

**BURNOUT, PSYCHOSOCIAL RESOURCES AND MENTAL HEALTH OF  
CLERGY: A CASE STUDY OF CHRIST IS THE ANSWER MINISTRIES,  
KENYA**

**ARTHUR OKOLLA SHIKANDA**

**A Thesis Submitted to the Institute of Postgraduate Studies of Kabarak University  
in Partial Fulfilment of the Requirement of the Award of Doctor of Philosophy in  
Education (Counselling Psychology)**

**KABARAK UNIVERSITY**

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**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Prof. Gladys Jerobon Kiptiony

Director of Excellency in Learning and Teaching (DELT)

Kabarak University

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Dr. James Kay Muthama Ndiso

School of Education

Kabarak University

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## **DEDICATION**

This thesis is dedicated to all members of the clergy who have committed themselves to the Great Commission.

## **ACKNOWLEDGEMENT**

This thesis is the output of the participation and support received from many quarters. First and foremost, I am grateful to the Lord my God for giving me the breath of life and for causing all things to work together for my good as clearly evident in the successful completion of this work. Secondly, I wish to thank my two supervisors, Prof. Gladys Jerobon Kiptiony and Dr James Kay Muthama Ndiso for the mentorship and intellectual guidance that has made this dissertation a reality. Thirdly, I express my gratitude to the leadership of CITAM for granting me the permission to use the church as a case study. I also owe the successful accomplishment of this work to all the CITAM pastors who participated in this research as respondents. Fourthly, I cannot forget to acknowledge my research assistants at every step of the way for the tireless work they did before, during and after field work to ensure a high quality research output. Last but not least, my gratitude goes to all my family, friends and colleagues who have been a source of encouragement all the way. May a good measure, pressed down, and shaken together and running over, be poured into your laps (Luke 6:38NIV).

## ABSTRACT

Clergy are important community resources offering support to persons in need and are often the first to be called upon during emotional struggles. As such, they experience increased risk exposure to burnout. The study aimed to investigate the influence of burnout on mental health of clergy of Christ Is The Answer Ministries in Kenya (CITAM). The study was guided by five objectives: to establish the influence of emotional exhaustion on mental health of the clergy; to examine the influence of depersonalisation on mental health of the clergy; to determine the influence of low sense of accomplishment on mental health of the clergy; to find out the intervening role of psychosocial resources in mitigating burnout of the clergy, and to determine the influence of respondents' demographic traits on burnout and mental health of the clergy. A mixed-methods research design was used by combining quantitative and qualitative data. The target population was 91 clergy members of CITAM. The accessible population was 86 clergy members based in 25 assemblies in Kenya. Census technique was applied by administering the study to the entire accessible population. The study used in-depth interview guides alongside structured questionnaire. The questionnaire comprised Scale of Emotional Exhaustion in Ministry (SEEM) and a modified version of Maslach Burnout Inventory (MBI). Mental health was measured using a 5-point Likert scale adapted from the Short Warwick–Edinburgh Mental health Scale (SWEMWBS). The questionnaire was administered face-to-face. Instrument reliability was tested using Cronbach's alpha. All the items returned an alpha coefficient greater than 0.7. The individual interviews were conducted with 12 senior level clergy members of CITAM based at its Head Office. All instruments used were ascertained for criterion, face and content validity. The overall response rate was 79 percent. Questionnaire data was analysed using nonparametric inferential techniques such as Spearman's Rank Correlation Technique and Chi-square Test of Association. Quantitative data analysis was undertaken using SPSS version 25. Hypothesis testing was undertaken and statistical significance was accepted at  $p < .05$ . In-depth interviews were analysed using thematic analysis techniques. The resultant outputs were presented in figures and tables for ease of interpretation. Emotional exhaustion was the most prevalent burnout sub-type with a composite mean index of 2.18. All the three burnout sub-types were weakly correlated to poor mental health while the chi-square tests of association were not statistically significant. Psychosocial resources were highly available for 54% of the respondents. The overall mental health score on a 5-point scale was high ( $\mu=4.38$ ,  $\sigma=0.45$ ), with 85% of the respondents having good mental health. Gender and years of service had statistically significant influence on both sense of accomplishment and mental health. The significance of the effect of burnout on clergy mental health was eliminated by the psychosocial resources. It was recommended that interventions that enhance the frequency and depth of debriefing by professional counsellors should be enhanced. The whole spectrum of predisposing and risk factors that are detrimental to clergy mental health should be considered for future psychosocial resource programming.

### **Key words:**

*Emotional Exhaustion, Burnout, Depersonalisation, Mental Wellbeing, Clergy.*

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## LIST OF ACRONYMS AND ABBREVIATIONS

<b>AGC</b>	Africa Gospel Church
<b>ANOVA</b>	Analysis of Variance
<b>APA</b>	American Psychological Association
<b>CITAM</b>	Christ is the Answer Ministries
<b>COR</b>	Conservation of Resources Theory
<b>DF</b>	Degrees of freedom
<b>DSM-V</b>	Diagnostic and Statistical Manual of Mental Disorders 5 <sup>th</sup> Edition
<b>ICD-10</b>	International Classification of Disorders 10 <sup>th</sup> Revision
<b>LC</b>	Local Church
<b>Max</b>	Maximum
<b>MBI</b>	Maslach Burnout Inventory
<b>Min</b>	Minimum
<b>NACOSTI</b>	National Commission of Science, Technology and Innovation
<b>PFA</b>	Psychological First Aid
<b>PhD</b>	Doctor of Philosophy
<b>Q-Q plots</b>	Quantile- Quantile plots
<b>SEEM</b>	Scale of Emotional Exhaustion in Ministry
<b>Sig</b>	Significance level
<b>SLC</b>	Senior Level Clergy
<b>SPSS</b>	Statistical Package for Social Sciences
<b>SWEMWBS</b>	Short Warwick–Edinburgh Mental Health Scale
<b>UMC</b>	United Methodist Church
<b>USA</b>	United States of America
<b>WBS</b>	Riff’s Psychological Well-Being Scale
<b>WEMWBS</b>	Warwick-Edinburgh Mental-Wellbeing Scale
<b>WHO</b>	World Health Organization



## OPERATIONAL DEFINITION OF TERMS

**Burnout:** Refers to cumulative stress accruing from clergy work demands causing emotional exhaustion which leads to depersonalisation which in turn, leads to reduced sense of accomplishment. Thus, in this study, burnout was construed as a multi-dimensional concept comprising of emotional exhaustion, depersonalisation and low sense of accomplishment.

