

WORK WELLNESS OF PENTECOSTAL PASTORS IN THE NORTH WEST PROVINCE

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COMMENTS

The reader is reminded of the following:

- The references as well as the editorial style as prescribed by the *Publication Manual (5th edition)* of the American Psychological Association (APA) were followed in this dissertation. This practice is in line with the policy of the Programme in Industrial Psychology of the NorthWest University to use APA style in all scientific documents as from January 1999.
- The mini dissertation is submitted in the form of a research article. The editorial style as specified by the *South African Journal of Industrial Psychology* (which agrees largely with the APA style), is used, although the APA guidelines were followed in constructing tables.

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ABSTRACT

Title : Work Wellness of Pentecostal Pastors in the North West Province.

Key terms : Burnout, engagement, job stress, validity, reliability, standardisation of measuring instruments, pastors, ministers, ministry, wellness

Literature generally acknowledges that ministers have a demanding job with unique requirements and unclear boundaries between their personal and professional lives. Since 1980, studies have been describing an alarming spread of burnout in the ministry, with three out of four ministers reporting severe stress, causing anguish, worry, bewilderment, anger, depression, fear and alienation. South African literature indicates ministry as a high-risk occupation with regard to burnout. As providers of help, ministers are exposed to demanding work situations, with unique job and client-related stressors that show high correlation with burnout.

Burnout, according to Levert (*et al*, 2000) is a syndrome consisting of three dimensions: these are Exhaustion, Cynicism and lack of Professional Efficacy. Exhaustion refers to the depletion and draining of emotional resources and feelings of being overextended. Cynicism reflects a negative, cynical and callous attitude towards recipients of service, and/or extreme detached responses to aspects pertaining to the job. A lack of professional efficacy refers to the tendency to evaluate aspects negatively with regard to personal accomplishments and competence at work. Burnout in the human service industry is a growing phenomenon.

The objectives of this study were to determine the reliability and validity of the Maslach Burnout Inventory (MBI) in the context of ministry, The Utrecht Work Engagement Scale (UWES), and the Coping Orientations to Problems Experienced questionnaire (COPE), and to develop a measuring instrument to describe occupational stress of Pentecostal pastors in the North West Region of South Africa. A cross-sectional survey design was used. Availability samples ($n = 100$) were taken of qualified and ordained Pentecostal Pastors in the ministry. The Ministry Demands Survey was developed as measuring instrument, indicating internal demands/emotional input and relationship demands/demands with regard to calling, as reliable factors. Coping was described as being either Problem or Emotion-focused.

Health of Pentecostal pastors was predicted by Internal Demands/Emotional Input, Exhaustion and Problem and Emotion-focused Coping. Recommendations for future research were made.

OPSOMMING

Titel: Werksverwante gesondheid van Pinksterpastore in die Noordwes Provinsie

Sleutelterme : Uitbranding; begeestering; werkspanning; geldigheid; betroubaarheid ;
standardisering van meetinstrumente; pastore; predikante; bediening.

Literatuur erken in die algemeen dat predikante 'n uitputtende beroep beoefen, met unieke uitdagings en onduidelike grense tussen hul persoonlike en professionele lewe. Sedert 1980, beskryf verskeie studies die kommerwekkende verhoging van uitbranding in die bediening, met drie uit vier predikante wat ernstige spanning aanmeld, wat pyn, bekommernis, paniek, woede, depressie, vrees and isolasie veroorsaak. Suid Afrikaanse literatuur dui die bediening aan as 'n hoë risiko beroep met betrekking tot uitbranding. As hulpverleners word predikers blootgestel aan bemoeiende beroepsituasies, met unieke werk- en kliëntgesentreerde stressore wat hoë korrelasie met uitbranding toon.

Uitbranding is 'n sindroom wat uit drie dimensies bestaan: Emosionele Uitputting, Sinisme en gebrek aan Professionele Doeltreffendheid. Uitbranding verwys na die afname en dreinerings van emosionele hulpbronne, en gevoelens van ooreising. Sinisme reflekteer 'n negatiewe, siniese, en verharde houding teenoor die ontvanger van dienste, en/of ekstreem afsydige reaksies op aspekte wat betrekking het op eie werk. 'n Gebrek aan professionele doeltreffendheid verwys na die neiging om aspekte van persoonlike bekwaamheid negatief te beoordeel. Uitbranding in die diensindustrieë is 'n groeiende verskynsel.

Die doelstellings van hierdie navorsing was om die betroubaarheid en geldigheid van die Maslach Burnout Inventory (MBI), die Utrecht Work Engagement Skaal (UWES), en die Coping Orientations to Problems Experienced vraelys (COPE) te bepaal, en om 'n meetinstrument te ontwikkel wat die werkverwante stressore van Pinksterpastore in die Noord-Wes Provinsie van Suid Afrika beskryf. 'n Dwarsdeursnee-opname ontwerp is gebruik. Beskikbaarheids steekproewe (n = 100) van gekwalifiseerde pastore binne die bediening, is afgeneem. Die Ministry Demands-opname is ontwikkel as meetinstrument, en het Interne Eise/Emosionele Insette en Verhoudingseise/Eise met betrekking tot Roeping aangedui as betroubare faktore. Coping is beskryf as of Probleem- of Emosie-gefokus.

Gesondheid van Pinksterpastore is voorspel deur Interne Eise/Emosionele Insette, Uitputting en Probleem- en Emosie-gefokusde coping tegnieke. Aanbevelings vir toekomstige navorsing is aan die hand gedoen.

CHAPTER ONE

INTRODUCTION

This mini dissertation deals with burnout, engagement, coping and health as it manifests itself in Pentecostal pastors in the North West Province

Chapter 1 focuses on the problem statement, objectives and basic hypothesis as well as the research method.

1. PROBLEM STATEMENT

Stress and burnout in ministry have been worldwide realities in the lives of ministers for decades. For centuries, it has been assumed by Western civilisation that Christianity was the faith dominating the various world religions. This is slowly changing and there is a growing tendency towards other belief systems such as Hinduism, Islam, and the New Age movement. The world is progressing towards a global village situation, causing the integration of religions that, in the past, would never have been able to influence one another.

The situation described above adds to the increasing incidence of burnout among pastors and ministers of religion (Janik & Kravitz, 1994). A productive, motivated and healthy minister is an important contributor to the stability and development of any assembly. In South Africa, members of the clergy are challenged by various potential stressors, such as personal criticism, high expectations of ministers and their families on the part of the community, financial stressors, boundary ambiguity and a lack of resources (Swart, 2002).

The stressor that makes the South African context most unique compared to other countries, is the fact that the country is still dealing with a legacy of apartheid, which has influenced the views and beliefs of a vast number of people of different cultures. This situation forces ministers to accommodate people from “outside” their belief systems, whereas in the past, the church and ministers were allowed to function inside their own belief systems, without any influences or challenges from other belief systems.

The expectations placed on the pastor or congregational leader by today’s Assembly member differ from those of previous generations. These individuals have to cope with demands that

arise from having to fulfil various roles. They encounter stresses from a wide range of sources and people. Maintaining spiritual vitality in the midst of the issues of ministry is a definite concern for pastors (Shirey, 2001).

The pastor is often the first person called upon when people feel in need of counselling, or when individuals and families are in a crisis or serious conflict, even when those concerned have in the past not been particularly active church members or congregants (Stümpfer & Bands, 1996). The congregation often has unrealistic expectations such as being ministered to during the early hours of the morning, and the minister sometimes has to deal with highly volatile emotional situations. At the same time he/she also carries a heavy administrative burden (Kellerman, 1991; Roux, 1992).

Apart from social and emotional support, he/she may have to help people to integrate unexplainable aspects of a crisis, a disaster, or sorrow, into the context of their religious beliefs. Furthermore, he/she has to provide moral guidance to followers and even non-followers. In performing such tasks, the pastor may be relentlessly confronted with the value bases of an increasingly secularized society, in which reliance on religious legitimisation has been substantially eroded (Stümpfer & Bands, 1996).

A pastor is often expected to be a highly visible model of faultless behaviour, even in spheres unrelated to their professional lives. He/she (and his/her family) is sometimes seen as the symbol of perfection, a symbol which has to compensate for the shortcomings of churchgoers (Roux, 1992). In a religious context, the expectation is often that the minister should be a Christian *par excellence*, or a super believer, who cannot do anything wrong (Kellerman, 1991). In a psychological context, the minister is often expected to act as an exemplar of happiness, well-being and satisfaction in life. Pastors also experience their occupation as a higher calling and have to confront the stressful interaction of simultaneously living a calling of God, and living up to expectations of the Assembly (Swart, 2002)

Ministers also frequently entertain unrealistic self-expectations and conditional self esteem, and consequently may over-engage themselves (Hatcher & Underwood, 1990). Hatcher and Underwood (1990, p. 192) state that ministers seem to have been “taught, erroneously, to equate self esteem with selfishness”. It seems therefore that these individuals might be prone to neglecting their own personal well-being, while working towards the maintenance of the well-being of others.

In addition to the human service activities, pastors have an administrative role in the church as an organisation, related to committees, budgets, and properties. Kellerman (1991) calls this the “managerial role” pastors have to fulfil. The pastor is often the only full time worker in the congregation and, compared to managers in the ordinary sense, ministers have only volunteer workers (Roux, 1992). Quantitatively the workload is sometimes excessive, perhaps with a seven-day work week, and being on call for the congregation 24 hours a day, with numerous and diverse, even irreconcilable, tasks. The work is also characterised by the emotional demands of some tasks, for example having to work when others can relax (on Sundays and in evenings). Often, the work brings no closure, is repetitive and cyclical, seldom delivers an end product, and offers no feedback channels (Roux, 1992).

Lastly, pastors often don't have social support mechanisms, or someone to confide in (Hatcher & Underwood, 1990). Roux (1992) finds that ministers suffer from loneliness; in relation to colleagues, true fellowship and communion are often absent, and intimate friendships with members of the congregation create problems. Shirey (2001) regards the role of support systems of pastors as an important means of maintaining spiritual well-being and coping with burnout.

Literature generally acknowledges that ministers have a demanding job with unique requirements and unclear boundaries between their personal and professional lives (Swart, 2002). A few studies exist with regard to burnout of ministers in the South African context (Delpont, 1990; Malan, 2000; Malan & De Bruin, 2001; Odendaal, 1984; Smuts, 1988; Swart, 2002; 1999).

Research done regarding ministers in the Dutch Reformed Church indicates that ministers are at serious risk in terms of burnout, and that a wide variety of factors contribute to burnout levels in pastors (Malan, 2000). Research indicates that there are different stressors that have different effects on ministers, and that improper handling of stressful situations leads to increased probability of burnout (Malan, 2000; Swart, 2002). These stressors include work circumstances, opportunities for training, personal wellness and a loss of meaning.

The objective of this research is to investigate the psychometric properties of the Maslach Burnout Inventory – General Survey (MBI-GS) (Schaufeli, Leiter, Maslach, & Jackson, 1996; Maslach & Jackson, 1986), The Utrecht Work Engagement Scale (UWES) (Schaufeli,

Salanova, & Bakker, 2002), and The Coping Orientations to Problems Experienced questionnaire (COPE) (Carver, Scheier & Weintraub, 1989), and to develop an indicator of occupational stress for Pentecostal pastors in the North West Region of South Africa. The final objective is to test a predictive model of Pentecostal pastors' health, using burnout, engagement, job stress, and coping as variables.

