

FLIPPING THE SCRIPT ON PASTORAL CARE: A QUANTITATIVE STUDY ON THE
EFFECTS OF SOCIAL SUPPORT AND SELF-CARE AND HOW IT INFLUENCES THE
PRESENCE OF BURNOUT IN THE LIVES OF PASTORS SERVING IN THE SOUTHERN
BAPTIST CONSERVATIVES OF VIRGINIA.

by

Mark Wilson McCormick

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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2023

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Abstract

Burnout is a phenomenon that impacts many clergy across the world, regardless of denomination. There are many causal factors that lead to burnout, as well as a number of suggested measures for prevention and treatment. With education on burnout increasing, more awareness can and should be given to the subject. As pastors continue to serve their communities and congregations, it is likely that they will have to combat the onset of burnout at some point during their tenure. It is important for both the pastor and the congregation they serve to be aware of burnout and its symptoms, as well as having an action plan for how to respond to the natural stressors associated with the ministry. As one way to combat burnout, this study explored the influence of social support and whether it could serve to reduce the effects of burnout. Self-care was also analyzed as a moderating factor. The research population was pastors serving in the Southern Baptist Conservatives of Virginia. Analysis was conducted in SPSS using Pearson's r and regression analysis through PROCESS, a system designed for estimating statistical models, such as moderation. The following assessments were used to capture the data: Multi-dimensional Scale for Perceived Social Support, Maslach Burnout Inventory, and researcher developed demographic and self-care questionnaires. A positive relationship was found between social support and burnout, with negative relationships being present when accounted for self-care as a moderating factor.

Keywords: Burnout, pastor/clergy, social support, self-care.

Dedication

To Rachel, Jonah, Lucy, and Molly... I did it for you.

Acknowledgments

First off, I must acknowledge my parents, who both instilled in me at a young age the importance of education and have been my cheerleaders my entire life. My wife, who has supported me through this entire journey and let me leave the house when I needed time away to focus. To my children, who put up with me sitting in the living room on my computer and were gracious to me the numerous times I was distracted. To the rest of my family, my siblings, extended family members, colleagues, my church family, and the countless friends who supported me along the way with prayers and words of encouragement; Thank you!

I would be careless not to mention the pastors in my own life who come to mind. First, my father-in-law, who was my wife's pastor for the first half of her life, and who's own struggle with burnout was the inspiration for this study. Dr. Mike Fitzgerald, who was my pastor when I began this journey and who provided initial support and assistance to me as I began the research phase with the SBCV. And finally, Jeffrey Campbell, my current pastor and more importantly, my friend.

Lastly, but certainly not the least, my Lord and savior Jesus Christ, whose grace has allowed me to complete this daunting task, in spite of myself and deficiencies. "For from Him, and through Him, and to Him are all things. To Him be the glory forever" (Romans 11:36).

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List of Abbreviations

CPE - Clinical Pastoral Education

MBI – Maslach Burnout Inventory

MBI-HSS - Maslach Burnout Inventory for Human Services

MSPSS – Multidimensional Scale of Perceived Social Support

PEP - Pastors Empowerment Program

SPSS – Statistical Package for Social Sciences

SBC – Southern Baptist Convention

SBCV – Southern Baptist Conservatives of Virginia

WHO - World Health Organization

CHAPTER ONE: INTRODUCTION

Overview

Pastoral burnout is a well-researched area of study with a number of recommended coping and preventative strategies presented, however, not all of these recommendations have been thoroughly researched. One example of an under-researched variable is self-care, even though it is recommended by researchers in preventing and treating burnout (Chambers, 2016; Doolittle, 2010; López Herrera et al., 2014; Rosik, 2011; Rossetti & Rhoades, 2013). In this study, self-care was explored through the context of social support to examine its influence as a moderating factor, when combined with social support, in preventing or reducing burnout. In relation to burnout, social support is often seen in the literature as a prescribed and essential element of a pastor's daily life. The purpose of combining these two variables was to examine what relationship exists, if any, between a pastor's level of perceived social support and their level of self-care and if those two variables, when combined, are able to show any statistically significant influence on reducing the experienced level of burnout in the pastor. Additional demographic variables were also explored, in relation to the reported level of experienced burnout.

The population studied for this research was current pastors serving within churches within the Southern Baptist Conservatives of Virginia (SBCV). A state convention was selected versus the national convention (Southern Baptist Convention/SBC) in order to more accurately obtain a representative sample of the population. State-specific research is a common practice in the field of pastoral research in the U.S., as Lewis (2017) focused on pastors serving in Florida, Eagle et al. (2019) studied pastors in North Carolina, and Visker et al. (2017) focused their study on the state of Minnesota. The SBCV is officially recognized by the SBC as a state convention

(SBC Virginia, 2021), and therefore contributed to the existing literature by adding additional SBC-related pastors to a research field in which this population has been underrepresented.

Background

As awareness of burnout has increased, so has the interest in researching this phenomenon (Maslach, 2017). What was once considered to be “taboo” and was “seldom discussed and acknowledged”, the topic of burnout has found itself to be studied more by researchers (Maslach, 2017, p. 143). Pastors, specifically, are seen as being more susceptible to burnout due to the high demands placed on them by their congregation and the multiple relationships between them. These factors have “the potential for either the sense of great affirmation and social support or the experience of tremendous failure and rejection” (Foreman, 1997, p. 3). The primary characteristics of burnout, in its most elementary form, would be described as emotional exhaustion, depersonalization, and personal accomplishment (Maslach, 2017, p. 143; Miner et al., 2010, p. 167). The first recorded reference to the term “burnout” is attributed to Herbert Freudenberger, who described it to be an imbalance of emotions and unmet expectations (Wicks, 2010, pp. 27-28). While anyone can reach the point of burnout, the helping professions, including clergy, appear to be one of the fields that is most often affected, due to the recurring emotional stress and high demands (Adams et al., 2017, p. 151). Certainly, given that the role of the clergy shares in the giving of oneself and providing support for those going through traumatic events, the role of pastor or clergy would fit within that same at-risk population.

There are fluctuations in the research findings regarding how many pastors are being affected by burnout. These numbers can range anywhere from 38% (Randall, 2013, p. 337) to as many as 65% of pastors reporting feelings of burnout (Visker et al., 2017, p. 951). Of the three

primary categories associated with burnout, López Herrera et al. (2014) proposes that depersonalization, commonly viewed as cynicism, is the most influential variable in predicting burnout (p. 230). Additional symptoms, which would be more visible and easier to detect, would include cynicism, negativity, loss of interest, and avoidance (Tallerico, 2016). It is estimated that as many as 1,800 clergy around the world leave the ministry each month, resulting in as many as 60 churches losing skilled leadership every single day (Campbellsville, 2022, para. 19).

Burnout and its associated symptoms are a frequently occurring phenomenon among pastors (Terry & Cunningham, 2020). In order to combat this common progression toward burnout, researchers have proposed a number of ideas to help treat and/or prevent burnout. Increased spirituality (McClanahan, 2018; Scott & Lovell, 2015), self-care (Chambers, 2016; Doolittle, 2010; López Herrera et al., 2014; Rosik, 2011), and social support (Francis et al., 2017; Orozco, 2015; Scott & Lovell, 2015) are routinely found in the literature as recommendations for combatting and reducing the effects of burnout. While the literature includes these and other related themes, prior research is limited in regard to any actual study of the relationship between these mitigating variables and their relationship to burnout. Prevalence, causation, and symptom analysis are commonly seen in the literature, yet prevention and coping strategies are not as frequent.

Problem Statement

As research has increased regarding the phenomenon of burnout, a number of gaps remain, with perhaps the widest gap of all in relation to the research for treatment and coping strategies among those affected or most at-risk of burnout (Doolittle, 2007). As Maslach (2017) states, there are many strategies employed for treating and coping with burnout, however, she goes on to posit that none of these strategies seem to be based on any actual burnout-specific

research (p. 147). To be more specific, the research to date has drawn from other related fields, such as stress management or coping strategies, to best hypothesize the most effective burnout treatment strategies, while neglecting the actual issue of burnout in their research variables. This research study sought to fill this gap in the literature by focusing on meaningful relationships and self-care as a possible treatment and/or coping strategy for burnout.

Another gap pertains to the research population itself. Much of the clergy-focused research is concentrated on Anglican, Catholic, Presbyterian, or Methodist clergy. When searching APA PsycNET, ProQuest, and Google Scholar databases, very little research has been conducted on Southern Baptist clergy, and even less research was found that was exclusive to this population. Furthermore, when searching the aforementioned databases, no results were found that included research on the SBCV, burnout, and social support. This SBC research gap was also seen by Carroll (2022) who focused on Southern Baptist pastors when studying clergy retention. Hoover (2021) also reached the same conclusion by acknowledging the lack of research on Southern Baptists in his study on pastoral burnout. It was hypothesized by the researcher that one possible reason for this gap is due to the lack of research universities associated with the Southern Baptist Convention (SBC). With the SBC being the largest evangelical denomination in the United States, the research is undoubtedly disproportionate. This study also sought to fill the gap in the research population by incorporating Southern Baptist into the literature.

When it comes to easing the stressors that cause burnout, social support and self-care are variables that are often suggested among scholars. Self-care is broadly defined and primarily encompasses the focused attention on the spiritual, physical, and emotional self (Chambers, 2016, p. 84). Practical examples of these include reading, retreats, exercise, healthy diet,

counseling, and meaningful fellowship with others (Cuthbert et al., 2018; Doolittle, 2010; Rosik, 2011). While research has been conducted to include different types of self-care, the problem is that the research to date does not examine the extent to which the practiced self-care prevents or reduces the effects of burnout. Social support is commonly seen as a recommended element against burnout, and this study sought to explore how the effects of self-care can serve as a moderating variable toward preventing or reducing burnout, when combined with social support. This study sought to explore these two variables and how they influence the effects of burnout among pastors, in an effort to help prevent and alleviate the manifestation of burnout that often plagues this population.

Purpose Statement

The purpose of this study was to explore if social support, when combined with self-care, can serve as a moderating factor in preventing and/or reducing burnout. In other words, the researcher sought to determine whether or not meaningful relationships and self-care were an effective intervention and/or preventative strategy for pastors when it comes to moderating the effects of burnout. Based on prior research and recommendations in the literature regarding the influence of social support (Francis et al., 2017; Morse, 2011; Potts, 2007; Proeschold-Bell et al., 2015) and self-care (López Herrera et al., 2014; Weekes, 2014; Wicks, 2010) on experienced burnout, it was hypothesized that those pastors who reported higher levels of perceived social support and self-care also reported lower levels of burnout. If the study affirmed the researcher's hypotheses that a negative correlation exists between these variables, further research could be built upon this benchmark. It has been established throughout the literature that burnout exists across many fields, including pastors, yet minimal research has been conducted in an effort to help mitigate its effects. This study focused primarily on the specific variables of meaningful

relationships and self-care, with the goal of determining if meaningful relationships did in fact exist between those and reduced levels of burnout. Furthermore, did the researcher's hypothesis of self-care being able to serve as a moderating factor in reducing levels of burnout hold true?

The population for this study consisted of pastors serving within the state convention of the SBCV. Few studies on pastoral/clergy burnout have included the Southern Baptist denomination (Sellers, 2020; Taylor, 2018), and therefore, this research was intended to give further attention to this often-neglected demographic of pastors/clergy. Additional demographic variables were also included as a part of this research, based on their prevalence in the literature, such as one's age (Bledsoe et al., 2013; Golden et al., 2004; Randall, 2007), level of education (Abernethy et al., 2016; Bledsoe et al., 2013), church size (average attendance) (Francis et al., 2008; Jacobson et al., 2013), and the size of the pastoral/church staff (Milstein et al., 2019). The primary focus of this study was on the importance of social support and self-care; however, these other variables were included to help determine if there were additional ways to predict, prevent, and mitigate burnout among pastors. While there are many studies that have focused on burnout among pastors, and the varying treatment strategies, including qualitative (Behler, 2022; Curry, 2021; Lambertson, 2021; Reed, 2020) and mixed-method (Johnson, 2019) designs, there were no quantitative studies found that examined a possible relationship between self-care and burnout among pastors. Many studies have incorporated self-care into their research; such fields include educators (Dixon, 2022; McCarty, 2023) and mental health professionals (Jones, 2022 Key, 2023; Weekes, 2014), however, as cited previously by Carroll (2022) and Hoover (2021), only a small number of these related studies even included the SBC population as a part of their research population.

Significance of the Study

The purpose of this study was to identify whether or not a relationship existed between the variables of perceived social support and self-care and a pastor's level of experienced burnout. Potts (2007) found a significant relationship between a pastor's level of perceived social support, especially during times of crisis, and the level of experienced burnout. Cohen and McKay (1984) proposed the theory of positive social support as an effective strategy for reducing stress and increasing the general well-being of the individual and their family. If reduced stress can lead to improved relationships with the family, can the same inverse theory be true, in that improved familial relationships can lead to reduced levels of stress? This study sought to build upon Potts (2007) and examine whether or not self-care, when combined with social support, was able to effectively serve as a moderating factor in the level of experienced burnout.

This study focused on self-care through the prism of perceived social support. Both the perception of social support and the practice of self-care must be evaluated through the experience of the individual, not the researcher (Lewis, 2017; Parker & Martin, 2011); a practice that is beneficial for one may be detrimental to another (Turton & Francis, 2007; Wicks, 2010). In addition, a relationship that one may perceive as strong, another may perceive as weak. It is important for the pastor to implement a self-care strategy that works for them, as a one-size-fits-all strategy for self-care does not exist (Oswald, 1991, p. 80; Turton & Francis, 2007; Wicks, 2010). For the pastor experiencing burnout, it should not be ignored. Burnout should be viewed as a mental health issue (Maslach, 2017), and if not effectively combatted, the weakened mental state of the pastor will ultimately diminish their ability to minister to others (Visker et al., 2017).

This study not only sought to expand upon the current research literature into Southern Baptist churches, but it also further explored the importance of meaningful relationships and self-care in the life of the pastor. Since the study focused exclusively on the state of Virginia, it is limited by region, as there are many cultures and subcultures that span the entirety of the state. These include urban and rural communities, coastal and mountain communities, and high-tech regions along with blue-collar towns. Further research on the topic could certainly build upon the different types of self-care that exists, and which ones may be more or less effective. There are certain types of self-care that are not regionally defined, such as spiritual meditation/prayer, sabbaticals, exercise, reading, solitude, or social support (Doolittle, 2010, pp. 93-94; Maslach, 2017, pp. 147-148; Visser et al., 2017, p. 959). On the other hand, some examples of self-care that are regionally exclusive would include hiking or adventures into the mountains, beach days, boating, fishing, or hunting. This study did not attempt to define the best type of self-care or prescribe any specific activity to a pastor; however, this could most certainly be a study for a future researcher.

Research Questions

The gap in one's personal level of self-care serving as a meaningful prescription to mitigate burnout has been established by Maslach (2017). The importance of social support is also recommended in the burnout literature (McMinn et al., 2005; Orozco, 2015; Potts, 2007; Proeschold-Bell et al., 2015; Scott & Lovell, 2015). In addition, other covariates were selected from the literature for being identified by other researchers as being influential in the pastor's reported levels of burnout; these being age, education, church/staff size, and other demographic variables. Age, with the most common occurring delineation being above or below the age of 50, has been identified as a predictor for one's likelihood (higher or lower) for reaching a state of

burnout (Bledsoe et al., 2013; Doolittle, 2007; Golden et al., 2004; Randall, 2007). Education has also been recognized as a predictive factor of experiencing burnout and was included as part of the research variables (Abernethy et al., 2016; Bledsoe et al., 2013; Shehan et al., 2007). The other demographic variables included were church size and pastoral staff size.

RQ1: Is there any statistically significant difference between those pastors who report higher levels of perceived social support and their experienced level of burnout, when compared to those with lower levels of perceived social support?

RQ2: Does self-care, when combined with perceived social support, serve as moderating factors in one's level of reported burnout?

Definitions

It is important to understand the meaning of certain words and how they were used within this study. These definitions below may be used differently by others, but these descriptions will outline how they have been defined and incorporated into this research study. Inspiration for these definitions came from the existing literature on the topics and adjusted to fit the purpose of this study.

Burnout – “A depletion or exhaustion of a person’s mental and physical resources attributed to his or her prolonged, yet unsuccessful striving toward unrealistic expectations, internally or externally derived” (Herbert Freudenberger, as cited in Wicks, 2010, pp. 27 – 28).

Self-Care – The focus of the individual on taking care of themselves (Maslach, 2017). A coping strategy that is primarily focused on the spiritual, physical, and emotional self (Chambers, 2016).

