

The Moderating Effects of Congregational and Denominational Support on the Impact of Stress on Clerical Emotional and Physical Health Status

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Abstract This research is the third component of a three-part series that explores the relationship between stress and health in the clerical profession. The first article (Wells J Relig Health 51:215–230, 2012) determined that there is an association between two different sources of stress in the clerical profession (work-related stress and boundary-related stress). The second article (Wells Pastor Psychol 62:101–114, 2013) determined that there is an association between the two sources of stress and two differing measures of health (emotional health and physical health). This third and final article establishes congregational and denominational support as possible moderators of the effects of both sources of stress on emotional and physical health. The same dataset utilized in the two previous studies is used in this research. Simple and multiple regression are utilized. This research determined that support from both the congregation and the denomination moderates or lessens the negative effects of stress on clerical health status.

Keywords Stress · Health · Clergy · Support

Introduction

In the two previous studies of this three-part series, an association between two measures of stress (boundary-related stress and work-related stress) clergy reported (Wells 2012). Further, an association between two measures of stress and two measures of health (physical and emotional) was also observed (Wells 2013). We also found that the association between stress and health varies according to demographics factors:

- For both types of stress, African American pastors reported higher levels of emotional health but lower levels of physical health.

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- The findings with regard to marriage were limited, but they suggest that marriage is associated with greater levels of boundary stress but reduced levels of work stress.
- Male clergy exhibited high levels of work stress but not boundary stress.
- Obese clergy experienced higher levels of work stress.
- Second-career and older clergy report high levels of emotional health.

The current (and final) study in this series tests a clerical support theory. It poses that as support from congregations and denominations increases, emotional and physical health status increases. This theory is supported by the literature (Zickar et al. 2008). A number of variables that mediate the efforts of stress on health within the clerical profession have been studied.

Ministerial support

According to research, the effects of stress (experienced by clergy) are moderated by the presence of congregational support (Zickar et al. 2008). In his research, House has identified two different dimensions of support: emotional and instrumental. Emotional support is comprised of listening to and consoling after a traumatic event. Instrumental support consists of resolving a work crisis by intervening. House indicates that having friends or a network of persons who are willing to listen to concerns or provide suggestions about the issues lessens the negative effects of the stressors (House 1981). In his research, Viswesvaran points out that social support is associated with positive outcomes, attitudes, and behaviors regardless of the existing levels of stress. Employees who establish and maintain strong sources of support have more positive job outcomes (Viswesvaran et al. 1999). Another seminal study explores a moderating effect of support that has become known as the buffering theory (Kirmeyer and Dougherty 1988). The research poses that social support buffers the negative effects of stress on job attitude and satisfaction. According to buffering theory, the support system does not produce better outcomes, but lessens the negative effect. While both theories appear in the literature, there is disagreement about which is correct. Most researchers agree that support systems produce positive outcomes, but there is some doubt about the extent to which support systems buffer the negative effects (Kirmeyer and Dougherty 1988).

Gender and education

Researchers have found that the impact of stress upon health status differs according to demographic factors such as gender and education. For example, an extensive body of literature explores gender differences in job satisfaction. Sharon E. Masson reports in her research, “Gender Difference in Job Satisfaction,” that there is support for both the structural theory and the social role theory of gender differences in job satisfaction, but a lack of support for the socialization theory (Mason 1995). Sinacore-Guinn reports that for women, job satisfaction is correlated with the extent to which the job impacts family experience (Sinacore-Guinn et al. 1999).

Gender difference in job satisfaction is also explored in the clerical profession. According to the literature, there is a gender paradox—female clergy are more apt to work in smaller rural churches that provide lower salaries and fewer benefits, but female clergy tend to report higher levels of job satisfaction. In a study exploring the gender paradox, McDuff reports that the difference in gender ratings of job satisfaction stems from the values orientation of female clergy versus male clergy (McDuff 2001). Also reporting on gender differences associated with job satisfaction, Sheban found that female clergy who report higher levels of

job satisfaction were less likely to experience depression (Shehan et al. 2007). Other studies have reported a conflicting view. Hodson reports that there is little difference observed when controlling for family responsibilities and personal expectations. She goes on to suggest, however, that women may report higher levels of satisfaction because they are less willing to voice dissatisfaction, a phenomenon stemming from their socialization (Hodson 1989). Sousa-Poza reports another conflicting view: the differences are marginal. She asserts that there are also global differences. The gender paradox was only found in the United States and Britain after controlling for work-role inputs (Sousa-Poza and Sousa-Poza 2000).