**Clergy:** refers to the people who discharge spiritual functions such as teaching, preaching, counselling, pastoral care and other religious duties. In this study, the term clergy was used to refer to ordained pastors who served in the respective CITAM assemblies in Kenya.

**Demographic traits:** are individual characteristics of clergy which, in this study, encompassed: gender, age and years of service.

**Depersonalisation:** is indifference towards humanity. In this study, depersonalisation was characterised as an “I don’t care” attitude towards self and others, impersonal feelings, lack of patience and lack of interest in people.

**Emotional exhaustion:** refers to the depletion of internal emotional resources in the provision of clergy services. In this study, the term was used to refer to emotional drain from clergy work, struggle to work with people, frustration in work and morning fatigue.

**Mental health:** is a state of psychological balance that facilitates the utilisation of one’s abilities in harmony with his or her society and the environment. In this study, mental health was construed to be a multi-dimensional term reflected in Clergy’s satisfaction with life, sense of competence, sense of autonomy, clarity of thought and sense of purpose.

**Mental wellbeing:** refers to the ability of clergy in maintaining emotional health. In this study, mental wellbeing was used interchangeably with mental health to mean one and the same thing.

**Psychosocial resources:** to positive states and traits unique to the individual that facilitate effective coping with life stressors. In this research, the term was used to mean means of intervention against clergy burnout such as self-resilience, social support, optimism (positive mental attitude) seeking strength from God and having an outgoing personality.

**Low Sense of accomplishment:** refers to the clergy's low self-evaluation of effectiveness. This was characterised in this study by lack of enthusiasm, difficulty in problem solving, irritation and feeling worked out by clergy profession.

**Work:** refers to clergy services. In this study, the term was used to mean, pastoral functions such as spiritual teaching, preaching, counselling, pastoral care and other religious duties.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

This chapter offers a background overview of burnout, psychosocial resources and mental health of clergy with Christ Is the Answer Ministries in Kenya in perspective. Burnout is conceptualised as a psychological state that is symptomized by emotional exhaustion and decreased sense of personal accomplishment among individuals working with other people and playing some role by virtue of their position (Adams et al., 2017). Although burnout is not characterised in the Diagnostic Statistical Manual of Mental Disorders (DSM-5) as pathology, section Z.73.0 of the International Classification of Disorders (ICD-10) does list burnout as a disorder (American Psychological Association, 2013). This is particularly significant given that ICD-10 is sanctioned by both the World Health Organization (WHO) (2017) and The American Psychiatric Association (APA) (Budd et al., 2016). Burnout is conceptualised as a multidimensional process occurring within interpersonal work contexts (Hendron et al., 2012).

Burnout is characterised by numerous symptoms, which can be classified into four main groups: emotional symptoms (depression, helplessness, hopelessness, irritation, apathy, disillusionment, pessimism, hostility, intolerance, accusatory attitudes toward clients and the suppression of feelings); cognitive symptoms (loss of meaning, loss of values, dashed expectations, altered self-concept, cognitive disorientation, loss of creativity, distraction, cynicism and a generalised critical outlook); behavioural symptoms (avoidance of responsibility, absenteeism, maladaptive behaviour, putting off decisions, and an increased consumption of caffeine, alcohol, tobacco and drugs); and social symptoms (social isolation, interpersonal conflicts, deteriorated relations at home, adherence to

critical groups and avoidance of occupational commitment) (Velando-soriano et al., 2018).

Bakker et al. (2014) portend that burnout occurs in small moderations and can easily go undetected until affected individuals gradually lose energy and vitality. A condition supported by Robbins and Hancock (2015) whose study showed high levels of exhaustion and stress despite attempts to maintain a positive mental attitude and gratitude in the work undertaken by clergy. Huhtala et al. (2014) add that there exists a link between the nature of work being undertaken and the environment from which the clergy functions. However, Huhtala et al. (2014) draw conclusions based on a study of public sector workers rather than clergy. In the current study, focus was directed at clergy of Pentecostal orientation. Parker and Martin (2011) decompose burnout into three constructs. These are: emotional exhaustion, depersonalisation or cynicism directed towards service recipients and feelings of low personal work accomplishments (Tol et al., 2015).

Emotional Exhaustion is the mental and physical wear and tear that results from interaction with co-workers and with beneficiaries of the service provided (Velando-soriano et al., 2018). It is associated with feelings of psychological depletion. It is at this state that depersonalisation – an “I don’t care” attitude towards others – manifest. The combination of depersonalisation and emotional exhaustion graduate to a reduced sense of personal accomplishment or social wellbeing (Hendron et al., 2012). It manifests in the form of tiredness, no pleasure in hitherto pleasurable activities and difficulty in concentration (Fekadu et al., 2017). Emotional exhaustion and depersonalisation have the potential negative ramifications on mental health.

Sense of accomplishment is the fulfilment one has after successfully undertaking an activity whose process do not seem particularly pleasurable (Anand, 2016). It is indicated by one's sense of progress towards accomplishing one's goals, achievement of important goals one set for themselves and sense of wellbeing in handling one's responsibilities (Hone et al., 2014). Low sense of accomplishment can affect mental health negatively. Other measures of burnout that more-or-less are embedded in the three constructs of burnout include feeling sceptic about meaningfulness of work, feeling inadequate, disengaged, physical fatigue, cognitively weary, indolent and guilty (Maslach & Leiter, 2016).

Each burnout subtype has been found to affect one's overall mental health – defined as satisfaction with and excitement about life as well as interest in and positive relations with others; along with sense of competence, personal growth, autonomy and purpose in life (Hone et al., 2014). In sum, mental health has a hedonic component and a functional component, both of which define a healthy mental state of an individual (Winefield et al., 2012). It can be surmised from the foregoing definition that everyone, including members of the clergy, are considered mentally well if they relate positively with others, cope well with their environment and are generally satisfied with life.