Pastor – For the purpose of this study, the pastor (research participant) will be currently serving in a formal pastoral position (by title) in a local church that is affiliated with the Southern Baptist Conservatives of Virginia. Ministry directors or other non-“pastor” titles will not be included.

Perceived Social Support - Also referred to as meaningful relationships. (1) emotional support, implicit support from others that they will care for the pastor in times of need and distress; (2) social group and/or social network in which the pastor shares common interests and desires; (3) esteem support, the building up and emotional affirmation of the pastors competence and duty; and (4) informational support, in the form of guidance, mentorship, and accountability (Cutrona & Russell, 1990).

Summary

The problem of a lack of research on self-care, in relation to pastoral burnout, was diminished as a result of this study by incorporating self-care as a moderating variable with social support. The researcher hypothesized that increased levels of perceived social support and self-care would lead to reduced levels of burnout. It was also hypothesized that additional variables of age, education, church size, and staff size would also be able predict the pastors' level of burnout. This study was purposed on answering the question of whether or not the two variables of self-care and perceived social support could serve as mitigating factors in reducing burnout, as well as provide further contribution by opening the door to burnout research within Southern Baptist churches.

CHAPTER TWO: LITERATURE REVIEW

Overview

Burnout is often times viewed as a stigma that results in people being fearful of admitting their true feelings (Maslach, 2017, p. 146). Schaufeli et al. (2009) equate burnout to that of an extinguished fire; one which once burned bright but has since faded (p. 205). Many times, the factors that cause burnout are small and unnoticeable in one's day-to-day life and do not come to light until it is too late (Wicks, 2010, p. 25). In recent years, burnout has become an ever-increasing issue, spanning multiple demographics and career fields, such as spiritual leaders, healthcare providers, mental health professionals, and first responders. This increased awareness has also created a greater need to further explore the possible ways in which to treat and prevent the onset of burnout (Maslach, 2017). In 2019, the World Health Organization (WHO) officially recognized burnout among its list of *International Classification of Diseases*, citing it specifically as a "workplace phenomena" (Moss, 2020, p. 565). Moss (2020) and Maslach et al. (1996) both emphasize the definition of burnout as being specifically related to occupational stressors.

Similar to other helping professions, the pastoral/clergy role can be very stressful; however, when it comes to which specific stressors of the pastorate (funerals, counseling, sermon preparation, visitation, etc.) are most influential as far as causation of burnout, there is some ambiguity in this regard, as many pastors can concurrently experience both high levels of satisfaction and burnout (Adams et al., 2017, p. 167; Barnard & Curry, 2012, p. 151; Doolittle, 2010, p. 90). In a more general context, according to Miner et al. (2010), burnout consists of three primary components: emotional exhaustion, depersonalization, and personal

accomplishment. While keeping the same definitions, Maslach (2017) used different labels for the three variables: exhaustion, cynicism, and a decline in professional efficacy.

In addition to the causal factors of burnout, prevention and treatment methods have also been explored and recommended, including that of self-care and social support; however, these preventative studies have been rare (Moore, 2015). Maslach (2017), who is the creator of the Maslach Burnout Inventory and arguably the leading researcher on burnout, has suggested that many of the treatment and coping strategies that have been recommended over the years, have not been derived as the result of any burnout-specific research, rather, most remedies have been taken from other fields, such as how one should deal with general stress and overall well-being.

While this is not true of every study, many studies on burnout prevention and treatment consist of a qualitative design, leaving a gap for quantitative research. In addition, a quantitative analysis reviewing the relationship between the self-care and meaningful relationships and the levels of experienced burnout in pastors has yet to be established. Furthermore, few studies include the Southern Baptist Convention denomination. These gaps were filled as part of this study.

Examining Burnout

The phenomenon of burnout is a common and slowly growing problem within the individual, as opposed to a symptom that may suddenly appear unexpectedly (Tallerico, 2016). Herbert Freudenberger, was the first to use the term “burnout” and described it as “a depletion or exhaustion of a person’s mental and physical resources attributed to his or her prolonged, yet unsuccessful striving toward unrealistic expectations, internally or externally derived” (Wicks, 2010, pp. 27 – 28). Maslach et al. (2001) provide an additional definition of “a prolonged response to chronic interpersonal stressors on the job” (p. 397). Wicks (2010) further simplifies

this definition as a case in which something is “lacking” within the individual (p. 28). In these definitions, the internal struggle within the individual can be seen.

Research consistently reports high levels of burnout among clergy; however, the actual percentage reported may fluctuate from study to study, based on the scope and population being researched. Randall (2013) found that 38% of responding pastors indicated daily feelings of frustration and fatigue in their ministerial roles (p. 337). In the research by Visker et al. (2017), they discovered that as many as 65% were either on the verge of becoming burned out or were actively suffering from its effects at the time of the research (p. 951). Even though research indicates high levels of burnout among clergy, overall, clergy often report lower levels of emotional exhaustion and burnout than their counterparts in other helping professions (Jacobson et al., 2013).

Existing research makes it clear that it should never be assumed that all pastors are at the same level of burnout (Adams et al., 2017). While as many as one-quarter of clergy experience mental health issues of some kind, the burnout being experienced may be caused by any number of issues and affect everyone to varying degrees (Rogowska & Dolega, 2020). There are multiple variables that influence the likelihood of experiencing burnout and the level of severity it will have on the pastor. Miner et al. (2010) provide a few preliminary examples, such as one’s position/role within a church (senior pastor, associate pastor, etc.), along with their age and gender, having all been shown to influence the level of emotional exhaustion and burnout experienced.

Previous research studies have provided conflicting results as to whether gender has any influence on burnout. Francis et al. (2019), found that women report lower instances of burnout in ministry than their male counterparts; however, Rogowska and Dolega (2020) determined that

gender did not have any relationship to the mental health of the clergy (p. 246). They went on to reason that if a male and female clergy share a similar lifestyle, and similar devotion to God and faith, it is likely that they will also have a similar mental health score, as well (p. 247). While a logical argument can be made to support such findings, further research is needed regarding what influence gender has on the experience of burnout.

Causes of Pastoral Burnout

Additional variables, such as the size of the church staff, community demographics (such as population and religion), and culture can all influence a pastor's likelihood of experiencing burnout, as well. Research by Milstein et al. (2019) indicated that pastors with full time roles possessed higher levels of burnout than their counterparts who are in part time positions (p. 412). Furthermore, the ever-increasing demands and long hours negatively affect many pastors. Barnard and Curry (2012) reported that as many as 89% of clergy are working over 40 hours per week (p. 155). For those ministers in full-time roles, over 40% of respondents felt overwhelmed by the duties of their ministry (Perl & Froehle, 2002, as cited in Rossetti & Rhoades, 2013, p. 340), with the average pastor working roughly 60 hours per week (Rossetti & Rhoades, 2013, p. 341).

Furthermore, the likelihood for a pastor reaching the level of burnout can be influenced by their position and the results and resources of their church and denominations (Rossetti & Rhoades, 2013, p. 335). Pastors working in larger church settings generally report lower levels of emotional exhaustion and burnout. Jacobson et al. (2013) assumed that this was connected to the increased resources available for pastors who serve larger congregations. For senior pastors serving in larger churches, as well other subordinate pastors, often have an increased staff and enlarged financial resources, which allow for pastors to share the burdens of ministry with other

staff. Moreover, larger churches are often able to afford other incentive-laden activities without having to bear a large financial burden. Conversely, pastors who serve in smaller congregations reported higher levels of burnout. This is likely due to having less financial flexibility and access to fewer resources (Bledsoe et al., 2013); however, this does not mean that pastors in large churches are immune to burnout.

The church's congregation itself can also influence the pastor's progression toward or away from burnout. For example, Proeschold-Bell et al. (2015) explain that congregations that are generally positive and spiritually healthy will lead the pastor toward increased job satisfaction for the ministry, thus reducing their overall likelihood for burnout. It has already been discussed how pastors serving in smaller congregations have a higher likelihood for burnout. In addition, a reduction or loss of resources, along with reduced spiritual support, can be contributors for declining mental health, ultimately resulting in depression. Furthermore, resource loss can also be a contributing factor toward other mental health issues, such as anxiety and PTSD (San Roman et al., 2019).

Local and regional culture can also influence the pastor's level of burnout and overall mental health experience. Rogowska and Dolega (2020) provide an example of a pastor whose faith falls within the minority of the rest of the community at large, they may feel a sense of isolation, as opposed to the faith being widely accepted or shared among their neighbors and the rest of the population. Being especially true for pastors those in rural communities, loneliness and social isolation, both of which can be attributers to decreased mental health, are common in pastors (Scott & Lovell, 2015, p. 71). Scott and Lovell (2015) explored this element of pastors' lives, that being the relationship between social interaction and burnout, and concluded that these interactions, however frequent, were simply not enough.

Symptoms

When an individual begins to experience the effects of burnout, there are both inward and outward symptoms that the individual may begin to display. These symptoms will become apparent to the individual and can also be visible by others. Not all symptoms have the same impact on the individual, as they come in varying degrees and have varying effects on the person and others. They will be discussed in more detail below.

Emotional Exhaustion

Many congregants expect to have their needs met by their pastor yet remain blind and/or ignorant to the needs of the pastor (Morse, 2011). As pastors act on their increased desire to please, a direct correlation can be seen leading to higher levels of emotional exhaustion (Barnard & Curry, 2012). In other words, while pastors actively, and often times successfully, fulfill their calling of service toward others, they still often times find themselves becoming empty. This is further supported by López Herrera et al. (2014), who found that personal accomplishment in ministry has little to no bearing on the level of burnout experienced. Rossetti and Rhoades (2013) found that priests reported having higher levels of personal accomplishment, which is higher than that of the general population, yet they still experience burnout. Extraverted pastors report higher levels of personal satisfaction, but also report higher levels of emotional exhaustion, due to their increased outpouring of oneself (Francis et al., 2019, p. 1,639). A conflicting conclusion was reached by Adams et al. (2017), who concluded that personal satisfaction through their ministry and smaller social circles may be contributing factors toward the ability to actually limit the stressors that lead to burnout (p. 167). Additional research would be needed here regarding what effect personal accomplishment has on burnout.

While these are the most common symptoms, a pastor does not have to exhibit emotional exhaustion, depersonalization, and low levels of personal accomplishment in order to be classified as burned out. High levels of depersonalization, also referred to as cynicism, could be the most predictable variable in relation to the likelihood of burnout within the pastor (López Herrera et al., 2014. p. 230). Emotional exhaustion is most often preceded by the heavy demands of the job, such as the long hours and fast-paced nature of ministry. As this progression slowly unfolds, emotional exhaustion grows toward what eventually becomes burnout (Buys et al., 2010). Emotional exhaustion and depersonalization both are highly correlated with influencing the likelihood and severity of burnout (López Herrera et al., 2014).

Consistent with their protestant counterparts, Catholic priests reported lower levels of burnout and emotional exhaustion than the general population (Rossetti & Rhoades, 2013). Even though high levels of personal happiness are common among pastors/clergy, it is equally as common to see high levels of reported emotional exhaustion, as well (Francis & Crea, 2017).

As research on the subject expands, more information is becoming known about the experience of pastors and burnout. One area where further education is needed is how the traumatic experiences of others may transfer to the pastor (Ehusani, 2021; Hendron et al., 2012; Juczyński et al., 2021). Pastors who experience working with human suffering will often face difficulty within their own spirituality as well (Currier et al., 2019). While emotional exhaustion is commonly viewed through the outpouring and emptying of oneself, to what extent does the mere knowledge of suffering have on the well-being of the pastor? As pastors become informed about the needs and pain of others, what toll does that take on the pastor's emotional state? It has been explored that the desire to help others is a primal cause of burnout, but further research

could explore what effect passive ministry, simply bearing a burden for someone else, has on the emotional well-being of the pastor.

Depersonalization

Some pastors will knowingly reject their social support structure and choose to sacrifice their own mental well-being for the sake of ministering to others (Scott & Lovell, 2015). Using the Maslach Burnout Inventory, pastors may trend lower on the depersonalization spectrum but higher on lack of personalization, as compared to other helping professions (Adams et al., 2017). Pietkiewicz and Bachryj (2016) point out that many clergy will oftentimes find themselves attending social gatherings as their minister self rather than their actual self. Both children and adults, whether in church or outside of church, will often refer to the pastor by their formal title, rather than simply calling them by their name (i.e., Pastor or Father “Tim” versus just “Tim”).

Personality traits and characteristics can oftentimes be used as predictors for symptoms of burnout, as well. Many of the primary variables associated with burnout (depersonalization, personal accomplishment, and emotional exhaustion) can all be predicted, to varying degrees, through the personality traits of the individual (Stephens, 2020). While many pastors pour themselves into their ministerial roles, depersonalization is not inevitable, though, as there are examples of how to mitigate and/or prevent depersonalization in ministry. For example, as Miner et al. (2010) explored, increased autonomy, commonly associated with more senior clergy, can lead toward the ability to separate the personal and ministry elements of the individual, resulting in a decreased likelihood for burnout. As research has evolved, depersonalization is becoming more commonly referred to as cynicism (Maslach, 2017).

The Pastorate

While many different roles are susceptible to burnout, the pastoral vocation holds a unique position. Similarities and differences will be discussed, as well as some of the more exclusive and unique qualities that are present in the life of the pastor. One particular component is the divine call, resulting in the thinking that they are not only serving their fellow man, but also serving a higher power. This will be explored in more detail below.

Job Satisfaction

There is also a direct relationship between self-compassion and higher levels of job satisfaction in ministry (Adams et al., 2017; Barnard & Curry, 2012; Doolittle, 2010). Interestingly, as a few studies have found (Barnard & Curry, 2012; Malcolm et al., 2019; Rosetti & Rhoades, 2013), it is possible for a pastor to display both high levels of emotional exhaustion and high levels of job satisfaction concurrently. There are many inherent factors within the pastoral role that can lead one toward burnout, yet job satisfaction among clergy consistently remains high (Doolittle, 2007; Faucett et al., 2013; Frederick et al., 2023; Gautier et al., 2012; Rosetti & Rhoades, 2013). A high level of job satisfaction is commonly attributed to the pastor knowing that their ministry had a positive effect and influence on others (Barnard & Curry, 2012). Despite the emotional suffering related to burnout that some pastors may experience, many still report that they are able to find continued satisfaction in their role (Currier et al., 2019).

Malony's research (2000) found that increased job satisfaction leads to a lower likelihood of burnout. The high levels of burnout that are commonly reported are often able to be offset by high levels of satisfaction in both their ministerial and personal lives (Berry et al., 2012; Faucett et al., 2013; Francis et al., 2019; Malcolm et al., 2019). In addition, general happiness is often

present and reported at high levels, as seen in research by Francis and Crea (2017), who reported over 90% of priests agreed with the statement of “life is good” and that “they often experience joy and elation” (p. 24). It is important to note that personal accomplishment and job satisfaction should not be viewed as being one in the same, however, as Miner et al. (2010) emphasize, personal accomplishment should be identified as its own separate variable in relation to pastoral burnout. Internal contentment and job satisfaction are two primary variables in relation to clergy burnout, however, even if the pastor reports high levels in both of these areas, they are not immune to burnout nor its effects (Rossetti & Rhoades, 2013).

Job satisfaction is predicated by a clear job description and low levels of conflict. Similar to other workplace environments, when a pastor faces conflict and ambiguity in their role, this can lead toward decreased levels of job satisfaction, performance, and burnout (Dunbar et al., 2020; Faucett et al., 2013; Frederick et al., 2023; Schwanz, 1996). Conversely, conflict and ambiguity within their role is directly correlated to lower levels of reported job satisfaction (Francis et al., 2010). While there are certainly unique elements involved in ministry, there are other elements that are shared with many other fields, such as working with others, travel requirements, and meeting supervisory expectations. While ministry provides its own sense of accomplishment, the shared work experiences and stressors of clergy and non-clergy may not always result in a similar outcome and point of view (Adams et al., 2017; Clem, 2023; Francis et al., 2010). A negative work environment will likely lead to negative employee satisfaction, and the same is commonly true for a positive work environment leading to positive employee morale, whether in a ministry setting or not. Morse (2011) provides examples, such as respectable compensation, vacation time, and other incentives for personal renewal as other ways in which the church can support the pastor.

Some pastors describe their workplace as hostile, sometimes even being described as a mob mentality, affecting the experience of the pastor in their professional capacity. The toxic atmosphere that is created, as a result, can likely lead the pastor toward a state of burnout, as exhaustion begins to set in. In addition to increased emotional exhaustion, depersonalization is also greatly affected by mobbing (Vensel, 2013).