Education has also been identified in the literature as influencing job satisfaction. Glenn reports that education has a major impact on job satisfaction for men and women. Also, over-education does not have a negative impact on job satisfaction; its effects are still positive. Florit finds that education has a positive impact on a number of factors, which combined have an impact on job satisfaction: health, wages, etc. (Glenn and Weaver 1982; Florit and Lladosa 2007).

Age

Age, to some degree, also serves to lessen the negative effect of stress on clerical health status. The research suggests, for example, that there is a link between age and burnout (Francis et al. 2004). Younger clergy are more prone to emotional burnout and exhaustion. There are two theories that are most often suggested to account for these correlations. First, clergy who suffered from either emotional exhaustion or depersonalization at a younger age may already have left the ministry, either on the grounds of ill health or in order to seek alternative employment, and are therefore not as well represented in the older age groups. Second, older clergy may have learned how better to pace their work so as to avoid such signs of burnout (Francis et al. 2004).

Although age does appear to be positively correlated with burnout, a simultaneous trend at least offers hope. As a profession, the clergy are aging. Fewer younger people are entering the profession. According to research conducted by the Lewis Center for Church Leadership of Wesley Theological Seminary in cooperation with the General Board of Pension and Health Benefits of the United Methodist Church, a number of age trends in the clerical profession have been identified (Lewis Center Report 2006):

- There is a drop in the number of pastors under the age of 35 in the last 20 years.
- The decline in the number of clergy is greater than the decline in church membership.
- The percentage of clergy over the age of 55 has increased 27 %.
- The median age of elders has increased from 48 to 52.
- There is a significant regional difference, with the largest concentration of young ministers in the southeastern United States—42 % of the total.
- There is a higher percentage of women among the young ministers.

Perception

Finally, the impact of stress on health is also moderated by clerical perception. Clerical perception is often shaped by theological orientation and the degree of religiosity. Utilizing the Ministerial Job Satisfaction Scale, one study found that charismatic clergy report higher levels of job satisfaction than non-charismatic clergy (Francis and Turton 2002). Charismatic

clergy seek to be more aware or conscious of the presence of God and the guidance of the Holy Spirit and thus are more prone to have hopeful outlooks in the face of conflict and stress. In a similar study, Zondag found that involved clergy were more likely to persevere in ministry and have higher levels of job satisfaction (Zondag 2001). The degree of involvement had a positive impact upon clerical perception and enjoyment of their work. Another study reported that clerical theological orientation had bearings upon job dissatisfaction. Exploring the impact of clergy/church mismatch, the study found that when a minister is more liberal (not more conservative) than the congregation, he experiences less job satisfaction and is more likely to leave the position in pursuit of a better fit (Mueller and McDuff 2004). In his study, “Knowing You Make a Difference,” Zondag found that when ministers receive feedback revealing that they were impacting the lives of the congregants, they experienced higher levels of job satisfaction (Zondag 2004).

A number of studies have also suggested that perception is a by-product of demographic and personality differences. In a second study, Zondag found that clerical job satisfaction is influenced by factors such as personality and individual theological orientation. Extraversion is associated with higher levels of job satisfaction; psychoticism (tender-mindedness) is associated with low job satisfaction; and neuroticism (emotional stability) is associated with higher levels of job satisfaction (Hills and Francis 2005). A study conducted by Francis et al. reports similar findings—extraversion is associated with job satisfaction while neuroticism is associated with job dissatisfaction.

Methods

Utilizing the same methods, study design, and data source as the previous two articles, (Wells 2012; Wells 2013), this study explores the extent to which the work support variables (congregational support and denominational support) mediate the relationship between stress and health. Testing six sets of models, we used multiple regression with the inclusion of an interaction term while controlling for demographic variables. The first set of models tested the linear association between boundary stress and work stress on physical and emotional health, while controlling for demographic variables. Congregational support is included as a control variable at this point:

Model physical health (log) = boundary stress, work stress, congregational support
[demographic variables]

Model emotional health = boundary stress, work stress, congregational support,
[demographic variables]

The second set of models tested the linear association between boundary stress and work stress on physical and emotional health, while controlling for demographic variables. Denominational support is included as a control variable at this point:

Model physical health (log) = boundary stress, work stress, denominational support,
[demographic variables]

Model emotional health = boundary stress, work stress, denominational support,
[demographic variables]

The third set of models utilized multiple regression to test the linear association of boundary stress on physical and emotional health with the inclusion of one interaction term (boundary stress*congregational support), while controlling for demographics:

Model physical health (log) = boundary stress, congregational support, boundary stress*congregational support [demographic variables]

Model emotional health = boundary stress, congregational support, boundary stress*denominational support [demographic variables]

The fourth set of models utilized multiple regression to test the linear association of work stress on physical and emotional health with the inclusion of one interaction term (work stress*congregational support), while controlling for demographics:

Model physical health (log) = work stress, congregational support, work stress*congregational support [demographic variables]

Model emotional health = work stress, congregational support, work stress*denominational support [demographic variables]

The fifth set of models utilized multiple regression to test the linear association of boundary stress on physical and emotional health with the inclusion of one interaction term (boundary stress*denominational support), while controlling for demographics:

Model physical health (log) = boundary stress, denominational support, boundary stress*denominational support [demographic variables]

Model emotional health = boundary stress, denominational support, boundary stress*denominational support [demographic variables]

The sixth set of models utilized multiple regression to test the linear association of work stress on physical and emotional health with the inclusion of one interaction term (work stress*denominational support), while controlling for demographics:

Model physical health (log) = work stress, denominational support, work stress*congregational support [demographic variables]

Model emotional health = work stress, denominational support, work stress*denominational support [demographic variables]

GLM procedures were used to test the multivariable association between outcome and exposure variables, including an interaction term, while controlling for demographic variables.

Table 1 Relationship between work stress, boundary stress, and congregational support and physical health and emotional health, with other respondent characteristics held constant

	Phealth (log transform)			Ehealth		
	Beta	SE	P-value	Beta	SE	P-value
Boundary Stress	.15	.03	<.0001	.21	.03	<.0001
Work Stress	.06	.03	.0395	.15	.04	<.0001
Congregational Support (Ref: Very Often)						
Fairly Often	.02	.03	.38	.16	.03	<.0001
Once in a While	.01	.04	.75	.13	.05	.0088
Race (Ref: White)						
Black	.08	.03	.01	-.15	.04	.0005
Other	-.03	.05	.53	-.18	.07	.0089
Age (Ref: <45)						
45–50	.13	.04	.0004	-.08	.04	.06
51–60	.19	.04	<.0001	-.01	.05	.89
61+	.27	.05	<.0001	.01	.06	.8556
Married (Ref: “Yes”)	.02	.03	.53	-.06	.04	.1914
Children (Ref: “Yes”)	-.05	.03	.05	-.10	.04	.0041
Gender (Ref: “Male”)	.06	.05	.2381	.06	.05	.2410
Health Benefits (Ref: “Yes”)	-.05	.03	.49	-.05	.04	.1994
Education (Ref: Bachelor’s)						
Less than Bachelor’s	-.09	.04	.05	.03	.06	.6181
Graduate	-.04	.03	.19	.04	.04	.3014
Other	.15	.05	.0045	.34	.07	<.0001
BMI (Ref: Normal)						
Overweight	.04	.03	.23	-.05	.04	.1973
Obese	.19	.03	<.0001	-.06	.04	.1242
Second Career (Ref: “Yes”)	.03	.03	.22	-.01	.04	.7352
Length of Time in Ministry (Ref: “Medium”)						
Very High	.02	.04	.60	-.03	.05	.58
High	.08	.04	.04	.06	.05	.26
Low	.08	.04	.06	-.05	.06	.40
Bi-vocational (Ref: “Yes”)	.03	.03	.26	.02	.04	.48
Serve more than 1 congregation	-.03	.03	.31	.08	.05	.07
Model Statistics:	Observations: 877			Observations: 877		
	R2: .23			R2: .33		

Table generated by multivariable linear regression analysis utilizing Proc GLM in SAS 9.1. To account for the skewness of the variable Physical Health, a log transformation is employed

The first two sets of models incorporate denominational support and congregational support as control variables. The last four sets of models employ them as control variables but also include interaction terms comprised of the stress variables and the supports. If, as hypothesized, the relationship between stress and health is affected by the presence or absence of denomination and congregational support, the interaction terms will be significant. Tables 1, 2, 3, 4, 5, and 6 report the six sets models that were explored.

