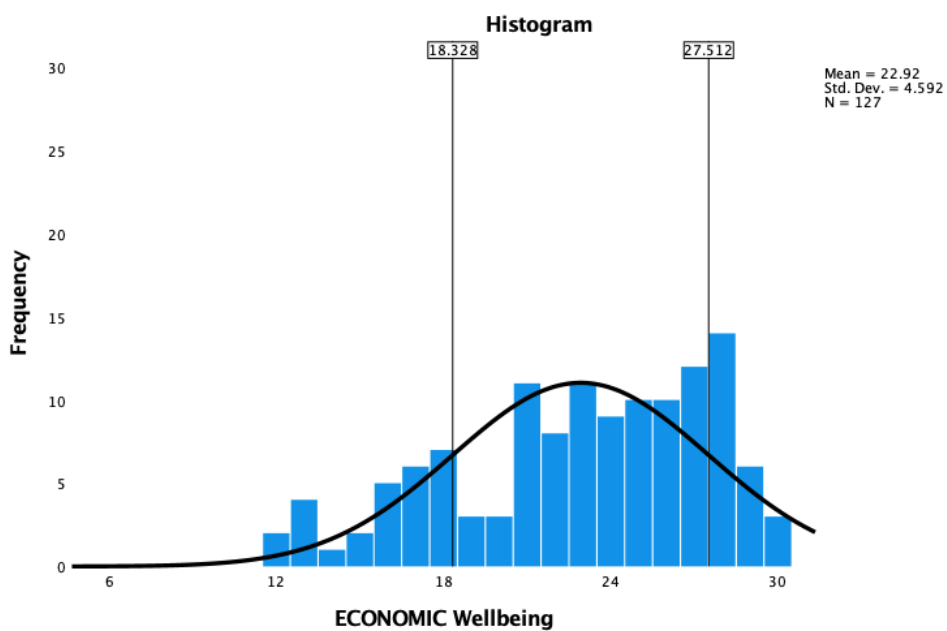


Figure 15

Economic Wellbeing Scores



Summary of Findings Regarding RQ2. The unavailability of a list of all pastoral leaders, and, therefore, the inability to create a representative sample, means that the scores of the study sample may not be generalizable to the entire population of pastoral leaders. However, the scores of this sample of pastors may yield insights into the usefulness of this instrument in measuring wellbeing, particularly in representing variance in experiences of wellbeing as showcased in total scores and subcategory scores. This study sample provided a wide range of total scores (ranging from 100 to 164) and while there was a strong central tendency, the standard deviation of the group was also sizeable at 15.50. This suggests that a wide range of personal experience of wellbeing were captured from this population of pastors. There was less variance present in the self-assessment of the pastors' Spiritual Wellbeing and the pastors tended to rate this category of wellbeing higher than the other subcategories. Also, the outliers in Spiritual Wellbeing tended to not score themselves as extremely (both low and high) as in other subcategories. Psychological Wellbeing scores consistently exhibited a very broad range along what appears to be a normal distribution. Physical Wellbeing and Social Wellbeing appear to be normally distributed although with much higher statistical means than Psychological Wellbeing. Economic Wellbeing appears to have a skewed distribution with a higher median but strong leftward skew with some participants indicating much lower scores. Overall, the score dataset indicates that there exist large differences in the experience of wellbeing amongst this group of pastors and that the subcategory scores that contribute to their holistic wellbeing are certainly not monolithic.

Analysis and Findings Concerning RQ3: Demographic Factors

A total of fourteen demographic questions were included in the assessment to consider what associations various demographics may have with pastors' experiences of wellbeing.

Demographic responses in eight categories (five individual and three organizational) did not need to be further transformed before being included regression analysis and summarized below in Figures 16 and 17.

Figure 16

Demographics Summary Table 1, Untransformed Individual Factors

Variable		IND_AGE	IND_CHILD	IND_DEBT	IND_INC	IND_EXP
N	Valid	126	127	126	124	126
	Missing	1	0	1	3	1
Mean		47.21	1.74	\$24,862	\$102,356	20.85
Median		45	2.00	\$10,500	\$100,000	19
Std. Deviation		11.68	1.40	\$47,776	\$38,133	12.26
Range		48	5	\$300,000	\$215,000	51
Minimum		29	0	\$0	\$35,000	0
Maximum		77	5	\$300,000	\$250,000	51
Percentiles	25	37	0	\$0	\$74,250	11
	50	45	2	\$10,500	\$100,000	19
	75	56.25	3	\$30,000	\$125,750	29.25

Figure 17

Demographics Summary Table 2, Untransformed Organizational Factors

Variable		ORG_AGE	ORG_STAFF	ORG_BUDG
N	Valid	126	127	114
	Missing	1	0	13
Mean		53.03	16.21	\$3,287,378
Median		40	4	\$381,816
Std. Deviation		47.95	57.46	\$19,715,146
Range		198	499	\$199,964,000
Minimum		0	1	\$36,000
Maximum		198	500	\$200,000,000
Percentiles	25	12.75	2.5	\$198,250
	50	40	5	\$381,816
	75	81.25	9	\$750,000

Five additional demographic variables needed additional coding to create seven indicator variables to properly be used in a multiple regression analysis. A summary table of these demographic variables are presented in Figure 17.

Figure 18*Demographics Summary Table 3: Transformed Factors*

Variable	MARRIED		RACE		DENOMINATION		STAFF ROLE		ORGANIZATION LOCATION		
N	127		126		127		127		127		
Subcategories	Married	Other	White	Other	Restorationist	Other	Lead	Other	Rural	Urban	Suburban
n	121	6	117	9	84	43	90	37	31	25	71
Test Variable	MARRIED_NOT		WHITE_NOT		REST_NOT		LEAD_NOT		RUR_NOT	URB_NOT	SUB_NOT*

Note. SUB_NOT* was withheld as a categorical variable from the regression analysis due to RUR_NOT and URB_NOT utilizing it as the base group for the subset indicator Organization Location.

The remaining demographic item collected, participant zip code, was utilized to formulate the median household income for the participant's zip code. Two additional variables were computed and analyzed as part of the regression. First, the ratios of participants' reported household income as compared to their zip code median income created a new test variable. Second, a debt-to-income ratio variable was developed by dividing the respondents' reported debt by their reported household income. These final three demographic variables are presented below in Figure 19.

Figure 19*Demographics Summary Table 4: Calculated Factors*

Variable		ZIP_MED_INC	INC_ZIP_RATIO	DEBT_INC_RATIO
N	Valid	126	124	123
	Missing	1	3	4
Mean		\$76,723.33	144.37%	26%
Median		\$73,703	137.49%	11%
Std. Deviation		\$27,207.85	63.51%	44.7%
Range		\$157,234	337.63%	300%
Minimum		\$27,266	40.36%	0%
Maximum		\$184,500	378.00%	300%
Percentiles	25	\$56,866	102.34%	0%
	50	\$73,703	137.49%	11%
	75	\$91,454.50	171.34%	32%

Regression Analysis. In all, a total of seventeen variables were utilized for considering what demographic factors might be related to pastoral wellbeing scores. These variables were included in SPSS linear regression modeling with total pastoral wellbeing scores and then the five sub scores being utilized as the dependent variables. A backward stepwise regression analysis was undertaken for each of the six scores. Variables that did not reach the 95% level ($p < .05$) for significance to each model were removed, one at a time, beginning with the highest p value, and the model rerun. This process was repeated until only significant variables remained for each model. Figures 20 through 25 present the final regression models for the study with brief analysis following each.

Figure 20

Regression Model Utilizing Demographic Variables: Holistic Wellbeing Scores

COEFFICIENTS				
	B	Standard Error	t	Sig.
(Constant)	103.86	5.50	18.89	<.001
IND_AGE	.48	.11	4.46	<.001
REST_NOT	14.67	2.68	5.47	<.001
MODEL SUMMARY				
Model	R Square		Adjusted R Square	
Holistic Wellbeing	.28		.27	

The regression modeling for Holistic Wellbeing Scores returned two coefficients at the $<.05$ level of significance, IND_AGE and REST_NOT, yielding an R^2 of .28. This modeling indicates that: 1) every one-year increase in age of pastoral leaders is associated with a .48 increase in their Holistic Wellbeing Scores, holding their denominational background constant and 2) those who ascribe themselves to be from a denominational background other than Restorationism are associated with a 14.67 increase in their Holistic Wellbeing Score, holding their age constant.

Figure 21

Regression Model Utilizing Demographic Variables: Spiritual Wellbeing Scores

COEFFICIENTS				
	B	Standard Error	t	Sig.
(Constant)	36.10	1.97	18.29	<.001
IND_AGE	.16	.04	4.21	<.001
REST_NOT	4.01	.96	4.17	<.001
MODEL SUMMARY				
Model	R Square		Adjusted R Square	
Holistic Wellbeing	.22		.20	

The regression modeling for Spiritual Wellbeing Scores also returned the same two coefficients at the <.05 level of significance, IND_AGE and REST_NOT, yielding an R² of .22. This modeling indicates that: 1) every one-year increase in age of pastoral leaders is associated with a .16 increase in their Spiritual Wellbeing Score, holding their denominational background constant and 2) a pastor from a denominational background other than Restorationism is associated with a 4.01 increase in their Spiritual Wellbeing Score, holding their age constant.

Figure 22

Regression Model Utilizing Demographic Variables: Psychological Wellbeing Scores

COEFFICIENTS				
	B	Standard Error	t	Sig.
(Constant)	13.95	1.75	7.97	<.001
IND_AGE	.09	.03	2.56	.012
WHITE_NOT	3.49	1.66	2.10	.038
REST_NOT	3.24	.89	3.64	<.001
RURAL_NOT	1.90	.95	2.00	.049
MODEL SUMMARY				
Model	R Square		Adjusted R Square	
Holistic Wellbeing	.21		.18	

The regression modeling for Psychological Wellbeing Scores returned more and different coefficients at the <.05 level of significance: IND_AGE, WHITE_NOT, REST_NOT and

RURAL_NOT, yielding an R^2 of .21. This modeling indicates that: 1) every one-year increase in age of pastoral leaders is associated with a .09 increase in their Psychological Wellbeing Score, holding their race, denominational background, and organizational location constant, 2) a pastor who identifies as non-white is associated with a 3.49 increase in their Psychological Wellbeing Score, holding their age, denominational background, and organizational location constant, 3) a pastor from a denominational background other than Restorationism is associated with a 3.24 increase in their Psychological Wellbeing Score, holding their age, race, and organizational location constant, and 4) a pastor whose organizational location is not rural is associated with a 1.90 increase in their Psychological Wellbeing Score, holding their age, race, and denominational background constant.

Figure 23

Regression Model Utilizing Demographic Variables: Physical Wellbeing Scores

COEFFICIENTS				
	B	Standard Error	t	Sig.
(Constant)	16.27	1.71	9.50	<.001
IND_AGE	.10	.03	2.86	.005
REST_NOT	2.76	.84	3.31	.001
MODEL SUMMARY				
Model	R Square		Adjusted R Square	
Holistic Wellbeing	.13		.12	

The regression modeling for Physical Wellbeing Scores returned the same two coefficients as Holistic Wellbeing and Spiritual Wellbeing. At the <.05 level of significance, IND_AGE and REST_NOT were coefficients of the model, yielding an R^2 of .13. This modeling indicates that: 1) every one-year increase in age of pastoral leaders is associated with a .10 increase in their Physical Wellbeing Score, holding their denominational background constant

and 2) a pastor from a denominational background other than Restorationism is associated with a 2.76 increase in their Physical Wellbeing Score, holding their age constant.

Figure 24

Regression Model Utilizing Demographic Variables: Social Wellbeing Scores

COEFFICIENTS				
	B	Standard Error	t	Sig.
(Constant)	20.97	.43	48.48	<.001
REST_NOT	2.73	.75	3.66	<.001
MODEL SUMMARY				
Model	R Square		Adjusted R Square	
Holistic Wellbeing	.11		.10	

The regression model for Social Wellbeing Scores only returned one factor at the <.05 level of significance, REST_NOT, yielding an R² of .11. This modeling indicates that a pastor from a denominational background other than Restorationism is associated with a 2.73 increase in their Physical Wellbeing Score.

Figure 25

Regression Model Utilizing Demographic Variables: Economic Wellbeing Scores

COEFFICIENTS				
	B	Standard Error	t	Sig.
(Constant)	20.41	1.49	13.71	<.001
IND_INC	2.72E-5	.00	2.48	.015
IND_EXP	.08	.04	2.18	.032
ORG_AGE	-.02	.01	-2.28	.024
DEBT_INC_RATIO	-3.10	.87	-3.59	<.001
MODEL SUMMARY				
Model	R Square		Adjusted R Square	
Holistic Wellbeing	.24		.21	

The regression modeling for Economic Wellbeing Scores produced four unique coefficients at the <.05 level of significance: IND_INC, IND_EXP, ORG_AGE, and DEBT_INC_RATIO, yielding an R² of .24. This modeling indicates that: 1) every \$10,000

increase in reported household income of pastoral leaders is associated with a .27 increase in their Economic Wellbeing Score, holding their years of experience, organizational age, and debt-to-income ratio constant, 2) every one year increase in pastoral experience is associated with a .08 increase in their Economic Wellbeing Score, holding their household income, organizational age, and debt-to-income ratio constant, 3) every year of organizational age is associated with a .02 decrease in the pastor's Economic Wellbeing Score, holding their household income, years of experience, and debt-to-income ratio constant, and 4) every 10% increase in a pastor's reported debt to income ratio is associated with a .31 decrease in their Economic Wellbeing Score, holding their household income, years of experience, and organizational age constant.

Findings Summary. Overall, six regression models yielded eight demographic variables that exhibited various positive and negative associations with the six wellbeing scores: IND_AGE (the individual's reported age, in years), WHITE_NOT (the individual's reported race as white or not), REST_NOT (the individual's reported denominational affiliation as restorationist or not), RURAL_NOT (the reported organizational location as rural or not), IND_INC (the individual's reported household income), IND_EXP (the individual's reported pastoral experience, in years), ORG_AGE (the reported organizational age, in years), and DEBT_INC_RATIO (the individual's reported household debt, not including mortgage compared to their household income, as a percentage ratio). IND_AGE and REST_NOT appeared in the most models, four and five respectively, including the Holistic Wellbeing model. Comparatively, the Holistic Wellbeing regression model had the largest R^2 value, but all models had a somewhat low percent of explained variance and variation. It is possible that this is due to inadequate sample size for more robust demographic categories. However, significant variables were still

found with both similarities and dissimilarities across categories of interest, suggesting holism and yet complexity to the phenomena being studied. More explanation of the potential meaning of demographic variables was explored with participants in qualitative interviews regarding RQ5. Additional discussion of making sense of the demographic regressions is done in chapter five.