On the other hand, a positive work-environment, one which consists of strong interpersonal relationships, is important in reducing or preventing burnout. Research and interventions have shown that toxic or hostile workplaces can lead to an increased likelihood for burnout (Maslach, 2017). Doolittle (2015) points out that as the pastor is able to integrate themselves into the workplace and begin to become part of the “team”, it can reduce their likelihood for burnout. This would undoubtedly lead to role satisfaction, especially in regard to caring for others (Francis et al., 2008). There are other factors that influence a pastor’s level of job satisfaction, such as the church itself and its theological positions. As Francis et al. (2008) describe churchmanship (theological predispositions) and a pastor’s personality both influence the level of job satisfaction.

Age and Tenure

Tenure should not be misunderstood as a synonym for one’s age (Jacobson et al., 2013). While the research on tenure points to reduced levels of burnout for more tenured clergy, there is no similar consensus regarding the effects of age and burnout. Bledsoe et al. (2013) found a minimally significant correlation between the participant’s age and the levels of burnout. Interestingly, Golden et al. (2004) posited that a pastor’s age is indeed a significant predictor of burnout. Randall (2007), using the MBI, found that younger clergy are more prone to experience all three variables of burnout, further indicating age as a significant factor in predicting burnout.

As a part of increased age, personal accomplishment also increases after the age of 50. This would certainly play an important part in the life of the pastor and their experienced levels of burnout (Randall, 2007). Doolittle's (2007) research also found that older pastors were less likely to experience burnout, likely due to the fact that they had already overcome it, while younger pastors are more likely to become burned out and leave the ministry, as a result.

Not all research is consistent in its analysis of age and tenure, in relation to burnout. Miner (2007) reached a different conclusion, reporting that age did not show any significance as a predictor or preventer of burnout. Similarly, Tomic et al. (2004) found no correlation between years served and emotional exhaustion. In addition, they also found no correlation between the time of tenure, experience, and personal accomplishment. On the other hand, a connection was found between increased tenure, emotional exhaustion, and depersonalization. Based on these findings, it would be valuable for further research to continue following the recommendation of Randall (2007) to continue to define "age" as actual age of the individual and not be based on any length of tenure. This additional research would be beneficial to help further close gaps in literature and clarify definitions.

Past Experiences

As is true with many mental health issues, past experiences play an important role in the pastor's likelihood of reaching burnout in their ministry. A pastor who experiences moral failing or ventures into sin may also experience a corresponding decline in their own emotional well-being (Currier et al., 2019). For a pastor with a moral failing, they may attempt to start over by resetting themselves at a new church; however, a relocation and new ministry may not be enough to establish a true reset. Doolittle (2010) found that trauma experienced in a previous church can follow the pastor and continue to lead them toward an increased likelihood for burnout. Even

though the pastor may no longer be at the church, they are at a higher risk for burnout due to their previous experience. The likelihood for this can be increased by up to 10 times (Doolittle, 2010, p. 93). In other words, the ministry experience is connected to the individual, not the church in which they served.

The past experiences going back to childhood can also influence the pastor's progression toward burnout. Rossetti and Rhoades (2013) found evidence to support this theory that negative childhood experiences can also be a contributing factor toward the likelihood of burnout later in life. Furthermore, they also concluded that the inverse relationship was true, as well. Positive responses to job satisfaction, social support, and childhood experiences are all indicators of a likely reduced level of burnout (Rossetti & Rhoades, 2013). Morse (2011) focused on past experiences and family of origin, and for the pastors to work with through this. Some pastors will enter the ministry in hopes of finding healing or forgiveness for their past, and it is possible that certain experiences or congregants will remind them of these negative feelings.

The Divine Call

The role of clergy or pastor is unique, as their calling is often viewed as being different from other helping professions. Education is often not factored into the compensation package, and many do not consider it as being a deciding factor (Doolittle, 2007; Shoemaker, 2020), so what provides pastors with the motivation to continue? Malony (2000) discusses a unique element of the pastoral role in that of the divine call (p. 522). Whether the call to ministry was real or imagined, it is difficult for any therapist or researcher to validate that type of variable in their assessment. The divine call to serve is something that will often drive clergy throughout their ministerial career and could be the most impactful causal element in their continued ministry (Shoemaker, 2020). The call to ministry is what inspires many pastors to continue

servicing, even if they had the opportunity to leave (Shoemaker, 2020). This call not only helps them find increased satisfaction in their work, but also gives them a greater desire to persevere through the difficulties of ministry (Malony, 2000). As Shehan et al. (2007) point out, many pastors do not view their ministry as a “career”, but rather, a “service”, so their experience is not always comparable to other fields. Rossetti and Rhoades (2013) also make this same argument, that most clergy do not just believe this in their mind but actively live their life in lieu of this calling. In addition, the focus and reminder that they are serving God in their vocation may provide them an additional mental block toward the effects of burnout (Case et al., 2019). While the response to the call is a primary motivational factor for clergy, Wicks (2010) points out a warning by emphasizing that the same energy that drives one toward the service of others is oftentimes the same energy as what leads them to ignore their own needs (p. 33).

Complications of Burnout

Burnout is more than a mere isolated job issue. It is a mental health issue, which can be a precursor to other issues, as well. Isacco et al. (2020) reported that at the onset of their ministry and training, clergy are generally healthier psychologically than the rest of the population. As burnout grows, the pastor can begin to question their own calling and begin to feel symptoms of depression (Muse et al., 2016). Cynicism, negativity, loss of interest, and avoidance are all symptoms of burnout (Tallerico, 2016). These findings support the hypothesis that the decline of psychological health among those pastors with emotional exhaustion and burnout is actually attributed to their ministry experience specifically and not a part of any pre-existing mental health condition (this does not insinuate that there are no underlying mental health issues that contributed to later burnout). Furthermore, clergy who are experiencing symptoms of burnout are at a higher risk for developing other mental health issues. As the pastor’s emotional health

declines, so does their capacity for effective ministry toward others. For one who's emotional or psychological well-being is broken, it will be increasingly more difficult for that individual to adequately serve those in their care (Visker et al., 2017).

Clergy are often viewed in high regard, and this certainly includes the perception of their mental health. While not every pastor is suffering from mental health issues, it can be difficult for researchers to obtain an accurate measurement due to the stigma surrounding the topic (Andrade, 2022; Proescheld-Bell et al., 2011; Sager, 2019). Maslach (2017) proposed the idea that individuals may be hesitant or fearful to admit they are experiencing burnout, due to fear of being viewed as weak or labeled as having a mental health issue by their peers. Many pastors may entirely avoid discussing their thoughts and experiences related to burnout altogether, out of fear of an adverse reaction to their sharing of having any negative emotions (Hendron et al., 2012). Tallerico (2016) helped to bring this issue to the forefront of research. In response to their findings, it is hypothesized that this hesitancy among pastors to shy away from discussing or admitting they may be suffering from burnout, the reported numbers of pastors being impacted may actually be much higher than previously reported.

If Tallerico's (2016) hypothesis is true, and there are more clergy suffering from burnout than estimated, what effect does that have on the church in which they serve? Maslach (2017) found that burnout not only brings about negative effects for the individual, but also for the organization in which they serve. In addition, one clear motive for withholding admission of burnout is out of fear, but additional research is needed in order to continue to determine if other motives exist, such as the pastor being in denial.

Prevention and Treatment

Preparedness / Education

While many people may experience feelings of stress in their lives, Wicks (2010) makes a point to highlight that the response to stress does not always have to be negative (p. 4).

Maslach (2017) emphasizes that it is always better to take steps toward preventing burnout, rather than working toward treating burnout (p. 148). Furthermore, the cost involved (financial, emotional, physical) in treating burnout is not worth the price incurred to prevent it (Maslach, 2017). Berry et al. (2012) found that many pastors are aware of the stressors associated with their position, yet few actually take any action to help mitigate its effects. As a result, the feelings of stress are often worsened due to poor levels of response (Wicks, 2010).

Education can also help influence the effects of burnout, as pastors with a seminary degree reported lower levels of burnout (Bledsoe et al., 2013), most likely based on them entering the ministry with a greater knowledge and understanding of what it entails. This is further supported by the findings of Abernethy et al. (2016), who also discovered, higher education can provide pastors with an increased capability in which to share their thoughts and feelings on the topics of burnout and self-care (p. 180). This, in turn, provided them a greater opportunity to also deepen their knowledge and practice of self-care and awareness of burnout. Since young pastors are at a greater risk of reaching burnout, it is all the more important for them to be properly trained and brought up in positive working environments, so as to mitigate the effects of burnout. Certainly, improved efforts in self-care would meet this same recommendation for the population (Randall, 2007).

Currier et al. (2019) and others (Galek et al., 2011; Gingrich, 2020; Grame et al., 1999; Scott, 2013; Teabout, 2021) recommend that additional training in the area of trauma would be

beneficial for pastors. One of the benefits of such training would be improving their knowledge of how to help those affected. This may work to reduce the burden that is felt by the pastor when they are unable to support those who come to them for assistance. In addition, studies have shown a correlation between emotional intelligence and burnout in pastors, with increased emotional intelligence leading to reduced burnout, and the same being inversely true (Francis et al., 2019). Training and education on how to effectively manage and cope with burnout can be effective in combatting and reducing its symptoms (White Smith, 2020).

Shehan et al. (2007) suggest that ministerial training and expectation preparedness begin before ever actually serving. As stated, it is important for pastors to be educated about the ministry so that they can establish a clear set of expectations before ever starting (Shehan et al., 2007). Education and preparedness about the culture and societal impacts are also important for the pastor. White Smith (2020) equates this concept to the current consumer culture that is prevalent in the United States. This puts more pressure on the pastor, as many congregants seek what they can gain and not what they can give to the church. Additional training for pastors in this area, specifically in how to market the church to this population, can improve the congregation's response to the needs of the church, reducing the burden placed on the pastor.

General Treatment

The focus of burnout and its treatment has shifted over the years from being defined as a negative element of one's psychological health toward a more positive focus on finding ways to prevent burnout and establish a stronger psychological state of well-being within the individual (Schaufeli et al., 2009, p. 214). Treatment options should be chosen and prescribed with specific goals in mind. They should be selected based on the need of the individual, as opposed to a one-size fits all approach (Parker & Martin, 2011). The goal of the treatment should not simply be for

symptom reduction, but rather, to actually treat the underlying issues of the individual (Parker & Martin, 2011). For those experiencing burnout, very little, if anything, can be done to fix the problems with their job, however, much effort can be given toward fixing the individual themselves so that they can improve their ability to cope with the inherent stressors of the workplace (Maslach, 2017). This should be the focus of any burnout treatment.

Burnout prevention is a better strategy than burnout treatment (Maslach, 2017). The pastor should not wait until they experience burnout before they take any action in response to managing the stressors of the position (Maslach, 2017). There are treatment options for pastors who are experiencing burnout, and while there are many options for treatment, some treatment has been shown to be better than no treatment. The timing of treatment is also important, as it is more effective if started before the burnout has become deeply rooted (Muse et al., 2016). It is incredibly important to recognize and seek treatment for feelings of burnout at the first sign of symptoms (Randall, 2013).

Targeted Treatment

There are different approaches toward treatment and mitigating burnout. One of those is targeted treatment. As Rosik (2011) points out, the length of treatment is directly correlated to the level of burnout symptom reduction. Pastors who received longer periods of treatment (six weeks or more) saw increased improvement over those who received shorter-term treatment (Rosik, 2011). While each experience is different, many pastors share the same community needs in which their support is needed in helping others overcome and persevere in the face of physical, emotional, and societal trials (Abernethy et al., 2016). The purpose of targeted treatment is to provide the pastor with the necessary care they rarely receive.

An example of a targeted treatment plan is the Pastors Empowerment Program (PEP) (Abernethy et al., 2016). The PEP was designed to support pastors on a path toward resiliency. PEP is a retreat-based treatment seminar and focuses on the pastor and their family as a whole, rather than only focusing on the pastor as an individual. The strategy includes three phases: Self-care, resilience, and cultivating relationships (Abernethy et al., 2016). Another targeted treatment plan is Clinical Pastoral Education (CPE). CPE has allowed for ministers to increase their understanding of psychological elements, empathy toward others, improved interpersonal relationships, and better understanding of their own healthcare (Muravchik, 2012). Lastly, Pastoral Crisis Intervention, which is a three-day course focusing on spiritual and faith-based interventions that displayed fruitful results by increasing resiliency and helped to reduce the overall symptoms of burnout after a year had passed from receiving the treatment (Noullet et al., 2018).

The Importance of Social Support and Self-Care

Social Support

Social support is one of the more common types of self-care sought by individuals (Orozco, 2015). As many as 68% of pastors score social relationships as an important element to include in their day-to-day life (McMinn et al., 2008, p. 450); however, as was referenced previously, many pastors experience isolation in their ministry (Hileman, 2008; Lee, 2007). Meek et al. (2003) state that as many as 70% of pastors cannot identify a single close friend (p. 339). They went on to further report that many pastors struggle to find the ability to connect with others in their congregation. Morse (2011) recommends having at least one confidant in which they can confide, while having more than one would be increasingly beneficial (p. 144).

Potts (2007) refers to the idea of “social embeddedness” as being a key component for the pastor’s level of social support (p. 31).

Even though many pastors will interact with others on a regular basis, most still lack a sense of connectedness to one another, due to their position in the church (Scott & Lovell, 2015). Potts (2007) emphasized the importance of strong relationships and connectedness as a catalyst in their willingness to seek help in times of need; the greater relationships that exist, the more help and support the pastor will ask for and receive. McMinn (2008) found that when studying pastor’s wives, two-thirds emphasized the importance of friendship and social support (p. 450).

Even though close personal relationships may be scarce, how the pastor handles their relationships and interpersonal communication is still important (Neff, 2006). It is essential for a pastor to maintain a healthy level of personal boundaries. Even for those who regularly invest and pour themselves into others, many still report lower levels of personal accomplishment (Doolittle, 2007). The establishment of boundaries is something that not all pastors do but is something that can be beneficial in protecting oneself against burnout.

Social support and social isolation are commonly correlated as burnout variables (Blanton & Morris, 1999; Galek et al., 2011; Terry & Cunningham, 2021; Wells, 2013). Increased social support indicates higher satisfaction in ministry, personal accomplishment, and overall quality of life. Inversely, social isolation indicates lower levels of the aforementioned variables (Proeschold-Bell et al., 2015). Potts (2007) explored the importance of the pastor’s level of perceived social support. He emphasized the value of perceived social support as an effective coping mechanism and its effectiveness being based almost exclusively on the pastor’s level of confidence of it being real. Evers and Tomic (2003; as cited in Potts, 2007) hypothesized the connection between perceived social support (serving as a stress reducing

variable) and lower levels of experienced burnout within the pastor; especially during times of crisis.

Familial Support

While studies have established that the symptoms of job-related burnout can negatively affect the relationship one has with their family and friends (Lewis, 2017; Zane et al., 2021), can positive family support serve as a mitigating factor against the negative effects of burnout? Cohen and McKay (1984) proposed the idea of supportive components that can contribute to the effectiveness of social support. Furthermore, the inclusion of the family serving as the suggested supportive component is an area to be explored. Francis et al. (2017) reported that living with others and having regular social interaction is a predictor of lower levels of burnout. Potts (2007) opined that the familial relationship is the foundation, as well as an indicator, for how the pastor will seek other relationships outside of the home, while also serving as a baseline for the expectations of these additional relationships. Depending on the stage of life, Morse (2011) points out that the familial relational need for the pastor will be different. McMinn et al. (2005) reports that over half of pastors cite the relationship with their spouse as being an incredibly important factor in their emotional and spiritual health. For the pastor with children, a greater need will exist to spend time as a father, and a husband. Additional research is needed, however, as Pietkiewicz and Bachryj (2016) also concluded as a part of their research. They found that research is lacking in defining how clergy seek social support, who they seek help from, and when they seek support.

Self-Care

When someone experiences burnout, a common question is whether or not it is their own fault or is it the fault of their employer? Often times, blame is placed on the individual for not

taking better care of themselves (Maslach, 2017). It would be beneficial for pastors to employ some type of self-care or coping mechanism that can provide them with a respite from the exhaustion they feel in their ministry and hopefully prevent the onset or worsening of burnout (Behler, 2022; Johnson, 2019; López Herrera et al., 2014; Moore, 2015; Scott & Lovell, 2015). Wicks (2010) recommends pastors engage in self-care, establish social support, and regular self-reflection. Bagnall et al. (2016; as cited in Campbellsville, 2022) suggest that the most effective strategy toward establishing a long-lasting strategy against burnout is one that not includes the individuals, but also includes others.