Table 2 Relationship between work stress, boundary stress, and denominational support and physical health and emotional health, with other respondent characteristics held constant

	Phealth (log transform)			Ehealth		
	Beta	SE	P-value	Beta	SE	P-value
Boundary Stress	.09	.03	<.0001	.19	.04	<.0001
Work Stress	.14	.03	<.0001	.20	.04	<.0001
Denominational Support (Ref: Very satisfied)						
Somewhat satisfied	.03	.03	.32	.05	.03	.1673
Somewhat dissatisfied	−.09	.04	.02	−.03	.05	.5146
Very dissatisfied	−.06	.07	.3797	.16	.09	.08
Race (Ref: White)						
Black	.06	.03	.06	−.17	.04	.0001
Other	−.05	.06	.38	−.17	.08	.0364
Age (Ref: <45)						
45–50	.14	.04	.0001	−.08	.04	.09
51–60	.20	.04	<.0001	.003	.05	.9480
61+	.34	.05	<.0001	.02	.06	.6982
Married (Ref: “Yes”)	−.02	.03	.62	−.08	.04	.0915
Children (Ref: “Yes”)	−.06	.03	.03	−.11	.04	.0053
Gender (Ref: “Male”)	.11	.05	.02	.09	.06	.1439
Health Benefits (Ref: “Yes”)	−.09	.03	.0044	−.05	.04	.2698
Education (Ref: Bachelor’s)						
Less than Bachelor’s	.00	.04	.05	.03	.06	.6011
Graduate	−.05	.03	.09	.04	.04	.3993
Other	.17	.05	.0011	.37	.07	<.0001
BMI (Ref: Normal)						
Overweight	.00	.03	.97	−.08	.04	.1131
Obese	.14	.03	<.0001	−.08	.04	.0616
Second Career (Ref: “Yes”)	.04	.03	.11	−.02	.04	.6553
Length of Time in Ministry (Ref: “Medium”)						
Very High	−.04	.04	.35	−.07	.06	.2006
High	.02	.04	.58	.04	.05	.5105
Low	.03	.04	.44	−.07	.06	.2527
Bi-vocational (Ref: “Yes”)	−.02	.03	.56	.03	.04	.3915
Serve more than 1 congregation	−.01	.03	.56	.08	.05	.07
Model Statistics:	Observations: 877			Observations: 877		
	R2: .23			R2: .33		

Table generated by multivariable linear regression analysis utilizing Proc GLM in SAS 9.1. To account for the skewness of the variable Physical Health, a log transformation is employed.

Support variables

Over the past 20 years a body of literature has consistently revealed the buffering effect that social support has on stress (Cohen and Wills 1985; Ganster et al. 1986; Viswesvaran et al. 1999). Lee suggests that the presence of supportive relationships buffer the relationship

Table 3 Relationship between Boundary Stress and Congregational Support and Physical Health and Emotional Health, with Other Factors Held Constant

	Phealth (log transform)			Ehealth		
	Beta	SE	P-value	Beta	SE	P-value
Boundary Stress	.19	.02	<.0001	.28	.03	<.0001
Congregational Support (Ref: Very Often)						
Fairly Often	.36	.15	.01	.05	.19	.8109
Once in a While	.01	.21	.95	.78	.27	.0045
Boundary Stress*Congregational Support (Ref: Very Often)						
Fairly Often	-.10	.04	.02	.04	.06	.5255
Once in a While	.00	.06	.97	-.17	.08	.0261
Race (Ref: White)						
Black	.08	.03	.02	-.16	.04	.0003
Other	-.04	.05	.43	-.21	.07	.0028
Age (Ref: <45)						
45–50	.13	.03	.0004	-.09	.04	.0367
51–60	.19	.03	<.0001	-.02	.04	.6531
61+	.28	.04	<.0001	-.00	.06	.9883
Married (Ref: “Yes”)	.03	.03	.44	-.05	.04	.2441
Children (Ref: “Yes”)	-.06	.03	.03	-.10	.04	.0050
Gender (Ref: “Male”)	.08	.04	.04	.12	.05	.0278
Health Benefits (Ref: “Yes”)	-.05	.03	.07	-.07	.04	.0910
Education (Ref: Bachelor’s)						
Less than Bachelor’s	-.08	.04	.05	.08	.06	.1585
Graduate	-.04	.03	.15	.04	.04	.3538
Other	.13	.05	.0098	.34	.07	<.0001
BMI (Ref: Normal)						
Overweight	.03	.03	.34	-.06	.04	.1087
Obese	.18	.03	<.0001	-.08	.04	.05
Second Career (Ref: “Yes”)	.02	.03	.29	-.00	.04	.8802
Length of Time in Ministry (Ref: “Medium”)						
High	.07	.04	.05	.02	.05	.57
Low	.07	.04	.09	-.09	.06	.11
Very High	.02	.04	.70	-.06	.05	.24
Bi-vocational (Ref: “Yes”)	.02	.03	.56	.00	.04	.8051
Model Statistics:	Observations: 838			Observations: 838		
	R2: .23			R2: .30		

Table generated by multivariable linear regression analysis utilizing Proc GLM in SAS 9.1. To account for the skewness of the variable Physical Health, a log transformation is employed

between stress and the clergy family experience. He has identified four sources of supports: family, congregation, denomination, and friends. This research will investigate the moderating effect of two of the support variables suggested by Lee: congregation, and denomination.