Clergy refers to religious leaders who discharge pastoral functions such as spiritual teaching, preaching, counselling, pastoral care and other religious duties. Burnout among clergy has attracted much research interest because of its many ramifications on clergy mental health. There are numerous reports across the globe of clergy being found to suffer burnout (Cocklin, 2013; Currier, 2016; Miles & Proeschold-Bell, 2013). Clergy may manifest lowered sense of accomplishment, feeling cynical and have difficulty concentrating (Cocklin, 2013). Mental health of clergy is a matter of great importance

due to their unique contribution to overall societal health and functioning (Bonner et al., 2013).

Reports documented by Cocklin (2013), Elkinton (2013) and Yang (2005) observed that clergymen were quitting work at an unprecedented rate, whereby at least 3 clergymen quit ministry in America on a daily basis. The high turnover among pastors, for instance, has been linked to occupational challenges they face in ministry. Crisp-Han et al. (2015) observe that the demands placed on clergy are becoming increasingly distressing to them, burdening them emotionally, physically and financially.

Doehring (2013) observe that a clergyman is expected to be competent in all things: preacher, educator, leader, chief executive, administrator, mediator, fundraiser, companion, counsellor, problem-solver, confidante, and surrogate parent – the list can be endless. This expectation perhaps has its roots in the example set by the Apostle Paul whom through his letter to the Corinthians, claimed to have done so “for the sake of the Gospel” (1Corinthians 9:22-23, New International Version). As a result, many clergymen suppress their feelings and attempt to act as if everything is well with them, perhaps due to their belief that they have been called into ministry and thus should not be perceived to be struggling with stressors (Barnard & Curry, 2012).

The stress on clergy was examined by Ajibade (2017) who investigated church ministries in Nigeria. He identified four sources of stress in church: ministry expectation, biblical expectation, congregational expectations and societal expectations. He observed that clergy profession is a profession held in high esteem and the minister’s character is expected to be above board and serve as role model and a standard for what an ideal person should look like.

Gauger and Christie (2013) argue that while administering pastoral care work, the clergy also experience more negative interaction from congregants such as criticisms, distress calls, conflict with parishioners, forceful resignations, discouragement and rejection although they receive more emotional support from fellow clergy and church leaders. These negative interactions with the congregation exert a variety of deleterious effects on the clergy potentially leading to burnout. The negative interactions may deplete the emotional resources the pastor's spouse and children need to function effectively as members of the pastor's family and this has a knock-on effect on their mental health.

In line with the viewpoint of Gauger and Christie (2013), Abernethy et al. (2016) conclude that irrespective of their season in life, the demands of clergy work place them at high risk of burnout and other stressors that may reduce their psychological and material resources to effectively deliver clergy services to members including their own families. High incidences of burnout have been reported among clergy in the USA, with self-reports ranging from 13 percent to 45 percent of clergy experiencing burnout (Jackson-Jordan, 2013). Similar statistics are reported in Europe, with research data indicating that 27 percent of pastors from a number of denominations in New Zealand, England and Australia experienced burnout on a daily basis (Barnard & Curry, 2012).

Comparatively limited empirical work has been published in the African context, with the few studies on burnout and clergy reported in South Africa (Buys & Rothmann, 2010; Van Rensburg, 2015). Those studies reveal that the prevalence of burnout among clergy in Africa seems to mirror the numbers reported in other parts of the world although relatively lower. For instance occurrences of burnout have been reported in South Africa (Buys & Rothmann, 2010). In a recent study among clergy in two cities in South Africa, a higher percentage was reported, whereby 26 percent of the respondents suffered burnout (Van Rensburg, 2015).

Putman and Erickson (2011) conducted research among the Native Guatemalan and Kenyan faith based humanitarian organisations and reported that they are frequently exposed to stressful working conditions that takes a toll on their psychosocial reserves. The study further adds that natives were especially vulnerable to natural and man-made disasters such as disease and armed conflict. This resonates well with the Kenyan clergy whereby a study by Ruto (2015) in African Gospel Church in Bomet County, Kenya showed the existence of a high prevalence of burnout with notable adverse implications on mental health of the clergy, their families, and congregants they serve.

A study by Kokonya et al. (2014) among Kenyatta National Hospital medical workers showed that of the 345 polled, 95.4 percent were burnt out. Ruto (2015) confirmed prevalence of burnout among AGC pastors in Bomet County that was attributed to poor communication, too many demands from members, too much work and lack of cooperation as major triggers. The current study sought to contribute to the body of knowledge by exploring the relationship between different types of burnout on mental health of clergy in Kenya with special reference to clergy.

Literature linking burnout with mental health of clergy is well developed (Buys & Rothmann, 2010; Gauger & Christie, 2013; Miles & Proeschold-Bell, 2013). However, burnout facets such as depersonalisation, emotional exhaustion and sense of accomplishment as well as psychosocial resources and interventions that can be used to mitigate burnout among the clergy in Kenya remain under-researched. The current study used Christ Is The Answer Ministries (CITAM) as a case study to delve further into the dimensions of burnout and their relationship with mental health of the clergy in Kenya.

Established in 1959, CITAM is a multi-racial church targeting English-speaking people and specifically reaching out to young urban professionals. It has 25 assemblies most of



which are based in Nairobi and other urban centres in Kenya. The church not only has several assemblies and mission stations across Kenya, it has international presence in East Timor, Romania, USA, Namibia and Burundi. In total the church employs over 250 regular staff, most of whom are members of the clergy who serve over 45,000 congregants. The church is presided over by a bishop and is overseen by a Deacon Board, Council of Elders, Advisory Committees and the Pastorate. It envisions a church that transforms the world with Christ's gospel through the enabling of the Holy Spirit (CITAM, 2016).

At CITAM, disgruntled service providers is identified as a threat to achievement of the church's vision while inadequate pastoral care program is acknowledged as one of the weaknesses the church is grappling with (CITAM, 2016). Yet the church identifies itself as a Pentecostal church submitted to the blessed Holy Spirit, who is described as a helper and counsellor (John 14:26). It further articulate as a statement of faith, a belief in Jesus Christ who offers the liberating gift of the spirit in whom the clergy should find encouragement, comfort, affection and compassion (Philippians 2:1). This warrants a research to determine the interaction between clergy burnout, spiritual resources and clergy mental being at CITAM.