Burnout, Engagement, Occupational Stress, Coping and Health

Schaufeli and Enzmann (1998, p. 36) define burnout as “a persistent, negative, work related state of mind in normal individuals that is primarily characterised by exhaustion, which is accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviours at work”. Burnout has been recognised as a serious threat, particularly for employees who work with people (Van Dierendonck, Schaufeli & Buunk, 1993). It is the end result of consistently unmoderated or unsuccessful attempts at mediating stressors in the environment on the part of the individual (Levert, Lucas & Ortlepp, 2000).

Burnout is viewed as a syndrome consisting of three dimensions, namely exhaustion, depersonalisation and reduced personal efficacy. Research over the past two decades has shown that burnout is not only related to negative outcomes for the individual, including depression, sense of failure, fatigue, and loss of motivation, but also to negative outcomes for the organisation (or in this case, assembly), including increased sickness and absenteeism (Levert et al., 2000).

Two trends recently emerged in burnout research, both of which boil down to a broadening of the traditional concept and scope (Maslach, Schaufeli & Leiter, 2001). First, the concept of burnout that was initially closely linked to the human service industries such as ministry, health care, education and social work where people do ‘people’ work of some kind, has been expanded to include all other professions and occupational groups. Second, burnout research seems to shift towards its opposite namely job engagement. Researchers recently extended their interest to the positive pole of employees’ well-being, instead of looking exclusively to the negative pole. Seen from this perspective, burnout is rephrased as erosion of engagement with the job (Schaufeli, Salanova et al., 2002). This development indicates an emerging trend towards a ‘positive psychology’ that focuses on human strengths and optimal

functioning, rather than on weakness and malfunctioning (Seligman & Csikszentmihalyi, 2000).

Maslach and Leiter (1997) state that engagement is characterised by energy, involvement and efficacy, which are considered the direct opposites of the three burnout dimensions. Employees who are engaged in their jobs have a sense of energetic and effective connection with their job activities, and see themselves as able to deal totally with their job demands. These authors consider burnout and engagement to be opposite poles of a continuum, that is covered by a single instrument.

Schaufeli, Salanova et al. (2002; 12) describe burnout and engagement as opposite concepts that should be measured independently with different instruments. They define engagement as a “positive, fulfilling, work related state of mind that is characterised by vigour, dedication and absorption”. Engagement refers to a more persistent and pervasive affective-cognitive state that is not focused on any particular job, event, individual or behaviour. Engagement conceptually consists of the components of vigour, dedication and absorption. *Vigour* refers to high levels of energy and mental resilience while working, as well as a willingness to exert effort in, and persistence even through, difficult situations. *Dedication* is described as a sense of significance, enthusiasm, inspiration, pride and challenge. *Absorption* refers to a tendency to be fully concentrated and deeply engrossed in work, whereby time passes quickly and one has difficulty detaching oneself from work. *Absorption* includes focused attention, a clear mind, mind and body unison, effortless concentration and complete control (Csikszentmihalyi, 1990).

According to Levert et al. (2000), burned out workers show a lack of commitment, and are less capable of providing adequate services, especially along dimensions of decision-making and initiating involvement with clients. Burned out workers are too depleted to give of themselves in a creative, co-operative fashion (Sammur, 1997). Researchers elsewhere in the world have found that the possible causes of burnout can be classified into organisational, biographical and personality factors. Biographical characteristics that could explain burnout include age, work experience and gender. Burnout is also negatively related to work experience.

Organisational factors adding to burnout are work overload (Landsbergis, 1988), poor support from colleagues (Golembiewski & Munzenrider, 1988) and lack of feedback.

Burnout has been found to be related to job stressors including low levels of perceived control and work overload (Bacharach, Bamberger & Conley, 1991). Personality traits that affect burnout include emotional stability, extraversion, openness, agreeableness and conscientiousness (Barrick & Mount, 1991).

One of the basic issues in the burnout domain concerns coping, or ways in which an individual can attempt to deal with job stressors to ward off aversive strains (Beehr, Johnson & Nieva, 1995). Lazarus and Folkman (1984, p. 141) define coping as "...constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person". When a successful coping strategy is followed, goals are achieved, professional efficacy is enhanced and a sense of existential significance is fostered (Schaufeli & Enzmann, 1998). By contrast, when a poor coping strategy is adopted, burnout is likely to develop. Burnout is also a self-perpetuating process not only because it impedes the attainment of professional goals, but also because it depletes coping resources.

According to Carver et al. (1989), individuals have consistent coping preferences or dispositions that are employed across a wide range of situations. A study done by Carver *et al* (1989) measured coping dispositions by instructing the participants to think about the ways in which they usually deal with stress. The dispositional version of the Coping Orientation to Problems Experienced (COPE) scale (Carver et al., 1989) is one such inventory.

Empirical studies designed to investigate the relation of coping efforts and burnout (Etzion & Pines, 1986; Pines, Aronson & Karfy, 1981; Shinn, Rosario, Morch & Chestnut, 1984) have yielded inconsistent findings. Shinn et al. (1984) found no relation between coping strategies and burnout, whereas Pines and her colleagues (Etzion & Pines, 1986; Pines et al., 1981) found that active coping efforts such as confronting the problem, were associated with lower levels of burnout. Inactive efforts such as avoidance were associated with higher levels of burnout.

According to Rowe (2000), individuals using proactive strategies are more able to effectively cope with stressors, feel a greater sense of personal accomplishment and are less emotionally exhausted. Shaddock, Hill and Van Limbeek (1998) have found evidence for a link between the practice of religion, having an ideology, and lower burnout scores, while Alsoofi, Al

Heeti and Alwashli (2000) also found significant correlations between ways of coping and burnout. Finally, Etzion (1984) and Leiter and Meechan (1986) report that availability of social support is associated with less burnout.

According to the Person Environment Fit Theory (Frenzy, Chaplan & Harrison, 1982), stress in work settings is attributed to the interaction of an individual with his or her working environment. According to Spielberger and Vagg (1999), a comprehensive assessment of work stress requires an evaluation of the specific aspects of one's job that produce job strain. According to Spielberger and Vagg (1999), stressors can include organisational factors, inherent factors, shortage of resources and stressful working conditions.

Organisational factors which have been shown to contribute to burnout are work overload, role conflict, role ambiguity (Miller, Ellis, Zook & Lyles, 1990), low levels of perceived control and lack of feedback (Bacharach et al, 1991). These factors represent "demands" on employees that are included in most models of burnout. Job resources also have an influence on burnout. Job resources include equipment to perform work, the number of people available to assist in the work, as well as the physical equipment and supporting structures available to perform the work (Schaufeli & Enzmann, 1998).

The above discussion shows that pastors' adaptation at work could be studied in a positive way by focusing on the concept of engagement. A few studies were found which focused on engagement and its relationship with burnout (Malan, Rothmann & Rothmann, 2002; Redelinghuys & Rothmann, 2004). The UWES is not yet standardised for Pentecostal pastors in South Africa and no information is available on the construct validity, which makes it difficult to place the research results into context.

A review of the available literature indicated that no quantitative research with regard to burnout and engagement of Pentecostal pastors exists. Furthermore, no research has been done in the North West Region of South Africa on the burnout and engagement levels of pastors. Therefore, research regarding the burnout and engagement of Pentecostal pastors in the North West Region of South Africa is relevant. Predicting the health outcomes of Pentecostal pastors by variables such as burnout, engagement, work stressors and coping, can present important points of intervention in managing work wellness of ministers or congregational leaders.

2. AIM OF THE RESEARCH

The aim of this research can be divided into general and specific aims.

2.1 General aim

The general aim of this research is to investigate the psychometric properties of the various measuring instruments, to develop an indicator of occupational stress for Pentecostal pastors in the North West Region of South Africa, and to test a predictive model of Pentecostal pastors' health, using burnout, engagement, job stress, and dispositional coping as variables.

2.2 Specific aims

- To determine the reliability and validity of the different measuring instruments for Pentecostal pastors in the North West Region of South Africa.
- To develop a measuring instrument to describe occupational stresses of Pentecostal pastors in the North West Region of South Africa.
- To test a predictive model of Pentecostal pastors' health, using burnout, engagement, job stress, and coping as variables.
- To make recommendations for the health management of Pentecostal pastors in the North West Region of South Africa.

3. RESEARCH METHOD

The research method consists of a literature review and an empirical study. The results obtained will be presented in the form of a research article.

3.1 Phase 1 : Literature review

Sources were obtained from the following databases: EBSCO-host, Emerald, Nexus database system, SA magazines and journals, Sabinet online search, SA Books database.

3.2 Phase 2 : Empirical study

The empirical study consists of the research design, the participants, measuring instruments and statistical analysis.

3.2.1 Research design

A cross-sectional survey design whereby a sample is drawn from a population at one time will be used to obtain the desired research objectives. Schaufeli and Enzmann (1998) criticise the use of cross-sectional designs in burnout research, and recommend that experiments and longitudinal studies should be used when possible. However, a cross-sectional design is the most appropriate design for the validation of the MBI and the UWES.

3.2.2 Study Participants

Participants will be pastors attending the regional Annual General Meetings of their denominations. Random selection will be used and is important if one wishes to draw accurate conclusions about the entire group of interest (Spector, 2000).

A convenience sample of the total number of valid participants will be taken from the Pentecostal pastors in the North West Region of South Africa. All pastors who have been formally ordained as pastors with the various Pentecostal denominations will be classified as qualifying participants for the study. Pastors that form part of the North West Region who are on study leave, Emeritus Pastors and pastors currently ministering outside South African boundaries, will be excluded from this study.

3.2.3 Measuring instruments

The following measuring instruments will be used in this study: The Maslach Burnout Inventory – General Survey (MBI-GS) (Schaufeli et al., 1996; Maslach, 1982), the Utrecht Work Engagement Scale (UWES) (Schaufeli et al., 2002), the Coping Orientations to Problems Experienced questionnaire (COPE) (Carver et al., 1989), and the Your Health questionnaire (Cartwright & Cooper; 2002). A Ministry Demands questionnaire will be developed by the author. A biographical questionnaire will also be administered.

The *Maslach Burnout Inventory – General Survey (MBI-GS)* (Schaufeli et al., 1996; Maslach & Jackson, 1986) measures respondents' relationships with their work on a continuum from engagement to burnout. The MBI-GS has three subscales: Exhaustion (five items; e.g. "I feel used up at the end of the workday"), Cynicism (five items; e.g. "I have become less enthusiastic about my work") and Professional Efficacy (six items; e.g. "In my opinion, I am good at my job"). Together, the subscales of the MBI-GS provide a three-dimensional perspective on burnout. Internal consistencies (Cronbach alpha coefficients) reported by Schaufeli et al. (1996) varied from 0,87 to 0,89 for Exhaustion, 0,73 to 0,84 for Cynicism and 0,76 to 0,84 for Professional Efficacy. Test-retest reliabilities after one year were 0,65 (Exhaustion), 0,60 (Cynicism) and 0,67 (Professional Efficacy) (Schaufeli et al., 1996). All items are scored on a seven-point frequency rating scale ranging from 0 ("never") to 6 ("daily"). High scores on Exhaustion and Cynicism, and low scores on Professional Efficacy are indicative of burnout. Depersonalisation (from the MBI-HSS, Maslach & Jackson, 1986) describes an unfeeling and impersonal response towards recipients of one's care or service. Storm and Rothmann (2003) report internal consistencies of the dimensions of the MBI.

The *Utrecht Work Engagement Scale (UWES)* (Schaufeli, et al., 2002) will be used to measure the level of engagement in the participants. Although engagement is conceptually seen as the positive antithesis of burnout, it is operationalised in its own right. Work engagement is a concept that includes three dimensions: Vigour, Dedication and Absorption. Engaged workers are characterised by high levels of vigour and dedication, and they are immersed in their jobs. It is an (empirical) question whether engagement and burnout are endpoints of the same continuum or whether they are two distinct but related concepts. The UWES is scored on a seven-point frequency scale, varying from 0 ("never") to 6 ("always"). The alpha coefficients for the three sub scales varied between 0,68 and 0,91.