Analysis and Findings Concerning RQ4: Participant Validation of the Assessment

In mid-October, responses to the assessment stalled at sixty-seven completions. To ensure a timely completion of the study, the study design was modified to begin qualitative data collection (participant interviews) and move forward with a concurrent data collection design. The data from the sixty-seven responses was briefly cleaned and analyzed. These initial responses resulted in a Cronbach's Alpha of .838 and total wellbeing scores ranging from a low of 102 and a high of 164. Thirty interview invitations were sent out to respondents who indicated they would be willing to be contacted for a second round of research. Invitations were sent to participants who had the 10 lowest scores (102-117), 10 most median scores (136-140), and 10 highest scores (154-164). Of the thirty invitations sent, ten participants accepted and completed interviews, a 33.33% response to invitation rate. One participant from the median group had agreed to an interview invitation but was unable to attend the interview due to a last-minute scheduling conflict. In total, completed interviews included three from the lowest scorers, three from the median group, and four from the top scorers. Summation of the ten interview respondents is present in Figure 26 below:

Figure 26*Summary of Interview Participants*

	P. 1	P. 2	P. 3	P. 4	P. 5	P. 6	P. 7	P. 8	P. 9	P. 10
HW Score	157	107	117	164*	154	154	139	140	139	112
%	TOP	BOT	BOT	TOP	TOP	TOP	MID	MID	MID	BOT
SpirW	47	45	43	55	50	50	53	47	44	31
PsyW	30*	15	16	25	22	28	21	22	22	16
PhsW	26	18	25	29	28	22	22	26	22	24
SocW	29	17	20	25	28	26	27	24	27	19
EconW	25	12**	13	30*	26	28	16	21	24	22
Age	48	37	35	67	33	48	44	36	41	34
Race	White	White	White	White	White	White	White	White	White	White
Marital Status	Married	Married	Married	Married	Married	Married	Married	Married	Married	Married
Children	3	2	2	0	0	3	2	3	3	0
Debt	25,000	12,000	117,000	0	20,000	0	27,000	40,000	0	0
HH Inc.	85,000	110,000	93,000	120,000	70,000	160,000	74,000	110,000	250,000	75,000
Denom	Wesleyan	Restor.	Restor.	Restor.	Other	Restor.	Baptist	Restor.	Other	Other
Exp.	25	12	14	46	7	26	25	13	10	12
Role	Worship	Youth	Lead	Lead	Lead	Lead	Other	Worship	Lead	Lead
Org_Age	135	152	50	85	1	27	40	50	0.1	17
Org_Staff	5	2	4	2	3	15	500	12	2	1
Org_Loc	Rural	Rural	Sub.	Rural	Sub.	Sub.	Sub.	Urban	Sub.	Urban
Org_Budg	1,000,000	250,000	243,000	150,000	250,000	25,000,000	200,000,000	1,000,000	100,000	105,000
Int. Length.	22 min	26 min	22 min	25 min	19 min	28 min	30 min	30 min	30+ min	31 min

Notes: * Indicates top scorer of all participants in the final study group (N 127). ** Indicates lowest score of all participants in the final study group (N 127).

Data Integrity. All interviews were conducted via zoom between October 19 and October 25. Participants' sessions were recorded and then transcribed utilizing Zoom's transcription function. Due to an error, a recording and transcript for participant nine was unavailable. Interview notes and general themes for this respondent were recorded in the researcher's data collection. An additional attempt to redo the interview was not undertaken

because the essential data from the interview was collected and asking the respondent to again enter an emotionally vulnerable state was an ethical concern. For the rest of the participants, transcriptions were checked and edited for accuracy by relistening to the interview videos. Per IRB application protocols, participant data was anonymized and videos were deleted at this stage. Completed transcripts were imported into NVivo software for coding and thematic analysis.

Data Analysis. Completed transcripts were first re-read and codes and themes were generated from the data in a process of open coding. Additional codes, especially disconfirming codes, were created to analyze whether participants viewed the assessment negatively as they made meaning of their results. A total of thirty-seven codes emerged from this code development process. The thirty-seven first level codes were clustered together into nineteen second level codes, which yielded six total themes. A summary of the emergent code matrix is presented below in Figure 27.

Figure 27

RQ4: Interview Coding Matrix

1 st level codes	2 nd level codes	Themes
High Accuracy Items Clear Items Fair	Affirm	Accuracy
Low Accuracy Items Unclear Items Unfair	Disaffirm	
Avoided Didn't Answer	Disinterested	
Useful For Self Useful With Staff Useful With Family Useful For Others Not Useful	Personal Reflection Conversational Other Not Useful	

Fast	Speed	
Slow		
Higher	Direction	Measuring Change
Lower		
Stable	Stability	
Dissimilar Categories		
Similar Categories	Category Relationships	
Led to Further Reflection		
Led to Conversation	Positive	
Led to Action		
Inadequate		Self-Assessment
Social Pressure	Negative	
Caused Stress		
Confusion	Unsure	
All of Life	Holistic	Holistic Wellbeing Construct
Missing Categories		
Spiritual Centrality	Wellbeing Categories	
Poignant Categories		
Participation b/c of importance	Research Needed	
Read/participated in other research		
Lack of Support	Support Needed	Importance of Topic
See Others in Need		
Significant Categories	Categories	
Unique		

The code matrix was then programmed into the NVivo software to then be used in coding specific passages from the interview transcripts. Each participant's responses were coded, line by line. The quotations were then collectively analyzed by their thematic groupings. Exemplary and representative quotations were selected to best report findings in participants' own words. Analytic memos kept by the researcher throughout the qualitative analysis were utilized to organize, report, and summarize findings.

An analysis of the data from when the participants were shown their wellbeing scores suggests a core tension between pastors' views of the accuracy of the assessment and the usefulness of the assessment. A meta-analysis of the number of coded references made about the theme of usefulness (58 references) as compared to accuracy (24 references), suggests that the

usefulness of the assessment was of more concern to participants than its accuracy. It is also notable, that this occurred despite each participant being directly asked to give a percentage of accuracy for their assessment results. Only one participant gave a direct response: Participant 4, “From what I remember about the questions I would, I, ninety-five percent accurate. I mean, right up there.” Other, non-numerical responses which affirmed assessment accuracy included:

Participant 2: “Yeah, I think they’re pretty accurate.”

Participant 3: “I don’t have any reason to think these, these numbers, are off base for any particular reason.”

Participant 3: “I don’t really see anything that tricked me into answering a certain way that I wouldn’t have. It seems to be a pretty accurate assessment. I don’t have any reason to think that I would say this didn’t just, didn’t peg me where I belong or anything like that. So yeah...”

Participant 5: “I feel like I have never been healthier, spiritually, physically, or emotionally. Um, so, I, I do think, you know, based on these scores. That’s probably pretty accurate.

Participant 6: “Um, yeah, when I look at them, there’s nothing surprising there. Uh to me, you know. I’m trying obviously to kind of recreate like, I wonder what I answered that, you know, gave me those scores. But yeah, on the whole, it, it totally makes sense to me.”

Participant 7: “Yeah, no, I mean everything. Everything looks kind of the way I felt my, my questions... You know my answers to the questions uh indicated. So yeah, I’m content with the appearance of the answers.”

Participant 10: “Overall I feel like the results. Um accurately matched.”

A few participants also offered disconfirming evidence regarding the assessment's accuracy. Participant 9, whom was the only female-presenting interview participant, asserted concern about whether the assessment was unfairly biased towards a male view of wellbeing, particularly a legalistic, performance-centric view of spiritual wellbeing. Participant 4, who had rated the numerical accuracy at ninety-five percent, also expressed that there were items that were potentially too general:

There's one right in the middle there. 'My emotional life is healthy.' Uh, without fully defining what emotional life, my emotional life is, what affects it, on what moment of the day, you know, if I made the birdie putt or not, uh goes a lot, if I'm feeling emotionally healthy at that moment. Uh. And then what is healthy! You know? Is it healthy that I'm angry? Is it healthy, uh, that I'm gleefully, uh, wanting to giggle about everything? I don't know what, what's healthy in the moment... I'm not sure what the definitions were, so I just took it at face value of whatever I thought it was, and then I responded to that, and that's probably exactly the way you wanted me to do it anyway.

Similarly, Participant 2 noted:

I think there was some of them that, I don't want to say they are ambiguous, but they are like maybe a little more um pointed to what you're trying to get. I think some of them. I, I think couple of, I was like, I'm not sure exactly what you're asking here.

Finally, one participant, Participant 1, seemed to be disinterested in talking about the accuracy of the assessment at all: "But, uh, I won't be able to pick apart, uh, specific things. Specific questions. Uh, I, I am about the whole thing, too, like, 'what did I experience with going through that?'"

So, while participants seemed to speak a little to their view of the assessment's accuracy, their conversational emphasis was overwhelmingly focused on the assessment's usefulness.

Participant 2, who was one of the bottom ten scorers, offers a poignant case study of how they felt the assessment was particularly useful for them:

I think for the most part it did help me reflect... Just a lot of self-examination, a lot of okay, 'I've got some criticism coming in from a direction,' and trying to figure out how much of it is true, and how much of it is false. And um how that affects me and it, and I won't lie, it's, and it's an extra stress in my life... I believe, a little bit here that, you know, this [assessment] was put in my path to help me get in that mindset of being reflective... and this kind of stress was upcoming, and that sort of thing, um, and I think it did help... not just dismiss what was being said as somebody's complaining, but actually examine what was going on, and it gave me a, it gave me some good basis for doing that... So I think that was very helpful... a good launching point um to kind of bring up this conversation... I work with [another pastor] here at the church, and, um, I, I, I see sometimes where I feel like I should be doing something to kind of help him with some of the struggles he's had in the past, especially here in the past five years. Um. But at the same time, I don't know where to begin. Um, and so I think this is a great tool to help me, not just for me, holistically, but just ministry in general. Um, you know I've got another friend, um, who's out in [another state] and was really being taken advantage of by the church, and I, I, I kind of look at that as a couple of years ago, but now, looking at it, through this, I can see where he was taking care of some of these areas.

This response to being asked about the assessment's accuracy exemplified the theme of usefulness, not as a replacement to accuracy, but as something that participants were eager to

illustrate as more consequential. This response also exemplifies the span of usefulness that participants expressed. Most participants expressed, that at a base level, the assessment provided a means for deeper personal reflection. For example, Participant 7 said, “Anytime we take an assessment, that, that time to pause and reflect is always good. And so yeah, I, just even to take the time to assess where I was at the moment, you know, I think it’s beneficial for sure.” Several participants expressed that the assessment was an impetus for them to not only personally reflect, but to intentionally seek out conversations with others about their wellbeing. Participant 10 reflected:

I, to be real with you, Tim, like uh, after I took that [assessment], too, [it] actually produced a like, uh, cause for me to chat with my wife about it and with my, uh, therapist about it, and just like, ‘Hey, I took this [assessment],’ and you know, of course, understanding it’s, you know part of the reason I’m taking [it] is you’re piloting it right, it’s not in its final form yet, but I was, uh, it kind of caused a little bit of a moment of like, ‘Oh, wow,’ you know, ‘Hey that score wasn’t as high as I expect it to be.’ And you know I was kind of talking to people about this [assessment]. I feel like those, from the areas that were most surprising to me, and I’d like to imagine, also have encouraged the most change in me, you know, to really stop and adjust something.

Even those who had not felt like the experience of taking the assessment produced an immediate response of reflectivity or subsequent action, were nonetheless ready with suggestions on how changing the assessment was administered might have better helped them reflect and make changes in their lives. One common suggestion was to have more follow-up questions over the course of a few days or weeks. Participant 1 said it this way, “...like institute asking these questions over the next thirty days... I would have probably drilled down more on each of

those things rather than answering a question on an assessment and then moving on with my life.” The other most common suggestion was to have more people around them take the assessment, either as a small group or as 360-degree form of assessment. Participant 5 suggested,

What I might say, something, might be more effectful is just, I mean, obviously having feedback from somebody else, or outside feedback, you know... Maybe even like a, like a 360-degree review type of thing where other people are also speaking into these categories, or what they notice when they think about these categories as it applies to me.

These responses also overlap with another major theme that arose from the interview transcripts: the general wariness of participants towards their ability to fully understand their holistic wellbeing through an instrument relying upon self-assessment. Participant 9 questioned whether societal pressures about what a healthy pastor is supposed to look like might have intrinsically swayed her responses. Participant 1 also shared a concern that one’s sense of control and awareness might also affect their ability to self-assess accurately. However, the dominant theme was expressed by Participant 10 when they said:

I think the weakness of the [assessment] is, it asks me to be the assessor, you know, and as I, as I am all too keen, I am often not the greatest assessor of myself. Um, and that can be either: ‘Hey, I’m too hard on myself,’ or ‘I’m too easy on myself,’ or both at the same time. You know, in some areas I, I probably accurately do that. And then other areas I lack sober judgment of, of myself.

It should be noted, that in analyzing the participant interview transcripts, half (5) of the participants did not offer reflections on the role self-assessment played in their making sense of their results.

Overall, participants affirmed the categorical constructs of the assessment and did not offer theoretical or even theological rebuttals to holistic wellbeing as measured by the assessment. This was despite disconfirming evidence being explicitly sought from the participants, from which the only suggested 'missing category' was when Participant 2 suggested, "I think there is another emotional wellbeing category that could be addressed." Emotional health was considered a subcategory underneath Psychological Wellbeing in the assessment, but Participant 2's feedback will be further considered in chapter five. In the very least, this feedback represented that the interviews reached a good level of coverage, since at least some disconfirming data was present. Regarding the holistic wellbeing construct, participants also affirmed the importance of each of the categories included in the assessment with different participants referencing different categories of wellbeing as particularly salient to them. Additionally, participants, unprompted, affirmed the theoretical underpinnings of the assessment, namely that participants' experience of spiritual wellbeing was central in their understanding of wellbeing. Participant 10 explained,

My sense is probably that, um, my spiritual wellbeing, what I believe God says about me, what I believe about life and the world around me, definitely affects my, my mood and my um, my emotions and that kind of thing. And uh, so, I would guess that the spiritual wellbeing kind of drives a lot of the holistic wellbeing.

Similarly, Participant 4 expressed,

What I know is that when a person gets sick in any way, that dominates pretty much every other area of your life. Uh, you could have everything going on your life, but if you had cancer, all you can think about and talk about is the cancer. Um, or in your family everything's great, but there's something wrong in the family... Uh everything in life is

great, but I just lost my job. And so, one thing, and all of this, really can just gut the other parts of the wellbeing, um, at least temporarily, and certainly create new challenges, so it's not a one or nothing. It's pretty much all together, and any one of them can shoot torpedoes into that boat, and, and cause, cause all of them to fluctuate.

This response again exemplifies an “all of life is important” kind of approach and also transitions to the theme of change that emerged from the data. Participants overwhelmingly spent the majority of their interview time exploring the ways that they had experienced changes in their wellbeing. However, their reflections on this change represented nuanced stories of change, in which there were not uniform experiences of stability, speed of change, direction of change, or even how change in different categories of wellbeing related to change in other areas. Participant 4 stated, “Pretty much right now, life is, you know, pretty much the same. I’ve certainly had, as we all have had, moments where the needle would have changed a lot.” This sentiment was often repeated by other participants – that even if they are experiencing stability, they have experienced volatility in the past and there is some kind of expectation that change in their wellbeing will likely occur in the future. Yet, how respondents experience and even manage their wellbeing was varied. For example, Participants 4 and 8 each expressed that their Psychological Wellbeing was particularly volatile and could change almost instantly based on circumstances, whereas when talking about Psychological Wellbeing, Participant 5 expressed, “It’s probably been like a slow increase of health, um, over the last couple of years...” When talking about Spiritual Economic Wellbeing, several participants reflected how their experience had shifted over the course of their entire lives, while others mentioned how they had experienced dramatic short-term change in Economic Wellbeing specifically when they or their

spouse has gotten a new job. Therefore, participants' responses indicated that an assessment of wellbeing ought to be sensitive to the change in experience over time.