## **1.2 Statement of the Problem**

Burnout is a universal issue increasingly being experienced by many clergy. It has been documented that in some countries, as high as 45 percent of clergy suffer from burnout (Jackson-Jordan, 2013). This is caused by the nature of their job as they are frequently exposed to highly distressing news and situations in the course of discharging their duties such as death of a member or a members' loved one, distressed marriages, hospitalisation of a member and other forms of traumatic experiences (Proeschold-Bell et al., 2013). This is because clergy are important community resources offering support to persons in

need and are often the first to be called upon during emotional struggles. Their effectiveness in ministry depends on their mental health. This fact underscores the importance of ensuring that clergy are mentally healthy and fit to discharge their duties since the mental health of not just the clergy but a whole congregation depends on the ministry they receive. When clergy experience burnout, they may disengage from service or behave in counterproductive ways to their calling. Therefore, if burnout among clergy is not prevented or contained, the mental health of a whole church is at risk.

The subject of burnout has received thorough attention in the academic literature (Baruch et al., 2014; Tol et al., 2015; Shoji et al., 2015; Van Rensburg, 2015). However, limited research exists with respect to the association between burnout subtypes and mental health of clergy. Muasa et al. (2021) investigated the prevalence of burnout among Catholic religious men and women in the rural areas of Lodwar Diocese in Turkana County in Kenya. Results showed above average burnout prevalence, with personal accomplishment leading, followed by emotional exhaustion and depersonalisation. However, the study was descriptive in nature and did not analyse the relationship between the burnout sub-types and clergy mental health. Furthermore, the research was conducted in the rural areas and thus, may not be generalised to clergy within urban contexts. In addition, the intervening effect of psychosocial resources at the intersection of burnout and clergy mental health was not investigated.

The problem of research was that, given that clergy are at the forefront of most Kenyan churches and are often the first responders to many depressed people seeking help, and because many clergy are at risk of burnout themselves, there was need to investigate burnout among clergy in Kenya and especially how different types of burnout interact with psychosocial resources at their disposal to influence their mental health. With inadequate pastoral care program identified as a weakness of CITAM church, CITAM

clergy were potentially at risk of burnout due to attendant psychosocial resource shortfall (CITAM, 2016). It is against this backdrop that the current study examined the facets of emotional exhaustion, depersonalisation and low sense of accomplishment and how they influence the mental health of CITAM clergy while taking psychosocial resources into account.

### **1.3 Purpose of the Study**

The study investigated the influence of burnout on mental health of clergy of Christ Is The Answer Ministries in Kenya and the moderating role of psychosocial resources on the relationship between burnout sub-types and mental health.

### **1.4 Objectives of the Study**

The study was guided by the following research objectives:

- i. To establish the influence of emotional exhaustion on mental health of CITAM clergy in Kenya.
- ii. To examine the influence of depersonalisation on mental health of CITAM clergy in Kenya.
- iii. To determine the influence of low sense of accomplishment on mental health of CITAM clergy in Kenya.
- iv. To find out the moderating role of psychosocial resources in mitigating burnout of CITAM clergy in Kenya.
- v. To determine the influence of respondents' demographic traits (gender, age and years of service) on the main study variables (burnout and mental health).

## **1.5 Hypothesis**

The following null hypotheses were formulated with the level of significance expected at  $p < .05$ :

- H<sub>01</sub> Emotional exhaustion has no statistically significant influence on mental health of CITAM clergy.
- H<sub>02</sub> Depersonalisation has no statistically significant influence on mental health of CITAM clergy.
- H<sub>03</sub> Low sense of accomplishment has no statistically significant influence on mental health of CITAM clergy.
- H<sub>04</sub> Psychosocial resources play no statistically significant moderating role in mitigating burnout of CITAM clergy in Kenya.
- H<sub>05</sub> Respondents' demographic traits (gender, age and years of service) have no statistically significant influence on the main study variables (burnout and mental health).

## **1.6 Significance of the Study**

The findings offer useful guidelines to psychological therapists on preventive interventions on burnout among clergy, its prevalence, and effect on mental health of clergy. It provides a framework on which policy can be deduced by the church leaderships on how the same can be managed and controlled to enhance mental health of both clergy and service recipients. The research provides an understanding and appreciation of how occupational challenges caused by them affect the mental health of the clergy and what the church community can do to provide psychosocial buffers. The study can be used as a reference point for religious scholars and other clergy.

### **1.7 Scope of the Study**

The research was a case study of clergy of CITAM assemblies in Kenya. This study location was chosen to address the knowledge gap on psychosocial resources at the intersection between burnout and clergy mental health within the Kenyan context. The study targeted 91 CITAM clergy members working in the various CITAM assemble country-wide. The study focused on emotional exhaustion, depersonalisation and sense of accomplishment as antecedents to mental health of clergy as these three represent the broad categorisation of burnout subtypes. The generalizability of the study was limited to other CITAM assemblies.

### **1.8 Limitations of the Study**

The study acknowledged a few limitations. These include: the study involved a homogenous population that limits generalization of the research findings to the Pentecostal clergy. Homogenous population was used to control for potential institutional factors that may account for differences in clergy mental health and experiences of burnout from one denomination to another. Burnout among non-Pentecostal clergy was inferred from the study due to the fact that all Christian denominations share a common religion. The role of personality differences and counselling background were not included and these may affect the validity of the study. Their effects were however implied in the error term which represented the variability in mental health not accounted for by burnout. While collecting data, time constraint was a limitation due to the busy schedules of the targeted clergy. To mitigate this, the research period was extended to give them adequate timeframe.

## **1.9 Assumptions of the Study**

This study made these assumptions:

- i. Clergy suffer from burnout with negative implications on their mental health.
- ii. The views and opinions of respondents were a true reflection of their mental health. This was ensured by creating an environment free of victimization such as anonymous participation and non-disclosure agreement.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter reviewed related literature exploring the influence of burnout on mental health of clergy with Christ Is the Answer Ministries in Kenya in perspective. The chapter is organised into six sections thus: general overview of burnout and mental health of clergy, influence of emotional exhaustion on mental health of clergy, influence of depersonalisation on mental health of clergy, influence of low sense of accomplishment on mental health of clergy, intervening role of psychosocial resources in mitigating clergy burnout, influence of demographic traits on burnout and mental health, theoretical framework and conceptual framework.