Moore (2015) also found no statistically significant correlation between self-care and reduced levels of stress. This supports Maslach's theory that self-care is not the answer to the question of burnout (Maslach, 2017, as cited in Moss, 2020). In other words, Maslach suggests changing the workplace, not the individual, as the solution to the burnout problem. However, Weekes (2014), who researched social workers, did find a significant correlation between self-care and reduced levels of burnout, no correlation was found between any specific type of self-care activity and it having a greater or lesser impact on burnout. While these studies did not show a relationship between self-care and burnout, the pastorate was not included in this research.

Self-care, while incredibly important, is difficult to concisely prescribe, since it can be utilized in so many different ways from one individual to another (Oswald, 1991; Wicks, 2010). Chambers (2016) views self-care through three components: the spiritual, physical, and emotional self. Working together in unison with a partner/friend and using a workbook or guided plan were the most positively received interventions (Cuthbert et al., 2018). In addition to previously mentioned treatment options, other continued strategies include reading, retreats,

counseling, and medication (Rosik, 2011). Chambers (2016) emphasized how a healthy nutritious diet and regular exercise can help lead the pastor toward an improved state of self-care. Furthermore, Doolittle (2010) outlines many other examples of positive self-care. While certainly not limited to this list, the examples provided include regular exercise, meeting with a mentor, reading, and retreats. All of these examples have been associated with effectively reducing the likelihood for burnout (Doolittle, 2010).

While it is important for churches to establish intentional programs to support renewal within pastors, it is equally important that each pastor pursues the type of renewal that is most beneficial to them. What may refresh one person, may exhaust another (Turton & Francis, 2007; Wicks, 2010, pp. 55-56). Recommendations include improving diet, losing weight, and regular exercise (Maslach, 2017). As pastors employ certain coping mechanisms, these can be beneficial or harmful to the pastor, as they may or not may lead to the desired result (Doolittle, 2007).

As is true in any situation, only the individual can decide for themselves what they will do. Whether in relation to self-care or any other activity, people will make time for what they want to do (Wicks, 2010). Future research should focus on healthy coping strategies, especially in younger clergy who are more likely to experience burnout (Doolittle, 2007). Morse (2011) describes it as developing a play ethic in balance with a work ethic.

Spiritual Care

For pastors, a strong prayer life and the ministry are practically synonymous with one another, however, when this relationship is severed or weakened, it can lead the entire foundation of a person's ministerial self to begin to crumble (Turton & Francis, 2007). It is not surprising to see that many pastors include a spiritual component in their self-care strategy; however, most of the pastors' efforts toward self-care focus on the internal (bible study,

meditation, prayer) and often neglect the external (social, peer-interaction, etc.) (Scott & Lovell, 2015). The most common form of coping is done through religious means, such as increased prayer or spiritual meditation (McMinn et al., 2005; Visker et al., 2017). These efforts toward improving the spiritual life are often not in vain, as Doolittle (2010, p. 90) explains, higher levels of spiritual satisfaction were directly correlated with reduced levels of emotional exhaustion and burnout. A reasonable take away from that study, which was also postulated in the research done by San Roman et al. (2019), is that high levels of spiritual support can act as a buffer in preventing burnout.

It is commonly known that pastors spend much of their time investing and pouring themselves into others. While there are negative outcomes to this, many of which have been discussed, an additional contributing factor to burnout is that pastors often lack the benefit of immediate results for their work (Adams et al., 2017). Pastors will often grow spiritually empty as they continue to pour themselves into others (Chambers, 2016). Without an intentional effort toward constant spiritual renewal, the pastor will continue on a downward path. This feeling of spiritual emptiness is a leading contributing factor of pastoral burnout (Chandler, 2009). Spiritual support, which is often used to combat burnout, and depressive symptoms, which is a primary symptom/cause of burnout, have both been seen to be equally malleable in regards to their impact on the individual (Milstein et al., 2019).

The downside to exclusive spiritual focus in self-care is that the spiritual component is often undefined and ambiguous, indicating the probability of a subjective interpretation to one's spiritual well-being, rather than an objective assessment (Tallerico, 2016). Increased spirituality can be used as a coping mechanism for pastors, in response to the general sense of isolation and loneliness in their ministry (Edwards et al., 2020). While being close to God is certainly

important for every pastor, in many instances, spiritual well-being alone is simply not enough to prevent mental health issues from arising, as the consequence of loneliness will likely emerge, and loneliness is a causal factor for burnout (Scott & Lovell, 2015).

Confidence in the power of prayer can be seen to reduce burnout (Doolittle, 2015). Chambers (2016) describes prayer as the gateway to intimacy with God. One's relationship with God and their view of theology can also greatly influence the impact religious coping has on them (Lehmann & Steele, 2020). The practice of prayer allows the individual to reach beyond oneself and experience something that is greater than themselves (Turton & Francis, 2007).

Religious coping involves a number of different styles, depending on the individual. While this normally reports a positive outcome and improved state for the individual, some studies have shown religious coping as having no effect, as seen in the research by Lehmann and Steele (2020). As a result, further research is needed to further study the benefits of the different religious coping styles (Lehmann & Steele, 2020). Future research can also focus on evaluating religious coping being used as an intervention in stress management (Lehmann & Steele, 2020).

Pastors will often report higher levels of spirituality, which is to be expected; however, contradiction exists in the research regarding the effects of spirituality in relation to burnout. Doolittle (2007) found a correlation between higher levels of spirituality and higher levels of emotional exhaustion and depersonalization. Furthermore, increased spirituality also is correlated between higher levels of personal accomplishment. In a separate study, Turton and Francis (2007) discovered that a positive view of prayer can be correlated with more positive mental health responses to the variables of burnout (ie. reduced levels of emotional exhaustion and depersonalization, and increased levels of personal accomplishment). They went on to posit that those who pray regularly will experience a greater purpose in life and have a greater

satisfaction. Morse (2011) emphasizes that effective spirituality goes beyond the mere act of reading scripture and becomes a true experience of the scripture and faith. While many pastors find fulfillment and find sermon prep to be intellectually challenging, this type of study does not bring about the same spiritual response.

Assessments

Maslach and Francis Burnout Inventories

The first assessment created and used to effectively measure burnout was the Maslach Burnout Inventory (MBI); a Likert-scale assessment used to measure emotional exhaustion, depersonalization, and personal accomplishment (Maslach & Jackson, 1981). The MBI is the most commonly used burnout assessment among helping professions and has been utilized in approximately 90% of research studies on burnout (Moss, 2020; Platsidou & Daniilidou, 2016). The benefit of the MBI over other assessments is that it focuses on the three primary categories of burnout; emotional exhaustion, depersonalization, and personal accomplishment (Race, 2019; Randall, 2007). The Francis Burnout Inventory is another commonly used assessment, and a strength it offers is the inclusion of intensity measures (Malcolm et al., 2019); however, given the prevalence of the use of MBI within the literature as a measure of burnout, it will be used in this study.

Multidimensional Scale of Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) is a 12 question Likert-style questionnaire, and perhaps, the most commonly used assessment for gauging perceived social support (Porter et al., 2020). It was designed to capture the perceived level of support from friends, family, and a significant other (Cartwright et al., 2022). The MSPSS is such a strong assessment that Porter et al. (2020) found that even a shortened version

was still effective at accurately capturing perceived social support. Cartwright et al. (2022) cite multiple studies in which the construct validity of the assessment has been validated. Asante (2000) and others (Joseph, 1998; Ur Rehman et al. 2020; Van Hoy & Rzeszutek, 2023) used the MSPSS and the MBI when studying perceived social support and burnout. Given its common usage in prior studies regarding social support and burnout, it was selected to be utilized in this study.

Resiliency

Burnout was formerly a taboo subject, as many were fearful to discuss its impact out of fear of retribution (Maslach, 2017); however, that has changed in recent years, and many have become mindful of its effects and have found ways in which to persevere. What does it look like for the pastor who has persevered and found the ability to manage the stressors of life and ministry? The goal is not to remove all stress from one's life, rather, the goal is to find balance in the midst of the stress (Oswald, 1991). McClanahan (2018) refers to this as "the balanced life" (p. 7). The balanced life, once achieved, will enable the pastor to move from a state of burnout to a state of resiliency (McClanahan, 2018). The process to overcome and conquer burnout is long and requires persistence. As is seen in the research by Barnard and Curry (2012), older pastors, those who have persevered through their ministry, reported lower levels of emotional exhaustion. Perseverance, by definition, requires a certain amount of time to pass before it can be achieved.

A possible connection between age and resiliency is that as one gets older, many pastors are able to adopt coping strategies as they become familiar with themselves and the routines of the position. This ability to cope will help prevent the onset of burnout (Doolittle, 2015, p.191). Randall (2007) further hypothesized that this correlation is the result of many of the pastors who experience burnout early on often leave the ministry, while those who remain in ministry later in

life have found ways to persevere. Regardless of what stage of life or ministry the pastor may be in, it is important to be honest with oneself when faced with stress; when this occurs, it will make it easier for the individual to navigate this new path (Wicks, 2023, p. 83).

It is important for the pastor to practice certain disciplines in order to achieve a balanced life. These disciplines include establishing deeper relationships with family, friends, and other pastors as part of developing a practice of self-care (Holmes, 2014; McClanahan, 2018; Proescheld-Bell, 2011; Terry & Cunningham, 2021; Wilson & Hoffman, 2007). Increased spiritual involvement, which is common for clergy, such as meditation, prayer, or spiritual openness, can lead toward improved mental health (Rogowska & Dolega, 2020). Spiritual and emotional support were both directly connected to lower levels in reported depression, which is a common symptom of burnout (Milstein et al., 2019).

Summary

Burnout affects many pastors, to varying degrees. This is true across denominations, regions, and genders. The causes of burnout are many, as well. These causal factors are often times unavoidable. However, one element that can be avoided is how the pastor responds to those variables. Many gaps remain in regard to how best to mitigate the effects of burnout. Future research efforts could focus on subject topics such as: What is the best self-care? Is spiritual care better than other efforts at mitigating and treating burnout? Most importantly, building upon this current study, is there any relationship between one's level of burnout and their level of self-care? The literature to date, while speaking heavily toward different types of self-care and the importance thereof, does not explore the preventative relationship that exists, assuming one does, between the two variables of burnout and self-care. Quite possibly, the greatest gap that exists within the literature has to do with the actual research focus itself.

CHAPTER 3: METHODS

Although burnout continues to be a growing phenomenon in psychological research, many gaps in the literature remain when it comes to preventative efforts toward burnout. Maslach (2017) states that many of the proposed solutions to burnout “have not been developed on the basis of empirical findings from burnout research” (p. 147). With that in mind, it was important to incorporate burnout as a primary research variable. The primary literature gap that was explored as a part of this study was the concept of self-care, and combining self-care with social support, and examining what relationship they had, if any, on reducing or moderating the effects of burnout among the population of pastors in the Southern Baptist Conservatives of Virginia denomination. Social Support (X) was the primary variable and self-care (W) was included as the moderating variable. This quantitative study utilized the Maslach Burnout Inventory (MBI), the Multidimensional Scale of Perceived Social Support (MSPSS), a researcher-developed self-care assessment, and a general demographic questionnaire in order to establish the data for each research variable. The researcher’s hypothesis was that a negative relationship would be found between the two variables (i.e., social support and burnout), in which those individuals reporting higher levels of social support would also report lower levels of burnout. The same negative relationship was also predicted for the second hypothesis, with self-care being shown as an effective moderating factor in reducing burnout.

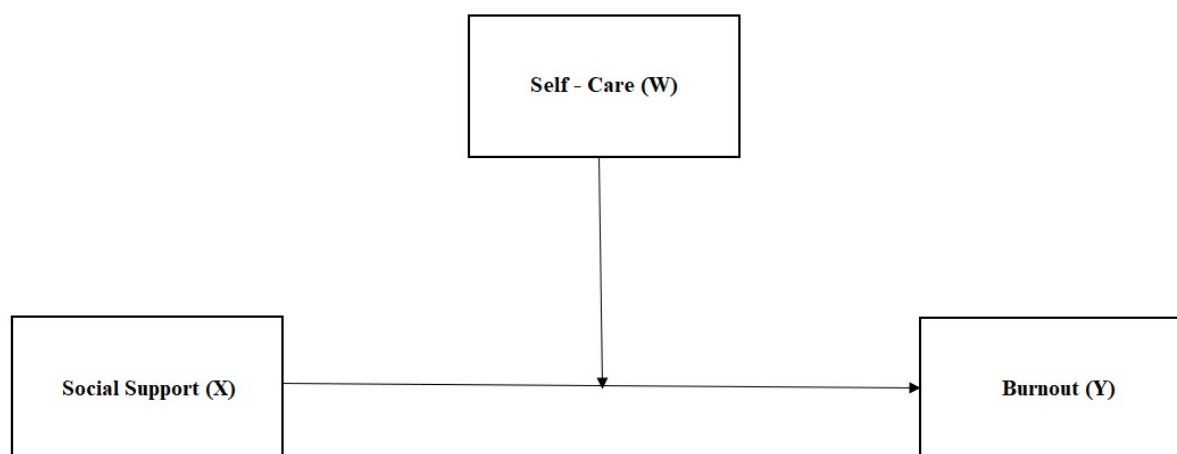
Secondary hypotheses were also made in regard to the additional covariates obtained as part of the demographic questionnaire. The purpose of this was to determine if the additional variables of age (Bledsoe et al., 2013; Doolittle, 2007; Golden et al., 2004; Miner, 2007; Randall, 2007), education (Abernethy et al., 2016; Bledsoe et al., 2013; Doolittle, 2010; Shehan et al., 2007), church size (Francis et al., 2008; Jacobson et al., 2013), and staff size (Milstein et al.,

2019), which are often mentioned in the literature, can be further solidified as predictors for higher or lower levels of burnout. These secondary hypotheses that were made were done so in response to previous literature suggestions. Of the participants aged 50 years and older, it was hypothesized that their level of burnout would be lower than their counterparts aged 49 years and younger, regardless of their levels of social support and self-care. A relationship was also hypothesized to be present between increased levels of education and lower levels of burnout. Church size was an additional demographic variable that can influence burnout, and it was hypothesized that those serving in larger churches with larger staff sizes would also report lower levels of burnout. Pearson's r was used to analyze the data and reach a statistical conclusion as to the aforementioned hypotheses.

Design

Figure 3.1

Moderation Regression Model



This was a nonexperimental study within the construct of a quantitative research design. A moderation component was also included as a part of the research model. Moore (2015), who studied the relationship between self-care and other variables among clergy, utilized a cross-sectional correlation study, as well (p. 39). The data for both X, Y, and W were obtained at the

same time, without establishing any type of control group inferring causal factors (Setia, 2016). Being a nonexperimental design, there was no attempt to manipulate the variables in order to influence or alter the results (Karanfil & Khatami, 2021). The primary variables in this study were social support (Independent variable of X) and burnout (Dependent variable of Y), with self-care (W) serving as the moderating factor.

The data was captured through an emailed Qualtrics survey to the population in which the results were sent directly to the researcher. The MBI was administered via an alternative platform, that being the emailed Qualtrics survey, versus a more traditional in-person model (Mind Garden, 2021). The MSPSS does not require any special permission, as the publishers have granted free use to researchers with the sole condition that the assessment is properly cited (Zimet et al., 1988). The self-care assessment (Appendix A) and demographic questionnaire (Appendix C) were created by the researcher and added to the Qualtrics survey in order to keep the responses from both assessments connected to the same participant. Since the results of the survey are anonymous, this was essential in order to keep the responses to all the questions connected to the same participant. The respondent's level of burnout was assessed using the Maslach Burnout Inventory for Human Services. Self-care was assessed using a survey created by the researcher in which the level of frequency and duration of self-care were both able to be measured. Additional demographic questions were also included as part of the questionnaire.

Being a nonexperimental study, it was important to determine what correlation was present, if any, between the two primary variables of social support and burnout. A Pearson's r was used to determine if there was a positive or negative correlation between the two primary variables of social support (X) and burnout (Y) (Warner, 2013). It was hypothesized that as the scores of X increased, the scores of Y would decrease, resulting in a negative correlation having

been found. Furthermore, a T-test was used to determine the level of magnitude between the variables and its relation to the null hypothesis (Warner, 2013). It was the researcher's assumption that the null hypothesis would be rejected, and the T-test assisted in determining the final results of the correlation.