Table 4 Effects of work stress and congregational support on emotional and physical health, with other factors held constant

	Physical health (log transform)			Emotional health		
	Beta	SE	P-value	Beta	SE	P-value
Work Stress	.17	.03	<.0001	.23	.04	<.0001
Congregational Support (Ref: Very Often)						
Fairly Often	.08	.18	.6237	-.21	.23	.3541
Once in a While	.18	.24	.4478	.63	.30	.0351
Work Stress*Congregational Support (Ref: Very Often)						
Fairly Often	-.02	.06	.7799	.13	.08	.0850
Once in a While	-.04	.07	.5336	-.14	.09	.1255
Race (Ref: White)						
Black	.11	.03	.0010	-.11	.04	.0093
Other	-.03	.06	.5603	-.18	.07	.0096
Age (Ref: <45)						
45–50	.12	.03	<.0011	-.09	.05	.0493
51–60	.18	.03	<.0001	-.02	.05	.6340
61+	.22	.04	<.0001	-.04	.06	.4510
Married (Ref: “Yes”)	.04	.03	.2842	-.03	.04	.4706
Children (Ref: “Yes”)	-.07	.03	.0135	-.13	.04	.0005
Gender (Ref: “Male”)	.02	.04	.5639	.03	.06	.6369
Health Benefits (Ref: “Yes”)	-.03	.03	.3086	-.03	.04	.4664
Education (Ref: Bachelor’s)						
Less than Bachelor’s	-.13	.04	.0059	-.01	.06	.8352
Graduate	-.05	.03	.1430	.03	.04	.4187
Other	.12	.05	.0212	.32	.07	<.0001
BMI (Ref: Normal)						
Overweight	.04	.03	.1408	-.03	.04	.3597
Obese	.21	.03	<.0001	-.02	.04	.6371
Second Career (Ref: “Yes”)	.02	.03	.32	-.01	.04	.6102
Length of Time in Ministry (Ref: “Medium”)						
High	.12	.04	.0023	.11	.05	.03
Low	.11	.04	.0105	-.00	.05	.9044
Very High	.07	.04	.1162	.03	.05	.5866
Bi-vocational (Ref: “Yes”)	.05	.03	.03	.06	.04	.0818
Model Statistics:	Observations: 838			Observations: 838		
	R2: .18			R2: .27		

Table generated by multivariable linear regression analysis utilizing Proc GLM in SAS 9.1. To account for the skewness of the variable Physical Health, a log transformation is employed.

Congregational support is measured by responses to the question (Lee 1989 1992, 1999, 2003, 2007):

“Thinking back over the past year, how often have people in your congregation made you feel loved and cared for?”

Table 5 Effects of boundary stress and denominational support on emotional and physical health, with other factors held constant