#### **2.2 General Overview of Burnout and Mental Health of Clergy**

Burnout takes place in professions characterised by strong interaction between professionals and the beneficiaries of their work. However, in some professional fields, such as teachers, police and healthcare personnel, this syndrome evolves with greater facility and produces higher levels of malaise (Velando-soriano et al., 2018). Burnout syndrome arises in assistance-focused professions, in which there is constant interaction with other people, and in which workers are continually subjected to stressors (Velando-soriano et al., 2018). For instance, the demand for pastoral care and assistance extends beyond Church members to non-Church goers with potential negative implications on church ministers, who may become overwhelmed and stretched (Potgieter, 2015). These can have negative ramifications on clergy mental health. Studies done in different settings have found a significant association of burnout with depression and anxiety. When neglected, burnout can also results in other serious consequences such as

substance abuse, insomnia and dysfunctional family and interpersonal relationships (Pokhrel, 2019).

According to Schonfeld et al. (2017), burnout develops in response to a chronic impossibility of coping with workplace adversities. Smith (2019) makes the observation that pastors often find themselves in a high-stress world where respect can be low, and demands can be high. Many pastors believe that they are over-committed to their ministry, under-appreciated by their congregations, and often blamed for the problems in their congregations or parishes. Many clergy suffer from burnout; suggesting that such individuals are at high risk of reduced mental health in the course of discharging their duties (Gabbard & Crisp-Han, 2011). The probability of suffering burnout among clergy is high because of a multitude of work demands, which may drain their emotional and physical resources and impair their mental health. This is not to mention the problems with work-family balance as many of the pastors lack time to spend with family because of the difficulty of balancing the demands of ministry with the needs of the family (Koenig & Langford, 2012). Sinthya et al. (2019) undertook a study on work-family conflict against emotional exhaustion and found a significant positive effect on the sample of female employees at BPR in Mengwi District with a beta coefficient of 0.99 with a t-statistical value of 284.74 or greater than this t-table (critical value 1.68). This means that the work and family conflicts experienced can increase emotional exhaustion. Although the study was not undertaken among the clergy, it can be assumed that the poor work-family balance that results from the clergy work demands can contribute to burnout which results in reduced mental health.

Extending the viewpoints of Koenig and Langford (2012), Baruch et al. (2014) makes the observation that many clergy have discussed a deep tension between their numerous church responsibilities and the time needed to care for their own mental health. This is



because clergy work often involves interacting at an individual level with each congregant, counselling them and visiting them and their families when they are sick. As a result, it has been established from studies done among churches in the United States that clergymen tend to put the needs of others before their own, spend an average of four evenings a week away from home, and work 50 or more hours a week. These have a debilitating effect on their mental health as their capacity to withstand the inherent burnout is frequently depleted.

Chartrand (2015) seems to agree by positing that numerous things exasperate the anxiety levels of an average clergy. The study which was done in the US found that clergy are often overworked and underpaid, feel fatigued every week, have diminished self-esteem, and have no one they consider a close friend. The study implies that clergy work is characterised by working conditions that make the workers prone to burnout. However, the working conditions described in the study by Chartrand (2015) represent the western context, which may be dissimilar from the context of Kenya where the current study was done.

Proeschold-Bell et al. (2013) assert that the vocation of clergy service is also likely to be exposed to relational stress. Service recipients differ in what they expect of clergy and those expectations are not always made clear. Coupled with that, clergy work typically entails leading volunteer staff rather than salaried employees. Working with volunteers and rallying them towards a shared vision is not easy since the leader must make do with skillsets available and at the discretion of the volunteer. By virtue of their work, clergy are expected to respond to the emotional needs of faithful's and must be seen as responsive and compassionate, even when confronted with a multitude of work agendas that must move forward. In the process, clergy suffer burnout occasioned by the distressful environment they sometimes are called upon to minister in. The analysis by

Proeschold-Bell et al. (2013) draw attention to the need for a balancing act between getting work done and ministering to the needs of volunteers, a feat that can be demanding for some members of the clergy, thereby resulting in burnout that can cause low mental health. Proeschold-Bell et al. (2013) however did not support their arguments with empirical evidence, thus creating the need for the current study.

Berry et al. (2012) examined the experiences of burnout among Anglican clergy doing ministry work in Wales. Content analysis identified six key causes of burnout. It was found that the most common cause of burnout mentioned by the clergy was overall workload, followed in rank order by conflict experienced during ministry, paperwork and administration, high/unrealistic expectations from members of the congregation, lack of support from the church community and too many meetings. However, these findings represent a western perspective, which potentially differ culturally from a non-western context (Dunbar et al., 2020). Further, the link between burnout dimensions and mental health of clergy was not investigated in their study. Therefore, there was need for a study which explores the relationship between burnout subtypes and clergy mental health.

According to Baruch et al. (2014), many members of the clergy suffer from burnout which put them in a state of frustration, especially when they feel that the work they are doing is not getting the results they intended. They are likely to be more susceptible to burnout than individuals from other occupations because of the numerous and diverse roles they have in the church and community. Sekulić (2016) posit that sometimes there are open confrontations among church leaders which take a toll on clergy mental health when these conflicts continue unabated. Simmons (2014) portends that much of the outcome emerges in form of stress and burn-out which are found to be on the rise among church ministers.

Shoji et al. (2015) analysed the link between self-efficacy and burnout and investigated whether the relationship would be contingent on burnout subtype. Results showed no difference in self-efficacy between the different burnout types. It can thus be speculated from their study that all dimensions of burnout had the same effect on mental health of clergy. However, their study was based on a meta-analysis of past studies conducted among teachers, healthcare providers and other professionals rather than primary research among members of the clergy. Their results is therefore subject to empirical testing among clergymen, thus warranting the need for the current study.

Visker et al. (2016) observed that nearly two-thirds of clergy members were either experiencing burnout or were at risk of it. This has been linked back to conflicting demands from both the congregants and families as major sources of burnout for the clergy. Related research shows that unrealistic and unclear expectations and intrusion of boundary by congregants, seems to be responsible for many psychosocial problems experienced by clergymen. These revelations are useful in informing the development of the study hypothesis. It can thus be assumed that burnout is linked to mental health of clergy. The current study examined how subtypes of burnout influence mental health of clergy in Kenya.