The *COPE Questionnaire (COPE)* (Carver et al., 1989) will be used to measure participants' coping strategies. The COPE is a multidimensional 53-item coping questionnaire that indicates the various ways that people cope in different circumstances (Carver et al., 1989). It measures 13 different coping strategies. Five sub-scales measure different aspects of problem-focused coping: Active Coping, Planning, Suppressing of Competing Activities, Restraint Coping and Seeking Social Support for Instrumental Reasons. Five sub-scales measure aspects of emotionally focused coping: Seeking Social Support for Emotional Reasons, Positive Reinterpretation and Growth, Acceptance, Denial, Turning to Religion.

Four scales measure coping responses that are used less often: Focus on and Venting of Emotions, Behavioural Disengagement, Mental Disengagement and Alcohol-Drug Disengagement. Carver et al. (1989) report Cronbach alpha coefficients varying from 0,45 to 0,92. All the subscales have sufficient levels of reliability, except for Mental Disengagement (MD), which measures lower than 0,60. Test-retest reliability varies from 0,46 to 0,86 and from 0,42 to 0,89 (applied after two weeks). Eight items, measuring emotional processing and emotional expression (four items each), as developed by Stanton, Parsa, and Austenfeld (2002) were included in the scale.

The *Your Health Questionnaire* (Cartwright & Cooper, 2002) contains 16 items that aim to indicate whether a participant has experienced certain health-related symptoms or changes in behaviour over the past 3 months. The *ASSET* (which refers to An Organisational Stress Screening Tool) was developed by Cartwright and Cooper (2002) as an initial screening tool to help organisations assess the risk of occupational stress in their workplace. It measures potential exposure to stress in respect of a range of common workplace stressors. It also provides important information on current levels of physical health, psychological well-being and organisational commitment, and provides data to which the organisation can be compared. The ASSET is divided in four questionnaires. The third questionnaire (19 items) focuses on the individual's health, aimed at specific outcomes of stress, and includes questions relating to both physical and psychological health.

A *Ministry Demands Questionnaire* will be developed by the author and will contain 68 items including constructs such as: attitudes towards ones' ministry career, personal criticism of the minister, expectations of the minister's family and their flexibility with regard to the congregation, boundary ambiguity, personal and ideological conflicts or person role conflicts, perceived emotional input (high expectations of the pastors' personal and professional competence), long hours of work, financial issues and relationships with colleagues.

A *Biographical Questionnaire* was developed to gather information about the biographical characteristics of the participants. This questionnaire did not require of participants to indicate their names or surnames. Information that was gathered included: size of the Assembly and whether it was a rural or urban church, age, educational level, years in ministry, satisfaction with relationship with significant other, colleagues and assembly

members. The questionnaire also asked the ministers to indicate whether they ever considered leaving the ministry.

3.2.4 Statistical analysis

The statistical analysis will be carried out with the help of the SPSS programme (SPSS, 2003). The SPSS programme will be used to carry out the statistical analysis regarding reliability and validity of the measuring instruments, descriptive statistics, t-tests, analysis of variance, correlation's coefficients and multiple regression analyses.

Cronbach alpha coefficients and factor analyses will be used to assess the reliability and validity of the measuring instruments (Clark & Watson, 1995). Descriptive statistics (e.g. means, standard deviations, skewness and kurtosis) and inferential statistics will be used to analyse the data. A cut-off point of $p \leq 0.05$ will be set for the statistical significance of results. Effect sizes (Cohen, 1988) will be used to decide on the practical significance of the findings. Pearson product moment correlation coefficients will be used to specify the relationships between the variables. A cut-off point of 0,30 (medium effect (Cohen, 1988)) will be set for the practical significance of correlation coefficients. As the interest in this study is predicting the wellness (as indicated by health) of Pentecostal pastors, regression analysis will be used to test the model.

4. RESEARCH PROCEDURE

A measuring battery will be compiled. A letter requesting participation and motivating the research will be included. Ethical aspects pertaining to the research will also be explained via the covering letter. The questionnaires will be completed by ordained pastors in the North West Region at their respective Annual Regional Meetings.

5. CHAPTER DIVISION

- Chapter 1 : Introduction
- Chapter 2 : Research Article
- Chapter 3 : Conclusions, Limitations and Recommendations

6. CHAPTER SUMMARY

In this chapter the problem statement, the aims of the study and the research method were discussed. A prospective chapter division was also indicated.

Chapter 2 contains the research article.

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WORK WELLNESS OF PENTECOSTAL PASTORS IN THE NORTH WEST REGION

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ABSTRACT

Ministry has been described as a stressful occupation. The objectives of this study were to determine the reliability and validity of the *Maslach Burnout Inventory (MBI)*, The *Utrecht Work Engagement Scale (UWES)*, and the *Coping Orientations to Problems Experienced questionnaire (COPE)*, and to develop a measuring instrument to describe occupational stress of Pentecostal pastors in the North West Region of South Africa. A cross-sectional design was used. Convenience samples ($n = 100$) were taken of qualified and ordained Pentecostal pastors in the North West Region in South Africa. The *Ministry Demands Survey* was developed as measuring instrument of occupational stress, indicating Internal Demands/Emotional Input and Relationship Demands/Demands with regard to calling, as reliable factors. Coping was described as being either Problem or Emotion-focused. Health of Pentecostal pastors was predicted by Internal Demands/Emotional Input, Exhaustion and Problem and Emotion-focused Coping

OPSOMMING

Die bediening word beskryf as 'n stresvolle beroep. Die doelstellings van hierdie navorsing was om die betroubaarheid en geldigheid van die *Maslach Burnout Inventory (MBI)*, die *Utrecht Work Engagement Scale (UWES)*, en die *Coping Orientations to Problems Experienced vraelys (COPE)* te toets, en om 'n meetinstrument te ontwikkel wat die werkverwante stressore van Pinksterpastore in die Noord-Wes Provinsie van Suid-Afrika identifiseer. Die *Ministry Demands Survey* is ontwikkel as meetinstrument van beroepstres, met Interne Eise/Emosionele insette en Verhoudingseise/Eise met betrekking tot roeping, as betroubare faktore. Coping is as Probleem- en Emosie-gefokus beskryf. Gesondheid van Pinksterpastore is voorspel deur Interne Eise/Emosionele insette, Uitputting en Probleem- en Emosie-gefokusde coping tegnieke.

In a recent article called *Dominees sweat out their stress*, the risks of ministers in terms of psychological and physical illnesses were highlighted. Purportedly, South African ministers are so stressed out by the demands of secular life that they are collapsing under the pressure (Rademeyer, 2004). This situation caused the Dutch Reformed Church to create a fitness programme to help ministers deal with this. The article showed that just over 70% of the 340 ministers studied were at high risk of developing coronary diseases. A further 54% indicated moderate to high scores for burnout, and at least 43% reported a low quality of life and little joy in living (Rademeyer, 2004).

Dr Mike van Tonder (member of the church committee set up by the Dutch Reformed Church to look into ministers' health issues, in Rademeyer, 2004) notes that a study conducted by the church showed that 41% of ministers felt that their service placed them under immense pressure. At least 25% were at a spiritual low, and 32% of the ministers interviewed indicated that religion is becoming less important to the communities they serve. Many ministers' wives now work, and this means that ministers no longer have their assistance, thus forcing the ministers to take on greater workloads (Rademeyer, 2004).

The *Volksblad* (Joubert, 2005), in referring to the abovementioned statistics, added that as many as 75% of pastors or ministers leave the ministry within 5 years after completing their studies. Furthermore, up to 70% of pastors fight some or other form of chronic depression. Joubert (2005) notes that 8% of ministers interviewed said that people who are constantly looking for faults, who criticise, and who continuously speak their minds, are the biggest causes of emotional pain for ministers.

Ministry in South Africa, in general, has also been grappling with some very contemporary issues, such as spousal abuse, corruption and homosexuality. Ds. Christo Vermeulen, minister from Caledon in the Cape, commented the following in an article written about his abusive behaviour towards his wife in September 2004: "*What assemblies don't always realise is that clergy homes also have pain and also suffer. There are many tears that nobody knows of. The biggest need is that assemblies can give much more attention and care to Clergy families*" (Malan, 2004, p. 5). A minister from Hennenman East was removed from his status as minister due to accusations of corruption against him and some of his board members (De Wet, 2005). The minister of the St. Stephens Assembly in Cape Town was suspended after articles flooded the news early in 2005 indicating his being involved in a gay relationship, and also insinuating that he was the main cause of his gay lover's suicide (De Villiers, 2005). This article concluded with a statement that the church was still busy with a study with regard to the acceptability of homosexual relationships.

The preceding paragraphs clearly show that clergy and their families not only face the normative life stressors common to others, they are also vulnerable to additional stressors that result from the unique interface between the family and church systems (Lee, 1999)

Ministers report ambiguous work boundaries, confusion of role identity with self image, lack of personal friends, feelings of loneliness and isolation (which can lead to self neglect), lack of time with family and a lack of privacy (Ostrander & Henry, 1990)

The *mea culpa* “I am to blame” reaction (Attribution theory;), whereby those who work in close, continuous contact with people, are particularly prone to blaming themselves for the lack of positive change in the recipients of their attention, also holds for ministers. This results in feelings of failure and even depression, which can be quite debilitating for the minister concerned. The second aspect is the tendency to depersonalise those with whom one is working. This is seen to be a form of self-protection against a sense of failure or excessive emotional demands.

Stress and burnout in ministry has been a worldwide reality in the lives of ministers for decades. Christianity was assumed, for ages, to be the faith that dominates the different world religions. This is slowly changing and worldwide there is a growing tendency towards other belief systems such as Hinduism, Islam, and the New Age movement. The world is progressing towards a global village situation, causing integration of religions that, in the past, would never have been able to influence one another. This integration adds to the increasing incidence of burnout among pastors and ministers of religion (Janik & Kravitz, 1994). A productive, motivated and healthy minister is an important contributor to the stability and development of any assembly. In South Africa, members of the clergy are challenged by various potential stressors, such as personal criticism, high expectations of ministers and their families posed by communities, financial stressors, boundary ambiguity and a lack of resources (Swart, 2002).

The stressor that makes the South African context unique in comparison with most other countries is the fact that the country is still dealing with a legacy of apartheid that has influenced the views and beliefs of a vast number of people of different cultures. This process forces ministers to accommodate people who are “outside” of their belief systems, whereas in the past the church and ministers were allowed to function inside their own belief systems without any influences or challenges from other belief systems.

Literature generally acknowledges that ministers have a demanding job with unique requirements and unclear boundaries between their personal and professional lives (Swart, 2002). A few studies exist with regard to burnout of ministers in the South African context (Delport, 1990; Malan, 2000; Malan & De Bruin, 2001; Odendal, 1984; Smuts, 1988; Swart, 1999; 2002). Research done with regard to ministers in the Dutch Reformed Church indicates that ministers run a high risk of burnout, and that a wide variety of factors contribute to the burnout levels in pastors (Malan, 2000). Results of a quantitative study done as part of an assignment given at the 63rd Annual General Church Meeting of the Dutch Reformed Church confirm these results. The research indicates that there are a number of stressors that have an effect on ministers, and that improper handling of certain situations can lead to stress (Malan, 2000; Swart 2002). These stressors include work circumstances, training, personal wellness and loss of meaning.