Finally, throughout the interviews, participants regularly emphasized their perception that the topic of Holistic Pastoral Wellbeing was of great importance. They expressed myriad personal and professional experiences of crisis to their wellbeing, indicating a real desire for more support in reflecting on their wellbeing and addressing areas where they desired to experience better wellbeing. Each of the 10 participants, at some point of their interviews, specifically made references to the need for more work and awareness of Holistic Pastoral Wellbeing. Data from each participant on the importance of assessing Holistic Pastoral Wellbeing is found in Figure 28.

Figure 28

Qualitative Data on the Importance of Assessing Holistic Pastoral Wellbeing

Participant	Data
Participant 1	<p>Last year I had a real check on my own, uh, physical, uh, wellbeing, um, because of, uh, I was required because of, uh, insurance to go and get a annual checkup. And I, it's not something that I really have ever done. And so I went, and uh they came back and said, 'Oh, your blood test told us that...'</p> <p>Uh, so I probably wouldn't have scored very high, and some of the other uh um, I wasn't taking care of myself physically...</p> <p>Um, but that's only been in the last year, really. Um! And here's the crazy thing. I was in a dangerous health position, and I didn't feel bad at all, and I, and so, I think that a check like this, uh, through your question asking maybe something that tells people, 'Wait there's a problem here.' Even though you don't feel sick all...</p> <p>You know about some of the different areas, because I think that's where, uh, cheating myself out of sleep, uh, eating junk food, uh, those kind of things uh,, because I was busy, busy, busy, you know. Um, uh. Those are the kind of things that, uh, that I've had to deal with in the past year. Um, in my own kind of journey. And so, uh, going through this, I was kinda like, 'Oh, okay. Well, I'm. I'm glad I've bumped up in some of the other areas to be more holistic myself, too.'</p>

Participant 2	<p>It's really caused me to kind of look at myself, both, um, emotionally and spiritually, and a little bit psychologically. And I, I think, I'm finding that a month ago I answered those questions, and I think they were accurate. But now some of the stuff's got some light shed on it, and I'm kind of like, 'Well, maybe I need to do a little... investigation.' I, I, I think the biggest example is I, I've known for a few, well, couple of, many years now, that I know that there is a disconnect in my learning ability, and so I I'm finally giving that, examined, um, I've always just put in the back... where I've gone with it this far...that sort of thing. And now I'm, I'm actually taking the steps to figure that out.</p> <p>...there are certain things I'm expected to be able to do and know, um, that sometimes I don't, and I feel like It's kind of like, 'Hey, this is just something you've got to take care of and figure it out.' Um, and I think that really again, I think that affects the holistic aspect of it, because now I've got this added stress of, 'What are you talking about?'</p> <p>There have been times where I mean I, I, I have found myself for days where I'm just literally sitting and looking at a blank screen on the computer like, 'Okay, I need some time to decompress because I'm running myself ragged,' and um, and it affects me and my wife.</p>
Participant 3	<p>I think the reason why I even responded and took the assessment to begin with, and even scroll through my email last night saying, 'Oh, yeah, I I didn't respond to this. I'll sign up for a time.' Is, uh, this whole concept of wellbeing. I'm, I was just thankful that there was a study and an assessment being done, because in our role as pastors, so often, we are the ones asking other people, 'How are you doing?' And very rarely do I get people in my life, unless I'm intentional to put those people in my life and basically tell them to do this. Very rarely do we have people as pastors checking in on us, and simply just wanting to know how we're doing, and if they're within our church, there's only a certain level of transparency that is wise for us to open up with those people that we lead and teach and preach to. So, um for what it's worth. That's, that's, uh, something I would share about wellbeing when it pertains to pastors is I'm glad other people are thinking about this. I'm glad there's an organization out there that's doing assessments and studies on it, Because it's, it's obviously something that should be considered. Um, and you know as well as I do just, the, you know, the number of peers that we've graduated with that not just have nothing to do with ministry, but have nothing to do with the body of Christ, and how alarming that that can be! Um. So, we should consider the wellbeing of pastors.</p>
Participant 4	<p>I found the categories interesting. Um, especially when the last one was on economic well-being, and I'm assuming, um, we did a lot of study on that when we did things for the center, and the number two reason why we were losing ministers were, was with salary economic pressures.</p>

Participant 5	<p>I think a real turning point for me. Just health-wise in the holistic sense, was reading the book. Uh um, “emotionally healthy spirituality” Um, by, I think, Pete Scazzero, that was very eye opening for me, especially growing up, not necessarily growing up, but primarily being influenced by one particular view of life and spiritual disciplines, and, and all that.</p> <p>So, um learning that it's, it's okay to, to be, you know, feel unhealthy emotionally or unhealthy mentally, and yet still love Jesus and be loved by Jesus and God. And that was really, that was really helpful for me to, to discover that.</p>
Participant 6	<p>Um, you know I've had a couple of low points with psychological wellbeing, and I try to be, you know, transparent about that, and that that you know I've sought counseling, you know, multiple times in my you know ministry life, and you know most recently for sure, it was right at the beginning of Covid. You know, when, you know it's my... So, I told our church a few months ago. I, yeah, just walk in. You know my, my wife, you know, were getting ready in the morning. I just stay in the bathroom. Do, you, like I'm not doing okay!</p>
Participant 7	<p>I would say, you talked about whole life discipleship as a young man in ministry I did not have, nor did I seek out, uh, a lot of mentors or people to help speak. I didn't ask questions. I just kind of charged ahead and did.</p> <p>I'll use my air quotes here. ‘I didn't want to bother anybody,’ you know um, and I know how much of a lie that is, uh, now that I didn't at the time, and so um seeking that whole person discipleship means, uh, accountability, uh, it means, um, being able to be vulnerable with people having some safe space for those things, and being intentional about maintaining and continuing those conversations. Um. That has been one of the larger lessons that I've learned in the last ten years.</p> <p>That I, I, if I had a, you know, if I could hop in a time machine and go back. That would have been one of the things that I would go back and tell myself was, ‘Hey, uh, don't do this by yourself,’ so that again whole life side of things. So, if I'd known, if there had been somebody to ask me these questions from the assessment going back to that periodically over the course of my ministry. That would have been super valuable.</p> <p>Talking about your economic well-being is probably one of the more difficult sort of things. Uh, from a pastoral perspective, you know. There, there's a, a chorus that's echoed at you for a long time of ‘Well, we like you, and we want you to be here, and we see God's work in you. But how cheap can we get you for.’ Um, ‘How little can we pay you and you still be here?’ So over the course of my, you know ministry career that you know. Gosh! Do we have insurance at all, or quality insurance? Uh no, no, not until I got where I am now. Have I felt like we're actually taking care of in that regard, and I've only been, I will be three years in April that I've been here. So you know twenty-two years of ministry. Ah didn't feel taken care of felt like it was. ‘How can we have you on the</p>

	<p>cheap?’ Uh. I know that for a lot of pastors you know that, that stress of um, you know, knowing that your family needs better care, but also not wanting to sound like you're some greedy, uh, grasping individual as a, as a tough thing to work out, and those are hard conversations to have. Uh, and there's nobody who's really wanted to dig in and ask the tough questions. Um. Because I think there's a part of which, part of that where they, they know the hardship, and they just don't want to address it, because it's hard.</p>
Participant 8	<p>It can just be hard depending on who you're around. But, spiritual wellbeing, I think, depending on the group and depending on who you deem them safe or not. I think spiritual wellbeing can be, can feel dangerous, uh depending on the group... that general feeling of not having freedom to express various things about, and, and now, which I experience from people who are spiritual.</p>
Participant 9	<p>From researcher’s notes: “Participant expressed that the Sunday before her interview for the study, she had broken down in tears before they were supposed to preach in a church service and was still processing the experience several days later. Who does she have besides me to talk about different aspects of her wellbeing?”</p>
Participant 10	<p>I took a sabbatical last year, and um, that was like I was just at, kind of a breaking point, emotionally and spiritually and honestly, probably physically, too. Um, and you know the real big habits I've tried to incorporate into my life out of that has been, um, less focus on achievement, less uh doing, you know, like um, ‘Hey, if in the average week I’m trying to get forty things done, you know. Now I’m trying to do thirty.’ You know, I don't know what the number is. But you know that idea of, ‘Hey, my eyes are way bigger than my stomach when it comes to that and feeling way too much of a push and press um to achieve and do in ministry. That is probably more for me than it is from God.’</p> <p>I just want to say I’m really grateful for, uh, assessments like this one. I feel like in the past couple of years. Uh, certainly, I think, since the pandemic began, I've started to notice a little bit more focus in the pastoral wellbeing, um, area, you know. I feel like, um, you know, people like Rich Villodas, and uh, Pete Scazzero, you know, like um. Those kinds of people, definitely have to be preaching and harping on the necessary kind of emotional and spiritual care for pastors and clergy members, and I think that's, I'm just grateful for that. I'm grateful for whatever role this assessment has in that.</p>

Findings Summary. Overall, as interview participants were shown their Holistic Pastoral Wellbeing Assessment results, they made sense of their scores with a wide variety of reactions which exemplified nuances in their sense making reflections. Participants exhibited a tendency

to focus more on whether the assessment was personally useful while displaying less emphasis on rating the accuracy of the assessment as a scientific instrument. Meanwhile, some participants showed concern for the merits of self-assessment as a means for developing insight into their true experience of holistic wellbeing and offered suggestions for possible ways to produce better results. Participants seemed to affirm the assessment's theoretical construct of holistic wellbeing, including the centrality of spiritual wellbeing to their experience and the importance of the other wellbeing categories. While participants' reflections indicated a cohesive view on the holistic wellbeing construct, there existed divergent reflections of how they experienced change in their wellbeing over time with a desire for their experiences to be understood with nuance and without limitations being placed on them. Throughout, interview participants highlighted that they felt strongly that addressing the topic of holistic wellbeing was important to them individually and for the pastoral vocation at large.

Analysis and Findings Concerning RQ5: Participant Exploration of Demographics

After interview participants had discussed their holistic wellbeing scores, they were invited to respond to questions about their personal demographics from the interview guide (Appendix C): "To what extent do you believe that your personal demographic details are related to your experience of wellbeing? Do you believe that they are related? If so, how?" Initial regression analysis of the sixty-seven assessment completions at this stage of the research indicated that age and denominational affiliation were significant factors. So, these potential factors were specifically shared with interview participants, seeking any explanation they might offer for the relationship between these factors and wellbeing scores. Since final regressions, and their resulting factors were not yet discovered, other statistically significant factors were not explicitly explored with participants.

Data Analysis. Codes and themes for RQ5 were developed after a close re-reading of the interview transcripts. A total of 28 first level codes, 8 second level codes, and 3 general themes emerged and were then utilized to code transcripts line by line. The interview coding matrix utilized is presented below in Figure 29.

Figure 29

RQ5: Interview Coding Matrix

1 st level codes	2 nd level codes	Themes
100%		
Some, but not everything	Yes	Do Demographics Even Matter?
Some, but mostly not	No*	
0%*		
Disinterested/Avoided*	Uninterested*	
Young		
Middle-Aged		
Old	Age	
Mentors at Critical Age		Causal Associations
Generational Differences		
Denominational Beliefs		
Church Culture		
Social Networks	Denomination	
Agency in Role or Tasks		
Doesn't define me		
Combination of variables	Too simplistic	
Family Demographics		
Privilege		
Isolation	Too individualistic	
Key Relationships		
Family of Origin		Demographic Challenges
Gender		
Age of children		
Health Issues		
Distance from family of origin (i.e. "home")	Demographic variables not covered or underrepresented by assessment	
Extended Family		
Personality Type/Disposition		
Toxic Congregation Experiences		

*Note. Even though initial analysis of the transcripts did not yield any participant references to feeling demographics did not matter or that participants were disinterested in discussing demographics, these codes were included in the coding matrix to seek disconfirming passages. In a second round of coding, again no passages were found that were coded with these codes.

As participants were directly asked whether demographic variables mattered when it came to their experience of wellbeing, they tended to strongly affirm that they do, indeed matter.

This sentiment was exhibited by statements such as:

“Well, I mean I think everybody’s experience is different and will impact their wellbeing.” (Participant 1)

“I think demographics play, um, a big role in where we’re at.” (Participant 2)

“I think they’re absolutely related one hundred percent.” (Participant 5)

“My demographic details related to my experience of wellbeing are they related? Sure. All related.” (Participant 7)

“Yeah. Um, well, I mean, I think so.” (Participant 8)

These quotations display both that some participants responded with explicit affirmation and also with a range in importance they seemed to place on how exactly their demographic details affected their experience of wellbeing. While it may seem that those who did not explicitly affirm that demographics matter were avoiding the question or denying their importance, every participant went on to give examples of how they saw demographic variables making a difference in their experience of wellbeing. For example, while Participant 6 did not explicitly state they thought demographics mattered, they immediately gave an example of connections they saw between their life experience and wellbeing:

Um, I mean I, I, you know one of my favorite things to say is sometimes, ‘I think I get a home run, but I was definitely born on third base.’ You know, I think, yeah. I’ve had, I, you know, I can look through this list [of demographic variables], and I’m like, yeah uh I’ve been set up pretty well to, to be in a position of wellbeing.

So, while participants generally affirmed that demographics did matter, they appeared more interested in exploring, beyond a simple yes or no, how demographics did matter in various complex and nuanced ways to their individual experiences.

This was especially born out as participants were invited to further reflect upon how age and denominational affiliation may be related to their experiences of wellbeing. For age, every participant had some form of explanation about how their age had affected their experience of wellbeing. To consider whether participants' reflections regarding age converged to offer cohesive explanations for their wellbeing scores, they were grouped by their scores before being compared and analyzed.

Figure 30

Interviewee Reflections on Age, Sorted by Scoring Group

Group	Individual	Score	Age	Data
Bottom 10	Participant 2	107	37	I totally agree with your, your assessment of age. I mean we've just, I mean I can remember we were not a whole lot younger, but during, we got the offer for our first full-time ministry, and being young, just fresh out of college, man we, we didn't see some of the red flags that we should have seen going into the ministry. And looking back on that now, it's like, okay. Obviously, it was good learning and growing experience. Um, we are a little bit more, I want to say careful, but we're cautious...
	Participant 3	117	35	You know I, the first thing that pops into my, my head, which may, maybe is somewhat morbid. But I know there's, there's studies that link just the age and gender that I fall into, that category, men about my age are among the highest, like suicide rates around the country. Um. I know that younger age demographics have grown in recent years, but I, I do think there's something about just being a man in my mid-thirties. Relationships are hard, friendships are hard, no matter what area of work you're in, and, and so maybe that that has something to say about um, you know, my psychological well-being score being affected in the way that it was...