Doehring (2013) notes that society expects clergy to possess a broad skillset: as preachers, pastoral caregivers, administrators, liturgists and educators. Clergy are expected to distinguish between these roles, manage their boundaries in an environment where drawing the line between professional work and social role is extremely difficult. This working condition has high risks of causing burnout. This is in line with the findings of Cocklin (2013) who undertook a survey involving 1,050 reformed and evangelical clergymen in California in which it was found that 71 percent stated they were burned out weekly and even on a daily basis. From this statistic, it is clear that

burnout is a problem confronting members of the clergy. However, the influence of burnout on mental health of the clergy in Cocklin's (2013) study was not demonstrated. The current study bridges this knowledge gap with respect to clergy experiences in Kenya.

### **2.3 Influence of Emotional Exhaustion on Mental Health of Clergy**

Clergy are at the frontline of moral purity in society through religious participation and guidance. Calling it the "Fishbowl Effect", Samau and Schoeffel (2015) observe that clergy are expected to provide a model of an ideal family. Arguably, this high expectation is also traced to the Bible where it states inter alia that a church minister "must be the husband of but one wife, a good manager of his children and of his own household" and should make every effort to present himself as "one approved to God, a worker who does not need to be ashamed and who correctly handles the word of truth" (1 Timothy 3:12; 2 Timothy 2:15). Clergy families are thus routinely accorded a different treatment from the rest; their children may be excluded by their peers, and spouses may find it difficult to confide with non-family members (Aulhouse, 2013). The public nature of clergy work magnifies work stress associated with ministry. They are always believed and expected to be healthy both emotionally and spiritually, and should be available and prepared to meet every congregant at their point of emotional and spiritual need (Doehring, 2013). In the process, they get emotionally exhausted in attempts to keep up with these expectations. The claims by Samau and Schoeffel (2015) are however subject to empirical analysis since most of the arguments presented are supported by anecdotal evidence which is less compelling than evidence obtained from scientific research.

Pickens (2015) argue that too many members of the clergy do not have anyone close enough around them to relax and just be themselves. This results to loneliness in clergy

work which has negative impact on their mental health. This adds to the emotional exhaustion associated with clergy work. This manifest in fatigue at the end of working hours, frustrations with work, sleep disorder, loss of energy and being emotionally discharged (Abarghouei et al., 2016; Sinthya et al., 2019).

Although the subject of burnout and its subtype of emotional exhaustion is complex, its implication on mental health of clergy makes it a subject of continuing psychosocial importance (Muse et al., 2016). The role of clergy in maintaining a coherent world order cannot be gainsaid. According to McBride et al. (2013), clergy's work is among the most trusted profession, with individuals and families turning to clergy for help in a wide variety of traumatic experiences. Proeschold-Bell et al. (2015) posit that the counselling in which clergy engage often touches on grief as they officiate funerals and clergy are the first responders to many people seeking help when depressed. They also often mediate over difficult conflict in church and between family members and deal with related emergencies which added to already exacting routine tasks of preparing and delivering sermons, leading worship and providing organisational leadership to the church (Doehring, 2013). This exposure leads to often traumatic experiences, coupled with time-pressure that multiple roles exact on the clergy can take a toll on them if psychosocial resources are not available to cushion them from emotional shocks. This has led to the emergence of the notion of emotional exhaustion. Emotional exhaustion has been found to lead to numerous forms of psychological distress including anxiety and depression (Miles & Proeschold-Bell, 2013).

Research has established that the multiple roles that clergy often perform lead to role strain and conflicts which can cause stress and emotional depletion (Miles & Proeschold-Bell, 2013). Other studies have also found inverse relationship between length of tenure in clergy work and emotional exhaustion (Jin, 2014). However, whether these

assumptions are a true representation of the experiences of clergy in Kenya has not been documented, thus making the current study necessary.

Francis and Crea (2015) studied the psychological health of catholic priests in Italy and whether it was related to clergy profession. Results revealed significant correlation between emotional exhaustion and low mental health as indicated by psychological distress and low morale. Given the strong link between low morale and low sense of accomplishment, it can be deduced that burnout had deleterious effects on psychosocial efficacy. Whether the same results are applicable to the Kenyan context was the subject of the current study.

Miles and Proeschold-Bell (2013) draw from a number of studies to argue that support from peers can buffer clergymen against occupational stress and burnout through being an emotional outlet and avenue for comparison. They argue that relief can be gained from such peer groups because they provide understanding, support, and forum for emotional release. Members compare notes, encourage each other and share wisdom that help stressed out clergymen to cope. The study by Miles and Proeschold-Bell (2013) was however not undertaken in non-western context, and there is limited evidence of generalizability of studies done in the western world to other parts of the world. There could be potential social and cultural differences that warranted further research enquiry.

Muasa et al. (2021) studied prevalence of emotional exhaustion among Catholic clergy in Lodwar Diocese in Turkana County. Descriptive study design was used. Data was collected through questionnaire administration and Focus Group Discussion guide administered on a sample of 131 participants. Results showed that emotional exhaustion was moderately high among respondents. The research was significant for the present study because it highlighted the extent to which emotional exhaustion manifested among the clergy in Kenya. The study however did not investigate the interaction effect of

psychosocial resources on the relationship between emotional exhaustion and mental health of participants hence presenting a knowledge gap.

#### **2.4 Influence of Depersonalisation on Mental Health of Clergy**

The psychosocial impact of burnout among clergy often manifest through depersonalisation and a failure to accomplish much in ministry (Jin, 2014). Depersonalisation is conceptualised as a negative senseless reaction combined with extreme indifference toward colleagues and clients, feelings of guilt, isolation, and loss of daily work and activities which is known as psychological separation of one's job (Abarghouei et al., 2016). It is the development of cynical attitudes and reactions, irritability and decreased motivation (Velando-soriano et al., 2018).

The subject of burnout has received thorough attention in the academic literature. However, limited research exists with respect to the association between burnout and mental health of clergy. Recent research in this area has revealed strong correlation between low mental health and high levels of depersonalisation (Muse et al., 2016). This means that the two elements of burnout stand out as potential influencers of psychosocial efficacy of clergy. Early research in this area has revealed strong correlation between lack of psychosocial efficacy and high levels of depersonalisation (Muse et al., 2016). This means that the two elements of burnout stand out as potential influencers of mental health of clergy.