	Phealth (Log transform)			Ehealth		
	Beta	SE	P-value	Beta	SE	P-value
Boundary Stress	.15	.03	<.0001	.33	.04	<.0001
Denominational Support (Ref: Very Satisfied)						
Somewhat Satisfied	-.19	.15	.1776	.50	.19	.0111
Somewhat Dissatisfied	-.35	.20	.08	.20	.27	.4470
Very Dissatisfied	.10	.32	.7403	.29	.44	.5038
Boundary Stress*Denominational Support (Ref: Very Satisfied)						
Somewhat Dissatisfied	.08	.06	.1696	-.07	.08	.3353
Somewhat Satisfied	.07	.04	.1292	-.13	.06	.0207
Very Dissatisfied	-.03	.09	.6997	-.03	.12	.7955
Race (Ref: White)						
Black	.04	.03	.1717	-.16	.04	.0004
Other	-.04	.06	.4719	-.14	.08	.0808
Age (Ref: <45)						
45–50	.13	.03	.0004	-.08	.05	.0947
51–60	.18	.04	<.0001	-.00	.05	.9266
61+	.31	.05	<.0001	-.02	.06	.7447
Married (Ref: “Yes”)	-.02	.03	.6092	-.05	.05	.3010
Children (Ref: “Yes”)	-.06	.03	.04	-.10	.04	.0105
Gender (Ref: “Male”)	.11	.04	.0114	.09	.06	.1382
Health Benefits (Ref: “Yes”)	-.08	.03	.0118	-.04	.05	.3860
Education (Ref: Bachelor’s)						
Less than Bachelor’s	-.02	.05	.6580	.02	.06	.7470
Graduate	-.05	.03	.1139	.02	.04	.5911
Other	.14	.05	.0097	.35	.07	<.0001
BMI (Ref: Normal)						
Overweight	-.00	.03	.9875	-.07	.04	.0768
Obese	.14	.03	<.0001	-.09	.04	.0344
Second Career (Ref: “Yes”)	.04	.34	.1349	-.00	.04	.8732
Length of Time in Ministry (Ref: “Medium”)						
High	.02	.04	.5948	.03	.06	.5204
Low	.03	.04	.4869	-.09	.06	.1165
Very High	-.04	.04	.3415	-.07	.06	.1727
Bi-vocational (Ref: “Yes”)	-.00	.03	.7409	.02	.04	.5767
Model Statistics:	Observations: 815			Observations: 815		
	R2: .23			R2: .29		

Table generated by multivariable linear regression analysis utilizing Proc GLM in SAS 9.1. To account for the skewness of the variable Physical Health, a log transformation is employed.

Table 6 Effects of work stress and denomination support on emotional and physical health, with other factors held constant

	Phealth (Log transform)			Ehealth		
	Beta	SE	P-value	Beta	SE	P-value
Work Stress	.21	.04	<.0001	.47	.05	<.0001
Denominational Support (Ref: Very Satisfied)						
Somewhat Satisfied	-.32	.17	.05	.56	.23	.0146
Somewhat Dissatisfied	-.05	.23	.8024	.75	.30	.0143
Very Dissatisfied	.31	.37	.3947	-.04	.15	.7523
Work Stress*Denominational Support (Ref: Very Satisfied)						
Somewhat Satisfied	.12	.06	.0255	-.16	.08	.0356
Somewhat Dissatisfied	-.01	.08	.8856	-.28	.10	.0088
Very Dissatisfied	-.18	.06	.1881	.01	.16	.9709
Race (Ref: White)						
Black	.06	.03	.07	-.14	.05	.0018
Other	-.07	.06	.24	-.19	.08	.0198
Age (Ref: <45)						
45–50	.14	.04	.0002	-.07	.05	.1797
51–60	.20	.04	<.0001	.01	.05	.8164
61+	.35	.05	<.0001	.02	.06	.7375
Married (Ref: “Yes”)	-.02	.03	.7096	-.05	.05	.2021
Children (Ref: “Yes”)	-.08	.02	.0036	-.14	.04	.0003
Gender (Ref: “Male”)	.12	.05	.0069	.09	.06	.1465
Health Benefits (Ref: “Yes”)	-.09	.03	.0061	-.05	.05	.2666
Education (Ref: Bachelor’s)						
Less than Bachelor’s	.01	.04	.7805	.04	.06	.4729
Graduate	.01	.05	.7881	-.00	.04	.9700
Other	.11	.05	.02	.31	.08	<.0001
BMI (Ref: Normal)						
Overweight	.00	.03	.9882	-.07	.04	.08
Obese	.14	.03	<.0001	-.08	.04	.05
Second Career (Ref: “Yes”)	.03	.03	.2047	-.01	.04	.6995
Length of Time in Ministry (Ref: “Medium”)						
High	.03	.04	.5945	.03	.06	.4814
Low	.05	.04	.4610	-.06	.06	.3331
Very High	-.03	.04	.5072	-.07	.06	.2213
Bi-vocational (Ref: “Yes”)	-.00	.03	.9951	.04	.04	.2272
Model Statistics:	Observations: 815			Observations: 815		
	R2: .23			R2: .28		

Table generated by multivariable linear regression analysis utilizing Proc GLM in SAS 9.1. To account for the skewness of the variable Physical Health, a log transformation is employed

Denominational support is measured by responses to the question (Lee 1989 1992, 1999, 2003, 2007):

“At the present, what is your level of satisfaction with the amount of support from your denominational official?”

The answer to each question appears in 5-point Likert scale.