To ensure the accuracy of the correlations studied, the Pearson's r Correlation was used. The Spearman Rank Correlation was considered and is ideal for non-parametric statistical analysis (Astivia & Zumbo, 2017), but since the results of the assessments were all scored numerically, Spearman's was not necessary. As a result, since the data was linear between the assessments, as is preferred with the Pearson's r (de Winter et al., 2016), Pearson's r was preferred over Spearman's Correlation. Many have used Spearman, such as Weatherall et al. (2021), who used the Spearman r to estimate the relationship between variables. Simulations by Alberts and Ankenmann (2001), however, found that the difference between the Pearson and Spearman models were rather minimally insignificant, which establishes the validity of the selection.

Dependent Variables, Independent Variables, and Covariates

The Independent Variable (X) was social support, with the Dependent Variable (Y) being the level of experienced burnout. It was hypothesized that the level of X (social support) (high or low) would be able to inversely predict the general level of Y (burnout) (higher or lower) among the population. To be more specific, those who had higher levels of social support would also report lower levels of burnout. Conversely, those with lower levels of social support would also lead to those same individuals reporting higher levels of burnout. In order to test this hypothesis, the Dependent Variable (Y) of burnout was measured in relation to the Independent Variable (X) of social support. Self-care (W) was incorporated as a moderating factor in effort

to gauge whether or not the effect of X could be increased or expanded, based on how it interacted with the component of self-care (Hayes, 2018, p. 220)

Additional demographic covariates (Table 3.1) were included, in an effort to offer a more robust study (American Psychological Association, 2001, p. 5; as cited in Warner, 2013). The covariates in this research study included the variables of age, education, church size, and pastoral staff size. Not all variables were able to be exact, and instead relied on data ranges to capture a relatively accurate assessment of the differing variables.

Internal and External Validity

Threats

A threat regarding construct validity existed regarding the self-care assessment. There was no clearly established definition of self-care in this study. While examples were provided to the participants as a part of the survey (Appendix A), a portion of the definition was left open to the interpretation of the participant. On the same note, the issue of construct underrepresentation came into play here, as well, due to the natural ambiguity of the definition of self-care (Heppner et al., 2015). This was intentional by the researcher, as self-care can include a wide range of elements, from the spiritual to the physical, and each approach influences the individual differently (Turton & Francis, 2007; Wicks, 2010). The goal was that the broad interpretation of self-care would avoid the exclusion of certain activities that the pastor may consider self-care but were not considered by the researcher. The focus of this was to include all types of self-care and determine their moderating effects on burnout. This study was not designed to assess the best type of self-care or to limit the assessment to only a certain set of predetermined habits.

Table 3.1*Research Demographic Variables*

Demographic	Type
Current position	Senior Pastor
	Associate/Assistant Pastor
	Demographic
	Youth/Children's pastor
	Another pastoral position
	I am not a pastor
Current age	29 or younger
	30-39
	40-49
	50-59
	60 or older
Education	No college credit
	Some undergraduate credit
	Completed Bachelor's degree
	Some graduate credit
	Completed Master's degree
	Some post-graduate/doctoral
Current church size	Completed Doctoral degree
	Less than 100
	Between 100-499
	Between 500-999
	Between 1,000-1,999
Pastoral staff size	2,000 or more
	Not serving in a church
	1
	2
	3 or 4
Current familial status	5 or more
	Not serving in a church
	Never married. No children
	Married. No children.
	Married and have at least one child.
	Not married (divorced/widowed)
	Married (prev. divorced/widowed)

Social Desirability

The idea of social desirability was considered, in that the participants may be persuaded or tempted to falsely report on the assessment; answering how their congregations may expect them to answer, rather than answering honestly. Meckes et al. (2021) used the Marlowe-Crowne Social Desirability Scale (MCSDS) to account for social desirability bias in the reporting of physical activity (exercise) among first responders. In this research, however, an abbreviated version of the MBI was used, along with other inventories. McDonald et al. (2021) also used the MCSDS in researching first responders, as well as an abbreviated version of the MBI, among other inventories designed to capture stress. They used the results of the scale to establish a score of 0-13, to determine the participant's inclination toward social approval. Even though this recent research utilized a social desirability scale, the MBI was tested during development to account for the social desirability among its results. It was determined that there was no need to incorporate a social desirability score when evaluating the MBI results (Maslach et al., 1997, p. 202). Since this research study used the full MBI as the sole source in capturing the experienced level burnout, an additional assessment/inventory was not included to account for social desirability.

Internal Validity

Warner (2013) explains Internal Validity as an experimental study “that satisfies the conditions for causal inferences” (p. 16). Since the purpose of this study was to determine if there was any correlation between X and Y, rather than causality, this nonexperimental study carried low internal validity, due to its observational style approach (Warner, 2013, p. 20). While the research hypothesis expected to find a relationship between the two variables of social support and burnout, it is inherently difficult to establish that the relationship is causal. A high

statistical power and effect size was incorporated in an effort to conclude a statistically significant relationship (Heppner et al., 2015). The goal was to have responses from at least one hundred pastors. A greater number of responses would allow for random sampling, but this did not come to fruition.

External Validity

Using variables extracted from the literature, along with a distinct population, the results of this study do provide ample opportunities for implications and recommendation to the broader audience (Warner, 2013, p. 18). Therefore, the External Validity should be high, as the study is not attempting to prescribe certain preventive or treatment measures, but merely assess the current population and its behaviors as it naturally exists (Warner, 2013, p. 20). It was expected, especially if the results were consistent with the hypothesis and literature, that the findings would be representative and applicable to the population at large.

Errors

Having a small sample size, obtaining an accurate representation of the population is decreased, and therefore, the possibility of an error in the data results increases (Warner, 2013). In this study, a Type I error would indicate that a relationship did exist between social support and burnout, when one did not. A Type II error would have resulted if the researcher did not find a relationship between social support and burnout when one did exist. Of these two possible outcomes, if one were to have occurred, it would be preferred that it be a Type I error. While the benefits of social support and self-care may falsely indicate an influence on both the effects and likelihood of burnout, there are likely other benefits to social support and self-care that the pastor may be able to take advantage of beyond the avoidance of burnout, if they were prompted to further engage in these other activities as a result of these findings.

Research Question(s)

The World Health Organization (WHO) defines burnout as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed” (Moss, 2020, p. 565). This study focused on the management aspect of burnout, in an effort to determine if social support was a viable option in managing stress as a mitigating and/or preventative measure. The primary focus of the study was on the two variables of social support and burnout, with self-care serving as a moderating factor. Other variables were included, such as the extent of one’s self-care, level of education, and age. The study explored whether or not any relationship exists between social support and burnout. In addition, these other variables were explored in order to determine if there was any additional influence on the experience level of burnout outside of X and W. The researcher considered that some of the demographic variables, specifically education and age, could also influence burnout, irrespective of the level of self-care in which the pastor engaged.

A restatement of the research questions guiding this study:

RQ1: Is there any statistically significant difference between those pastors who report higher levels of perceived social support and their experienced level of burnout, when compared to those with lower levels of perceived social support?

RQ2: Does self-care, when combined with perceived social support, serve as moderating factors in one’s level of reported burnout?

Hypothesis(es)

Following the recommendations from the literature (Johnson, 2019; López Herrera et al., 2014; Scott & Lovell, 2015; Wicks, 2010), an established self-care strategy can and should be used to combat the stressors of one’s pastoral duties. This research study responded to this

suggestion and built upon this foundation with the inclusion of social support as X. This study sought to explore what relationship may exist between the social support and self-care habits among pastors and the associated feelings of burnout that may or not be experienced. These hypotheses were not intended to imply causality, but merely indicate that a correlation is present between the variables (Warner, 2013). As X and Y interact, the effect of W on Y is depending upon X (Hayes, 2018, p. 228).

Ha1: There will be a statistically significant negative relationship between the variables of social support and the effects of burnout. Those participants who report higher levels of social support will report lower levels of burnout.

Ha2: Self-care, when combined with social support, will show to be an effective moderating factor in reducing and/or preventing the effects of burnout.

Other demographic variables were also explored, as well. Education has been seen as a contributing variable that may lead to reduced levels of burnout among pastors (Abernethy et al., 2016; Bledsoe et al., 2013; Shehan et al., 2007). In addition, multiple researchers have found age to be a stabilizing element in the life of the pastor, resulting in the effects of burnout being drastically reduced for those aged fifty years of age or older (Bledsoe et al., 2013; Doolittle, 2007; Golden et al., 2004; Randall, 2007). Church size (Francis et al., 2008; Jacobson et al., 2013) and the size of the pastoral staff (Milstein et al., 2019) were also discussed in the literature and hypothesized that those with larger churches and staffs would also see reduced levels of burnout. This research study's assumptions followed these previous findings regarding the influence of these demographic variables in predicting lower levels of burnout and anticipated obtaining similar results.

Participants and Setting

Sample Size

The SBCV is comprised of over 800 local churches (Southern Baptist Conservatives of Virginia, 2022). There are more churches now than there were in prior studies, as Sellers (2020) noted that there were only 731 SBCV churches in his study (p. 83). In order to anticipate the sample size, examples from the literature were used to estimate the number of responses. Sellers (2020), who provided incentive for participants, anticipated a response from 40 churches, but actually received 53 responses. Taylor (2018) received feedback on 47 surveys that were sent to SBCV churches. These more recent studies saw an increase in response rate over older surveys. Only 20 responses were gathered by Foster (2007). As a result, when this population has been studied, previous research has shown that roughly 7% of churches respond to surveys. Therefore, the goal of this study was a response rate of 7%, with the hope of at least two pastors responding from each church, which would have resulted in a population sample of 100 pastors being obtained. This population would have been appropriate for a correlation study (Warner, 2013). Because only 45 completed surveys were received, a convenience sample was used.

Population

The focus of this study was pastors/ministers, in any role, serving in the state convention of the SBCV. This invitation was open to all pastors, including senior pastors, associate pastors, and others serving in full-time, part-time pastoral, or lay positions. Ministry directors, or other non-“pastoral” or non-“minister” roles were not invited, as this study was exclusive to those with the title of “pastor” or “minister”, in attempt to remain connected with and relevant to the broader literature on clergy specific research. Each respondent’s identity was anonymous to the researcher and no identifiable information was requested from any of the participants. If any

identifiable information was disclosed to the researcher as part of the data collection, that information was excluded from the research findings. A few participants reached out to the researcher in response to the survey, making their involvement known. The researcher did not make any attempt to identify which survey belonged to them. The participants were not compensated for taking part in this study.

Participants were first contacted through two regional strategists of the state convention offices of the SBCV. The researcher wrote to these strategists to petition support in sending the survey to pastors across the state (Appendix E). A letter was written by the researcher and was sent from the regional strategists to their regional churches; this email included an invitation and link to the survey. Introductory and explanatory information was included when the survey was emailed to the pastors (Appendix F). This included information about the researcher, purpose of the study, informed consent, and what the information would be used for. Because it was an online survey, the results were sent directly to the researcher, and not funneled back through the SBCV representatives. Once it was determined that additional responses would be necessary in order to increase the size of the sample, the researcher sent all of this same survey information directly to the remaining churches in the other regions of the state, using the public directory information found on the SBCV website. The results would have preferably been analyzed using a random sample methodology; however, because there was a lower-than-expected number of respondents, a convenience sample was used, as the study became dependent upon all of the responses in order to achieve the most accurate sample possible of the population. A total of 47 responses were received, with the 2 incomplete responses being removed, resulting in 45 completed surveys.

Instrumentation

The data related to burnout was captured using the Maslach Burnout Inventory for Human Services (MBI-HSS). This is a twenty-two question assessment that is designed to assess the three primary areas related to burnout; emotional exhaustion, decreased personal accomplishment, and depersonalization (Maslach et al., 1997). With the pastor being the recipients of the survey, the questions were administered in relation to their feelings about the parishioners within their congregation.

The MBI uses a seven-point scale system (0-6) to answer the questions regarding those of whom they serve. Questions, in the form of statements, include “I don’t really care what happens to some recipients” and “I feel burned out at work”. The participant’s responses are in reference to the frequency of which each thought or feeling is experienced. These range from “never” (score of “0”) to “every day (score of “6”). The MBI has shown to be most effective when utilized with those who regularly invest themselves into others (Champion & Westbrook, 1984). To increase accuracy in the responses, more objective data points were added to ensure a greater reliability of the results. Previous versions of the MBI included “intensity” variables, which were later removed due to the subjective nature of the response. The MBI now focuses on a much clearer response, such as “every day”, which provides both the researcher and participant with an unambiguous definition for each possible response (Maslach et al., 1997).

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) is a 12 question Likert-style questionnaire. It is designed to record the levels of perceived social support from friends, family, and a significant other (Cartwright et al., 2022). The results of the MSPSS provide scores ranging from 12 to 84 (Asante, 2000). Per Zimet et al. (1988), the

MSPSS has strong “factorial validity, construct validity, and concurrent validity. The MSPSS is free to use, and the publishers only ask that any usage be properly cited (Zimet et al., 1988).

The self-care assessment (Appendix A) was designed by the researcher and utilized the same 7-point Likert scale as the MBI. The assessment was designed this way to establish consistency among responses and allow for a simplified comparative analysis of the results of both the self-care assessment and the MBI. Questions included the frequency and duration of self-care, with responses designed to capture these specific data points. Those participants who reported greater frequency and duration, they received a higher self-care score. In the same manner, those who reported lower rates of frequency and duration in their self-care habits, they would receive a lower self-care score. A final option was present for each question, allowing those who do not practice any form of self-care to be included accurately. For these individuals, they received the lowest score (0).

Procedures

The first step in this study was to establish a clear research gap in literature. The emphasis on self-care and the SBCV population have both served to satisfy this portion. IRB approval was achieved through Liberty University and permission was granted by two SBCV Regional Strategists to assist with sending the survey to the population via email to their respective regions. Licenses for the MBI and the permission to replicate the survey in a different format were purchased by the researcher through Mind Garden. The self-care and demographic questionnaire were written by the researcher. No license was needed in order to administer the MSPSS. The survey information was submitted by the researcher to the SBCV Regional Strategists, and they emailed it to the churches in their 2 regions, while the researcher emailed the other regions directly. The results, upon completion, were anonymously sent directly to the

researcher. After 5 weeks, the researcher compiled the results and began data analysis.

Data Analysis

The purpose of this study was to assess the relationship between social support and burnout. The null hypothesis would predict that there was no relationship between X and Y. The second research question was answered here, as well, which is whether or not self-care was able to serve as a moderating factor in reducing burnout, when combined with social support. To evaluate the relationship of social support and burnout (Ha1, RQ1, and RQ2), a Pearson's r was used to initially analyze the results between the MSPSS and MBI. As explained in Warner (2013, p. 185), the purpose of this assessment was to identify if a correlation existed between the scores on X and their relation to Y. Regression analysis was also used to further explore the correlation between X and Y. Self-care's influence as a moderating factor was analyzed by using regression analysis in PROCESS of SPSS.

In order to conduct additional statistical analysis on the variety of demographic results, a Pearson's r was used to further explore the data (Warner, 2013). Each respondent may have varying levels of burnout, self-care, and social support. While the researcher's hypothesis did not anticipate this, statistical analysis was still completed in order to validate the results and determine whether or not the null hypothesis was to be rejected or not rejected. The Pearson's r served to help determine the most accurate results and determine if any relationship exists between the variables of X and Y.

Summary

This study sought to fill the gap created from a lack of research in relation to the coping and treatment of burnout (Maslach, 2017). Specifically, regarding pastors currently serving within the SBCV. The MSPSS, MBI, and a self-care assessment were used to measure the

participant's level of social support, burnout, and self-care. Other demographic data was also collected in the anonymous survey. It was hypothesized that those participants who reported higher levels of social support would also report lower levels of burnout, while self-care would also be shown to be an effective moderating factor in reducing burnout (López Herrera et al., 2014; Wicks, 2010). Additional covariates of education (Abernethy et al., 2016; Bledsoe et al., 2013; Shehan et al., 2007) and age (Bledsoe et al., 2013; Doolittle, 2007; Golden et al., 2004; Randall, 2007), church size (Francis et al., 2008; Jacobson et al., 2013), and pastoral staff size (Milstein et al., 2019) were also explored, based on the current literature, in effort to establish how those variables may predict burnout. A nonexperimental survey study was completed. Multiple methods of data analysis were conducted, including descriptive statistics, Pearson's r , and regression analysis through PROCESS. At the conclusion of this study, the aforementioned gap has begun to fill in, as the literature now includes a study focused on the treatment and coping practices toward burnout for pastors in the SBCV.