Burnout, Engagement, Occupational Stress, Coping and Health

Schaufeli and Enzmann (1998, p. 36) define burnout as “a persistent, negative, work related state of mind in “normal individuals” that is primarily characterised by exhaustion, which is accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviours at work”. Burnout has been recognised as a serious threat, particularly for employees who work with people (Van Dierendonck, Schaufeli & Buunk, 1993), such as pastors or ministers. It is the result of consistently unmoderated or unsuccessful attempts at mediating stressors in the environment on the part of the individual (Levert, Lucas & Ortlepp, 2000).

Burnout is in general viewed as a syndrome consisting of three dimensions, namely emotional exhaustion, depersonalisation and reduced personal accomplishment. Research over the past two decades has shown that burnout is not only related to negative outcomes for the individual, including depression, sense of failure, fatigue, and loss of motivation, but also negative outcomes for the organisation (or in this case assembly), including increased sickness and absenteeism (Levert et al., 2000).

Two trends have recently emerged in burnout research which both boil down to a broadening of the traditional concept and scope (Maslach, Schaufeli & Leiter, 2001). First, the concept of burnout that was initially closely linked to the human services such as ministry, health care, education and social work,

where people do 'people' work of some kind, has been expanded to include all other professions and occupational groups. Second, burnout research seems to shift towards its opposite: job engagement. Researchers have recently extended their interest to the positive pole of employees' well being, instead of looking exclusively to the negative pole. Seen from this perspective, burnout is rephrased as erosion of engagement with the job (Schaufeli, Salanova & Bakker, 2002). This development indicates an emerging trend towards a 'positive psychology' that focuses on human strengths and optimal functioning rather than on weakness and malfunctioning (Seligman & Csikszentmihalyi, 2000).

Maslach and Leiter (1997) state that engagement is characterised by energy, involvement and efficacy, which are considered the direct opposites of the three burnout dimensions. Employees who are engaged in their jobs have a sense of energetic and effective connection with their job activities and see themselves as able to deal totally with their job demands. These authors consider burnout and engagement to be opposite poles of a continuum that is covered by a single instrument.

Schaufeli et al. (2002; 22) describe burnout and engagement as opposite concepts that should be measured independently, with different instruments. They define engagement as a "positive, fulfilling, work related state of mind that is characterised by vigour, dedication and absorption". Engagement refers to a more persistent and pervasive affective-cognitive state that is not focused on any particular job, event, individual or behaviour. Engagement conceptually consists of the components of vigour, dedication and absorption. *Vigour* refers to high levels of energy and mental resilience while working, as well as a willingness to exert effort and persistence, even through difficult situations. *Dedication* is described as a sense of significance, enthusiasm, inspiration, pride and challenge. *Absorption* refers to a tendency to be fully concentrated and deeply engrossed in work, whereby time passes quickly and one has difficulty detaching oneself from work. Absorption includes focused attention, a clear mind, mind and body unison, effortless concentration and complete control (Csikszentmihalyi, 1990).

According to Levert et al. (2000), burned out workers show a lack of commitment and are less capable of providing adequate services, especially along dimensions of decision-making and initiating involvement with clients. Burned out workers are too depleted to give of themselves in a creative, co-operative fashion (Sammut, 1997).

Researchers elsewhere in the world have found that the possible causes of burnout can be classified into organisational, biographical and personality factors. Biographical characteristics that could explain

burnout include age, work experience and sex. Burnout is observed more often among young employees than among those older than 30 and 40 years. Burnout is also negatively related to work experience.

Organisational factors adding to burnout are work overload (Landsbergis, 1988), poor support from colleagues (Golembiewski & Munzenrider, 1988) and lack of feedback. Burnout was found to be related to job stressors including low levels of perceived control (Shirom, 1989) and work overload (Bacharach, Bamberger & Conley, 1991). Personality traits that affect burnout include emotional stability, extraversion, openness, agreeableness and conscientiousness (Barrick & Mount, 1991).

One of the basic issues in the burnout domain concerns coping, or ways in which an individual can attempt to deal with job stressors to ward off aversive strain (Beehr, Johnson & Nieva, 1995). Lazarus and Folkman (1984, p. 141) define coping as "...constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person". When a successful coping strategy is followed, goals are achieved, professional efficacy is enhanced and a sense of existential significance is fostered (Schaufeli & Enzmann, 1998). By contrast, when a poor coping strategy is adopted, burnout is likely to develop. Burnout is also a self-perpetuating process, not only because it impedes the attainment of professional goals, but also because it depletes coping resources.

According to Carver, Scheier and Weintraub (1989) individuals have consistent coping preferences or dispositions that are employed across a wide range of situations. Studies measuring coping dispositions have done so by instructing the participants to think about the ways in which they usually deal with stress (Carver et al., 1989). The dispositional version of the Coping Orientation to Problems Experienced (COPE) scale (Carver et al., 1989) is one such inventory.

Empirical studies designed to investigate the relation of coping efforts and burnout (Etzion & Pines, 1986; Pines, Aronson & Kafry, 1981; Shinn, Rosario, Morch & Chestnut, 1984) yielded inconsistent findings. Shinn et al. (1984) found no relation between coping strategies and burnout, whereas Pines and her colleagues (Etzion & Pines, 1986; Pines et al., 1981) found that active coping efforts, such as confronting the problem, were associated with lower levels of burnout, and inactive efforts such as avoidance were associated with higher levels of burnout.

According to Rowe (2000), individuals using proactive strategies were more able to cope effectively with stressors, felt a greater sense of personal accomplishment and were less emotionally exhausted. Shaddock, Hill and Van Limbeek (1998) have found evidence for a link between the practice of religion, having an ideology, and lower burnout scores. Finally, Etzion (1984) and Leiter and Meechan (1986) report that social support is associated with less burnout.

The aforementioned discussion shows that pastors' adaptation at work could be studied in a positive way by focusing on the concepts of engagement and coping. A few studies were found which focused on engagement and its relationship with burnout (Malan, 2000; Redelinguys & Rothmann, 2004). The UWES is not yet standardised for Pentecostal pastors in South Africa, and no information is available on the construct validity, which makes it difficult to place research results into context. One of the objectives of the current study is thus to investigate the psychometric properties of the UWES in a sample of South African Pentecostal pastors.

A review of the available literature indicated that little research with regard to burnout and engagement of Pentecostal pastors exists. Furthermore, no research on burnout and engagement has been done in the North West Region of South Africa on the burnout and engagement levels of pastors. Therefore, research regarding the burnout and engagement of Pentecostal pastors in the North West Region of South Africa is relevant. Predicting the health outcomes of Pentecostal pastors by variables such as burnout, engagement, work stressors and coping, can present important points of intervention in managing work wellness of ministers or congregational leaders.

METHOD

Research design

A cross-sectional survey design, in terms of which a sample was drawn from the population of Pentecostal pastors in the North West Region of South Africa, was used to obtain the desired research objectives. Schaufeli and Enzmann (1998) criticise the use of cross-sectional designs in burnout research, and recommend that experiments and longitudinal studies should be used when possible. However, a cross-sectional design is the most appropriate design for the validation of the MBI and the UWES.

Participants

Participants were Pentecostal pastors attending the regional Annual General Meetings of their denominations ($n=100$). The total population was 315. A total of 270 questionnaires were distributed, and 104 questionnaires were received back, of which 4 could not be used due to incorrect or incomplete supplying of information. Random selection was used and is important if one wishes to draw accurate conclusions about the entire group of interest (Spector, 2000). The characteristics of the participants are shown in Table 1.

Table 1*Characteristics of the Study Participants (n = 100)*

Item	Category	Percentage
Age	20 – 29 years	10,00
	30 – 39 years	24,00
	39 – 49 years	40,00
	50 years and above	26,00
Qualifications	Std 10	14,00
	Diploma	70,00
	Degree	14,00
	2 or more degrees	2,00
Type of Church	Rural	61,00
	Urban	39,00
Membership size	0 – 50	6,00
	50 – 100	35,00
	100 – 200	41,00
	200 – 300 and more	18,00
Years in ministry	1 year or less	4,00
	2 – 5 years	31,00
	6 – 10 years	32,00
	10 – 20 years ore more	33,00
Hours per week in direct contact with Assembly members	40 – 60 hours	58,00
	60 – 70 hours	21,00
	70 – 80 hours	18,00
	80 – 90 hours and more	3,00
Evenings per week alone with family	1 evening	18,00
	2 evenings	45,00
	3 evenings	24,00
	4 evenings	7,00
	5 evenings	5,00
	6 evenings	0,00
	7 evenings	1,00
Gender	Male	95,00
	Female	5,00
Meals per week interrupted by work demands	0 meals per week	14,00
	1 – 3 meals per week	37,00
	4 – 6 meals per week	41,00
	7 – 9 meals per week	7,00
Prefer greater separation between work and personal life	1 – to a lesser extent	54,00
	6 – to a greater extent	46,00

Table 1 continued*Characteristics of the Study Participants (n = 100)*

Item	Category	Percentage
Frequency pastor relaxes	Never	34,00
	Irregularly	54,00
	Daily	12,00
Holidays taken this year	0	47,00
	1	49,00
	2	4,00
Holidays normally taken per year	0	8,00
	1	64,00
	2	28,00
Financial pressure as source of stress	None or insignificant	14,00
	Average	52,00
	Serious	34,00
Recognition from Assembly	None or insignificant	7,00
	Average	31,00
	Sufficient	62,00
Support from wife	None or insignificant	9,00
	Average	14,00
	Sufficient	77,00
Support from family	None or insignificant	12,00
	Average	34,00
	Sufficient	54,00
Support from fellow ministers	None or insignificant	6,00
	Average	51,00
	Sufficient	43,00
Support from deacons or members	None or insignificant	4,00
	Average	43,00
	Sufficient	53,00
Person to talk to with regard to problems	Spouse	53,00
	Colleagues	22,00
	Formal counselling	3,00
	Friend	22,00

Table 1 shows that the majority of the sample are between the ages of 39 – 49 years old (40%). Most of the participants hold diplomas (70%), and the majority of the pastors pastored rural churches (61%). Only 5% of the sample were females (this is representative of the percentage of female pastors in the country). A third of the sample had seriously considered leaving the ministry (33%), and another third indicated that the thought of leaving the ministry has crossed their minds (34 %).

Measuring instruments

The *Maslach Burnout Inventory – General Survey (MBI-GS)* (Schaufeli, Leiter, Maslach & Jackson, 1996; Maslach & Jackson, 1986), the *Utrecht Work Engagement Scale (UWES)*, the *COPE Questionnaire (COPE)* (Carver et al., 1989), the *Ministry Demands Questionnaire* (developed by the researchers, for the purpose of this study), the *Your Health Questionnaire* (Zeidner, Cartwright & Cooper, 2002), and a biographical questionnaire were administered.