Results

Congregational support: direct effects

Table 1 adds the effects of congregational support to the models from the previous study, which reported an association between work and boundary stress and physical and emotional health, while holding all factors constant. Congregational support, as a direct effect, was significantly associated with emotional health but not physical health. Specifically, persons who reported being supported “very often” by their congregation had higher emotional health scores than those who were supported “fairly often” or “once in a while.” This finding suggests that persons who report that they were supported “very often” exhibited better emotional health (but not physical health) than those who were supported “fairly often.” Boundary and work stress were significantly associated with both physical and emotional health.

Denominational support: direct effects

Table 2 adds the effects of denominational support to the models that appeared in the previous study (Wells 2012), linking work stress and boundary stress to physical and emotional health, while holding all factors constant. Both boundary stress and work stress had positive and significant coefficients for physical and emotional health, suggesting that as boundary and work stress increases, physical and emotional health decreases. Denominational support (as a direct effect variable) was significantly associated with only one measure of physical health. Clergy who indicated that they were “somewhat dissatisfied” with denominational support reported lower levels of physical health than those who reported being “very satisfied.”

Congregational support: influence on work and boundary stress

Table 3 reports the effects of boundary stress and congregational support on physical health and emotional health, while holding other factors constant. Boundary stress was positively associated with physical health and emotional health. As a direct effect variable, clergy who reported that they were supported “fairly often” by their congregation displayed poorer levels of physical health than those who reported being supported “very often”; clergy who reported that they were supported “once in a while” had poorer levels of emotional health than those who reported being supported “very often.” The interaction term (boundary stress*congregational support) produced two levels of significance. Clergy who reported being supported “once in a while,” versus those who were supported “very often,” exhibited higher emotional health. Clergy who reported being supported “fairly often” reported higher levels of physical health than those who reported being supported “very often.” Both of these results are counter-intuitive.

Table 4 reports the effects of work stress and congregational support on emotional and physical health, with other factors held constant. As work stress increased, physical and emotional

health decreased. The interaction term (work stress*congregational support) did not generate any significant findings. Thus, the relationship between work stress and physical health does not change based on congregational support. This particular hypothesis was not supported.

Denominational support: influence on work and boundary stress relationships

Table 5 reports the effects of boundary stress on physical health and emotional health testing for differences at different levels of denominational support, with all other factors held constant. As boundary stress increased, emotional and physical health decreased. One measure of denominational support (as a direct effect variable) was significantly associated with emotional health but not physical health. Clergy who reported being “somewhat satisfied” with denominational support had lower levels of emotional health than those who reported being “very satisfied.” The interaction term (boundary stress*denominational support) was not significantly associated with physical health, but it was associated with emotional health on one measure of denominational support, “somewhat satisfied,” suggesting that clergy who report being “somewhat satisfied” with denominational support had higher levels of emotional health than those who were very satisfied.

Table 6 reports the effects of work stress on physical health and emotional health, testing for differences at different levels of denominational support with other factors held constant. Work stress was positively associated with physical and emotional health. As work stress increased, physical and emotional health declined. Denominational support as a direct effect variable was positively and significantly associated with physical health at two levels of support for emotional health and one measure for physical health. Clergy who reported being “somewhat satisfied” and “somewhat dissatisfied” with denominational support had lower levels of emotional health than those who reported being “very satisfied.” In considering denominational support as an interaction term, clergy who reported being “somewhat satisfied” with denominational support had higher levels of physical health than those who reported being “very satisfied.” This is once again counter-intuitive to our premise.

Similarly, denominational support as an interaction term (denominational support*work stress) was significantly associated with emotional health at two measures of denominational support and physical health at one measure. Clergy who reported being “somewhat satisfied” and “somewhat dissatisfied” reported higher levels of emotional health than those who indicated that they were “very satisfied” with their support. Clergy who reported “somewhat satisfaction” reported lower levels of emotional health than those who indicated that they were “very satisfied.”

Summary: results of hypothesis testing

Question:

Does the presence of work supports moderate the association between stress and emotional health?

Hypothesis:

Work supports will moderate the relationship between stress and emotional health but not physical health.