CHAPTER FOUR: FINDINGS

Overview

The results of the Multi-dimensional Scale of Perceived Social Support (MSPSS), Maslach Burnout Inventory (MBI), Self-care assessment, and Demographic Questionnaire were processed through data analysis in SPSS and PROCESS. Correlation and regression analyses were conducted, as well as descriptive statistics. Each hypothesis was tested in order to determine whether or not the hypotheses were supported by the research findings. Social Support (X) was the first variable to be analyzed with burnout (Y) using a Pearson's r along with regression analysis. Self-Care (W) was later added as the moderating variable and regression analysis was conducted in SPSS and PROCESS. Other secondary analyses were conducted through the descriptive statistics in SPSS.

Descriptive Statistics

Demographics

A total of 745 churches were contacted with a request to complete the survey. The researcher was not able to obtain approval from the SBCV to distribute the survey on their behalf to the entire state list of convention member churches. The researcher was, however, able to contact two regional strategists who agreed to distribute the survey to the churches under their purview. This resulted in the survey being sent from the two regional strategists to 368 churches in the Valley and Southwest & Central regions, with the group distributions consisting of 109 and 259, respectively. After two weeks had elapsed, it was determined that the number of responses were not meeting the expectation needed for the desired sample size. As a result, the researcher distributed to an additional 377 churches in the other SBCV regions which were not a part of the initial population. The contact details for these churches were obtained from public

directory information located on the SBCV website. This brought the total number of surveys distributed to 745. From the first distribution of the survey to the time when data analysis began, the researcher waited 35 days before beginning data analysis. This decision allowed for more respondents to respond to the survey. After no more responses were obtained, and after waiting an additional week for assurance, the researcher moved ahead with a convenience sample of the population. A total of 47 responses were received, with 45 of those being completed surveys. The 2 incomplete surveys were removed from the data pool and not included in the analysis.

In addition to the assessments, demographic data was also obtained (Table 4.1). From the 45 completed surveys, 34 reported as being Senior Pastor, four as a Children/Youth Pastor, three as a music/worship Pastor, two as Associate, and two reported as Other. 40 stated that they were serving in full time positions and five were part-time. All 45 participants were married, and 42 identified as having at least one child and three indicated they did not have any children. The largest age demographic was respondents being between 50-59 years of age. 10 participants were 40-49 and 10 also reported being 60 years of age or older. 11 were under the age of 40, with six being 30-39 and five being 29 or younger. 21 participants were serving in churches ranging from 100-499, and 15 are serving in churches with less than 100 people. The remaining nine were serving in churches in churches of over 500 people.

Table 4.1*Demographic Descriptive Statistics*

Demographic	Type	N	%
Current position	Senior Pastor	34	75.5
	Youth/Children's Pastor	4	8.9
	Music/Worship Pastor	3	6.6
	Associate/Assistant Pastor	2	4.4
	Another pastoral position	2	4.4
Current age	50-59	13	28.8
	60 or older	10	22.2
	40-49	11	24.4
	30-39	6	13.3
	29 or younger	5	11.1
Education	Completed Masters degree	17	37.7
	Completed Doctoral degree	10	22.2
	Some post-graduate/doctoral	8	17.7
	Some undergraduate credit	6	13.3
	Completed Bachelor's degree	4	8.9
Current church size	Between 100-499	22	48.8
	Less than 100	15	33.3
	Between 500-999	6	13.3
	Between 1,000-1,999	1	2.2
	2,000 or more	1	2.2
Pastoral staff size	1	20	44.4
	3 or 4	13	28.8
	2	7	15.5
	5 or more	5	11.1
Current familial status	Married w/ at least 1 child.	41	91.1
	Married. No children.	3	6.6
	Married (prev. div./wid.).	1	2.2

Burnout Results

The results to the MBI portion of the assessment were analyzed and each response was given a score of 0 through 6, in accordance with the standard scoring methodology for the inventory. These responses resulted in a mean score of 16.64 for Emotional Exhaustion, 9.78 for Depersonalization, and 12.84 for Personal Accomplishment. The Standard Deviation for each of

the three categories was 8.22, 6.85, and 7.56, respectively (Table 4.2). For the Emotional Exhaustion scale, the maximum score was 39, with three participants exceeding the threshold of 30 for “high” levels of burnout. There were 14 other participants who reported scores between 18-29, which is indicative of them experiencing moderate levels of burnout. This results in 17 of the 45 participants, or 37.7%, currently experiencing moderate to high levels of burnout. This percentage is almost exactly comparable to what Randall’s (2013) research found, in which 38% of the participants reported burnout symptoms. Of those participants who fell into this moderate to high range, 15 reported as Senior Pastors, which results in 44% of the Senior Pastors in the study reporting moderate to high levels of burnout.

Overall, the results indicate that most participants were low on the burnout scale with 28 participants, or 64%, scoring below 18 on the MBI for Emotional Exhaustion. This is also reflected in the mean and median scores falling below the moderate level threshold of 18, with 16.6 and 15.0 respectively. The MBI does not provide a score that could be interpreted as having no burnout symptoms, aside from 0, only “low”. As a result, it is difficult to establish a clear line of demarcation in order to separate the low and non-existent from what may be considered to be more normalized burnout symptoms. With that in mind, 12 participants did score 10 or below on Emotional Exhaustion, which shows that not all pastors are experiencing burnout, and some are actually scoring very low. These results indicate a wide range of responses and symptoms in regard to experienced levels of burnout across the participants.

Table 4.2*Maslach Burnout Inventory*

	Mean	Median	Mode	SD	Min.	Max.
Emotional Exhaustion	16.6444	15.0000	8.00 ^a	8.21903	5.00	39.00
Depersonalization	9.7778	7.0000	6.00 ^a	6.84865	1.00	27.00
Personal Accomplishment	12.8444	12.0000	7.00 ^a	7.58873	1.00	30.00

a. Multiple modes exist. The smallest value is shown.

Perceived Social Support Results

Similar number categorization was also conducted on the MSPSS results, using a Likert Scale of 1-6, per the standard scoring method for the assessment. The MSPSS measures the perceived level of social support across three primary relationships: friends, family, and significant other. The mean score for significant other was 7.42, family had 8.87, and friend scored the highest with 10.29. The highest rated relationship was friends, with family being the second, and significant other scoring the lowest. The Standard Deviation across the three areas were 3.51, 3.45, and 4.64, respectively (Table 4.3). As mentioned in the demographic data, all 45 of the participants indicated that they were married, yet the significant other category for support rated the lowest of the three relationships.

There are two ways to score the MSPSS. The first is to separate the assessment by each of the three groups, as seen in the means for each category in Table 4.3. This follows the scoring method prescribed by the MSPSS in which scores between 1 and 2.9 would be considered low support, a score of 3 to 5 would be moderate support, and scores ranging from 5.1 to 7 would be high. The other option is to sum the scores across all three areas and establish a single score for the assessment as a whole (Table 4.4).

Table 4.3*Multidimensional Scale of Perceived Social Support (Averages)*

	Mean	Median	Mode	SD	Min.	Max.
Friend	2.572222222	2.5	2.00 ^a	1.161188	1	7
Family	2.216666667	2.5	3	0.863726	0.75	3.75
Significant Other	1.855555556	1.75	1	0.876604	1	5

a. Multiple modes exist. The smallest value is shown.

For significant other, there were no scores that were considered high and only five qualified to be considered moderate support. The remaining participants all scored in the low category for social support from a significant other. In other words, 89% reported low perceived social support from their significant other. While the max score was lower for family support, the mode was a higher score, resulting a total of 13 participants being categorized as perceiving moderate levels of social support from their family. Again, there were no participants who scored in the high category, resulting in the remaining participants scoring as has having low levels of social support from family. Perceived social support from friends scored the highest mean, and also had the sole (one) participant earning a high categorization. In an increase from the other groups, 18 scored in the moderate range, with the remaining participants all reporting low levels of perceived support.

Table 4.4*Multidimensional Scale of Perceived Social Support (Sums)*

	Mean	Median	Mode	SD	Min.	Max.
Friend	10.2889	10.0000	8.00 ^a	4.64475	4.00	28.00
Family	8.8667	10.0000	12.00	3.45490	3.00	15.00
Significant Other	7.4222	7.0000	4.00	3.50642	4.00	20.00

a. Multiple modes exist. The smallest value is shown.

Self-Care Statistics

The self-care assessment (Table 4.5) was scored using a similar Likert-Scale style as the MBI and MSPSS. The purpose of this assessment was to determine whether or not the participants practiced self-care, the frequency, and the duration of the participants self-care habits. The survey also accounted for the fact that the participants may not practice any self-care, to which five participants indicated that they did not practice self-care, and all received the lowest possible score. 20 provided strong responses to their practice of self-care, with “Yes, absolutely!”, with the remaining 20 participants indicating they practice self-care but included other parameters, such as “may not be for others” and “may not be considered self-care”.

When it comes to frequency of self-care, eight participants stated they practice self-care every day and 21 reported as engaging in self-care more than once per week. These received the highest two scores on the assessment. Once per week was selected by four participants, five indicated 2-3 times per month, and two only once per month. The duration results saw that both participants who only practiced once per month had the highest duration of 3 hours or more. A total of seven responses reported a duration of 3 hours or more, and these also included varying frequencies. The largest response was 1-2 hours, with 14 responses. As seen previously, this duration also came with a wide variety of frequency results.

Table 4.5

Self-Care

	Mean	Median	Mode	SD	Min.	Max.
Self-care	3.866666667	4	5	1.35847508	1	5
Frequency	4.422222222	5	5	1.38971692	1	6
Duration	4.511111111	5	5	1.64623844	1	7

Results

Hypothesis 1

Data analyses were conducted in SPSS, including Pearsons r and regression analysis using PROCESS in SPSS. The first test conducted was testing the hypothesis that a negative relationship would exist between Social Support (X) and burnout (Y). Meaning, as scores of X increased, the scores of Y would decrease. A Pearsons r was employed to test the relationship between X and Y, and whether or not a relationship did exist. Due to the small sample size, a bootstrap of 5,000 was added to run the data through a repeating sampling (Hayes, 2018). When analyzing the sums of the MSPSS and the MBI, a positive correlation of .413 was found between the two variables, $B = .413, p = < .001$.

When looking at the two assessments more closely, and analyzing the three portions of each assessment, additional positive correlations were present. All three relational components of the MSPSS (friend, family, and significant other) had a positive correlation with Personal Satisfaction in the MBI (Table 4.6). The correlations were .413, .367, and .394, respectively. Interestingly, each component of the MSPSS positively correlated to each component of the MBI.

Table 4.6*Social Support and Burnout*

	S.O.	Family	Friend	E.E.	Deperson.	Pers. Acc.
Significant Other	1	.659**	.689**	0.214	0.169	.413**
Family	.659**	1	.637**	.333*	0.273	.367*
Friend	.689**	.637**	1	0.258	0.208	.394**
Emotional Exhaustion	0.214	.333*	0.258	1	.733**	.382**
Depersonalization	0.169	0.273	0.208	.733**	1	.305*
Personal Accomplishment	.413**	.367*	.394**	.382**	.305*	1

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

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

Regression analysis was completed and analyzed to further explore this relationship at a deeper level. A coefficient of 0.231 was present for Y (Table 4.7). A bootstrap of 5,000 was added to a paired-samples T-Test, resulting in $p = <0.001$, making this relationship significant. Due to this positive correlation between X and Y, not only is the null hypothesis rejected, but the researcher's hypothesis that higher levels of social support would predict lower levels of burnout is also not supported. These results also conflict with the recommendations of social support as being a recommended tool that can and should be used to combat and prevent the symptoms of burnout (Francis et al., 2017; Morse, 2011; Orozco, 2015; Potts, 2007; Proeschold-Bell et al., 2015; Scott & Lovell, 2015;).

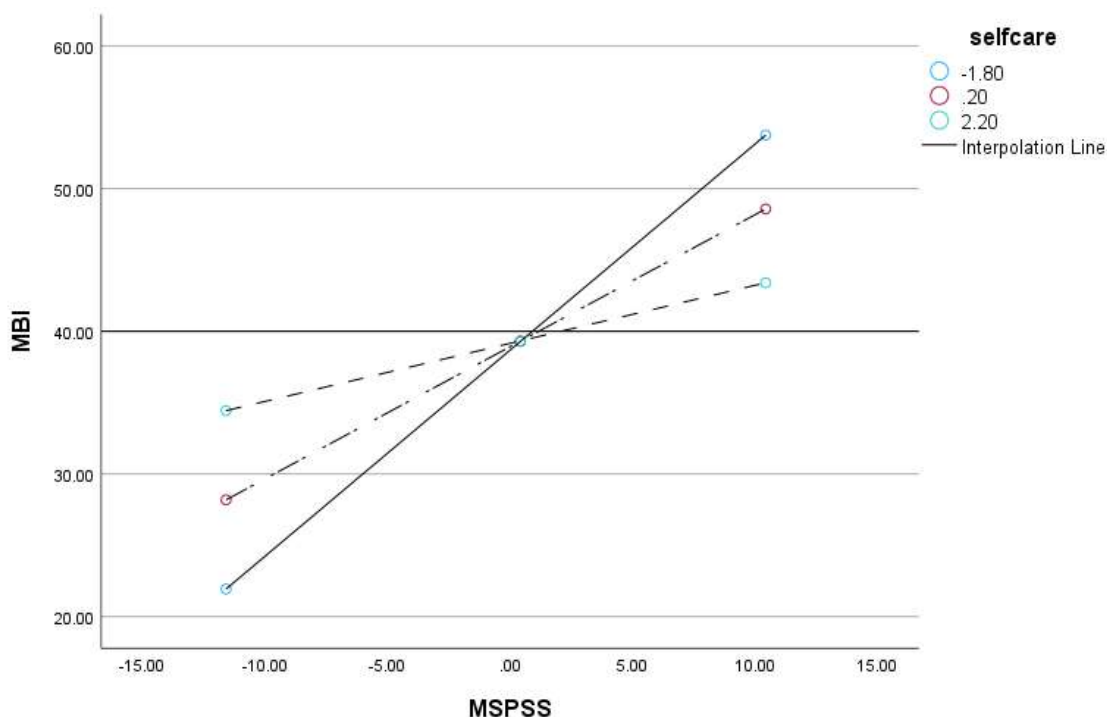
Table 4.7*Coefficients*

Model	Coefficients ^a						
	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error				Lower	Upper
1 (Constant)	17.510	3.362		5.209	0.000	10.730	24.289
MBI	0.231	0.078	0.413	2.969	0.005	0.074	0.388

a. Dependent Variable: social support

Hypothesis 2

Self-care (W) was used as the moderating variable, exploring the desire, frequency, and duration of each participation. It was hypothesized that self-care would be able to serve as a moderating variable, when combined with social support, in reducing the perceived experience and reported levels of burnout. A moderation regression analysis (Figure 4.1) was completed through PROCESS in SPSS using self-care as the variable for W. A bootstrap of 5,000 was added here, as well, to help account for the small sample size. When combining X and W for moderation, a statistically significant negative correlation was present. $F = 5.6197$, $p = .0025$. $R^2 = 0.2914$. This indicates that self-care does serve as a moderating component and accounts for about 26% of the variance in the reported level of burnout. The second hypothesis is supported here, as self-care does exist as a moderator.

Figure 4.1*Moderation Regression Analysis***Demographic Variables and Burnout**

This study captured demographic data from each participant in order to analyze some other variables that are often seen in the literature and cited as being able to predict high or low levels of burnout. This included age, education, church size, and church staff size. Age and education returned relationships that were consistent with previous research findings and the current literature (Abernethy et al., 2016; Bledsoe et al., 2013; Golden et al., 2004; Randall, 2007; Shehan et al., 2007) while church size and pastoral staff size did not. The first variable that was analyzed was age. The literature often indicates that those pastors who are above the age of 50 see lower levels of burnout (Bledsoe et al., 2013; Golden et al., 2004; Randall, 2007). A Pearson's r was conducted to see if there is any relationship between the pastors age and their

reported levels of burnout. A negative correlation of -0.26 was found, indicating that as pastors increase in age, their level of burnout decreases. The number of participants 50 years of age and above was 22 and those below 50 was 23, making it almost an even split. Those below the age of 50 scored higher on the MBI overall and averaged almost 4 points higher on the Emotional Exhaustion scale. The difference in averages also was wide enough to place the groups into two separate ranges of burnout, with below 49 being, on average, in the moderate level of burnout, and those 50 and above, on average, in the low burnout range.