				And we're in the [financial] state that we are primarily because of, of debt accumulated from not just college but early years of ministry where we had had to borrow money to pay bills, so still paying for that.
	Participant 10	112	34	<p>Um, I think there is, uh another interesting demographic thing in terms of age. Um. And uh, I've probably, I've certainly experienced this less so as, um, as I've went on. But like when I began here, I was twenty-eight. Um, so very young, you know, to be doing this job I feel like, and uh, even in our uh, even in our community, like our, our particular church. We are in [large southern city]. We have three major universities here. Um. For large periods of time, and our church you have pretty significant, um, college representation, and, and whatever around here. Um, I do think there is a challenge to, and at least in regards to, being a senior pastor position like with regard to age and um, not everyone views you as an authority on things, you know, and not that you know I need to be viewed as the ultimate authority or anything. But I think a lot of people are probably more prone to listen to a guy who's, you know, forty or forty-five than one who's closer to twenty-five, you know.</p> <p>Um, and so I, I kinda feel like I experience some of that, um, coming here and especially experienced that because the previous church I worked at. I was part of the launch staff, um, at a multi-site, and so I've been around you know from opening to close of the church, you know, like every day I was there right? So, I kind of you know. Um. I had the credibility of hey, guys, I've been here for longer than, like I can legitimately say, 'I've been here longer than all y'all,' you know, and um, and I didn't realize how much credibility that gave me, especially as a younger person, and when I came here that, um, that really reared its head.</p>
Middle 10	Participant 7	139	44	Um, the, the age side of things. I mean. Yeah, that's you know. Things have improved, you know, as I've gotten older. Um, which is again like you said, not always the case, but it has, it, it is for me, uh at this point.
	Participant 8	140	36	Like three [young] kids. I mean, that can make a difference on um physical wellbeing, like, how long do you? How much time do you have to exercise? And really it can be all your wellbeing. Now I have some time in my work that I can spend on spiritual well-being sometimes, but I mean, if you have a big family

				that can take away from any of the practices that you do for any of the wellbeing categories.
	Participant 9	139	41	From researcher notes: "Participant spoke about how money they made from a previous career when they were younger has set them up for more economic security when they came into ministry later."
Top 10	Participant 1	157	48	<p>But I I'm not sure how to say it, because you might say somebody has been in the ministry for a long time, and they've just become completely jaded, or they've been in ministry a long time, and just have seen God's work over and over again, you know.</p> <p>Man, it's true. Because, like what, when did you go to high school? What did you face when you're in high school? And how did that shape your view of the world. So I, I mean, I think, that, that all ties in, um.</p>
	Participant 4	164	67	<p>I think. Uh where experiences help me through all these, you know, at, at my age, is that by this time in life you've gone through a lot of ups and downs, uh. You've had successes. You've had failures. You've gained new friends. You've lost old ones. I've lost lots of family members, lots of them... a lot of, lot of death. Um. And it seems like with every closed door, God just opens another one. And so, dealing with the disappointment of something, something uh, and I've dealt with several, uh, maybe certainly probably less than most, maybe more than some. But what I've realized is that God will continue to be faithful. And so out of my experience, it's not just something I've read about in Scripture, which I believe, but I've experienced it in real life, is that no matter how bad it seems in the moment, it won't stay that way. And so, if I trust God in the good times, I need to trust Him in the bad times, because He will be very faithful in both, uh, and, and He has been. He has been. He always has been. I believe He always will be. Doesn't mean the choices of what was next was my choice. But I always know that when the opportunities come, that God will provide opportunities that He believes is best for me at this point in time in my life, and so far, uh, He's been one hundred percent correct. Huh! How about that! Uh, and so, I have always been happy about that.</p> <p>And so, I guess that's what I mean by the experience God brings to us what He wants. If we're open to that, so the experience does matter as far as a, uh, emotional wellbeing, or in every way, it brings that stability that</p>

				because I tell people all the time, the best is yet to come.
	Participant 5	154	33*	And then you know, of course, just being surrounded by well, whoever you're surrounded by too. Whether it be just people of different, who think differently than you do. Um, who maybe a different age, or whatever, and it might have a different, ideas about wellbeing, I think, obviously impact your, your personal wellbeing as well.
	Participant 6	154	48	In our uh tradition. Uh, you do not have to have a master's degree to be a pastor. So, I graduated my undergrad from Bible College. Um, and the main thing I was looking for leaving that in terms of my position would be, I wanted to work under someone. I wanted to have a mentor in my life. And so, you know, I always want to have relationships that are ahead of me. You know where I'm learning from someone relationships, or maybe someone's behind me. But I'm teaching them and peer relationships. And I just think for a young pastor to have someone ahead of them who cares about them and wants to help them navigate things. You know that, that seminary college has no hope of helping you navigate, like I don't blame them, you know, for not, not doing it. So, I, I really encourage that.

*Note. As the youngest interviewee and yet a top 10 scorer, Participant 5 represented an outlier for age in the regression analysis.

A meta-analysis of this participant data reveals several interesting findings. First, an overall affirmation of a positive correlation between age and wellbeing is exhibited. Participants in all scoring groups generally conveyed that as Participant 7 stated: “things have improved, you know, as I’ve gotten older.” However, the mechanisms participants attached to those changes varied. Additionally, they did not suggest that older age is a cure-all from experiencing stress or crisis (i.e. dips in wellbeing), but instead expressed a general, long-term upwards trajectory.

Second, when comparing the responses of the three participants from the bottom 10 group, there is a convergence of speaking about specific negative experiences in church settings at a young age that had negatively impacted, and were even currently negatively impacting, their

wellbeing. Participant 2 references missed red flags from their very first ministry experience and how that experience still lingered psychologically for him and his wife. Participant 3 references financial debt that was accumulated in Bible college and in their previous ministry that was still negatively impacting them. Participant 10 referenced leadership challenges that they carried with them because of becoming a Lead Pastor at the young age of 28. Conversely, Participant 5, while the youngest interviewee (33 years old) was a top 10 scorer, did not reference a salient painful church experience – instead, referencing being surrounded by people of diverse ages and views of wellbeing. This assertion is particularly stark when reinvestigating a comment Participant 5 made previously in their interview, suggesting that a shift in their thinking about wellbeing had transformed their earlier experience of wellbeing:

...primarily being influenced by one particular view of life and spiritual disciplines, and, and all that. So, um learning that it's, it's okay to, to be, you know, feel unhealthy emotionally or unhealthy mentally, and yet still love Jesus and be loved by Jesus and God. And that was really, that was really helpful for me to, to discover that.

Taken together, this data from the youngest interviewee participants in their thirties, suggests that the ability to reframe early negative church leadership experiences may be an important mechanism behind the correlation between age and wellbeing. Data from Participant 4, the highest scorer and also oldest interview participant, aligns with this interpretation of the data – as they reframe negative experiences including job loss and death, into a hope-filled perspective on life and wellbeing.

Third, this data suggests that to a certain degree, the numerical values of age may be adjacent to other demographic factors that may be significant but occur more frequently at certain life stages. For example, in the middle scoring group, Participants 7, 8, and 9 offer

several examples of how their wellbeing is affected by their life stage. Participant 7 notes how working at a well-resourced, very large organization has impacted their economic wellbeing,

So over the course of my you know ministry career that you know. Gosh! Do we have insurance at all, or quality insurance? Uh no, no, not until I got where I am now. Have I felt like we're actually taking care of in that regard, and I've only been, I will be three years in April.

Participant 8, references how having three young children in the house, “can make a difference on um physical wellbeing, like, how long do you? How much time do you have to exercise? And really it can be all your wellbeing.” Participant 9, expressed how a successful early career outside of ministry had set up her and her spouse up for economic security when she entered ministry later on in life. Each of these demographic variables: career opportunities, age of children in the home, and economic security may run parallel for many pastors’ ages. Therefore, some of the raw affect age may have on pastoral wellbeing scores may have other, age-adjacent, underlying demographic factors that should be explored further.

When it came to exploring the impact denominational affiliation had on their wellbeing, five participants took the opportunity to offer explanations of how they perceived its effect on their experiences. Two participants from non-Restorationist affiliations reported either positive or neutral effects that their affiliation had on their wellbeing. Participant 1 shared:

Um, my, my association is Wesleyan, but the church I serve is not. And so that would be a different thing, too, because I’m having to live in, a I, I'm, I'm living outside where I would consider my, uh, sweet spot of, of ministry, or, or maybe, maybe it's exactly where I need to be. Rubbed just the right amount, off of certain things. But, uh, um, yeah, I think it matters.

Participant 5 speaks more strongly about a positive feeling they have towards their affiliation: “I absolutely have a really positive experience. Um, with my current affiliations. Um! And in all those areas definitely.” Meanwhile, three Restorationist participants offered divergent views on the effect their affiliation had on their wellbeing. Participant 6 had the most positive view:

I've been same church for twenty, six years, almost twenty now as the lead pastor. I you know, I think for me that you know I think it, and, and in a non denominational setting. Um, that just gives me a lot of uh, I'll. I'll use the word control. You know a lot of agency... you know this non-denominational, like feeling like you're on an island and I do have the benefit of you know I come out of a tradition where each church is its own. But there is kind of a network built in, you know, so I, I don't have that, but I feel like that's been the best part of ministry for me is finding the networks, the connections either working on something together or being part of a program like the [regional] pastoral leadership program.

So, while Participant 6 acknowledged awareness of other Restoration Movement leaders feeling on an island, he highlighted how the agency he felt in his leadership role and his ability to build his own relational networks of support were keys to his more positive experience. Participant 3, who is younger and scored much lower on wellbeing than Participant 6 offered another perspective – mainly that they recognized challenges in the loose affiliation while hopeful that a new group they had just joined might offer some newfound support:

...the non-denomination that we are, uh this, this loosely connected brotherhood and firm autonomy. Uh, you know there's, there's not, there's not a lot of clear resources available. Where? Where do I go? Well, I have to figure it out, you know. I, I can't go to a, a, a

district and, and get support related to wellbeing in my denomination. Because, yeah, there might be resources that are rooted in the movement. But if I haven't heard of them or don't have a friend who's referred them to me, then how am I supposed to find that sort of thing? So, I, I do think that does factor in to the, the psychological well-being just being a part of a, a movement that has these isolated congregations. I, I think factors into it... I often feel lonely in my ministry like locally, I think pastors, certainly, but I, I have this, this group now, that has started to fill, fill a void for things like loneliness or accountability, with burn out and sin issues and stuff like that. I don't know if it makes any sense, Tim, what I'm I guess what I'm trying to say is, I I've got a uh, a group into place that is very helpful for my wellbeing, and that has over time, I think, continued to.... That would continue to adjust my responses to this... if I were to take this quiz on a monthly basis, if I remain in this group, I think those, my responses, would get, indicate more health each time.

Participant 8 offered another perspective:

I grew up Christian Church, Restoration Church. I'm currently in Restoration church, but... I spent seven years in the United Methodist Church, and so like that shaped me in so many ways... I do think my time in the United Methodist Church, there, there is less, there was less... it was less dangerous in terms of like this, the spiritual, spiritual wellbeing... It was a huge contrast. Um, I didn't notice it when I went to the Methodist Church. I noticed it when I left the Methodist church. I was like. Oh, oh, that's, that's different, you know. But going into it, you don't, you don't see it as much. It's. It's, it's coming out of it, and it's... so. That's been. That's been a really interesting point of reflection for me over the last three and a half years.

These reflections on denominational affiliation suggest that while an impactful negative correlation between being associated with the Restoration Movement and participants' scores is affirmed, the underpinning explanations of causation remain unclear from the data.

The final theme that arose from analyzing participant reflections on demographic variables was that participants' explanations seriously challenged the design of the demographic variables used in the study. The three main issues exposed through the qualitative interviews were that the demographic variables may have been 1) too simplistic, 2) too individualistic, and 3) missing significant variables altogether in the population surveyed. Each of these issues were not stated explicitly by participants, rather, the coding of their responses implicitly offered critique of the demographic design.

Participants implicitly indicated that the demographic variables used were too simplistic and individualistic in several ways. Participant 1 expressed how their experience was much more fluid than just being associated with one zip code or denomination. Multiple participants reflected on how combinations of their demographic variables (i.e. intersectionality) created unique influences in their experiences of wellbeing. Participant 3 referenced combinations of gender and age and also role and denomination as consequential to his experience. Participant 6 considered how role, length of experience at the same church, and denomination combined to affect his experience of wellbeing. Participant 7 noted how age and a multitude of diverse ministry context experiences had influenced his experience. Amongst others, these examples suggest that while utilizing singular demographic variables might create the most clear regression analysis, they may not capture the complexity of experience that pastors indicated are important factors. Similarly, while assessing the wellbeing of other people that are key

relationships to the participant may be implausible, participants expressed that the wellbeing of key relationships, especially family members significantly affected their sense of wellbeing.

Other potentially significant demographic factors that emerged from the qualitative data included: family of origin demographics, gender, age of children, significant health issues, distance from family of origin (i.e., “home”), health of relationship with extended family, participant personality type or disposition (i.e., extroverted), and time spent on staff at particular churches considered “toxic environments.” Further discussion on whether these demographic variables would be feasible to explore in future studies is considered in chapter five. Nonetheless, it is an important finding that participants believed demographics mattered, but there remain challenges in capturing the complexity of the relationships between demographic factors and pastors’ experiences of wellbeing.

Findings Summary. When participants were invited to consider whether demographic variables might be related to experience of wellbeing, the resounding response was affirmative. However, participants’ explanations of the causal nature and direction of relationships between demographic variables and wellbeing scores were complex and non-generalizable. During specific explorations of the role of age and denominational affiliation, participants drew connections between their experiences of wellbeing over time and these variables. Yet, in their explanations, participants explored various challenges with correlating demographics and holistic pastoral wellbeing, namely that, 1) the variables used were too simplistic, 2) the variables were too individualistic, and 3) many potentially significant demographic variables were either underrepresented or wholly not covered by the assessment. Further discussion of the implications of these findings will be presented in chapter five.

CHAPTER FIVE: DISCUSSION

The purpose of developing the Holistic Pastoral Wellbeing Assessment (HPWA) was to create an accessible and reliable assessment of pastoral wellbeing that adequately covered a holistic range of items, put in language that made sense to pastoral leaders. This chapter will discuss the extent to which the HPWA accomplishes the purpose of this study and will also explore implications for theory, research, and especially practice, while discussing the study's strengths and limitations. First, findings from chapter four will be interpreted, in the context of the existing literature, with special focus on how both quantitative and qualitative methodologies mixed to provide a robust study. Secondly, implications of the knowledge generated from the study will be discussed, covering three main areas: 1) Implications for Theory will consider how the Holistic Wellbeing construct was actualized by the HPWA, 2) Implications for Research will assess this study's addition to the scientific body of knowledge and recommend alternative designs and methods for future research, and 3) Implications for Practice will offer recommendations to empower pastors, and those who support pastors, to better assess holistic wellbeing and encourage increases in pastors' experiences of wellbeing. Finally, limitations of the study will be discussed, including challenges with the study's sample size, especially with regard to representation across various demographic groups.