The *Maslach Burnout Inventory – General Survey (MBI-GS)* (Schaufeli et al., 1996; Maslach, 1982) measures respondents' relationships with their work on a continuum from engagement to burnout. The MBI-GS has three subscales: Exhaustion (five items; e.g. "I feel used up at the end of the workday"), Cynicism (five items; e.g. "I have become less enthusiastic about my work") and Professional Efficacy (six items; e.g. "In my opinion, I am good at my job"). Together, the subscales of the MBI-GS provide a three-dimensional perspective on burnout. Internal consistencies (Cronbach alpha coefficients) reported by Schaufeli et al. (1996) varied from 0,87 to 0,89 for Exhaustion, 0,73 to 0,84 for Cynicism and 0,76 to 0,84 for Professional Efficacy. Test-retest reliabilities after one year were 0,65 (Exhaustion), 0,60 (Cynicism) and 0,67 (Professional Efficacy) (Schaufeli et al., 1996). All items are scored on a seven-point frequency rating scale ranging from 0 ("never") to 6 ("daily"). High scores on Exhaustion and Cynicism, and low scores on PE are indicative of burnout. Depersonalisation (from the MBI-HSS, Maslach & Jackson, 1986) describes an unfeeling and impersonal response towards recipients of one's care or service. Storm and Rothmann (2003) report internal consistencies of the dimensions of the MBI. The Cronbach alpha coefficients reported by Storm and Rothmann (2003) varied between Exhaustion (0.88); Depersonalisation (0.70) and Personal Accomplishment (0.88)

The *Utrecht Work Engagement Scale (UWES)* (Schaufeli, et al., 2002) will be used to measure the level of engagement in the participants. Although engagement is conceptually seen as the positive antithesis of burnout, it is operationalised in its own right. Work engagement is a concept that includes three dimensions: Vigour, Dedication and Absorption. Engaged workers are characterised by high levels of vigour and dedication, and they are immersed in their jobs. It is an (empirical) question whether engagement and burnout are endpoints of the same continuum or whether they are two distinct, but related concepts. The UWES is scored on a seven-point frequency scale, varying from 0 ("never") to 6 ("always"). The alpha coefficients for the three sub-scales varied between 0,68 and 0,91.

The *COPE Questionnaire (COPE)* (Carver et al., 1989) will be used to measure participants' coping strategies. The COPE is a multidimensional 53-item coping questionnaire that indicates the different ways that people cope in different circumstances (Carver et al., 1989). It measures 13 different coping strategies. Five sub-scales measure different aspects of problem-focused coping: Active coping, Planning, Suppressing of Competing Activities, Restraint Coping and Seeking Social Support for Instrumental Reasons. Five sub-scales measure aspects of emotionally-focused coping: Seeking Social Support for Emotional Reasons, Positive Reinterpretation and Growth, Acceptance, Denial, Turning to Religion. Four scales measure coping responses that are used less often: Focus on and Venting of Emotions, Behavioural Disengagement, Mental Disengagement and Alcohol-Drug Disengagement. Carver et al. (1989) report Cronbach alpha coefficients varying from 0,45 to 0,92. All the subscales have sufficient levels of reliability, except for Mental Disengagement (MD), which measures lower than 0,60. Test-retest reliability varies from 0,46 to 0,86 and from 0,42 to 0,89 (applied after two weeks). Eight items, measuring emotional processing and emotional expression (four items each), as developed by Stanton, Parsa, and Austenfeld (2002), were included in the scale.

The *Your Health Questionnaire* (Zeidner, Cartwright & Cooper, 2002) contains 16 items that aim to indicate whether a participant has experienced certain health related symptoms or changes in behaviour over the past 3 months. The *ASSET* (which refers to An Organisational Stress Screening Tool) was developed by Cartwright and Cooper (2002) as an initial screening tool to help organisations assess the risk of occupational stress in their workplaces. It measures potential exposure to stress in respect of a range of common workplace stressors. It also provides important information on current levels of physical health, psychological well-being and organisational commitment, and provides data to which the organisation can be compared. The ASSET is divided into four questionnaires. The third questionnaire (19 items) focuses on the individual's health, aimed at specific outcomes of stress, and includes questions relating to both physical and psychological health.

The *Ministry Demands Questionnaire* will be developed by the author and contains 68 items that include constructs such as: Attitudes towards one's ministry career, personal criticism of the minister, expectations of the minister's family and their flexibility with regard to the congregation, boundary ambiguity, personal and ideological conflicts or person role conflicts, perceived emotional input (high expectations of the pastors' personal and professional competence), long hours of work, financial issues and relationships with colleagues.

A *Biographical Questionnaire* was developed to gather information about the biographical characteristics of the participants. This questionnaire did not require of participants to indicate their names or surnames. Information that was gathered included: size of the Assembly and whether it was a rural or urban church, age, educational levels, years in ministry, satisfaction with relationship with significant other, colleagues and assembly members. The questionnaire also asked the ministers to indicate whether they had ever considered leaving the ministry.

Statistical analysis

The statistical analysis was carried out with the help of the SPSS programme (SPSS, 2003). The SPSS programme was used to carry out the statistical analysis regarding reliability and validity of the measuring instruments, descriptive statistics and correlation coefficients.

Cronbach alpha coefficients and factor analyses were used to assess the reliability and validity of the measuring instruments (Clark & Watson, 1995). Descriptive statistics (e.g. means, standard deviations, range, skewness and kurtosis) and inferential statistics were used to analyse the data. Effect sizes (Cohen, 1988) were used to decide on the practical significance of the findings. Pearson product moment correlation coefficients were used to specify the relationships between the variables. A cut-off point of 0,30 (medium effect, Cohen, 1988) was set for the practical significance of correlation coefficients. As the interest in this study is predicting the wellness (as indicated by health) of Pentecostal pastors, regression analysis will be used to test the model.

RESULTS

Initially, reliability of the sub-scales of the COPE were investigated by examining the alpha-values. Results of the analysis are presented in Table 2.

Table 2*Descriptive Statistics and Alpha Coefficients of the COPE*

Item	Mean	SD	α
Seeking social support for instrumental reasons	2,67	0,62	0,70
Denial	2,01	0,64	0,61
Positive reinterpretation and growth	3,07	0,55	0,55
Restrained coping	2,80	0,56	0,51
Emotional processing	2,88	0,60	0,59
Suppressing of completing activities	2,84	0,55	0,56
Active coping	2,98	0,53	0,48
Acceptance	2,77	0,51	0,64
Seeking social support for emotional reasons	2,65	0,66	0,62
Emotional expression	2,66	0,74	0,78
Planning	3,09	0,51	0,56
Turning to religion	3,31	0,53	0,52
Mental disengagement	2,36	0,68	0,56
Behavioural disengagement	2,01	0,61	0,55
Focus on and venting of emotions	2,40	0,57	0,45

Table 2 shows that unacceptable Cronbach alpha coefficients varying from 0,45 to 0,78 were obtained for these scales (see Nunnally & Bernstein, 1994). Generally, values below 0,70 are considered unacceptable, and a more exploratory analysis was deemed necessary. Analysis shifted to an exploratory mode. A principal components analysis was carried out on the 61 items of the COPE. Eigenvalues and the Scree-plot indicated that two factors were underlying the data. Analysis proceeded with an oblimin-rotation, which failed to show significant inter-factor correlations. Subsequently, a varimax-rotation was performed on the data, yielding a solution explaining 25,53% of the variance in coping data.

Table 3 reports results of the factor analysis of the COPE.

Table 3*Varimax Factor Analysis of the COPE Questionnaire*

Item	F ₁	F ₂
I take time to figure out what I'm really feeling	0,42	0,00
I talk to someone to find out more about the situation	0,42	0,00
I learn something from the experience	0,42	0,00
I put my trust in God	0,44	0,00
I make sure not to make matters worse by acting too soon	0,44	0,00
I make a plan of action	0,46	0,00
I accept the reality of the fact that it happened	0,46	0,00
I realise that my feelings are valid and important	0,47	0,00
I allow myself to express my emotions	0,47	0,00
I take direct action to get around the problem	0,47	0,00
I concentrate my efforts on doing something about it	0,51	0,00
I take additional action to try to get rid of the problem	0,53	0,00
I look for something good in what is happening	0,53	0,00
I try to grow as a person as a result of the experience	0,55	0,00
I acknowledge my emotions	0,55	0,00
I think hard about what steps to take	0,58	0,00
I try to see it in a different light, to make it seem more positive	0,60	0,00
I restrain myself from doing anything too quickly	0,60	0,00
I focus on dealing with the problem, and if necessary let other things slide a little	0,60	0,00
I delve into my feelings to get a thorough understanding of them	0,62	0,00
I try to come up with a strategy about what to do	0,65	0,00
I go to movies or watch TV, or think about it	0,00	0,41
I give up the attempt to get what I want	0,00	0,46
I pretend that it hasn't really happened	0,00	0,46
I take time to express my emotions	0,00	0,47
I feel free to express my emotions	0,00	0,49
I act as though it hasn't even happened	0,00	0,49
I accept that this has happened and that it can't be changed	0,00	0,50
I admit to myself that I can't deal with it, and quit trying	0,00	0,52
I talk to someone about how I feel	0,00	0,53
I feel a lot of emotional distress and I find myself expressing those feelings a lot	0,00	0,55
I discuss my feelings with someone	0,00	0,56
I just give up trying to reach my goal	0,00	0,56
I drink alcohol or take drugs, in order to think about it less	0,00	0,57
I get sympathy and understanding from someone	0,00	0,60
I sleep more than usual	0,00	0,62
I get upset and let my emotions out	0,00	0,62
I say to myself: "This isn't real"	0,00	0,64
I let my feelings come out freely	0,00	0,66

F₁: Problem-focused CopingF₂: Emotion-focused Coping

With a cut-off of 0,40 for inclusion of a variable in interpretation of a factor, 39 of 61 items loaded on the two factors, while 22 items did not load on the two factors.

The first factor dealt with approaching the problem, redefining it as something positive or a learning experience, and accepting that it has happened. Hence, this factor was labelled Problem-focused Coping. The second factor had items that related to dealing with emotions and items related to own feelings. This factor was labelled Emotion-focused Coping.

The items that failed to load on the two factors included asking people who have had similar experiences what they did, trying to get emotional support from friends or relatives and trying to get advice from someone about what to do. Items such as seeking God's help and trying to find comfort in religion also did not load on the two factors.

A principal components analysis was carried out on the 68 items of the Ministry Demands Questionnaire. Eigenvalues and the Scree-plot indicated that two factors were underlying the data. Analysis proceeded with an oblimin-rotation, which failed to show significant inter-factor correlations. Subsequently, a varimax-rotation was performed on the data, yielding a solution explaining 26,62% of the variance in data.

Table 4 reports results of the factor analysis of the Ministry Demands Questionnaire.

Table 4*Varimax Factor Analysis of the Ministry Demands Questionnaire*

Item	F ₁	F ₂
My work gives me the feeling that I can achieve something	0,75	0,00
I have freedom in carrying out my work activities.	0,68	0,00
I am excited to be in a ministry.	0,63	0,00
I wonder if entering the ministry was a mistake	0,62	0,00
I have influence in the planning of my work activities.	0,60	0,00
I am considering leaving the ministry at the moment	0,59	0,00
I have the feeling that I don't really care about what goes on around me	0,58	0,00
I get on well with my colleagues.	0,56	0,00
My job offers me opportunities for personal growth and development.	0,56	0,00
I feel a sense of satisfaction in my ministry career.	0,56	0,00
I feel that I have not been adequately trained for the work I am expected to do	0,55	0,00
I know exactly what I am responsible for and which areas are not my responsibility.	0,55	0,00
I experience stress because I am not allowed to be a "normal person" e.g. when I feel like having a drink or expressing anger.	0,55	0,00
My personal or family plans are often cancelled because of an emergency at church	0,55	0,00
I find it difficult to produce sermons each Sunday, even when I don't feel inspired.	0,53	0,00
It happens that I have feelings inside that I would rather not feel	0,49	0,00
I have thought of leaving the ministry.	0,49	0,00
I am no longer able to be effective as a minister.	0,49	0,00
I have experienced it as uncomfortable and intrusive to live in a parsonage (i.e. the church owned and furnished residence).	0,44	0,00
I get the feeling that I am being treated unfairly	0,43	0,00
It seems like much of what I do in the ministry is pointless or wasted	0,43	0,00
I have experienced a member voicing doubts to me directly about my faith.	0,42	0,00
My job offers me the possibility to progress financially	0,42	0,00
I get criticised face to face by a member often.	0,40	0,00
I have often experienced time with my family being interrupted by a phone call.	0,00	0,72
I have often experienced a member coming by my home unannounced.	0,00	0,63
I often find my privacy being invaded by a member.	0,00	0,63
I have often experienced that time I expected to spend alone has been interrupted by a phone call of a member.	0,00	0,59
I am often asked to perform ministry tasks at the last minute.	0,00	0,57
I often wish I could be allowed to have personal problems – e.g. in my marriage or as a parent - like other people.	0,00	0,57
Demands that my church board makes on me are often in conflict with my own values.	0,00	0,56
People whom I counted on have disappointed me.	0,00	0,53
I often feel frustrated by the bureaucratic structures, procedures and traditions of the church.	0,00	0,51
My work puts me in emotionally upsetting situations	0,00	0,50
I am irritated by people expecting my children to be model children	0,00	0,50
Ministry responsibilities are often added without enough regard for my present workload.	0,00	0,50

Table 4 continued

Varimax Factor Analysis of the Ministry Demands Questionnaire

Item	F ₁	F ₂
I feel frustrated that my congregation lacks commitment to their own spiritual growth.	0.00	0.48
I often get criticised personally by someone in a leadership role.	0.00	0.45
My sleep is often interrupted by a phone call from a member.	0.00	0.44
I am confronted in my work by things that affect me personally.	0.00	0.43
I expect my work as a pastor to contribute substantially to the realisation of a Christian way of life.	0.00	0.41

F₁: Internal Demands/ Emotional Input

F₂: Relationship Demands (Calling and family)

With a cut-off of 0,40 for inclusion of a variable in interpretation of a factor, 27 of 68 variables did not load on the two factors. This included several items dealing with colleagues and contact with colleagues, another dealt with job security and the knowledge that one will still have a job in a year or two, one with comfortable living on current income and another dealt with having difficulty producing sermons each Sunday.