Education was also analyzed using a Pearson's r , and a negative correlation between education and burnout of -0.17 was found. This negative correlation is also consistent with past research and the literature (Abernethy et al., 2016; Bledsoe et al., 2013; Doolittle, 2010; Shehan et al., 2007), indicating that the pastor's level of education can be a predictor for lower levels of burnout. This negative relationship does not mean that everyone with advanced levels of education will avoid burnout, as one participant who had completed a doctoral degree also reported in the high levels of emotional exhaustion. Overall, however, these higher levels of education resulted in lower levels of burnout.

The size of the church (average attendance) and pastoral staff were also reviewed, as they are also seen commonly in the literature as predictors of burnout. Church size saw a positive correlation of $.036$, however, the size of churches in the study was not very evenly distributed, as 36 of the 45 churches, or 80%, were less than 500 people. While this may be representative of the church sizes across the country, with as many as 94% of churches being below 500 people (Hartford Institute for Religion Research, n.d.), the uneven distribution of data makes it difficult to reach a definitive statistical conclusion.

Pastoral staff size was the final demographic variable analyzed with burnout. A small negative correlation of $-.01$ was present, which is statistically insignificant. Previous research suggests that larger staff sizes can serve as a predictor of low burnout, due to the fact that pastors can share the responsibilities across multiple people instead of carrying the burden solely on their shoulders. Of those pastors who scored in the high range for emotional exhaustion, all of them serve in a church with more than one pastor on staff. None of the pastors who reported as being the sole pastor on staff reported high levels of emotional exhaustion, but seven of the 19 sole pastors did score in the moderate range.

Summary

The problem of pastoral burnout is affirmed here, as 38% of the responses indicated moderate to high levels of burnout. This study sought to explore if social support could be used as a means in which to reduce or predict the effects of burnout among pastors. In addition, self-care was incorporated as a moderating variable, with the same goal of reducing the effects of burnout. After conducting statistical analysis, a positive relationship was present between social support and burnout and the hypothesis that higher levels of social support would lead to lower levels of burnout was rejected. The second hypothesis was that self-care would be able to serve as a moderating variable and provide additional support in reducing the effects of burnout. A negative relationship was present when accounting for this moderation, and the second hypothesis was accepted. Even though only one hypothesis was supported, the foundational problem of pastoral burnout was clear and present in the data.

CHAPTER FIVE: CONCLUSIONS

Overview

The inferences from this study should be considered by pastors, churches, the Southern Baptist Conservatives of Virginia (SBCV), and future researchers. The problem remains that burnout will likely never go away. While it may be referred to by a different name in future years, the problem, causes, symptoms, and effects will most likely remain. It is important for the pastor to be aware of the likelihood of burnout in their own lives and those they serve alongside. It is also important for the local church and the SBCV to be educated on this topic, as well, in order to allow, support, and equip the pastor to reach a stage of resiliency in their ministry. There is still much work to be done for researchers who study this phenomenon, in regard to its effects on both the pastorate and other professions. These implications for the church, the SBCV, academic scholarship, and recommendations for future research will be discussed in more detail.

Discussion

It is the hope of the researcher that this study will contribute toward the education of the church in that they can recognize the importance of ensuring that pastors are taken care of. The problem of burnout among pastors has been well-documented in the literature (Campbellville, 2022; Randall, 2013; Terry & Cunningham, 2020; Visker et al., 2017). The purpose of this study was not only to attempt to provide beneficial treatment methods and strategies toward preventing and mitigating the effects of burnout (social support and self-care), but to also contribute toward educating the church and pastors about the ever-present reality of burnout and the risks involved if left unchecked. In addition to assessing for burnout among the participants, variables of social

support and self-care were included in order to analyze whether there was any relationship between them and the level of experienced burnout.

Social Support and Burnout

When reviewing the relationship between social support and burnout, it is important to remember the three types of relationships assessed: friend, family, and significant other. Each of these relationships has the ability to positively or negatively influence the life of the pastor. When beginning this study, assumptions were made by the researcher regarding these two variables. One being that there would be a wide range of scores indicating low, moderate, and high levels on both the MSPSS and MBI. After reviewing the results, the MBI did show a wide range of scores from high to low, but the same was not true for the MSPSS, as only low and moderate levels of social support were reported. While this was unexpected, this result is not exclusive to this study and should not have been overly surprising. It has been seen that pastors struggle with forming strong relationships (Hileman, 2008; Lee, 2007; Meek et al., 2003; Morse, 2011; Scott & Lovell, 2015) and low social support among pastors has been identified as a contributing factor toward the effects of burnout (Adams et al., 2017; Francis et al., 2017; Potts, 2007; Proeschold-Bell et al., 2015).

This current study asked the question of what relationship existed between social support and burnout among pastors in the SBCV? While its relationship as a preventative treatment strategy toward reducing the effects of burnout was not supported by the results, there are clear indications of low social support being experienced by pastors as a whole, within the sample population. While this study may not have been able to reach the same conclusion as other studies when it comes to recommending and prescribing social support as a method for combatting burnout, it does, however, affirm the common diagnosis of low social support being

a problem among pastors (McMinn et al., 2008; Meek et al., 2003; Scott & Lovell, 2015), and those serving in the SBCV are no exception.

Another explanation for the low social support is perhaps that pastors are already burned out, or as they proceed on the downward spiral, the experienced symptoms cause the relationships that may have once existed to weaken and/or deteriorate altogether. This idea is explored by Zane et al. (2021) and Lewis (2017), in that the symptoms of burnout can cause personal and familial relationships to decline. It is possible that instead of seeing how social support influences a pastor's level of burnout, perhaps more attention should be placed on how burnout impacts one's level of social support. This will be discussed more in recommendations for future research.

Pastors will report that it is important to have a strong social network (McMinn et al., 2008; Potts, 2007), however, a majority of pastors will also indicate that this is a difficult thing to achieve (Meek et al., 2003). There are really two problems with social support identified here. The first being on the macro-scale, in that pastors generally have low levels of social support, as seen in this study and previous studies. There are many reasons for this, and they are discussed in previous chapters. The second, which is more of an inference, and not directly indicated in the current data, is that pastors may struggle to even attempt any positive amount of social support. As a result, a possible causal relationship could be present with the social support variable. Because it is difficult for pastors to obtain positive levels of social support, they inevitably know that they will fail and never successfully obtain higher levels; either by never trying or by trying and failing. It is important to emphasize that the results of this study do not indicate this causal relationship that is being described, but these results also would not contradict such a hypothesis.

Other researchers suggest that social support is a beneficial practice in reducing burnout. These suggestions were not supported as a result of the findings of this study. Bagnall et al. (2016; as cited in Campbellsville, 2022) opine that the best long-term strategy for combatting burnout is a plan that involves and incorporates other people. Specifically, when burnout or other crises are being experienced, having a strong social group or network would actually make it more likely that the pastor will reach out for help (Potts, 2007). Even though social support may not be seen in this present study to reduce symptoms of burnout, the alternative option of social isolation is certainly not recommended either. As Proeschold-Bell et al. (2015) suggest, social isolation can bring about even higher levels of burnout and nothing in this current study would suggest this to be inaccurate.

Self-Care and Burnout

With pastors reporting mostly low to moderate levels of social support, it begs the question of what else pastors may be doing to combat these symptoms of burnout? If pastors are finding it difficult to obtain the needed support from their friends, family, and significant other, are they turning to other options, specifically, turning inward? Is recreation or other activities (i.e., self-care) that interest the pastor replacing the need and benefits one would desire and obtain from traditional social interaction? The results of the study show that self-care can be effective toward moderating burnout symptoms, even if other strategies may not be. Self-care is a broad term and can be defined a number of ways, but as stated in its own name, it is focused on the self, as opposed to others. It appears that the position of Scott & Lovell (2015) is supported, as the pastors did find reprieve in self-care while reporting low on the social support scales.

One element that is unique to the pastorate, as opposed to other helping professions, is the spiritual component of the calling. Focus on the spiritual, prayer, Bible study, etc. are also

included in the definition of self-care. Where does the spiritual aspect play into the sustainability and perseverance of the pastor, as compared to other fields? The pastor would certainly need to still put forth effort (Matthew 6:33; James 4:8) in order to receive any replenishment and fulfillment (Psalm 23:5). Does this prayer and spiritual renewal that is described in scripture provide them with enough support and sustenance to replace social connectedness? One's spiritual health can be difficult to quantify, but that does not mean it should be ignored altogether.

Social Support with Self-Care as a Moderating Factor

The relationship between social support and self-care creates an interesting paradigm. What are defined as two separate items, could actually be considered one in the same by some and is a commonly recommended form of self-care practice (Doolittle, 2010; Maslach, 2017; Visker et al., 2017). This inevitably leads one to strongly consider whether social support could be a form of self-care for some. On the other hand, for those who do not engage in social support, or do not find it fulfilling or enjoyable, it wouldn't be viewed as self-care for them, just as relaxing on the beach would not be an enjoyable or therapeutic experience for someone who hates the sand.

While social support may be viewed by some as more of a necessary and unavoidable component of life and ministry, and not a form of self-care, that does not infer that the two cannot be mutually beneficial. As seen by these results, self-care does provide a moderating effect on burnout. Whether that self-care be in the form of social support or of another activity/hobby, the results suggest self-care being combined with social support can help reduce the effects of burnout. One thing that the results do not suggest, though, is that self-care alone is sufficient in combating and reducing the effects of burnout. Self-care was analyzed as a

moderating variable, and it showed that it can bring forth positive results for the individual. Basing that result on the design of moderation analysis, the moderating variable needs a primary variable to partner with. For this study it was social support and for other studies the variables will change. But when it comes to the pastor, even if social support is not a beneficial or fruitful endeavor, it may prove profitable to pursue and engage in self-care, while continuing to search for other helpful and therapeutic outlets. To reiterate the findings of Pietkiewicz and Bachryj (2016) research is lacking in explaining how pastors seek support, who they seek help from, and when they seek it.

Implications

There are many implications to be drawn from this study. Not only do these findings contribute to the research and literature on pastoral burnout by further incorporating the SBC and introducing the SBCV, but also to the pastorate itself. As stated previously, social support has been previously identified as a problem among pastors (Adams et al., 2017; Hileman, 2008; Lee, 2007; McMinn et al., 2008; Meek et al., 2003; Scott & Lovell, 2015) and the results of this study continue to support that assertion. Interestingly, while 100% of the participants identified as being married, the group that provided them with the least amount of perceived social support was their significant other. Many conclusions can be drawn from this. To preface, burnout can be a catalyst to the deterioration of spousal/familial relationship (Lewis, 2017; Zane et al., 2021), so the answer to the low social support from the spouse could be as simple as there being an inverse relationship between the two variables of social support and burnout. This idea will be explored in more detail below.

To suggest a few other alternatives, perhaps, the spouse is involved in their own ministry and experiencing similar burdens and expectations associated with being the pastor's wife. Are

pastors sharing their burdens with their spouse? Are they withholding their struggles in an attempt to “protect” their spouse from having negative feelings or thoughts about the church or individuals? What is commonly perceived, and even expected, by many is that the pastor and spouse have a strong connected relationship, which fosters an equally strong support system for one another (Luedtke & Sneed, 2018). While perceptions may lead someone to believe something is true, the results of this study indicate this perception and expectation may not be a reality for many pastors and their wives.

While these results should not be interpreted in any way to suggest anything that may be sinful or disqualifying in the pastor’s life or his relationship to his spouse, it does indicate that the relationship between him and his spouse may not be as ideal and picturesque as many may like to imagine it to be. Perhaps this is just another unreasonable or unattainable expectation placed upon the pastor, which, when compounded with others, could even possibly lead to other issues, such as burnout; especially in instances where a façade of the marriage is displayed for the public view. It would be interesting to consider the expectations for the pastor from the church, and if they are different for those in the SBCV versus those serving in other parts of the country. Future research on pastoral burnout could explore this relationship further and determine if any relationship exists between this spousal relationship and the pastor’s level of burnout.

After conducting a search through ProQuest and APA PsycNET databases, no studies were found that utilized the MSPSS to assess the perceived social support from the significant others of Baptist pastors. As a result, it is difficult to hypothesize if these results are normal for Baptist clergy or if this is a unique problem that is disproportionately affecting SBCV pastors. One would imagine the spousal relationship is the most significant and impactful to the life of

the pastor, yet, due to lack of research in this area, it seems much of what is known about the relationship between a pastor and their wife has been determined by conjecture. This idea is discussed further in the recommendations for future research.

For the 38% of pastors who reported as having moderate to high levels of burnout, their churches are being led by individuals (serving in some sort of leadership capacity) who are suffering from a serious mental health issue (Maslach, 2017; WHO, 2019, as cited in Moss, 2020); this is not a good thing. When accounting solely for the senior pastor, the percentage of pastors suffering from moderate to high levels of burnout increases to a staggering 44%! The problem of burnout has not been solved as a result of this study, but its existence within the SBCV has certainly been affirmed and should not be ignored. Once a pastor begins to experience symptoms of burnout, they may even begin to develop a negative view toward their ministry and toward people (Muse et al., 2016). The downward spiral that can manifest such feelings cannot be ignored, especially when pondering the number of churches within the SBCV that could be directly impacted by such a result.

Considering the possibility that almost half of the senior pastors serving in the SBCV are experiencing moderate to high levels of burnout, the local church and SBCV should ask themselves what they can do to help prevent their pastor(s) from reaching burnout. And, for those pastors who are already burned out, their churches and state convention should ask what they can do to help and restore the pastor. The church, generally speaking, must move beyond the stigma that is associated with mental health issues. People are suffering from a wide range of mental health issues, both inside and outside the church; some of whom even preach from the pulpit. Certainly, not all churches view mental health issues negatively and not all churches are ignorant of pastoral burnout. If a church has a negative view toward mental health, it can be

understood why its pastor may be reluctant to admit that they are suffering burnout, let alone, ask for help and support. As a result, the church's position on mental health could influence the pastor's willingness to openly discuss their experience.

Limitations

Self-Care Assessment

The self-care assessment used for this study was created by the researcher. While the other MSPSS and MBI were both supported by the literature and used in other studies in social support and burnout, respectively, the self-care assessment was created in order to gauge and evaluate the frequency and duration of the participants self-care strategy. Self-care has not been heavily researched in the literature, so the use of such scientific assessments for self-care are not commonly seen. In addition, self-care was not the primary focus of this study, so the extent to which this variable was explored was intentionally narrow. As a result, the researcher created the questions in order to obtain the desired data for this study.

Definition of Self-Care

The researcher did not attempt to confine or restrict the definition of self-care in regard to how it is practiced or implemented, as it is important to acknowledge that many may have self-care habits that are different from others. As a result, this type of questioning was not included in the data. The definition of self-care was intentionally left open to the interpretation of the participant, as the purpose of the study did not attempt to identify the best types of self-care. Research defines self-care as many things, ranging from spiritual meditation/prayer, to recreation, to reading, and vacations and these examples were provided to the participants. All of these have differing effects on the individual and one person's version of self-care should not be forced upon another. With that stated, some may interpret self-care differently from others.

While examples of self-care were included in the survey, and suggestions were provided to the participants in order to help them understand the intentions of the questionnaire, it is certainly possible that some may have misinterpreted the question and answered based on something that was outside the researcher's intention for self-care.

Sample Size

Possibly the most apparent limitation for a quantitative research study is a small sample size. A sample size of 45 is low when trying to complete a robust representative sample of the population; however, the sample size was not inconsistent with prior studies of the same population. Sellers (2020) and Taylor (2018) both studied the same SBCV population and received 53 and 47 responses, respectively. Even though the sample size is consistent with previous research, that does not mean the sample size is sufficient to provide an accurate representation. A goal of 100 responses was the original plan, in order to achieve a more accurate representative sample and a more thorough correlation analysis (Warner, 2013). While the size of this sample was not much different from other SBCV studies, a larger sample was still the ideal.

The SBCV is strongly encouraged to increase their support of research for the pastors in their convention. As stated previously, it is not the standard practice for studies like this to be emailed from the state headquarters to all member churches. Perhaps, if the convention was to learn that 44% of their senior pastors were suffering from moderate to high levels of burnout, they may be more inclined to support further research that is designed to remedy and prevent it. Future collaboration with researchers and the SBCV is strongly encouraged, as gaining support and endorsement from the SBCV leadership may lead to larger sample sizes and more opportunities for additional research.