Throughout this chapter, and the entirety of the study, the following research questions were utilized to guide the study design, analysis, and interpretation:

- 1) To what extent is the Holistic Pastoral Wellbeing Assessment (HPWA) a valid and reliable instrument?
- 2) What are the present levels of wellbeing of pastors as measured by the HPWA?

- 3) What demographic factors are correlated to variation in pastoral wellbeing as measured by the HPWA?
- 4) How do pastors make sense of their HPWA results?
- 5) In what ways do pastors affirm or disaffirm how their personal demographic factors are related to their experience of wellbeing as tested by the HPWA?

While research questions one through three (1-3) were addressed by a quantitative methodology and research questions four and five (4-5) by qualitative interviews, they were combined in the end, creating a mixed methods study. Therefore, this chapter will present the discussion of the study in terms of quantitative, qualitative, as well as mixed methodological frameworks.

Interpretation of the Findings

The analysis of the quantitative and qualitative data resulted in three key findings from this study. First, the mixed methods study affirmed the validity of the Holistic Pastoral Wellbeing Assessment (HPWA) in multiple ways. Second, the study's design of utilizing qualitative interviews, gave agency to participants by having them evaluate the quantitative results. Participant interpretation of the demographic data suggested that their personal experience of wellbeing should be handled carefully, with special attention given to nuance, complexity, pain, and hope for positive change in their wellbeing. Finally, the mixed method findings suggest that pastors' experiences of wellbeing do fluctuate and therefore data from this study should be used with caution, so as to not inappropriately affix permanence to the experience of wellbeing for these pastors.

Assessment Validity. Overall, the combination of quantitative and qualitative data from the study analysis in chapter four support the conclusion that the HPWA is a reliable instrument, able to accurately measure real pastors' experiences of wellbeing. Affirmative quantitative

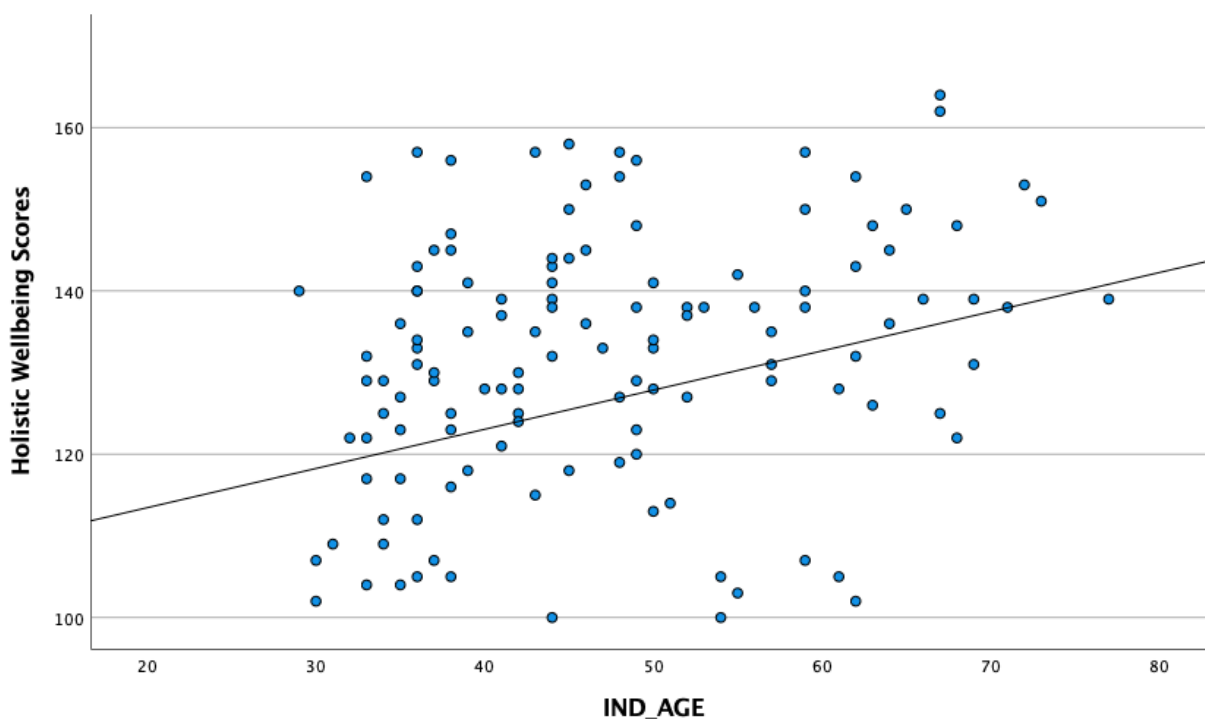
measures of validity included: 1) a good internal consistency (Cronbach's alpha of .84), 2) the existence of multiple constructs being measured via a Principal Components Analysis, 3) strong variation as measured by scores and sample population demographics, and 4) significant correlations between demographic variables and assessment scores. Together these findings from the quantitative portion of the study suggest that the HPWA was able to actualize the five categories from the World Health Organization's definition of holistic wellbeing into a valid, unified assessment (B. J. Smith et al., 2006). The quantitative data on validity supports that the HPWA offers a level of scientific precision while also preserving the ability to capture participant's breadth of experience with nuance. Previous research attempting to measure wellbeing has stressed the difficulty, yet importance, of assessments finding this balance between precision and nuance (Diener et al., 2010; Stoll, 2014). The HPWA accomplished the ability to be holistic, effectively measuring five subconstructs, while also being comparatively brief with only thirty-six (36) total items, not including demographic questions. Additionally, because the study utilized a mixed methods approach, participants themselves were able to speak to the validity of the assessment, whereas other previous research had relied on only one methodology to consider assessment validity (Diener et al., 2009; Hough et al., 2019; LeGrand et al., 2013). Participants affirmed the HPWA's face validity, confirming that their results appropriately measured their state of wellbeing and that the five categories covered a sufficiently holistic construct of wellbeing. Moreover, qualitative interview data revealed that participants expressed that the HPWA's usefulness as a means for personal reflection, starting important conversations, and taking action to better their experience of wellbeing was of higher importance to them. This suggests that the HPWA transcended accuracy as the solitary means of validity, instead including both quantitative measures of validity as well as participant approval of usefulness.

Participants' Understanding of Their Own Wellbeing. As participants highlighted the HPWA's usefulness, they communicated appreciation for the research into their wellbeing and desire to have conversations about their experience – a consequential reminder that an assessment tool for pastoral wellbeing ought to aptly move from theoretical to practical so that participants are given agency to make sense of their experience and to utilize an assessment to receive clear, actionable feedback to improve their wellbeing. The mixed methods approach to this study not only strengthened the theoretical foundations for considering the validity of the HPWA but also suggest that utilization of such assessments may also benefit from a combination of methodological approaches. Regression analysis of the demographic data yielded several significant correlations between demographic variables and participants' wellbeing scores. Demographic correlations to wellbeing assessment scores are uncommon amongst the wellbeing assessment development literature (Cooke et al., 2016; Stoll, 2014). Additionally, allowing participants to ascertain the nature of those correlations is a unique feature of this study and its results. For example, the age of each pastor was found to be strongly correlated to wellbeing scores with an expected increase of .48 points in their HPWA score for each year of age, holding denominational affiliation constant. This suggests, that, for example, a pastor who is twenty years older than another pastor would be expected to score 9.6 points higher, simply based on their difference in age. During the qualitative interviews, pastors were invited to make sense of this statistical correlation, and more often than not, made reference to their own experience with age and wellbeing instead of comparing themselves to others. They interpreted the regression data as an opportunity to consider how their experience of past, present, and future wellbeing was fluid. Participants were simultaneously open to the reality of experiences of pain and hurt, while also hopeful that their experience of wellbeing could improve – which generally reflects

the Christian worldview that they adhere to. Therefore, while researchers may look at Figure 31 and offer statistical hypothesis for the univariate regression line, pastoral participants were more likely to keep their personal wellbeing forefront, interpreting the graph as past, present, and future possibilities of their own experience.

Figure 31

Regression Line of Individual Age Correlated to HPWA Scores

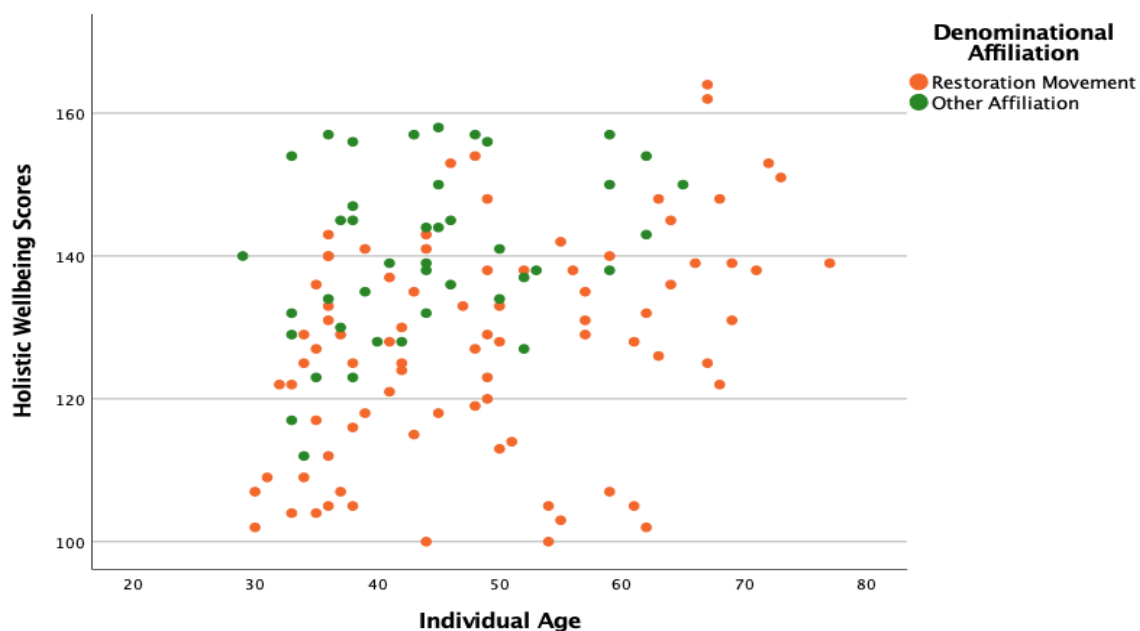


For example, researchers may consider whether heteroscedasticity in the data suggests that increased volatility of scores at younger ages may be explained by less experience with dealing with the stresses of ministry. However, tests for heteroscedasticity in the data were performed utilizing SPSS, and the null hypothesis that the variance of the errors does not depend on the values of the independent variables can be rejected at the $<.05$ confidence level. Another potential explanation for the regression data may be that there are missing data points, specifically from older participants who might score low. This could potentially be explained by

pastors with low scores of wellbeing dropping out of ministry. Conversely, fewer low HPWA scores at older ages may suggest that pastors who have endured in ministry will over time develop the skills and relationships necessary to experience holistic wellbeing. Yet another explanation might be that fewer low HPWA scores at older ages may represent higher morbidity rates for pastors with lower experiences of wellbeing. While each of these hypotheses cannot be statistically tested from this data, the qualitative data from this study suggest that pastors were more concerned with how well this matched their personal experience and most importantly how they might be able to experience more holistic wellbeing in their present and future, rather than explaining trends for the pastoral vocation writ large. This interpretation also aligns with how participants made sense of other demographic details. For example, pastors who associated themselves with the Restoration Movement did not resign themselves to forcibly suffering a fate of lower wellbeing despite strong statistical evidence (see Figure 32) to the contrary.

Figure 32

HPWA Scores by Age and Denominational Affiliation



Again, the pastors sense making of this data was not to compare themselves and their experience of wellbeing with others, rather to turn inward and consider opportunities for how their own wellbeing, in the setting of their own theological affiliation, might reflect both the real pain of their experiences yet possibilities for a brighter future. Therefore, each of the statistically significant demographic variables from this study's regression analysis (individual age, denominational affiliation, race, organizational location, debt to income ratio, individual income, organizational age, and individual's years of experience) should not only be treated with the typical care to note correlational, not causal, relationships, but with sensitivity that the participants in the study are humans and their dignity dictates that the complexity of their experience be honored, including their desire to have fluidity represented in their experience of wellbeing.

The “State” of Pastoral Wellbeing. Data from this study's participants suggest caution should prevail in attempts to report the “state” of Pastoral Wellbeing, both within this study and for other research on pastoral wellbeing. Participant qualitative data offered contrasting views as to whether participants would expect their previous HPWA scores to have changed between when they took the assessment and when they participated in their interviews. This suggests that while test-retest validation of assessments is common (Lu et al., 2019), they may wrongly treat wellbeing assessment as a measurement of a static construct. So, whereas Figures 9-15 give descriptive statistics for the resultant scores of this study, and participant interviews suggested a general accuracy and stability to their scores, inevitably their experiences of wellbeing are fluctuating. How that fluctuation may change the scoring makeup of this group of participants over time is unknown. Theoretically, any attempt to report point-in-time assessment results will inevitably be out of date by the time it is reported. Therefore, this study's descriptive statistics

should be primarily utilized as a consideration for analyzing the instrument's acuity to measure variation in participant experience. In that regard, the descriptive statistics yielded from this study's group of participants suggest that the HPWA is acutely attuned to a broad spectrum in pastors' experiences of wellbeing both in their holistic scores and in each of the five categories of wellbeing.

Implications for Theory and Research

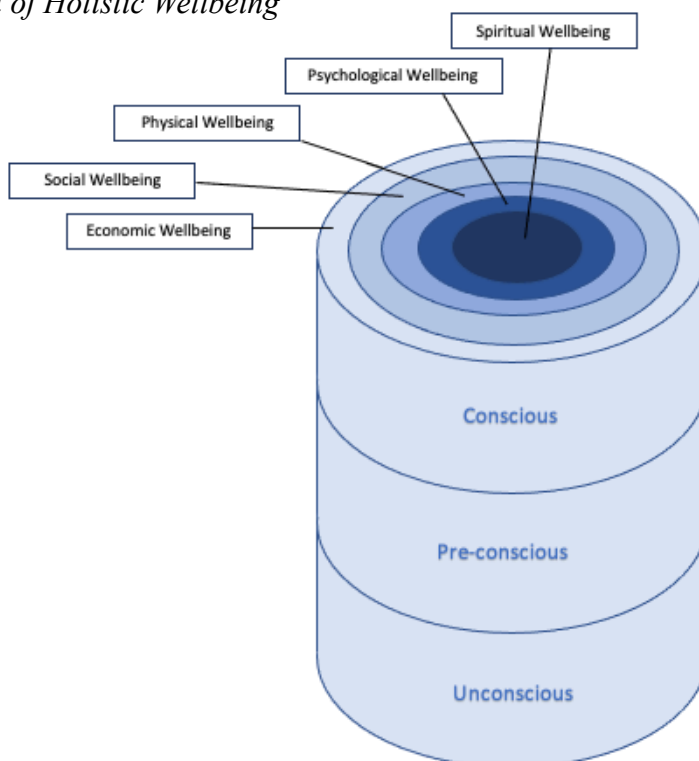
While the purpose of this study was to develop a reliable assessment tool that would be useful for pastors and those who support them, the results of this study and the HPWA developed within it may offer several key implications for scientific theory and future research. First, there are several implications for theory on wellbeing and its measurement from how this study applied a holistic model to create an assessment for a particular study group (pastors). Second, the results of this study suggest there are key advantages that a mixed methods design offers to the study of wellbeing. Finally, the emergence of the HPWA as a validated tool allows this study to offer recommendations for its future use in further research into the assessment of holistic pastoral wellbeing.