We found support for our hypothesis. In a few cases the findings were counter-intuitive, but for the majority of models, which incorporated denominational and congregational support as a direct effect variable, clergy who were supported exhibited better levels of emotional health. When denominational and congregational support are used as interaction terms, the results are mixed. The first two models included congregational support and

denominational support as direct effect variables. Congregational support, more so than denominational support, was significantly and positively associated with emotional health at some measures of support, suggesting that persons who received lesser amounts of congregational support exhibited lower levels of emotional health. Denominational support as a direct effect was significantly associated with physical health at one measure of support; persons who indicated that they were “very dissatisfied” with denominational support reported lower levels of physical health than those who were “very satisfied.” When the interaction terms were included in the model, however, the following findings emerged:

- In the model that included the interaction term (boundary stress*congregational support), clergy who report being supported “once in a while,” versus those who were supported “very often” exhibited lower emotional health. Clergy who reported being supported “fairly often” reported lower levels of physical health than those who reported being supported “very often.”
- In the model that included the interaction term (work stress*congregational support), there were no significant findings. Thus, the relationship between work stress and phealth, ehealth does not change based on congregational support. This particular hypothesis was not supported.
- In the model that included the interaction term (boundary stress*denominational support), clergy who reported being “somewhat satisfied” with denominational support had lower levels of emotional health than those who reported being “very satisfied.” The interaction term (boundary stress*denominational support) was not significantly associated with physical health but was associated with emotional health on one measure of denominational support, “somewhat satisfied,” suggesting that clergy who reported being “somewhat satisfied” with denominational support had lower levels of emotional health than those who were very satisfied.
- In the model that included the interaction term (work stress*denominational support), clergy who reported being “somewhat satisfied” and “somewhat dissatisfied” reported higher levels of emotional health than those who indicated that they were “very satisfied” with their support. Clergy who reported they were “somewhat satisfied” reported lower levels of emotional health than those who indicated that they were “very satisfied.”

Implications and discussion

As noted in the previous articles in this three-part series, older clergy appear to fare better emotionally than their younger colleagues. One possibility is that older clergy have learned better how to navigate the congregation/pastor relationship. According to the literature, there is also a sizable attrition rate among pastors, and those who persevere to later years perhaps possess tools and information that contributed to their longevity (Francis et al. 2004). During their first year of ministry, younger clergy were more prone to burnout according to the scales of emotional exhaustion and depersonalization discussed in Francis et al. (2004). Furthermore, clergy less than age 50 reported a more diminished level of personal accomplishment than those over age 50. Thus, chronological age, not years in ministry, is negatively correlated with emotional exhaustion and depersonalization. Francis et al. (2004) suggest strategies for the care and support of younger clergy. Younger clergy could benefit from mentoring relationships with older clergy. Rediger asserts that the pastor needs a pastor (Rediger 1997). He also suggests the possibility of a pastoral advisory council

within the congregation to provide support and advice. When formal mentoring relationships are not possible, Greenfield (2001) suggests that pastors would do well to create or nurture one-on-one support relationships with other pastors. Many denominations have mentoring programs for clergy as they enter the ministry as a means of examining their calling; however, there are very few mentoring programs for clergy during the initial and foundation years of ministry. Blanton and Morris (1999) asserts that clergy and their families are often isolated and are regarded as a trophy or a china doll without substantive relationships with parishioners or other clergy families. Lee (2007) contends that a strong level of support is especially important for clergy spouses. He suggests that while clergy families often lack support, clergy spouses tend to have less support than the clergy members.

In this research, support from the congregation emerged as a means of enhancing the emotional health status of clergy. Support from the denomination resulted in some limited measure of success for clergy physical health and well-being. These issues need to be studied further. There is some evidence that denominations are more cognizant of the contributors to clergy family stressors (Morris and Blanton 1994); however, clergy are often reluctant to seek assistance from the denomination due to fear of negative repercussions and to self-inflicted internalized social constraints.

Some clergy have experienced conflict with denomination officers; others have not been supported by the denomination (Hoge and Wenger 2005), which points to the need to continue studying the nature of denominational support and its implications for clergy well-being. In addition, denominations should seek to provide education for congregations about the demands and stresses associated with ordained ministry (Rediger 1997). The purpose of the education would be to help congregants develop a more realistic and healthy view about clergy and the expectations and demands they experience. Often officers and members alike lack understanding of the stresses and demands that are associated with ministry. In addition, they often believe that ministers should be content and happy, given the nature of ministry and the expectation that faith heals all (Francis et al. 2005).

Limitations

While the findings are interesting and provide a means of enhancing the clerical family health status and quality of life, there are a few limitations. Given the fact that this study is drawn from a survey whose participants do not mirror national demographics, it is not generalizable to the general public. There may also be some survey mono-method bias. The data were drawn from one survey. It is also worth noting that the sample size for this survey is relatively small for use of an interaction term. Thus, given the suboptimal sample size, a significant main effect and a pattern of means consistent with a buffering effect may have been found, together with an interaction term that does not reach statistical significance.

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