Items loading on the first factor relate to Internal Demands/Emotional Input in the ministry environment. They deal with, amongst other things, sense of achievement, freedom to carry out work activities, finding excitement in ministry and having influence in the planning of work activities. The second factor seems to address relationship demands with regard to calling and family, and was called Relationship Demands (Calling and family). The items that loaded on this factor are related to family times being interrupted by a phone call from a member, having members come by the house unannounced, and church board decisions being in conflict with the ministers' own values.

The descriptive statistics and alpha coefficients of the measuring instruments are given in Table 5.

Table 5*Descriptive Statistics and Alpha Coefficients of the Measuring Instruments*

Item	<i>Mean</i>	<i>SD</i>	<i>Skewness</i>	<i>Kurtosis</i>	α
Engagement					
Vigour	17,42	3,43	0,01	0,51	0,44
Dedication	19,60	3,63	-0,08	-0,80	0,68
Absorption	17,16	3,24	-0,38	0,05	0,23
Burnout					
Exhaustion	10,73	4,68	0,42	0,51	0,73
Depersonalisation	9,93	5,43	0,34	-0,05	0,78
Professional Efficacy	23,31	4,72	-0,15	-0,61	0,69
Coping					
Problem-focused Coping	59,30	9,01	0,42	-0,42	0,87
Emotion-focused Coping	40,03	9,05	0,40	0,90	0,86
Ministry Demands					
Internal Demands/Emotional Input	69,90	10,46	0,23	-0,37	0,89
Relationship demands with regard to calling and family	41,01	5,92	0,16	-0,32	0,85
Health					
	30,26	9,56	0,42	-0,32	0,92

Compared to the guideline value of $\alpha > 0,70$, the Cronbach alpha coefficients on all the scales except Vigour and Absorption were acceptable. It is evident from the table that most of the scales of the measuring instruments have relatively normal distributions, with low skewness and kurtosis. Since alpha values for the engagement construct were deemed unacceptable, the construct was not included in further analysis.

Next, the correlations between the different variables were analysed. Pearson product-moment correlations were used since the data for all variables were normally distributed.

Table 6

Product-Moment Correlation Coefficients between the COPE, MDS Survey and the Health Questionnaire

	Problem-focused Coping	Emotion-focused Coping	Internal Demands/ Emotional Input	Relation- ship demands	Exhaustion	Depersonalisation	Professional Efficacy
Coping							
Emotion-focused Coping	0.03						
Ministry Demands							
Internal Demands/Emotional Input	0.34 **	- 0.18					
Relationship demands/Calling and family	0.15	-0.13	0.48 **				
Burnout							
Exhaustion	- 0.16	- 0.03	-0.50 **	-0.35 **			
Depersonalisation	- 0.18	0.04	-0.50 **	-0.11	0.38 **		
Professional Efficacy	0.40 **	0.18	0.49**	0.20*	-0.43 **	-0.31 *	
Health							
	0.04	- 0.21 *	0.52 **	0.41 **	-0.51 **	-0.27 **	0.35 **

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

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

Table 6 shows a statistically significant positive correlation between Problem-focused Coping and Internal Demands/Emotional Input (practically significant, medium effect). Problem-focused Coping also shows a statistically significant correlation (practically significant, medium effect) with Professional Efficacy. Emotion-focused Coping shows a statistically significant negative correlation with Health. Internal Demands/Emotional Input shows a statistically significant positive correlation (practically significant, large effect) with Relationship demands and Health. Internal Demands/Emotional Input further show statistically significant correlations with Exhaustion (negative, practically significant, large effect), Depersonalisation (negative, practically significant, medium effect), and Professional Efficacy (positive, practically significant, medium effect). Relationship demands show statistically significant correlations with Exhaustion (negative, practically significant, medium effect) and Health (positive, practically significant, medium effect). Relationship demands also show a positive statistically significant correlation with Professional Efficacy. Exhaustion shows a statistically significant correlation with Depersonalisation (positive, practically significant, medium effect), Professional Efficacy (negative, practically significant, medium effect), and Health (negative, practically significant, large effect). Depersonalisation shows a statistically significant negative correlation with

Professional Efficacy and Health (practically significant, medium effect). Professional Efficacy shows a statistically significant positive correlation with Health (practically significant, medium effect)

The results of a multiple regression analysis with Health as dependent variable and Problem and Emotion-focused Coping (as measured with the COPE Questionnaire), Internal Demands/Emotional Input and Relationship demands (as measured by the Ministry Demands Survey) as well as Exhaustion, Depersonalisation and Professional Efficacy (as measured by the MBI) as independent variables, are reported in Table 7.

Table 7*Multiple Regression Analysis with Health as Dependant Variable*

MODEL	Unstandardised coefficients		Standardised coefficients	T	p	F	R	R ²	ΔR ²
	B	SE	BETA						
1. (Constant)	70,58	6,46		10,93	0,00	20,97	0,55	0,30	0,30
Internal Demands/ Emotional Input	-0,39	0,09	-0,42	-4,38	0,00*				
Relationship demands	-0,32	0,16	-0,20	-2,06	0,04*				
2. (Constant)	55,10	9,49		5,81	0,00	11,24	0,61	0,37	0,07
Internal Demands/ Emotional Input	-0,25	0,11	-0,28	-2,35	0,02*				
Relationship demands	-0,26	0,16	-0,16	-1,60	0,10				
Exhaustion	0,61	0,21	0,30	2,96	0,01*				
Depersonalisation	-0,04	0,17	-0,02	-0,21	0,84				
Personal Efficacy	-0,12	0,20	-0,60	-0,62	0,54				
3. (Constant)	39,85	10,62		3,75	0,00	9,83	0,65	0,43	0,06
Internal Demands/ Emotional Input	-0,23	0,11	-0,25	-2,09	0,04*				
Relationship demands	-0,25	0,15	-0,15	-1,63	0,11				
Exhaustion	0,60	0,20	0,29	3,00	0,00*				
Depersonalisation	-0,03	0,17	-0,02	-0,17	0,86				
Professional Efficacy	-0,36	0,02	-0,18	-1,75	0,08				
Problem-focused Coping	0,19	0,09	0,18	2,03	0,05*				
Emotion-focused Coping	0,19	0,09	0,18	2,11	0,04*				

* p < 0.05

Table 7 shows that 43% of the variance in health is predicted by Internal Demands/Emotional Input, Exhaustion and Problem and Emotion-focused Coping ($F= 9,83, p<0,05$). The bulk of the variance (30%) is explained by the Ministry Demands factors of Internal Demands/Emotional Input and Relationship Demands. Adding the burnout dimensions in Step 2 increased the variance explained by 7%. An additional 6% of the variance can be explained by adding Problem and Emotion-focused Coping.

DISCUSSION

Literature generally acknowledges that ministers have a demanding job with unique requirements and unclear boundaries between their personal and professional lives (Swart, 2002). Since 1980, studies have

described an alarming spread of burnout in the ministry, with three out of four ministers reporting severe stress, causing “anguish, worry, bewilderment, anger, depression, fear and alienation” (Fisher, 2000, p. 11). South African literature indicates ministry as a high-risk occupation with regard to burnout (Malan, 2000; Swart, 1999, 2002). As providers of help, ministers are exposed to demanding work situations, with unique job and client related stressors that show a high correlation with burnout (Swart, 2002).

This study investigated the psychometric properties of the MBI, UWES and COPE, and aimed at developing a measure of occupational stress for Pentecostal pastors in the Far North West Region of South Africa. It also aimed to test a predictive model of Pentecostal pastors’ health, using burnout, job stress, and coping. Results have implications for recruitment, training and continuous coaching in the Ministry. With regard to the measuring instruments, the Cronbach alpha coefficients of all the scales, except Vigour and Absorption from the UWES, were acceptable. Since alpha values for the Engagement construct were deemed unacceptable, the construct was not included in further analysis. All the measuring instruments showed relatively normal distributions.

The Ministry Demands Questionnaire was developed and validated in the current sample. Two factors describing ministry demands, namely Internal Demands/Emotional Input and Relationship demands, were extracted by means of principal components factor analysis with a Varimax rotation. Internal Demands/Emotional Input includes a sense of achieving, freedom to carry out work activities, excitement to be in the ministry, the opportunity to influence planning of work activities, getting on well with colleagues, a sense of satisfaction with ministry achievements, the experience of financial constraints, and members of the congregation questioning the faith of the minister. In line with the findings of this research, Shaufeli and Enzmann (1998) found that burnout tends to be job-related and situation specific, rather than pervasive. The factor of Internal Demands/Emotional Input clearly relates to dimensions of job strain very specific to the Ministry. Van Auken (1996) also identifies similar work related issues, such as a sense of responsibility towards the congregation, excitement with regard to ministry, having to make do with scarce resources, maintaining an exemplary image at all times, and unrealistic job expectations, that contribute to the burnout levels of pastors or ministers. Items loading on the first factor are a reflection of those identified by Van Auken (1996).

Relationship demands include interruptions of family time by congregation members, members coming to the ministers’ house unannounced, invasion of the minister’s privacy, being asked to perform tasks at the last minute, the perception of not being allowed to have personal problems, demands of the church

board, and lack of commitment of the congregation with regard to their own spiritual growth. Research results with regard to the relationships of people who work in “people” environments are readily available. Van Auken (1996) found that “putting out fires” (*i.e. handling crises*), coping with diverse personalities, visitations to members’ homes, showing up every time the church doors are open, and facilitating relationships within the congregation were factors that added greatly to the burnout levels in ministers. Relationship demands, as identified in the current study, relate to the interpersonal dimension of ministry work. They include the emotional, behavioural and cognitive demands ministers have to face in order to maintain positive relationships with members of their congregation. The name burnout is given to the “special stressors associated with social and interpersonal pressures” (Croucher, 2000, p. 200). Van Auken (1996) indicates a strong sense of responsibility (even when others drop the ball), guilty feelings about missing church events or activities, and heavy family responsibilities and expectations as occupational strains related to burnout. Shirey (2001) points out that as the usage of social support systems by pastors increases, well being and burnout decreases.