Implications for Holistic Wellbeing Theory. The HPWA results and qualitative interviews of pastors indicated that theoretical models of holistic wellbeing from the WHO, Frankl, and Bronfenbrenner can be sufficiently developed into a quantitative assessment that is both reliable and useful for participants in understanding their own wellbeing (Bronfenbrenner, 1979; Frankl, 2000; B. J. Smith et al., 2006). However, the results of this study suggest that pastors' beliefs about the centrality of spiritual wellbeing in their lives may not be wholly represented by the socio-ecological models and assessments (Bronfenbrenner, 1979; Proeschold-Bell et al., 2011). Rather, this study supports other research that suggests it is more appropriate to

study participants in their own theoretical frameworks, based on their beliefs, especially when it comes to assessing their wellbeing (Proeschold-Bell et al., 2011). While the aim of this study was not theory development, a working model combining the WHO's categories, Frankl's levels of consciousness, and Bronfenbrenner's spheres of socio-ecological influence were combined to form a unified model used for the design of the assessment. An important feature of this conceptualization included a need to center spiritual wellbeing to the participants' experience of wellbeing while also being inclusive of a holistic range of experiences. Further, when determining items for the assessment, attention was given to the depth of observable data that participants would be able to readily draw from. For example, assessment items sought to ask for responses to beliefs and observable behaviors to keep the assessment of wellbeing at conscious and pre-conscious levels. Further qualitative explorations were useful in allowing participants to explore deeper levels of understanding of their more surface level experience of wellbeing. A visualization of this model is presented below in Figure 33.

Figure 33

Conceptual Model of Holistic Wellbeing



Implications for Research Methodologies. Theory development and research into holistic wellbeing has often used quantitative or qualitative methodologies in exclusion of one another (Diener, 2009; Stoll, 2014). When wellbeing assessment development primarily focuses on statistical measures of reliability and construct validity, they may ignore the agency of their participants and the expertise participants may offer in being able to assess whether their real lives are truly reflected in the assessment results. Simultaneously, studies that focus qualitative efforts into theory development may miss an opportunity to actualize a model of wellbeing to being developed into clear items in an assessment tool. This study exemplifies the possibility that a mixed methods approach may open new possibilities that research dealing with the wellbeing of human subjects can accomplish quantitative accuracy, qualitative meaning making, and ultimately serve to better the lives of the study participants (Melchert, 2020). More unique mixed method designs may therefore be warranted in the field, especially studies that intend to actively support, not just study, participant wellbeing.

Suggestions for Future Research. The development of the HPWA leads to several possible ways to utilize it in future research. Of course, the assessment might be utilized with a different population: larger groups of clergy, clergy from particular denominational affiliations, or lay church leaders and members. Both statistical and qualitative measures of the HPWA's validity may be rechecked in this way. Larger and more diverse study populations may yield further insights into significant demographic variables. From this study's demographic discovery of the significance of a pastor's age, the HPWA could be utilized in a longitudinal panel study to consider how pastoral experience of wellbeing changes over the course of their lives. Beyond just offering test-retest validity, the purpose of such a longitudinal study could be to consider whether there are specific life events that are commonly related to pastors dropping out of

ministry or conversely experiencing periods of great growth in their wellbeing. Another potential benefit to a longitudinal study would be that it would be also possible to assess whether certain interventions are effective in increasing pastors' experiences of wellbeing. One such possible intervention would be to see whether participating in a group that studies teachings on whole-life discipleship might positively affect participant scores. Many such interventions may exist and, research into holistic pastoral wellbeing may do well to move towards an emphasis on the effectiveness of interventions rather than a focus on theory and measurement alone.

Another possibility for future research would be to use the HPWA in ethnographic case studies to develop a better understanding of the whole person within their environment. As participants within this study suggested, the HPWA may be applied as a 360-assessment and the results utilized to compare between a pastor's assessment of themselves with the perception that others around them have of their wellbeing. Important insights might be garnered in this way, especially regarding how much a pastor's stated experience of wellbeing is experienced in isolation or whether others around the pastor can accurately perceive how a pastor is truly experiencing their own wellbeing. Researchers might also utilize the HPWA to measure the holistic wellbeing of others in various spheres of the pastor's socio-ecological spheres. Relationships between individuals' wellbeing scores might be explored, helping better understand in what ways relational context matters to individual participants and the groups they belong to. Overall, these kind of ethnographic explorations could begin to address critiques of wellbeing assessment research as being too individualistic (Cooke et al., 2016). In fact, the close relational connections required for ethnographic studies may help researchers more passionately advocate for the holistic wellbeing of their participants.

Implications for Practice

The results of this study may also offer an appropriate reminder that attempting to support the holistic wellbeing of pastors is important. Pastors seem to experience highs and lows in their wellbeing across a range of categories. Therefore, pastors and those who support them may consider ways in which the HPWA may be utilized to support holistic wellbeing. As expressed by participants in this study, the HPWA may be useful in cognitively reflecting on the whole of one's life, which may prompt further discussion with others, counseling, or even life changes. In this way, this study suggests that the HPWA might be useful in clinical settings as an impetus for a pastor to move from quantitative and qualitative self-assessment to actionable next steps. Specifically, utilizing the HPWA may help pastors consider areas of life where their current beliefs and practices indicate a positive experience of wellbeing or that they would like to seek improvement in. Having quantifiable, third-party data from an assessment may help them take a higher view of their wellbeing and even be willing to seek support where they otherwise might not.

Similarly, having data on the various wellbeing categories, may also help those who support pastors in denominations or parachurch organizations to consider where they might direct their efforts in supporting the holistic wellbeing of their pastors. For example, a parachurch ministry may design certain events or interventions with more clear purpose to support certain areas of a pastor's holistic wellbeing. Further research utilizing the HPWA may indicate that certain wellbeing scores or periods of a pastor's career are correlated with higher risk of burnout and drop-out or even malpractice and abuse. It may be possible in those cases to utilize the HPWA as a "check engine light" not just for pastors but for others who work to support them. Over time, denominational leaders may also be able to utilize the HPWA to assess

whether specific congregations or denominational leaders are creating toxic environments in which pastors are regularly experiencing diminished wellbeing. In those cases, interventions at the congregational or systemic levels may be appropriate in offering support to pastors.

Additional implications may exist for the seminaries that are tasked with training and credentialing pastors. Seminaries within specific theological affiliations, such as the Restoration Movement, should consider how their theology, church hierarchies, and general practices may contribute to or detract from their pastors' experiences of wellbeing. Data that reveals that younger-aged pastors report significantly lower wellbeing scores suggest that seminaries may have opportunities in supporting pastors at key beginning stages of their careers. Again, data from this study's participants suggested that early support, including mentorship, were key to better experiences of wellbeing. Utilizing the HPWA to assess seminarians during and after their seminary experience may help inform university leaders in decisions how to train and support pastors along a broader range of categories beyond just their spiritual wellbeing.

As implications for practice are discussed, it is important to remember that while particularly "low" wellbeing scores may rightly prompt serious concern amongst pastors and those who support them, it should be noted that affixing statistical means to these scores may also be counterintuitive. For example, thinking that caring for pastors means trying to get them above a certain average score could reinforce several errors brought into the light from this study. First, pastors intuitively know that their experience of wellbeing will fluctuate and believe that to a certain degree, changes in their wellbeing are part of a healthy response to being human. Pastors in this study expressed that a key to experiencing long-term holistic wellbeing is to acknowledge that sometimes they are not doing well in one or more areas. Secondly, while statistical data begs to be analyzed across groups of participants, this study's pastors were more

interested in sharing their histories and future hopes than they were in comparing their scores to others. An attempt to compare pastoral wellbeing scores may result in a zero-sum game where there will always be low, medium, and high scores rather than considering how each pastor is unique and supporting their experience of wellbeing as important to an individual human being. Finally, categorizing pastors into different scoring categories (low, medium, and high) may create wrong characterizations amongst pastors and those who support pastors. For example, pastors who score lowly may wrongly be looked over for being hired for a job or promoted, as if their wellbeing score was static or an indicator for job performance – neither of which the results of this study would support. Another example might be that pastors who score highly may wrongly be overconfident, overcompensating, or even displaying narcissistic tendencies. One suggestion from this study's participants was to utilize this assessment in a 360-degree format to consider a pastor's wellbeing from various vantage points. Yet even "high" scores resulting from this form of assessment may mask serious issues that may be present in the life of the individual pastor. Therefore, while the HPWA may be a valid and useful assessment tool, this study suggests that it is best paired with the insightful due diligence associated with a qualitative follow-up to the quantitative results.

Limitations

While the study design and methodology sought to minimize the limitations of the research, several categories of limitations emerged. First, the final sample of quantitative assessment completions and participant interviews created several limitations to the study. As reported in chapter four, the final number of quantitative responses (n=127) was not sufficient to be able to perform more sophisticated item reliability analysis for the HPWA. Utilizing Cronbach's Alphas to consider the internal validity of the subscales likely suffered due to an

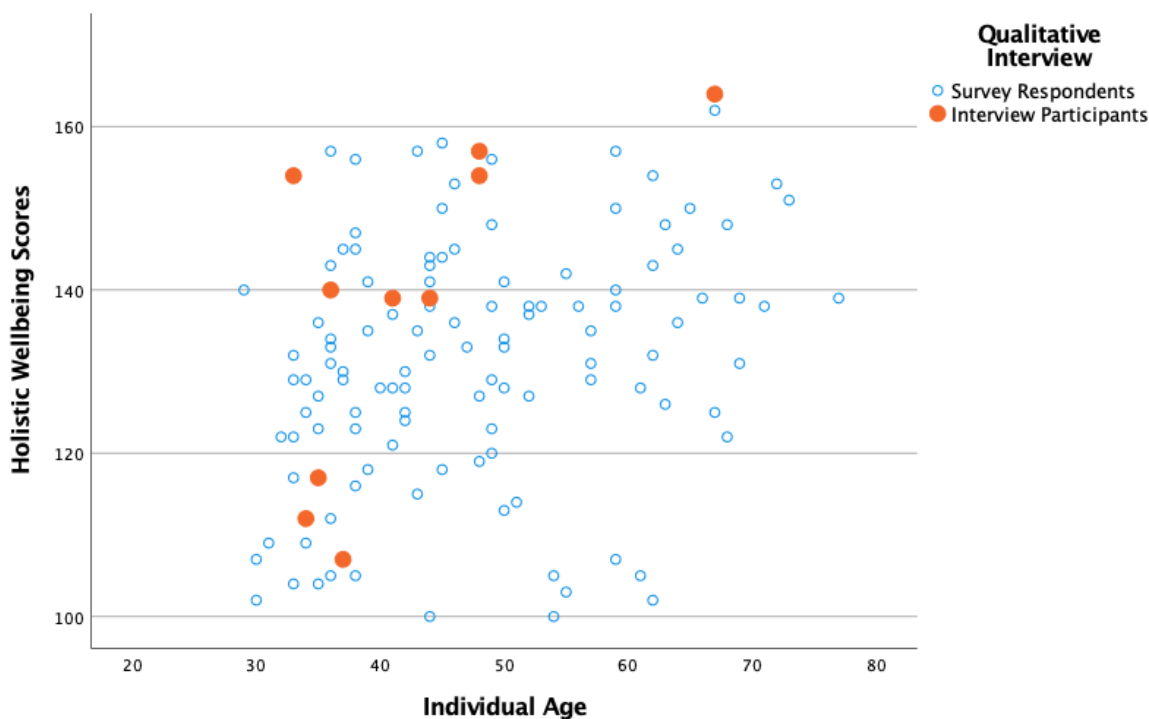
inadequate sample size. Further, the makeup of the sample resulted in a likely overrepresentation of certain demographics and underrepresentation of others. While the study design expressly delimits generalizability due to no exact population data being available for all pastors (and therefore the impossibility of a truly representative sample), general knowledge of how many pastors fall into certain categories would suggest this sample is not representative in several ways. For example, eighty-four (84) out of the one hundred and twenty-seven (127) respondents indicated their denominational affiliation as the Restoration Movement. Therefore, out of all of Evangelicalism, this denominational affiliation was disproportionately represented. Meanwhile, other major denominational groups such as Presbyterians or Baptists were underrepresented.

While association with Restorationism yielded a significant correlation with wellbeing categories, not all theological affiliations were able to be explored and tested to consider whether they were associated, in their own unique ways with pastors' experience of wellbeing. This was likely the case for other demographic variables within the regression analysis as well. A larger, more diverse sample may have yielded more insight into how demographic factors are related to pastoral wellbeing. The final group who participated in interviews also represented a demographic limitation. As seen in Figure 25, all participants who agreed to interviews were married and white, even though interview invitations included a broader spectrum of experiences. A similar self-selection effect may have occurred with regard to age. While interview participants reflected a diversity of Holistic Wellbeing Scores, denominational affiliation, income, number of children in their household, and other representation of diverse experiences, they ultimately skewed on the younger side of the sample. A visualization of this skewness is presented in Figure 34. Therefore, explanations of wellbeing for participants over the

age of fifty, particularly those with lower scores, were underrepresented in the final interview sample.

Figure 34

Participant Interview Sample by Age



Another key area of this study's limitation that emerged was that of how the intention of the assessment to be brief may not have provided the conceptual depth that some participants desired. Particularly, qualitative data from Participant 2 suggested that the items included under Psychological Wellbeing to consider emotional health were not able to fully convey the importance they place on Emotional Wellbeing as a construct in their lives. Similarly, Participant 4 indicated that an item on emotional health was particularly broad, although not unhelpful to reflect upon. Again, a larger sample size may have been helpful to be able to perform additional item level analysis to see which specific assessment items might best be considered for deletion or revision. Overall, creating an assessment which is brief enough to be useful for participants

necessitate limitations on breadth and depth. Nonetheless, the lack of further depth in measuring emotional health may be a limitation of this study.

Finally, design elements which were included to make the study feasible for a single researcher to perform suggest several important limitations. Assessment data was only collected from pastors. While collecting data from staff, family, or church members may have offered additional quantitative and qualitative data to assess the validity of the assessment, it would have not been feasible for a single researcher. Similarly, performing additional rounds of interviews or visiting churches and collecting additional organizational data may have offered additional meaning-making insight into pastors' experiences of wellbeing, but these were not included in the study design due to concerns with feasibility.

Conclusion

At the conclusion of the study, analysis of the quantitative and qualitative data suggest that the Holistic Pastoral Wellbeing Assessment (HPWA) is both a valid instrument and useful practically to the pastors who took the assessment. The HPWA consistently measured a broad range of experiences of wellbeing. Multiple regression analysis produced several significant correlations between participant demographic data and wellbeing scores. For example, pastors' ages and theological affiliation were positively correlated with their total HPWA scores. Participants affirmed these correlations, but also suggested that causation and change in their experiences of wellbeing were complex. Thus, while the HPWA's measurements may be considered valid, this study suggests that pastors' personal experiences of wellbeing should be handled carefully, with special attention given to nuance, complexity, pain, and hope for positive change in their wellbeing.