Shoji et al. (2015) analysed the relationship between self-efficacy and burnout and investigated whether the association between the two would be moderated by type of burnout. Results showed no difference in mental health between the different burnout types. The results are corroborated by findings of a study of burnout among care staff done by Tol et al. (2015) which negatively associated depersonalisation with lack of

support from superiors. It can thus be speculated from these studies that all dimensions of burnout had the same effect on mental health of clergy. This is subject to empirical testing, thus warranting the need for further studies to determine whether differences may be obtained between psychological efficacy and social efficacy among clergy.

A literature review by Wells (2013) revealed that a great number of clergy experience burnout, with adverse implications on their mental health. Wells determined that clergy present with emotional withdrawal from their pastoral ministry, their families and their physical health. This is characteristic of depersonalisation and low sense of accomplishment which define burnout. A significant number of clergy end up quitting the profession. This finding is useful in identifying the manifestations of depersonalisation such as feelings of quitting ministry work and emotional withdrawal from clergy work. According to Lee (2017), burnout results in clergy emotional withdrawal from others as a means of protecting themselves from further psychological or social demands which only serve to make the situation worse. These measures of depersonalisation were further explored in the current study and their influence on low mental health analysed.

Joynt and Dreyer (2013) associate the work-life of pastors as characterised by stress and burnout due to ministry work and intensive pastoral care. Findings of their study reveal that pastors who reported high emotional exhaustion felt their work was negatively impacting on their family, found it challenging to withstand criticism from congregants, felt lonely due to difficulty making and keeping confidantes, and often entertained thoughts of quitting ministry. The findings of Joynt and Dreyer (2013) are in line with Wells' (2013) who also identified depersonalisation as manifest in feelings of quitting ministry work as a salient feature of clergy work. It can be inferred from these literature that depersonalisation is a prevalent subtype of burnout with potential ramifications on



clergy mental health. This study explored the significance of the influence of the relationship between depersonalisation and mental health of clergy in Kenya.

## **2.5 Influence of Low Sense of Accomplishment on Mental Health of Clergy**

Research in the mental health profession has come up with the notion of reduced sense of accomplishment (Hedman, 2014). Personal accomplishment is a feeling of competence and success with one's vocation, which reduces feelings of dissatisfaction, failure and incompetence, loss of judgment and understanding and efficiency reduction (Abarghouei et al., 2016). Low sense of accomplishment is said to manifest through feelings of emotional and physical depletion, clergy' cynicism and indifference to ministry, and feelings of inadequacy and lack of fulfilment. Reduced sense of accomplishment occurs when individuals adopt a negative view of themselves, feel dissatisfied and the sense that their work is not appreciated (Velando-soriano et al., 2018).

Muse et al. (2016) posit that clergy burnout is a function of caring for others in such a way that one does not receive sufficient replenishment in order to sustain emotional and physical well-being and/or prevent professional misconduct. It involves questioning self-worth and one's sense of call in the face of various demands and conflicts, which if not resolved, can affect clergy mental health.

A study on the association between role ambiguity, role conflict and job satisfaction among Methodist clergy undertaken by Faucett et al. (2013) reported overall negative implications of low sense of accomplishment on their mental health. However, it is not clear from the study whether the link between sense of accomplishment and wellbeing reported among the Methodist clergy applies to all denominations. This study sought to establish whether the same results can be obtained among CITAM clergy.

Barnard and Curry (2012) undertook an online survey of clergy of the United Methodist Church in the US in which participants were required to fill a 22-item burnout inventory. Results showed that, 44 percent had a low sense of accomplishment, 39 percent felt burned out by ministry work, and 39 percent were frustrated with tasks. The finding suggests that low sense of accomplishment was prevalent among clergy, with potential negative implications on their mental health. Crosskey et al. (2015) also argue that clergy usually feel at loss when confronted with the impossibility and complexity of ministry work. As a result, clergy are frequently not able to manage stress associated with clergy work. In the current study, burnout and low sense of accomplishment of CITAM clergy was analysed from a mental health perspective.

Subsequent studies also provide evidence of the nexus between burnout and low sense of accomplishment. For instance, Proeschold-Bell et al. (2015) study of determinants of good and poor mental health of clergy linked work related stress to their decreased sense of accomplishment. It can thus be inferred from this conclusion that clergy were affected by burnout just like in other professions or work roles. Payne (2017) suggests that clergy who experience burnout live a life of low sense of accomplishment which potentially affects their mental health. The converse is also true in line with Staley et al. (2013) who made reference to research which revealed that higher levels of sense of accomplishment was associated with mental health of clergy. However, these associations have been dominated by western thinking, which may be different from the Kenyan context. The current study sought to present a non-western perspective of the nexus between low sense of accomplishment as a burnout subtype and mental health of members of the clergy.

## **2.6 Intervening Role of Psychosocial Resources in Mitigating Clergy Burnout**

The antidote to the misfortunes of life is to confront them, develop a positive perspective concerning the misfortune and fight the urge to succumb to self-pity when adversity strikes and instead, exploit the potential benefits inherent in tribulations (Cocklin, 2013). The word ‘psychosocial’ is used to refer to interventions that are community-based and aimed at increasing safety, strengthening social support systems, or livelihoods; even though provision of such ‘psychosocial support’ will enhance positive mental health, lower risk for mental disorders and support recovery (Colgan et al., 2019).

Psychosocial resources entail resources from the self and from the environment that can help protect clergy from burnout and its ramifications on mental health. It may be emanating from immediate supervisors or from family and co-workers as well as from members of the congregation. This can be in the form of emotional support, which is related to affection and includes attitudes such as attention, trust, empathy, civility and affection; instrumental support, that is, the provision of tangible goods or services or specific assistance; the provision of information in times of stress; and evaluative support (Velando-soriano et al., 2018). Lee (2017) posits that while clergy may experience burnout, the effects may be mitigated by the satisfaction received by helping others. A study by Bougea et al. (2016) among social workers found that emotional exhaustion is related negatively to social support. The current study sought to establish whether the same results can be obtained among members of CITAM clergy.