The original subscales of the COPE failed to show adequate reliability (as indicated by alpha values), and the analysis proceeded with factor analysis. Two factors were extracted, namely Problem and Emotion-focused Coping. Cartwright and Cooper (1996) as well as Lazarus and Folkman (1984) support the distinction between emotion-focused and problem-focused coping. Carver et al. (1989) explain the difference in stating that problem-focused coping gives attention to the changing of the source of stress, whilst emotion-focused coping focuses on the handling of associated emotional distress.

Problem-focused Coping for ministers deals with approaching the problem, redefining it as something positive or a learning experience, and accepting that it has happened. This includes coping mechanisms such as taking time to figure out what one is really feeling, talking to someone to find out more about the situation, learning something from the experience, waiting a while before acting, taking direct action to get the problem solved, and thinking about steps to take to solve the problem. Maslach et al. (2001) indicate an inverse relationship between burnout and active coping - lower levels of burnout were related to active and confronting coping mechanisms. Results of this study indicate that coping as a whole only has a relatively small impact on the general health of the minister, when compared to occupational stressors.

Emotion-focused Coping describes actions that relate to dealing with own and others’ emotions. This includes coping mechanisms such as lying in front of the television, thinking about the problem,

pretending and acting as if things never happened, discussing feelings with someone, getting upset and letting emotions out, and sleeping more than usual. Emotion-focused Coping in its broadest sense is a negative means of coping that could result in higher levels of burnout. Higher levels of burnout have been related to passive and defensive coping mechanisms (Maslach et al., 2001). It must be noted that items such as talking to someone about how one feels, feeling free to express emotions, and taking time to express emotions also loaded on this factor. Coping through emotional expression has however also been suggested to carry adaptive potential, and could confer psychological and physical advantages (Stanton et al, 2002).

With regard to coping, Willemon (1989) writes that studies show that ministers passively agree to all sorts of unrealistic demands upon them: going out to counsel at all hours of the night, neglecting their families and running at the beck and call of their parishioners in the name of pastoral care or deep dedication to the ministry. They suppress their anger and their feelings of impotency in the face of congregational demands. Their aggression may surface in a sermon or at a board meeting in a way that is destructive, unprofessional, and which may have little to do with the real problem. An overt focus on emotion in coping with occupational strain, by letting emotions run wild and not managing reactions, might be suggested to lead to decreased health of Pentecostal pastors.

Having a problem-focused coping preference was related to internal demands and emotional input. This indicates that ministers show a high tendency to focus on the problem as a means of coping when the internal demands of the minister increase. De Jager (2002) found that problem-focused coping assists individuals in dealing adequately with the stressors presented, whereas passive coping enhances the levels of anxiety in individuals, accentuating the stress experienced due to the stressors at hand. Problem-focused Coping was also related to Professional Efficacy. This indicates ministers' ability to focus on the problem at hand, and as a means of coping, could act to increase the ministers' sense of achievement. In terms of professional efficacy and problem-focused coping, previous research has also shown that professional efficacy is positively related to problem-focused coping (De Jager, 2002).

Coping by focusing on emotions was negatively related to Health, indicating that internalising emotions and constantly thinking about the problem without real action to address it could have a negative effect on the minister's health. Ministers who internalise, and do not deal constructively with emotions and problems, will pay the price with regard to health. Rademeyer (2004) shows that just over 70% of 340 ministers studied were at high risk of developing coronary diseases. A further 54% evidenced moderate

to high levels of burnout, and at least 43% reported a low quality of life and little joy in living. The relationship between emotion-focused coping and health outcomes needs to be further investigated in the Ministry.

Internal ministry and emotional demands were negatively related to Exhaustion and Depersonalisation, and positively to Professional Efficacy. The first relationship suggests that the less exhausted the minister is, the more positively he will experience the demands and emotional input he has to provide to enable him to perform his ministerial duties. The second suggests that the more positively the minister experiences work stressors and emotional input he has to give to the ministerial functions, the greater his sense of accomplishment and work satisfaction will be, as reflected in professional efficacy.

Relationship demands were negatively related to exhaustion, indicating that the higher the demands and stressors coming from the relationships that the minister experiences, the more exhausted the minister could become. Relationship demands were also positively related to Health, indicating that positive relationships surrounding the minister will have a positive impact on the way that he/she feels, as well as on the energy levels he/she experiences. Hougaard (2004) describes a situation that can be interpreted as typifying the relationship described above. A minister who abused his wife was expelled from the ministry for this aggressive behaviour, caused by burnout.

The positive relationship between ministry demands due to relationships and professional efficacy indicates that the minister will have a greater sense of achievement and contentment in his job if the relationships that he/she is involved in (i.e. family, friends and congregation) are positive and healthy. Leiter and Maslach (1988) found that burnout could be conceptualised as primarily influencing service workers' thoughts and feelings about professional performance. The suggestion here is that ministers' experience of positive relations could enhance their perceptions of professional efficacy.

Exhaustion was positively related to Depersonalisation, and negatively related to Professional Efficacy, indicating that the more exhausted the minister is the more he/she will withdraw from relationships, and the less sense of achievement and contentment he/she will have with ministerial work. Depersonalisation was negatively related to Health, demonstrating that the more a minister withdraws himself from relationships around him, and the more he tends to start treating people and himself in an abstract manner (like objects), the more negative the effect on his health will be. Interestingly, Professional

Efficacy was positively related to Health, suggesting that the minister who has a high regard of his/her ability to do the job, could be healthier, and have higher energy levels.

The results of the regression analysis showed that 43% of the variance in health is predicted by Internal Demands/Emotional Input, Exhaustion, and Problem and Emotion-focused Coping. The bulk of the variance (30%) was however predicted by internal ministry demands and emotional input, and demands due to relationships that pastors have to deal with. Swart (2001) indicates that burnout is the product of specific factors in the person-work environment interaction of ministers in the Dutch Reformed Church. In a study of male Anglican priests, person-role conflict, quantitative workload, and role insufficiency correlated significantly with the scores on the Maslach Burnout inventory (Strumpfer & Bands, 1996). Swart et al. (2000) conclude that ministers are at risk of burnout caused by unique stressors in their work environment. Stressors related to the job the minister has to do has a significant influence on the burnout levels of the ministers in this sample. Grosch and Olsen (2000) found that, unlike most members of the so-called helping professions, clergy lack some of the built-in safeguards that keep their work within mutually recognised boundaries of time and space. The pastor or minister has unique access to the lives and even the homes of parishioners. The pastor is called upon to minister in a variety of settings, often in times of great vulnerability for parishioners. The pastor is seldom able to “de-role”; he or she is virtually always on duty when parishioners are around. Trying to conduct ministry in such a boundary-less environment carries its own stresses and challenges for pastors or ministers. The fact that the Demands factors proved to explain the most variance indicates the importance of these in understanding ministers’ health.

Adding the burnout dimensions to the regression analysis increased the variance explained by 7%. This is a relatively small increase with regard to contribution to the variance in health. The burnout construct of exhaustion showed significance in all the steps of the regression analysis. This indicates that ministers’ levels of exhaustion will definitely play a role in the variance in health of Pentecostal pastors. Research shows that doctors, lawyers, and clergy have the most problems with drug abuse, alcoholism and suicide (Tiansay, 1991). Pastoral counsellor Lloyd Rediger (2000) writes that classical physical symptoms of burnout are low energy, weight change, exhausted appearance, tremors, twitches, frequent headaches and gastric upsets, as well as complaints related to hypochondria. Willemon (1989) writes that most pastors are notorious neglecters of their bodies – they teach “whole person” wellness, but when it comes to the care of their own bodies, ministers live in utterly disembodied denial.

The last 6% of the variance in health could be explained by adding Problem and Emotion-focused Coping. Problem-focused Coping dealt with approaching the problem, redefining it as something positive or a learning experience, and accepting that it has happened. Emotion-focused Coping had items that related to dealing with emotions and items related to own feelings. Maslach et al. (2001) indicates an inverse relationship between burnout and active coping - lower levels of burnout were related to active and confronting coping mechanisms. Results of this study indicate that coping as a whole only has a small impact on the general health of the minister.

Negative evaluation of personal well being by ministers could create increased emotion-focused coping, which in turn could result in higher levels of burnout. Higher levels of burnout have been related to passive and defensive coping mechanisms (Maslach et al., 2001). It must be noted that items such as talking to someone about how one feels, feeling free to express emotions, and taking time to express emotions also loaded on this factor. Coping through emotional expression has however also been suggested to carry adaptive potential, and could confer psychological and physical advantages (Stanton, Kirk, Cameron & Danoff-Burg, 2000; Stanton, Parsa et al, 2002).

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CHAPTER 3

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter encompasses conclusions regarding the literature review and the empirical study. Thereafter the limitations of the research are mentioned. Lastly, recommendations to solve the research problem and suggestions for future research are presented.

3.1 CONCLUSIONS

The general aim of this research was to standardise the MBI and the UWES for Pentecostal pastors in the Far North West Region of South Africa and to test a predictive model of Pentecostal pastors' health, using burnout, job stress, and engagement as variables.

The following conclusions are derived pertaining to the constructs of burnout, engagement, stress, coping and health.

Burnout is conceptualised as a psychological syndrome in response to chronic interpersonal stressors on the job. Burnout comprises of three dimensions, namely Exhaustion, Cynicism and Professional Efficacy. Exhaustion refers to the depletion or draining of emotional resources and feelings of being overwhelmed. Cynicism relates to the interpersonal dimensions of burnout and results in a negative, callous or excessively detached response to various aspects of the job, and Professional Efficacy refers to the self-evaluation dimension of burnout and is a feeling of competence, productivity and achievement at work (Levert, Lucas & Ortlepp, 2000).

Stress is a particular relationship between an individual and the environment, which is appraised by the individual as exceeding or taxing his/her resources and consequently endangering his/her well-being. It is any transactional process in which an organism experiences an alteration of psychological homeostasis.

Schaufeli, Salanova, and Bakker (2002; 112) define engagement as a "positive, fulfilling, work-related state of mind that is characterised by Vigour, Dedication and Absorption". *Engagement*

refers to a more persistent and pervasive affective-cognitive state that is not focused on any particular job, event, individual or behaviour. Conceptually, engagement consists of the components of vigour, dedication and absorption. *Vigour* refers to high levels of energy and mental resilience while working, as well as a willingness to exert effort and persistence, even in difficult situations. *Dedication* is described as a sense of significance, enthusiasm, inspiration, pride and challenge. *Absorption* refers to a tendency to be fully concentrated and deeply engrossed in work, whereby time passes quickly and one has difficulty detaching oneself from work. Absorption includes focused attention, a clear mind, mind and body unison, effortless concentration and complete control (Csikszentmihalyi, 1990).

The Ministry Demands Questionnaire was developed and validated in the current sample. Two factors describing ministry demands, namely Internal Demands/Emotional Input and Relationship Demands, were extracted by means of Principal Components factor analysis with a Varimax rotation. *Internal Demands/Emotional Input* includes a sense of achieving, freedom to carry out work activities, excitement to be in the ministry, influence in planning of work activities, getting on well with colleagues, a sense of satisfaction with ministry achievements, the experience of financial constraints and members of the congregation making comments to the minister about his or her faith. Swart (2001) indicates that burnout is the product of specific factors in the person-work environment interaction of ministers in the Dutch Reformed Church. In a study done with 10 male Anglican priests, person–role conflict, quantitative workload and role insufficiency correlated significantly with the scores on the Maslach Burnout inventory (Stümpfer & Bands, 1996). Swart (2000) concludes that ministers are at risk of burnout caused by unique stressors in their work environment.