Recommendations for Future Research

After searching through APA PsycNET, Google Scholar, and ProQuest databases and finding no match results, it is probable that this study is the first research conducted on the SBCV and its member pastors' experience with burnout and social support. It is the hope of the researcher that this study will help pave the way for more research on this population of pastors and how the SBCV leadership may be able to provide resources to help pastors and churches who are suffering from the effects of burnout and/or other issues. As stated previously, 44% of the senior pastors who participated in this study reported having moderate to high levels of burnout. While that number is consistent with other studies, which is a good thing for a researcher, it does not mean it is good for the pastors and churches being directly impacted. The following are recommendations for future researchers and how they can build upon the findings of this study.

Types of Self-Care – What is Best?

The research gap in the literature for self-care has been expounded upon in prior chapters. One primary purpose of this study was to fill that gap by adding a research study involving self-care into the field of pastoral burnout. This study did accomplish its goal in that regard, however, there is only so much that one research study can contribute to the existing literature. When the self-care assessment was sent to the participants, the legitimacy of their self-care habits was left solely up to the participant to determine. The purpose of the assessment was to quantify the self-care that was experienced. Future researchers could and should further contribute to the literature by exploring particular types of self-care and obtaining that information which would help establish recommendations for the most effective type(s) of self-care for pastors when trying to prevent and/or treat the symptoms of burnout.

Larger Population Size

The researcher was unable to obtain approval from the SBCV to distribute the survey to the entire statewide membership churches, however, the researcher did obtain approval to have the survey distributed on their behalf to two regions in the state convention. The researcher did not seek approval directly from the state leadership after being told by a representative of the SBCV that these are generally not approved. The researcher then accepted the counteroffer to distribute the survey to the two initial regions. In hope of obtaining a larger response, future researchers are encouraged to solicit the support of the SBCV in distributing it to the entire state or request the help from each individual regional strategist in distributing the surveys. It is certainly possible that future leadership of the SBCV may be more open and willing to accommodate such requests. Therefore, researchers are encouraged to seek this approval before distributing the surveys themselves to each individual church. In addition, researchers studying the SBCV could expand upon the convenience sample of this study and incorporate the other state denominations and independent churches, rather than being exclusive to the SBCV.

It would also be profitable to expand SBC research outside of Virginia and incorporate additional neighboring states and/or the entire national convention. Pastors in different areas may experience different issues and expectations that others in the SBC may not. This would be something that any researcher attempting to study the entire national convention should consider. While there are certainly a number of contributions that can be made to the literature by such studies, the researcher(s) would be wise to account for these, and other potential differences among churches and regions from state to state and across the entire United States.

Self-Care Assessment

As stated previously, the self-care assessment was not a scientific assessment. Used as a moderating variable, the emphasis was placed on the measurements of X and Y, and the assessments that were highly cited in the literature were selected for those two measurements. As future research continues to expand, it is recommended that more scientific self-care assessments be used in those studies for self-care. As identified in previous chapters, self-care was one of the primary research gaps in the literature, and the lack of sufficient scientific measurement serves as evidence of this limited presence in the literature. What is often merely provided as a suggestion (Maslach, 2017), should be included as primary research variables in order to further assess the effectiveness of self-care among this population who is in such desperate need for a reprieve. Doing so, however, would require the researcher to incorporate a more robust self-care assessment strategy.

Reversing the Variables and Exploring Causality

This study did not attempt to infer causality into the relationship between social support and burnout, but that does not mean that a causal relationship does not exist. It is often assumed that burnout is avoidable if certain steps are taken, or specific needs are met. This study was based on this assumption, with strong social support being one of those areas mentioned for avoiding or mitigating burnout; but what if that is not always true? For those who have high levels of burnout and low levels of social support, how does a quantitative research analysis determine which one came first? It is often assumed that the low social support came first and, while not causal, allowed room for the burnout to appear. But what if the pastor did everything they were supposed to do – prayer, vacations, self-care, strong social support, etc. – but still ended up becoming burned out, resulting in a deterioration of their friendships and relationships?

As mentioned previously, this study was based on the assumption that high social support could serve a means of combatting and reducing the effects of burnout. In other words, burnout can be avoided if certain steps are taken. Future research should approach a study on social support and burnout but instead of the aforementioned assumption of high social support, begin with the assumption that burnout is inevitable, and as the pastor creeps closer to burnout, it could then affect their relationships. The problem of burnout and social support has been explained in detail in previous chapters, but it has always been assumed that the deteriorating social support came first. A study that begins with the assumption that burnout came first, and that increased burnout served as a causal factor toward the deterioration of the pastor's social relationships would add a new perspective to the phenomena of pastoral burnout. In this research model, burnout would be the Independent Variable of X and social support would be Y.

Deeper Examination of How Social Support and Self-Care Interact

Social support and self-care are both recommended as important aspects in contributing toward the health of a pastor. There have been numerous studies on social support and the life of the pastor, but self-care is limited. This current study focused on social support and self-care from a quantitative viewpoint (in attempt to fill this research gap), establishing the path for future researchers to explore these same variables on a deeper level within the SBCV. Looking at specific types of self-care enjoyed by pastors in the SBCV, such as exercise, spiritual renewal, reading, retreats/vacations, etc. and how the different types of self-care may positively influence the life of the pastor. In addition, doing the same with social support, and looking at the different styles of social support that the pastor could be involved in with their family and friends, such as social gatherings, one-on-one relationships, mentoring relationships, designated family time, etc. and examining the benefits it brings to the pastor. This further research could provide a rather

expansive viewpoint of social support and self-care and how it influences the short and long-term life of pastors within the SBCV, as they battle burnout and other associated stressors. These results could also provide the SBCV with additional resources to provide pastors and churches to help educate and encourage pastors in ways to avoid burnout.

Social Support from their Significant Other (Spouse)

Of the three areas of social support (friend, family, and significant other), it could easily be hypothesized that the significant other would produce the highest level of support. This study: however, showed the opposite, in that significant other produced the lowest amount of support of the three. As mentioned previously, 0% of the participants in this study reported high levels of social support with their significant other. If applied to the rest of the population, that would mean that none of the pastors serving in the SBCV have a strong level of perceived social support from their spouse. This begs the question of why is it so low among significant others, especially among a population of pastors that are all married?

The MSPSS asks about a “special person” that the individual can share their joys and sorrows and provide comfort and support. One would assume that the pastor’s spouse would satisfy these areas of need. Future research could specifically explore the relationship between the significant other and the pastor’s level of burnout by focusing on these specific aspects of social support and the role the spouse plays in providing that support and companionship to the pastor. This research should explore specific activities that the pastor and their spouse can participate in together, shared activities that they both enjoy and have in common, strengthening and deepening the social support they share and experience with each other. Examining these activities by focusing on the frequency and quality (Eagle et al., 2019) of the social support, would provide additional contribution to the topic within the literature of the SBCV.

Burnout and the Relationship with the Spouse

According to Luedtke and Sneed (2018), the pastor's wife is understudied, not understood, and her needs are commonly unaddressed. This research gap grows even wider as the need to study social support and burnout among pastors' wives becomes more apparent (Darling et al., 2004; Hill et al., 2003; Lee, 2007; Luedtke & Sneed, 2018). As the pastor's spouse, living under the same roof, it would appear rather obvious that the spouse's mental health would influence the pastor, as well as the pastor's mental health influencing the spouse (Blanton & Morris, 1999). If the married pastor is going to be assessed for burnout and social support from their spouse, their spouse should also be included in the study in order to obtain a deeper study and better understand how the idea of social connectedness works within a marriage in relation to the experienced level of burnout for either party. This future research would include both the pastor and their spouse as participants, including the MSPSS for significant other and the MBI score; examining the level of burnout and the level of perceived social support received from each.

Summary

This study sought to explore whether or not social support could serve as a possible remedy and be able to reduce the effects of experienced burnout among the population. While this study did not reach the conclusion of social support having a negative impact on burnout, it did find another possible prescription that can be used; self-care. Self-care was seen as being able to moderate the effects of burnout along with social support. Both social support and self-care are recommended in the literature, and that recommendation is reaffirmed again here. It is recommended that pastors not only pursue social support or self-care, but that pastors pursue both together, social support *and* self-care.

The problem of burnout among pastors was already present in the existing literature, and this study only further solidified the evidence that such a problem does in fact exist within the SBCV, with 38% of all participants, and 44% of the participating SBCV senior pastors, reporting moderate to high levels of burnout. Implications have been drawn and recommendations have been provided for pastors, the local churches and SBCV leadership to provide resources and further research into the experiences of their pastors. In addition, future research has also been recommended in regard to the pastor's relationship with their spouse.

There are other recommendations provided in the literature to pastors to help prevent and reduce burnout and further research can continue to explore those areas. It is also recommended that further research continue to explore social support, specifically regarding the spousal relationship of the pastors in the SBCV. Self-care is another area that is recommended for further research, in order to help provide pastors with more education in how to take care of themselves in all areas (physically, emotionally, and spiritually) and the benefits that can be obtained by doing so.

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Appendix A – Self-Care Questionnaire

The following questions will be in reference to self-care. Self-care can be defined as anything that you do in order to alleviate stress, reflect, decompress, relax, etc. A few examples of self-care would be exercise, journaling, hiking, reading, camping, or prayer/meditation. Think of a self-care practice that you engage in and use that to answer the following questions. If you do not engage in self-care, please still complete the survey, as you will be able to answer accordingly.

- Do you regularly participate in any activity, habit, or ritual that you would consider as therapeutic; either physically, emotionally, or spiritually?
 - Yes, absolutely!
 - No, definitely not.
 - Yes, but I am not sure it would count as self-care.
 - Yes, and it is therapeutic to me, but maybe not for others.
 - No, but I would like to.
- How often do you engage in this self-care activity?
 - Never. I don't practice self-care.
 - Daily
 - More than once per week
 - Once per week
 - 2 – 3 times per month
 - Once per month
- What is the duration of this self-care activity?
 - More than 3 hours
 - 2 – 3 hours
 - 1 – 2 hours
 - 30 -60 minutes
 - Less than 30 minutes
 - Unable to say, its different every time
 - I don't practice self-care
- How many other people participate with you in this activity?
 - More than 5
 - 4 – 5
 - 2 – 3
 - Just one other
 - No one else, just me.
 - I don't practice self-care
- What best describes your preferred type of self-care (choose one)?
 - Exercise
 - Social/fellowship
 - Craft/hobby
 - Solitude
 - Spiritual/prayer

- Something else
- Nothing, I don't practice self-care

Appendix B – MSPSS

For the following questions, please select the best answer regarding your perceived social support.

- There is a special person who is around when I am in need.
 - Very Strongly Agree
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 - Very Strongly Disagree
- There is a special person with whom I can share my joys and sorrows.
 - Very Strongly Agree
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 - Very Strongly Disagree
- My family really tries to help me.
 - Very Strongly Agree
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 - Very Strongly Disagree
- I get the emotional help and support I need from my family.
 - Very Strongly Agree
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 - Very Strongly Disagree
- I have a special person who is a real source of comfort to me.
 - Very Strongly Agree
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree

- Strongly Disagree
 - Very Strongly Disagree
- My friends really try to help me.
 - Very Strongly Agree
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 - Very Strongly Disagree
- I can count on my friends when things go wrong.
 - Very Strongly Agree
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 - Very Strongly Disagree
- I can talk about my problems with my family.
 - Very Strongly Agree
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 - Very Strongly Disagree
- I have friends with whom I can share my joys and sorrows.
 - Very Strongly Agree
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 - Very Strongly Disagree
- There is a special person in my life who cares about my feelings.
 - Very Strongly Agree
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 - Very Strongly Disagree
- My family is willing to help me make decisions.

- Very Strongly Agree
- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Very Strongly Disagree
- I can talk about my problems with my friends.
 - Very Strongly Agree
 - Strongly Agree
 - Agree
 - Neither Agree nor Disagree
 - Disagree
 - Strongly Disagree
 - Very Strongly Disagree
- When answering the preceding questions, who was the “special person”?
 - Spouse
 - Girlfriend/Boyfriend
 - Friend
 - Colleague
 - Mentor
 - Other
 - None

Appendix C – Demographic Questionnaire

The following questions serve to capture some demographic data about you and your position. Please select the answer that most accurately represents you. None of the information requested can nor will be used in any way to attempt to identify you.

- What title best describes your current position within your church?
 - Senior Pastor
 - Associate/Assistant Pastor
 - Music Pastor
 - Youth/Children's Pastor
 - Another pastoral position
 - I am not a pastor
- What best describes your current employment status in the church?
 - Full-time
 - Part-time
 - Lay/volunteer – paid
 - Lay/volunteer – unpaid
 - I am currently not serving in a church
- What best describes the size of the church in which you currently serve?
 - Less than 100
 - Between 100 – 499
 - Between 500 – 999
 - Between 1,000 – 1,999
 - 2,000 or more
 - I am not currently serving in a church
- How many pastors, including yourself, are on staff at the church in which you currently serve?
 - 1
 - 2
 - 3-4
 - 5 or more
 - I am not currently serving in a church
- What best describes the regional location of the church in which you currently serve?
 - Urban (large city)
 - Urban (small town)
 - Suburban
 - Suburban-rural
 - Rural
 - I am not currently serving in a church
- How long have you been serving in your current position (if you have served in multiple roles, answer based on when you were first hired in your current church)?
 - Less than 1 year.

- 1 – 5 years
 - 5 – 10 years
 - 10 – 20 years
 - More than 20 years.
 - I am not currently serving in a church
- How long have you been serving in vocational/bi-vocational ministry (include current and previous positions in which you were employed by a church)?
 - Less than 1 year.
 - 1 – 5 years
 - 5 – 10 years
 - 10 – 20 years
 - More than 20 years
- What best describes your level of compensation from your current position?
 - \$0
 - Between \$1 - \$20,000
 - Between \$20,001 - \$40,000
 - Between \$40,001 - \$65,000
 - Between \$65,001 - \$99,999
 - \$100,000 or greater
- What best describes the level of education you have received (select the highest level completed)?
 - No college credit
 - Some undergraduate credit but no degree
 - Completed Bachelor's degree
 - Some graduated level credit but no graduate degree earned
 - Completed Master's degree
 - Some post-graduate/doctoral level credit but no degree
 - Completed Doctoral degree
- What is your current age?
 - 29 or younger
 - 30 – 39
 - 40 – 49
 - 50 – 59
 - 60 or older
- What best describes your current familial status?
 - Never married. No children.
 - Married. No children.
 - Married and have at least one child.
 - Not married (divorced/widowed)
 - Married (previously divorced/widowed).

Appendix D – IRB Approval

Dear Mark McCormick,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

Appendix E - Recruitment Letter

Dear Pastor:

As a Doctoral Candidate in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Doctor of Education degree. The purpose of my research is to explore the phenomena of burnout and determine if social support and self-care can be used to prevent and/or reduce its effect on pastors, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older and currently serving in an SBCV church with the title of “pastor” or “minister”. This includes any associate pastors, music ministers, part-time, lay pastors, etc.

Participants, if willing, will be asked to complete the embedded survey. It should take approximately 10-15 minutes to complete the survey. Participation will be completely anonymous, and no personal, identifying information will be collected. To participate, please [click here](#) and complete the survey in its entirety.

A consent document is attached to this email. The consent document contains additional information about my research. Because participation is anonymous, you do not need to sign and return the consent document unless you would prefer to do so.

Sincerely,

Mark McCormick
Doctoral Candidate, Liberty University

Appendix F - Consent

Title of the Project: Flipping the Script on Pastoral Care: A Quantitative Study on the effects of Social Support and Self-Care and the Reduction of Burnout in the lives of pastors serving in the Southern Baptist Conservatives of Virginia

Principal Investigator: Mark McCormick, Doctoral Candidate, Doctor of Education, Liberty University.

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older and currently serving in a SBCV church and hold the title of “pastor” or “minister”.

Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to explore the relationship between social support and self-care and how influences the effects of burnout among pastors. More specifically, a focus will be placed on determining if social support and self-care can be identified as a mitigating and/or preventative factor against burnout.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete an online survey. This will ask you a series of questions related to burnout (Maslach Burnout Inventory), social support (MSPSS), self-care, and demographic details. No identifiable information will be requested, and it should take you less than 10-15 minutes to complete.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include improving the literature related to pastoral burnout and adding self-care as a possible mitigating method to combat the phenomenon.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records. Participant responses to the online survey will be

anonymous. Data will be stored on a password-locked computer. After three years, all electronic records will be deleted.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or the SBCV. If you decide to participate, you are free to withdraw at any time prior to submitting the survey without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Mark McCormick. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at REDACTED or REDACTED . You may also contact the researcher's faculty sponsor, REDACTED, at REDACTED.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, REDACTED

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.