The practical usefulness of the HPWA as a means to assess and encourage health in holistic pastoral wellbeing may transcend the importance of its statistical validity. Utilizing the strengths of a mixed method assessment development design, this study suggests that holistic wellbeing theory may be actualized into purposeful assessment tools. HPWA participants emphasized the importance they placed on not only the research into the nature of holistic pastoral wellbeing, but their need to gain personal insights which might lead them to improve their experiences of wellbeing throughout their lives. The pastors within this study courageously expressed and explored various aspects of their wellbeing, aptly utilizing the HPWA to serve them as they serve so many others. Thus, it may be said that the purpose of this study was accomplished, as the development of a Holistic Pastoral Wellbeing Assessment was not only statistically validated but, according to participants, did some good in promoting their pastoral wellbeing.

REFERENCES

- Adams, T., Bezner, J., & Steinhardt, M. (1997). The Conceptualization and Measurement of Perceived Wellness: Integrating Balance Across and Within Dimensions. *American Journal of Health Promotion, 11*(3), 208–218.
- Allan, L. D., Coyne, C., Byrnes, C. M., Galet, C., & Skeete, D. A. (2020). Tackling the opioid epidemic: Reducing opioid prescribing while maintaining patient satisfaction with pain management after outpatient surgery. *The American Journal of Surgery, 220*(4), 1108–1114. <https://doi.org/10.1016/j.amjsurg.2020.04.006>
- American Community Survey* (DP03). (2020). [5 Year Data]. U.S. Census Bureau.
- Arnold, K. A., & Connelly, C. E. (2013). Transformational Leadership and Psychological Well-being: Effects on Followers and Leaders. In H. S. Leonard, R. Lewis, A. M. Freedman, & J. Passmore (Eds.), *The Wiley-Blackwell Handbook of the Psychology of Leadership, Change, and Organizational Development*. John Wiley & Sons, Incorporated.
- Badaracco, C. (2007). *Prescribing faith: Medicine, media, and religion in American culture*. Baylor University Press.
- Bart, R., Ishak, W. W., Ganjian, S., Jaffer, K. Y., Abdelmesseh, M., Hannah, S., Gohar, Y., Azar, G., Vanle, B., Dang, J., & Danovitch, I. (2018). The Assessment and Measurement of Wellness in the Clinical Medical Setting: A Systematic Review. *Innovations in Clinical Neuroscience, 15*, 14–23.
- Barton, R. R. (2018). *Strengthening the soul of your leadership: Seeking God in the crucible of ministry* (Expanded Edition [edition]). InterVarsity Press.
- Bauereiß, N., Obermaier, S., Özünal, S. E., & Baumeister, H. (2018). Effects of existential interventions on spiritual, psychological, and physical well-being in adult patients with

- cancer: Systematic review and meta-analysis of randomized controlled trials. *Psycho-Oncology*, 27(11), 2531–2545. <https://doi.org/10.1002/pon.4829>
- Beavis, W. J. (2019). *Let's talk about ministry burnout: A proven research-based approach to the wellbeing of pastors*. Powerborn.
- Bein, A. M. (2008). *The zen of helping: Spiritual principles for mindful and open-hearted practice*. Wiley.
- Bledsoe, S., & Setterlund, K. (2015). Thriving In Ministry: Exploring the Support Systems and Self-Care Practices of Experienced Pastors. *The Journal of Family and Community Ministries, Volume 28*.
- Bloom, M. (2017). *Clergy, Ministry Life and Wellbeing—Research Insights from the Flourishing in Ministry Project*. University of Notre Dame. https://workwellresearch.org/wp-content/uploads/2019/11/FIM_Report_Flourishing_in_Ministry_2.pdf
- Blount, A. J., & Lambie, G. W. (2018). Development and Factor Structure of the Helping Professional Wellness Discrepancy Scale. *Measurement and Evaluation in Counseling and Development*, 51(2), 92–110. <https://doi.org/10.1080/07481756.2017.1358060>
- Boitano de Moras, A. (Ed.). (2017). *Breaking the Zero-Sum Game: Transforming Societies Through Inclusive Leadership* (First edition). Emerald Publishing.
- Brdar, I., Proyer, R., & Jovanović, V. (2017). Editorial to the Inaugural Volume of the Journal of Well-Being Assessment. *Journal of Well-Being Assessment*, 1(1–3), 1–7. <https://doi.org/10.1007/s41543-018-0009-x>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Bryman, A. (Ed.). (2011). *The SAGE handbook of leadership*. SAGE.

- Burke, R. J. (2014). *Creating healthy workplaces: Stress reduction, improved well-being, and organizational effectiveness*. Gower Pub.
- Butler, J., & Kern, M. L. (2016). The PERMA-Profil: A brief multidimensional measure of flourishing. *International Journal of Wellbeing*, 6(3), 1–48.
<https://doi.org/10.5502/ijw.v6i3.526>
- Carlson, J., & Englar-Carlson, M. (2017). *Adlerian psychotherapy*. American Psychological Association. <https://doi.org/10.1037/0000014-000>
- Cooke, P. J., Melchert, T. P., & Connor, K. (2016). Measuring Well-Being: A Review of Instruments. *The Counseling Psychologist*, 44(5), 730–757.
<https://doi.org/10.1177/0011000016633507>
- Costello, A. B., & Osborne, J. (2005). *Best practices in exploratory factor analysis: Four recommendations for getting the most from your analysis*. <https://doi.org/10.7275/JYJ1-4868>
- Costello, S. (2015). The Spirit of Logotherapy. *Religions*, 7(1), 3.
<https://doi.org/10.3390/rel7010003>
- Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and Conducting Mixed Methods Research* (Third Edition). SAGE.
- Davis, K. R., Sielaff, A., & McNeil, J. D. (n.d.). *Resilient Leaders Project: Report 1 Resilience* (No. 1). The Seattle School of Theology & Psychology. theseattleschool.edu/RLP
- Dent, E. B., Higgins, M. E., & Wharff, D. M. (2005). Spirituality and leadership: An empirical review of definitions, distinctions, and embedded assumptions. *The Leadership Quarterly*, 16(5), 625–653. <https://doi.org/10.1016/j.leaqua.2005.07.002>

- Diener, E. (Ed.). (2009). *Assessing Well-Being* (Vol. 39). Springer Netherlands.
<https://doi.org/10.1007/978-90-481-2354-4>
- Diener, E., Wirtz, D., Biswas-Diener, R., Tov, W., Kim-Prieto, C., Choi, D., & Oishi, S. (2009). New Measures of Well-Being. In E. Diener (Ed.), *Assessing Well-Being* (Vol. 39, pp. 247–266). Springer Netherlands. https://doi.org/10.1007/978-90-481-2354-4_12
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010). New Well-being Measures: Short Scales to Assess Flourishing and Positive and Negative Feelings. *Social Indicators Research*, 97(2), 143–156. <https://doi.org/10.1007/s11205-009-9493-y>
- Donaldson-Feilder, E., Munir, F., & Lewis, R. (2013). Leadership and Employee Well-being. In H. S. Leonard, R. Lewis, A. M. Freedman, & J. Passmore (Eds.), *The Wiley-Blackwell Handbook of the Psychology of Leadership, Change, and Organizational Development*. John Wiley & Sons, Incorporated.
- Dugan, J. P. (2017). *Leadership theory: Cultivating critical perspectives*. Jossey-Bass ; John Wiley & Sons.
- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other native peoples*. Teachers College Press.
- Durand, M. (2015). The OECD Better Life Initiative: How's Life? and the Measurement of Well-Being. *Review of Income and Wealth*, 61(1), 4–17. <https://doi.org/10.1111/roiw.12156>
- Ekşi, H., & Kardaş, S. (2017). Spiritual Well-Being: Scale Development and Validation. *Spiritual Psychology and Counseling*, 2(1). <https://doi.org/10.12738/spc.2017.1.0022>
- Falicov, C. J. (1998). *Latino families in therapy: A guide to multicultural practice*. Guilford Press.
- Frankl, V. E. (2000). *Man's search for ultimate meaning*. Perseus Pub.

- Gigliotti, R. A. (2019). *Crisis leadership in higher education: Theory and practice*. Rutgers University Press.
- Halaas, G. W. (2004). *The right road: Life choices for clergy*. Fortress Press.
- Hattie, J. A., Myers, J. E., & Sweeney, T. J. (2004). A Factor Structure of Wellness: Theory, Assessment, Analysis, and Practice. *Journal of Counseling and Development, 82*, 354–364.
- Headey, B., & Wooden, M. (2004). The Effects of Wealth and Income on Subjective Well-Being and Ill-Being. *The Economic Record, 80*, 24–33.
- Heifetz, R. A., & Linsky, M. (2002). *Leadership on the line: Staying alive through the dangers of leading*. Harvard Business School Press.
- Hickman, G. R., & Knouse, L. E. (2020). *When leaders face personal crisis: The human side of leadership*. Routledge.
- Hough, H., Proeschold-Bell, R. J., Liu, X., Weisner, C., Turner, E. L., & Yao, J. (2019). Relationships between Sabbath Observance and Mental, Physical, and Spiritual Health in Clergy. *Pastoral Psychology, 68*(2), 171–193. <https://doi.org/10.1007/s11089-018-0838-9>
- IsHak, W. W. (Ed.). (2020). *The Handbook of Wellness Medicine* (1st ed.). Cambridge University Press. <https://doi.org/10.1017/9781108650182>
- Jaggar, S., & Navlakhi, L. (2021). Financial Wellbeing-The Missing Piece in Holistic Wellbeing. *NHRD Network Journal, 14*(1), 83–94. <https://doi.org/10.1177/2631454120980600>
- Jamner, M. S., & Stokols, D. (Eds.). (2000). *Promoting human wellness: New frontiers for research, practice, and policy*. University of California Press.
- Kahneman, D., & Krueger, A. B. (2006). Developments in the Measurement of Subjective Well-Being. *Journal of Economic Perspectives, 20*(1), 3–24.

- Keshavarzi, H., & Haque, A. (2013). Outlining a Psychotherapy Model for Enhancing Muslim Mental Health Within an Islamic Context. *International Journal for the Psychology of Religion*, 23(3), 230–249. <https://doi.org/10.1080/10508619.2012.712000>
- Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207–222.
- Lachaud, J., Hruschka, D. J., Kaiser, B. N., & Brewis, A. (2020). Agricultural wealth better predicts mental wellbeing than market wealth among highly vulnerable households in Haiti: Evidence for the benefits of a multidimensional approach to poverty. *American Journal of Human Biology*, 32(2). <https://doi.org/10.1002/ajhb.23328>
- Larsen, L. T. (2021). Not merely the absence of disease: A genealogy of the WHO's positive health definition. *History of the Human Sciences*, 095269512199535. <https://doi.org/10.1177/0952695121995355>
- Larson, D. B., & Larson, S. S. (2003). Spirituality's Potential Relevance to Physical and Emotional Health: A Brief Review of Quantitative Research. *Journal of Psychology and Theology*, 31(1), 37–51.
- LeGrand, S., Proeschold-Bell, R. J., James, J., & Wallace, A. (2013). Healthy Leaders: Multilevel Health Promotion Considerations for Diverse United Methodist Church Pastors: Multilevel Health Considerations for Diverse Pastors. *Journal of Community Psychology*, 41(3), 303–321. <https://doi.org/10.1002/jcop.21539>
- Lu, J., Lo, C.-L., Bang, N. M., & Romero, D. (2019). A Critical Review of Spiritual Well-Being Scales: Implications for Research, Practice, and Education in Rehabilitation Counseling. *Rehabilitation Counseling Bulletin*, 62(3), 144–156. <https://doi.org/10.1177/0034355218776764>

- Mansager, E. (2000). Holism, Wellness, Spirituality. *The Journal of Individual Psychology*, 56(3).
- Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (Sixth edition). SAGE.
- Mayer, C.-H. (2017). *The Life and Creative Works of Paulo Coelho: A Psychobiography from a Positive Psychology Perspective* (1st ed. 2017). Springer International Publishing : Imprint: Springer. <https://doi.org/10.1007/978-3-319-59638-9>
- Mayer, C.-H., & Viviers, R. (2014). ‘Following the word of God’: Empirical insights into managerial perceptions on spirituality, culture and health. *International Review of Psychiatry*, 26(3), 302–314. <https://doi.org/10.3109/09540261.2014.914473>
- McMahan, E. A., & Estes, D. (2011). Hedonic Versus Eudaimonic Conceptions of Well-being: Evidence of Differential Associations With Self-reported Well-being. *Social Indicators Research*, 103(1), 93–108. <https://doi.org/10.1007/s11205-010-9698-0>
- Melchert, T. P. (2020). Wellness Measurement. In W. W. IsHak (Ed.), *The Handbook of Wellness Medicine* (1st ed., pp. 37–44). Cambridge University Press. <https://doi.org/10.1017/9781108650182.004>
- Méndez, G. A., & Cole, E. M. (2014). Engaging Latino Families in Therapy: Application of the Tree of Life Technique. *Journal of Family Psychotherapy*, 25(3), 209–224. <https://doi.org/10.1080/08975353.2014.939932>
- Moneta, G. B. (2014). *Positive psychology: A critical introduction*. Palgrave Macmillan.
- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The Wheel of Wellness Counseling for Wellness: A Holistic Model for Treatment Planning. *Journal of Counseling and Development*, 78(Summer), 251–266.
- Nelson, T. (2021). *The flourishing pastor: Recovering the lost art of shepherd leadership*. IVP.