Relationship demands include interruptions of family time by congregation members, members coming to the minister's home unannounced, invasion of privacy of the minister, being asked to perform tasks at the last minute, the perception of not being allowed to have personal problems, demands of the church board and lack of commitment of the congregation with regard to their own spiritual growth. Researchers such as Maslach and others, from 1977 onwards, gave the name "burnout" to the "special stressors associated with social and interpersonal pressures" (Croucher, 2000). Van Auken (1996), indicates a strong sense of responsibility, guilty feelings about missing church events or activities, and heavy family responsibilities and expectations as significant

stressors for ministers. Shirey (2001) shows that as the usage of support systems by the pastors increases, the scores on the well-being scales also increase, and the scores on the burnout scale decrease.

Coping is both an intra-personal and action-orientated effort to manage internal demands and environmental conflicts and demands among them, which tax or exceeds the individual's resources. Coping strategies can be adaptive or maladaptive. Coping consists of active and passive dimensions. Active or problem-focused coping is an adaptive coping strategy that consists of attempts to solve the problem by cognitively analysing the situation and by applying concrete actions, in order to alter the source of the stress. Passive coping is a strategy that incorporates avoidance or denial of the source of stress by utilising cognitive or physical means to achieve the result.

The sub-scales of the COPE failed to show adequate reliability (as indicated by alpha values), and the analysis proceeded with factor analysis. Two factors were extracted, namely Problem- and Emotion-focused Coping. *Problem-focused Coping* deals with approaching the problem, redefining it as something positive or a learning experience, and accepting that it has happened. This includes coping mechanisms such as taking time to figure out what the person is really feeling, talking to someone to find out more about the situation, learning something from experience, waiting a while before acting, taking direct action to get the problem solved and thinking about steps to take to solve the problem. *Emotion-focused Coping* describes items that relate to dealing with emotions and items concerned with own feelings. This includes coping mechanisms such as lying in front of the television, thinking about the problem, pretending that things never happened, acting as if things never happened, discussing feelings with someone, getting upset and letting emotions out, and sleeping more than usual.

With regard to coping, Willemon (1989) writes that studies indicate that ministers passively agree to all sorts of unrealistic demands made upon them, go out to counsel members at all hours of the night, neglect their families and remain constantly at the beck and call of their parishioners in the name of pastoral care. Their frustration surfaces in various counter-productive ways. Pentecostal pastors tested in this study were also shown to react in the same way and this is incorporated into the construct labelled Emotion-focused Coping in this current study. Allowing the emotions to run

wild and not dealing with them causes outbursts of aggression and frustration in Pentecostal pastors.

The following conclusions are derived at pertaining to the relationship between the constructs of burnout, stress, coping and health for a sample of Pentecostal ministers in the North-West Region:

Problem-focused Coping was related to Internal Demands/Emotional Input (practically significant, medium effect). This indicates that ministers show a high tendency to focus on the problem as a means of coping when the job demands of the minister increase.

Problem-focused Coping is also related to Professional Efficacy. This indicates that the higher the minister's ability to focus on the problem at hand as a means of coping, the higher his/her sense of achievement will be.

Coping by focusing on emotions was negatively related to Health, indicating that internalising emotions and constantly thinking about the problem, without taking any real action to solve the problem, will have a negative effect on the minister's health. Ministers who internalise emotions and do not constructively deal with emotions and problems will pay the price with regard to their health.

Internal ministry demands and emotional input are positively related to relationship demands because of relationships and health. The latter finding may be interpreted as indicating that increased demands in health and relationships surrounding the minister will have an increased demand in the minister's perception of the emotional input he/she has to make to fulfil his or her duties. The opposite is also true. If a minister feels that the emotional input he has to provide to successfully complete his/her task increases, the demands on his/her health will increase and demands or stressors on relationships could increase concomitantly.

Internal ministry demands and emotional demands were negatively related to Exhaustion and Depersonalisation, and positively to Professional Efficacy. The first relationship suggests that the less exhausted the minister is, the more positively he/she will experience the demands and emotional input he/she has to provide to enable him/her to perform his ministerial duties, while the

second suggests that the more positively the minister experiences the work stressors and emotional input he/she has to make in terms of ministerial functions, the greater his/her sense of accomplishment and work satisfaction will be.

Relationship Demands was negatively related to Exhaustion, indicating that the higher the demands and stressors coming from the relationships that the minister experiences, the more exhausted the minister will be. Relationship Demands was positively related to Health, indicating that positive relationships surrounding the minister could have a positive impact on the way that he/she feels and the energy levels he/she experiences.

The positive relationship between ministry demands due to relationships and professional efficacy suggests the minister will have a greater sense of achievement and contentment in his job if the relationships that he or she is involved in (i.e. family, friends and congregation), are positive and healthy. The same also happens with negative or bad relationships, which could cause the minister to feel a lessened sense of achievement.

Exhaustion was positively related to Depersonalisation, and negatively related to Professional Efficacy, indicating that the more exhausted the minister is, the more he/she will withdraw from relationships and the less his/her sense of achievement and contentment will be with ministerial work.

Depersonalisation was negatively related to Health, demonstrating that the more a minister withdraws him/herself from relationships, and the more he/she tends to start treating people, and him/herself, in an abstract manner (like objects), the more negative the effect on health will be and reversed.

Interestingly, Professional Efficacy is positively related to Health, suggesting that the minister who has a high sense of personal ability to do the job, the healthier he/she could be, and the higher energy levels the minister could experience.

The results of the study showed that 43% of the variance in health is predicted by Internal Demands/Emotional Input, Exhaustion and Problem and Emotion-focused coping. The bulk of the

variance (30%) was however predicted by internal ministry demands and emotional input, and demands due to relationships that pastors have to deal with. Stressors related to the job had a significant influence on the burnout levels of the ministers in the population sample. Previous research shows the same results. Grosch (2000) found that, unlike most members of the so-called helping professions, clergy lack some of the built in safeguards that keep their work within mutually recognised boundaries of time and space. The pastor or minister has unique access to the lives and even the homes of parishioners. The pastor is called upon to minister in a variety of settings, often in times of great vulnerability for parishioners. The pastor is seldom able to “de-role”; he/she is virtually always on duty when parishioners are around. Trying to conduct ministry in such a boundary-less environment carries its own stresses and challenges for pastors and ministers.

Adding the burnout dimensions to the regression analysis increased the variance explained by 7%. This is a relatively small increase with regard to contribution to the variance in health. The burnout construct *Exhaustion* showed significance in all the steps of the regression analysis. This indicates that Exhaustion will definitely play a role in the variance in health of Pentecostal pastors. Research shows that doctors, lawyers and clergy have the most problems with drug abuse, alcoholism and suicide (Tiansay, 1991). Pastoral counsellor Lloyd Rediger (2000) writes that physical symptoms classical to burnout are low energy, weight change, exhausted appearance, tremors, twitches, frequent headaches and gastric upsets as well as complaints which may be related to hypochondria. Willemon (1989) writes that most pastors are notorious neglecters of their own bodies, yet they teach “whole person” wellness.

The last 6% of the variance in health can be explained by adding Problem and Emotion-focused Coping. Problem-focused Coping dealt with approaching the problem, redefining it as something positive or a learning experience, and accepting that it has happened. Emotion-focused Coping had items that related to dealing with emotions and items related to own feelings.

Different ways of coping, and burnout factors such as Exhaustion, play a relatively small part in the health of Pentecostal pastors in the Far North West Region. The greatest influence on the health of Pentecostal pastors has to do with the working environment that pastors function in, their

perceptions of their own and others' emotional input, and the relationship demands on the part of both their families and their congregations.

3.2 LIMITATIONS

A definite limitation to this study is the possibility of preconceived ideas that ministers have about the ministry. This could have had an effect on the accurate answers of questions, specifically questions dealing with their relationship to God, and the misuse of alcohol. Pastors seem to have a set of ideas upon which certain assumptions are made. Examples include the overall feeling that calling to the ministry is a lifelong calling, and that resigning from the ministry therefore is absconding from a Higher Calling. Another assumption is that it is unchristian to feel ill (after all, the minister works for God, and He is the One they profess to be the Healer of all illness). This causes ministers to assume that it is wrong to be unhealthy and sick, or even to feel stressed. Another assumption forced onto ministers by congregations is that they constantly have to entertain the congregation, and this causes stress for ministers and pressure to “perform” week after week (Shirey, 2001).

A further limitation could be the possibility that some ministers did not trust the confidentiality clause in the test booklet and could have completed the booklet partially or totally inaccurately, for fear of being personally identified.

The research was done on a small population ($n=100$). Research was only conducted with regard to Pentecostal pastors, and the question arises as to whether it is possible to generalise outcomes in terms of denominations or religions.

3.3 RECOMMENDATIONS

Recommendations for the organisation and future research are made in this section.

3.3.1 RECOMMENDATIONS FOR THE ORGANISATION

Regional Committees for most Pentecostal Churches consist of a Regional Leader, Secretary, Scribe and two or three additional members. These Committees have decision-making power with regard to all pastors or ministers in their area, and govern the region via a set of clearly defined goals and parameters. Committee meetings are held regularly, although meetings with all members are normally held bi-annually. At the bi-annual meetings, it is normally required of pastors to indicate what they find preferable from amongst pre-selected options with regard to issues such as training interventions in the region, etc.

The region should, therefore, consider a formal and ongoing attempt to consciously train and equip ministers to deal with burnout as a concept, and with factors in the ministry that contribute to burnout. Ministers should also be made aware of different coping mechanisms and the effects thereof on their personal health.

A combined management and educational approach that builds interventions encouraging engagement should be utilised. The engagement intervention would enhance work life in the ministry and could successfully promote the well-being of ministers.

Pre-ordination training programmes addressing issues regarding how to cope with emotional strain and burnout, ongoing mentorship and knowledge of effective stress management techniques, education identifying the signs and symptoms of burnout, and advice on how to address the situation, could be implemented.

In addition, improving organisational and individual ministers' well-being by offering team-building workshops and team-based interventions (thus improving communication and support amongst ministers), could assist ministers in dealing with stress and could reduce burnout.

Ministers should be encouraged to speak to professionally trained psychologists or colleagues and mentors specialising in the field of burnout in an attempt to prevent burnout. This approach could also be used as a measure to recover from burnout.

Stress and Coping Skills programmes should be incorporated into formal ministry training and included in leadership development programmes. Stimulating problem-focused coping and identifying skills that promote problem-focused coping enables employees to cope successfully, and in turn, could reduce burnout.

Pastors and assemblies should become aware of the causes and symptoms of burnout. This could help them become aware of their own and others' emotional exhaustion, depersonalisation and low personal accomplishment, to allow intervention before the effects of burnout become too serious.

The regional committee ought to consider practices to prevent or cope with stress and burnout, such as the implementation of programmes directed at the stimulation of personal growth, coping and effective stress management.

3.3.2 RECOMMENDATIONS FOR FUTURE RESEARCH

Future research can add value by exploring the underlying mechanisms of personality that produce different coping preferences. Future research also needs to focus on improving the construct validity and measurement of role stressors in some job environments, such as local churches. Specifically, the engagement construct might be studied in future, using large samples of pastors, to investigate further the psychometric problems experienced in this study. Future research with regard to engagement of pastors could add value.

Research including personality dimensions should be undertaken to establish the effects of personality differences on burnout dimensions. Research should be conducted before and after a stress management intervention to determine results on burnout dimensions. To conclude on how effective the intervention was in relation to the deduction of burnout, burnout dimensions should be measured prior to the stress intervention and after the stress intervention. Research could also be conducted before and after a coping skills intervention to determine the results on burnout dimensions.

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