- Neuman, W. L. (2014). *Social research methods: Qualitative and quantitative approaches* (7. ed., Pearson new internat. ed). Pearson.
- Osborne, J. W. (2014). *Best practices in exploratory factor analysis*. CreateSpace Independent Publishing Platform.
- Paloutzian, R., & Ellison, C. (2009). *Manual for the Spiritual Well-Being Scale*. Life Advance.
- Parham, T. A. (Ed.). (2002). *Counseling persons of African descent: Raising the bar of practitioner competence*. Sage Publications.
- Peselow, E., Pi, S., Lopez, E., Besada, A., & Ishak, W. W. (2014). The Impact of Spirituality Before and After Treatment of Major Depressive Disorder. *Innovations in Clinical Neuroscience, 11*, 17–23.
- Proeschold-Bell, R. J., LeGrand, S., James, J., Wallace, A., Adams, C., & Toole, D. (2011). A Theoretical Model of the Holistic Health of United Methodist Clergy. *Journal of Religion and Health, 50*(3), 700–720. <https://doi.org/10.1007/s10943-009-9250-1>
- Riklikienė, O., Kaselienė, S., Spirgienė, L., Karosas, L., & Fisher, J. W. (2020). Spiritual Wellbeing of Cancer Patients: What Health-Related Factors Matter? *Journal of Religion and Health, 59*(6), 2882–2898. <https://doi.org/10.1007/s10943-020-01053-0>
- Robertson, J., & Barling, J. (2014). Lead well, be well leadership behaviors influence employee wellbeing. In C. L. Cooper (Ed.), *Wellbeing: A complete reference guide*. Wiley.
- Robino, A., & Foster, T. (2018). Psychosocial Predictors of Wellness in College Students. *Adultspan Journal, 17*(1), 3–13. <https://doi.org/10.1002/adsp.12049>
- Rogers, P. (2022). Best Practices for Your Exploratory Factor Analysis: A Factor Tutorial. *Revista de Administração Contemporânea, 26*(6), e210085. <https://doi.org/10.1590/1982-7849rac2022210085.en>

- Ryde, J. (2009). *Being white in the helping professions: Developing effective intercultural awareness*. Jessica Kingsley Publishers.
- Ryff, C. D., & Krueger, R. F. (Eds.). (2018). *The Oxford handbook of integrative health science*. Oxford University Press.
- Schwartz, C. E., Stucky, B. D., & Stark, R. B. (2021). Expanding the purview of wellness indicators: Validating a new measure that includes attitudes, behaviors, and perspectives. *Health Psychology and Behavioral Medicine, 9*(1), 1031–1052.
<https://doi.org/10.1080/21642850.2021.2008940>
- Smith, B. J., Tang, K. C., & Nutbeam, D. (2006). WHO Health Promotion Glossary: New terms. *Health Promotion International, 21*(4), 340–345. <https://doi.org/10.1093/heapro/dal033>
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine, 15*(3), 194–200. <https://doi.org/10.1080/10705500802222972>
- Stoll, L. (2014). A short history of wellbeing research. In C. L. Cooper (Ed.), *Wellbeing: A complete reference guide*. Wiley.
- Strauss, A. (1987). *Qualitative Analysis for Social Scientists*. Cambridge University Press.
- Terry, J. D., & Cunningham, C. J. L. (2020). The Sacred and Stressed: Testing a Model of Clergy Health. *Journal of Religion and Health, 59*(3), 1541–1566.
<https://doi.org/10.1007/s10943-019-00920-9>
- Thornton, L. (2013). *Whole Person Caring: An Interprofessional Model for Healing and Wellness*. Sigma Theta Tau International.
- Tripp, P. D. (2015). *Dangerous calling: Confronting the unique challenges of pastoral ministry*.

- Unterrainer, H.-F., Nelson, O., Collicutt, J., & Fink, A. (2012). The English Version of the Multidimensional Inventory for Religious/Spiritual Well-Being (MI-RSWB-E): First Results from British College Students. *Religions*, 3(3), 588–599.
<https://doi.org/10.3390/rel3030588>
- Westgate, C. E. (1996). Spiritual Wellness and Depression. *Journal of Counseling and Development*, 75(September/October), 26–35.
- Wilber, K. (2001). *A Theory of Everything: An Integral Vision for Business, Politics, Science and Spirituality*. Shambhala.
- Yurdugül, H. (2008). Minimum Sample Size for Cronbach's Coefficient Alpha: A Monte Carlo Study. *Eğitim Fakültesi Dergisi*, 35, 397–405.
- Zwingmann, C., Klein, C., & Büssing, A. (2011). Measuring Religiosity/Spirituality: Theoretical Differentiations and Categorization of Instruments. *Religions*, 2(3), 345–357.
<https://doi.org/10.3390/rel2030345>

APPENDIX A: Quantitative Survey Items

Demographic Section:

Category/Question	Question Type
Personal Demographics	
Name	<i>Text/Short Answer</i>
Age	<i>Text/Short Answer</i>
Ethnicity	<i>Bounded Options/Other</i>
Marital Status	<i>Bounded Options/Other</i>
How many children do you have living in your household?	<i>Bounded Options/Other</i>
Total Annual Household Income	<i>Text/Short Answer</i>
Total Household Debt (not including a mortgage)	<i>Text/Short Answer</i>
Zip Code	<i>Text/Short Answer</i>
Organizational Demographics:	
Affiliation/Denomination	<i>Bounded Options/Other</i>
Years in Current Organization	<i>Text/Short Answer</i>
Role at Organization	<i>Text/Short Answer</i>
Age of Organization	<i>Text/Short Answer</i>
Number of Employees	<i>Text/Short Answer</i>
Organization Physical Location	<i>Bounded Options/Other</i>
Organization Annual Budget	<i>Text/Short Answer</i>

Spiritual Wellbeing Section:

Category/Construct	Question	Likert Scale Response	Points for Scale	
			Strongly Disagree/None	Strongly Agree / All
SPIRITUAL WELLBEING	Resource(s): Foster/Willard			
Grace (3) // Effort/Costly Grace	"I find joy in putting effort into growing my practice of spiritual disciplines like fasting." [fasting]	Strongly Disagree - Strongly Agree	1	5
License (2) // Cheap Grace	"I often spend time in silent reflection before the Lord." [silence]	Strongly Disagree - Strongly Agree	1	5
Legalism (1) // Earning/Work	"I often feel like I study the Bible to earn God's love." (negative) [study]	Strongly Disagree - Strongly Agree	5	1
License (2) // Cheap Grace	"I often have difficulty submitting myself to other leaders." (negative) [submission]	Strongly Disagree - Strongly Agree	5	1
Legalism (1) // Earning/Work	"Serving others rarely feels like a burden to me." [service]	Strongly Disagree - Strongly Agree	1	5
Grace (3) // Effort/Costly Grace	"I have difficulty stopping to celebrate what God has done." (negative) [celebration]	Strongly Disagree - Strongly Agree	5	1
Grace (3) // Effort/Costly Grace	"Time spent deeply mourning my sin leads me to meditate on God's goodness." [meditation]	Strongly Disagree - Strongly Agree	1	5
Legalism (1) // Earning/Work	"Prayer often feels like a chore to me." (negative) [prayer]	Strongly Disagree - Strongly Agree	5	1
License (2) // Cheap Grace	"I seek wise counsel when making decisions." [guidance]	Strongly Disagree - Strongly Agree	1	5
License (2) // Cheap Grace	"When I sin, I tend to keep it secret and try to move on." (negative) [confession]	Strongly Disagree - Strongly Agree	5	1
Grace (3) // Effort/Costly Grace	"I spend time in personal worship of God for Jesus giving His life for me." [worship]	Strongly Disagree - Strongly Agree	1	5
Legalism (1) // Earning/Work	"My time alone with the Lord is mostly to check off a box." (negative) [solitude]	Strongly Disagree - Strongly Agree	5	1

Psychological Wellbeing Section:

Category/Construct	Question	Likert Scale Response	Points for Scale	
			Strongly Disagree/ None	Strongly Agree / All
Psychological Wellbeing				
Hopeful	"I can easily imagine a hopeful future."	Strongly Disagree - Strongly Agree	1	5
Emotional Health	"My emotional life is healthy."	Strongly Disagree - Strongly Agree	1	5
Emotional Health	"I have emotionally unhealthy habits that I can't seem to shake." (negative)	Strongly Disagree - Strongly Agree	5	1
Energy	"I often feel low on emotional energy." (negative)	Strongly Disagree - Strongly Agree	5	1
Escapism/False Self	"I feel pressure to pretend to be "okay" when I'm not sure I really am." (negative)	Strongly Disagree - Strongly Agree	5	1
Stress/Coping	"I am regularly overwhelmed by stress." (negative)	Strongly Disagree - Strongly Agree	5	1

Physical Wellbeing Section:

Category/Construct	Question	Likert Scale Response	Points for Scale	
			Strongly Disagree/ None	Strongly Agree / All
Physical Wellbeing				
Satisfaction	"I am satisfied with my physical health practices."	Strongly Disagree - Strongly Agree	1	5
Daily Activities	My regular level of health limits my daily activities (negative)	Strongly Disagree - Strongly Agree	5	1
Exercise	I have a regular exercise routine.	Strongly Disagree - Strongly Agree	1	5
Sickness	"I get sick more often than others." (negative)	Strongly Disagree - Strongly Agree	5	1
Sleep	"Sleep comes easily to me at night."	Strongly Disagree - Strongly Agree	1	5
Nutrition	"My eating practices provides the nutrition God intended for my body."	Strongly Disagree - Strongly Agree	1	5

Social Wellbeing Section:

Category/Construct	Question	Likert Scale Response	Points for Scale	
			Strongly Disagree/None	Strongly Agree / All
Social Wellbeing				
Work Relational Health	"My work relationships are healthy."	Strongly Disagree - Strongly Agree	1	5
Friendship/Counseling	"I have a trusted counselor or spiritual director that I talk to about how I am doing."	Strongly Disagree - Strongly Agree	1	5
Peer Authenticity	"I have peers who would warn me if they sensed I was becoming burnt out."	Strongly Disagree - Strongly Agree	1	5
Family Time	"I spend enough time with my family each week."	Strongly Disagree - Strongly Agree	1	5
Isolation	"I often feel lonely in my ministry." (negative)	Strongly Disagree - Strongly Agree	1	5
Work Impact on Family	"My work has a negative impact on my family's wellbeing." (negative)	Strongly Disagree - Strongly Agree	5	1

Economic Wellbeing Section:

Category/Construct	Question	Likert Scale Response	Points for Scale	
			Strongly Disagree/None	Strongly Agree / All
Economic Wellbeing				
Financial Stewardship	"I wisely steward my financial resources."	Strongly Disagree - Strongly Agree	1	5
Compensation	"I feel that I am compensated appropriately for the work I do."	Strongly Disagree - Strongly Agree	1	5
Financial Pressure	"I have enough financially to take care of my family's monthly needs."	Strongly Disagree - Strongly Agree	1	5
Debt	"My financial debt negatively impacts my life."	Strongly Disagree - Strongly Agree	5	1

Savings	"I have enough savings to withstand a major financial setback."	Strongly Disagree - Strongly Agree	1	5
Vocational Capacity	"I actively seek out resources to grow my vocational capacity."	Strongly Disagree - Strongly Agree	1	5

APPENDIX B: Participant Recruitment E-mails

First Contact E-mail:

Dear Pastor,

I am writing to invite you to participate in a brief assessment of pastoral wellbeing.

My name is Tim and I am a pastor and a Ph.D. candidate at the University of San Diego.

I also serve as the Lead Researcher for Flourish San Diego. We believe that pastors like you are doing incredible work and that you deserve to receive the best support you need to flourish in life and ministry.

Therefore, I have designed a holistic wellbeing assessment to help us pastors reflect on our own wellbeing. Would you consider **taking this assessment**?

It should take you approximately _____ minutes to complete. Your information will be kept private and results will be compiled with other pastors to determine if the assessment is valid. In appreciation of your participation, you will receive a \$_____ digital gift card. We may also contact you after the completion of the study to share results with you and you may be invited to participate in future research.

Sincerely,

Tim Captain

Pastor & Researcher

Second Contact E-mail:

Hi Pastor!

I know that you are busy and your time is valuable! I don't know whether you saw my e-mail from last week, but I wanted to make sure that you got the chance to participate in this important research on pastoral wellbeing.

Would you consider **taking the assessment** now?

It should take you approximately _____ minutes to complete. Your information will be kept private and results will be compiled with other pastors to determine if the assessment is valid. In appreciation of your participation, you will receive a \$_____ digital gift card. We may also contact you after the completion of the study to share results with you and may be invited to participate in future research.

Sincerely,

Tim Captain

Pastor & Researcher

Third Contact E-mail:

Dear Pastor,

Just wanted to let you know that our survey on pastoral wellbeing will be closing soon. The deadline to participate will be this upcoming _____.

So, would you take a few minutes to go ahead and fill out the survey now?

It should only take you approximately _____ minutes to complete. Your information will be kept private and results will be compiled with other pastors to determine if the assessment is valid. In appreciation of your participation, you will receive a \$_____ digital gift card. We may also contact you after the completion of the study to share results with you and may be invited to participate in future research.

Sincerely,

Tim Captain

Pastor and Researcher

APPENDIX C: Interview Guide

The following qualitative interview guide was utilized, with the fill-in-the-blank items inserted from emergent data from the qualitative phase of the study.

Hi Pastor _____,

Thank you for taking the time to complete the Holistic Pastoral Wellbeing Assessment (HPWA) and for talking with me more today about your experience of pastoral wellbeing. Our conversation today will take approximately 15-20 minutes and just as a reminder, this conversation will be recorded for accuracy but your identity will be kept confidential throughout the study. I will begin to record at this time.

Exploration 1 (related to RQ 4): A copy of the individual's HPWA scores will be shown to the participant and the participant will be asked to reflect and respond to the following questions:

- 1) To what extent do you think this survey accurately measured your spiritual, psychological, physical, social, and economic wellbeing? (Give a percent 0% to 100% accurate, and explain why you chose the number that you did)
 - 2) Did you feel that your responses/scores accurately reflected your current state of wellbeing? If not, how could it have been better?
 - 3) Did you gain any new insights about your state of wellbeing as a result of taking the assessment? If so, what are they?
 - 4) Is there anything else you would like to share with me about the HPWA and your results?
-

Exploration 2 (related to RQ 5): A brief explanation of the significant demographic factors associated with HPWA scores will be given to the participant. Then, the participant will be asked to reflect and respond to the following questions relating to their personal results:

1) To what extent do you believe that your personal demographic details are related to your experience of wellbeing? Do you believe that they are related? If so, how?

2) If the participant shares that they believe the factors to be related with their scores, then further explore the relation with them with questions such as:

“Why might these scores be related?”

“What causal direction may exist (ie, chicken and egg) in the relationship?”

“Can you give an example of how this factor has effected your wellbeing in the past several weeks or months?”

<Stop Recording>

Thank you again for giving me your time! I’ll be posting updates and results in the months ahead at www.flourishsandiego.org/research - so stay tuned to see how all of this comes together.

I hope that this research will positively impact the lives of many pastors and you have played a big part in making it happen. So, thank you!



Aug 10, 2022 9:04:27 AM PDT

Timothy Captain
Sch of Leadership & Ed Science

Re: Expedited - Initial - IRB-2022-488, The Development of the Holistic Pastoral Wellbeing Assessment: A Mixed Methods Study

Dear Timothy Captain:

The Institutional Review Board has rendered the decision below for IRB-2022-488, The Development of the Holistic Pastoral Wellbeing Assessment: A Mixed Methods Study.

Decision: Approved

Selected Category: 7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Findings:

Research Notes:

Internal Notes:

The USD IRB requires annual renewal of all active studies reviewed and approved by the IRB. Please submit an application for renewal prior to the annual anniversary date of initial study approval. If an application for renewal is not received, the study will be administratively closed.

Note: We send IRB correspondence regarding student research to the faculty advisor, who bears the ultimate responsibility for the conduct of the research. We request that the faculty advisor share this correspondence with the student researcher.

The next deadline for submitting project proposals to the Provost's Office for full review is N/A. You may submit a project proposal for expedited or exempt review at any time.

Sincerely,

Jennifer Zwolinski, PhD
Interim IRB Administrator

Office of the Vice President and Provost
Hughes Administration Center
5998 Alcalá Park, San Diego, CA 92110-2492
Phone (619) 260-4553 • Fax (619) 260-2210 • www.sandiego.edu