In tandem with a life-stress viewpoint, there is evidence to the idea that personal resources moderate the effect of life stressors on mental health, and this also can vary with the personality trait of the clergy and the social support at their disposal (Miles & Proeschold-Bell, 2013). Religiosity is therefore assumed to be one of the sources of mental health. This is implied in several scriptural references. For instance, in one of

Paul's letters, he suggests that trusting in God results in being filled with peace and joy and overflowing hope powered by the moving of the Holy Spirit (Romans 15:13).

According to Velando-soriano et al. (2018), social support is a predictive and protective factor against burnout syndrome. Smith (2019) gives the example that support groups can play a role in alleviating the psychological stress that contributes to burnout in pastors. However, he argues that such peer support groups are most beneficial to clergy when the group functions in a way that is compatible to the personality type of the recipient of support. They illustrate for instance that if a support group encourages venting, but the member of the clergy being supported finds venting uncomfortable, then he/she will not find that participation in the support group provides help for emotional stress. They recommend that for support groups to be effective, the techniques need to be matched to what meets the needs of the intended beneficiary.

Proeschold-Bell et al. (2015) investigated the mental health of 1,476 church appointed clergy and found that social support or isolation, and financial stress together explained between 8 percent and 34 percent of the variance in both positive and negative affect outcomes. The clergy-specific variables accounted for an additional 11 percent -16 percent of variance. Congregation pressures and thoughts of quitting clergy work were significantly associated with affect, both positive and negative. Spiritual well-being, positive congregations, congregation support of clergy, and confidence in supervisor consideration of future church appointments were significantly related to positive affect outcomes. This is corroborated by a study undertaken by Cocklin (2013) who found that former members of the clergy who quit ministry lacked necessary resources to successfully navigate ministry challenges, had no accountability mechanisms, felt lonely, possessed poor conflict management skills, felt inadequately prepared for ministry work, and often suffered from burnout. This signals an urgent need for interventions that

promote the spiritual, physical, relational and emotional life of the clergy in the face of the unique occupational challenges they confront (Hedman, 2014).

Miles and Proeschold-Bell (2013) investigated the role of peer support managing occupational stress by United Methodist Church clergy in North Carolina. Results showed that the contribution of peer support groups was weak. They speculated that the weak result could be due to individual differences in coping mechanisms adopted. They cautioned against a blanket assumption that peer support groups were uniformly effective. This means that peer groups may not be effective to all clergy suffering from burnout. The current study sought to establish whether peer groups are effective interventions against clergy burnout and its ramifications on mental health.

Supporting the findings by Miles and Proeschold-Bell (2013), a main finding in the study by Barnard and Curry (2012) was that clergy possessing higher self-compassion were more satisfied with ministry and reported less motional exhaustion. This led to their conclusion that clergy who are kind towards themselves in the face of failure or stress are less likely to be burnt out, and; by extension, report higher levels of mental health. This means that a self-resilient personality plays a significant role in mitigating burnout and its ramifications on mental health. The current study tested this assumption by exploring the interaction between personality, burnout and mental health of CITAM clergy.

Muse et al. (2016) summarised common factors repeatedly identified in the aetiology of burnout which deserve attention by faith groups in order to support clergy resilience and promote their mental health. These are: quality of interpersonal skills, relationships outside the congregation, peer/mentor relationships, high role expectations, personal spirituality, and the ability to set healthy boundaries as being among the critical variables

identified in the literature. The current study sought to explore these claims through empirical testing with a clergy sample in Kenya.

## **2.7 Influence of Demographic Traits on Burnout and Mental Health**

A number of empirical studies have been undertaken to determine the role of demographic variables in levels of burnout and mental health, with mixed results (Burnette, 2016; Hassan, 2019; Guthrie et al., 2017; Yu, 2018). In a study undertaken by Burnette (2016), it was found that gender of clergy was a significant determinant of mental health, with male clergy having a higher average mental health than female clergy. This is resonant to findings in research workplaces where gender has been found to be a personal factor that determined mental health, whereby more females than males reported higher stress levels and struggles with balancing work with their life (Guthrie et al., 2017).

Gender differences have also been reported among young adults with respect to mental health dimensions such as psychological distress, anxiety and depression (Droogenbroeck et al., 2018). This lends credence to the notion that women are almost twice as likely to experience poor mental health as their male counterparts (Yu, 2018). Consistent with these results, Wilks and Neto (2013) reported job-related gender effect on subjective wellbeing, with males showing marginally better mental health than their female counterparts. Their study was undertaken among 446 adults employed full time in private sector organisations in the US. However, their study was undertaken among a non-clergy sample rather than in the church.

The observed gender differences as reported by Burnette (2016) have been linked to, among others, the way by which men and women are socialized and therefore the societal expectations of each gender. Yu (2018) associate low mental health among

women to social inequalities. Gartziaro et al. (2018) argue that this occasion fundamental differences on how men and women experience the workplace with regards to a number of issues including interpersonal relationships, and job roles. As a result, women have been found to experience emotional exhaustion while men exhibit symptoms of depersonalisation (Gartziaro et al., 2018). As compared to men, women have also been observed to be more self-critical and self-sacrificial by putting the needs of others before their own, hence making them more prone to emotional exhaustion, which in turn negatively impacts their mental health (Neff & Germer, 2017). These gender differences have been found to persist even in later life as women reported lower psychological wellbeing (measured by life satisfaction and happiness) than men, though with a small but statistically significant effect size (Lansford, 2018). Women are also underrepresented in the clergy profession and this potentially stifles their collective voice on matters concerning their mental health (Hoegeman, 2017).

Musick et al. (2016) investigated this postulation further by exploring how parents fared in terms of mental health with regards to time with children. They found that mothers reported comparatively less mental health (more stress and greater fatigue) than fathers, though the gaps in mental health rating were small. It is argued in the current study that the difficulty of balancing family roles and work demands may be particularly enhanced for clergy women given the unique nature of clergy work. Indeed, the general empirical literature suggest that gender differences is significant as studies conducted on emotional exhaustion between males and females indicate that female workers had higher emotional exhaustion than male workers (Menon & Priyadarshini, 2018).

In contrast to the foregoing empirical studies however, there are empirical literature that discounts the influence of demographic characteristics (Bloom, 2019; Chua, 2013). A research undertaken by Hassan (2019) among a non-clergy sample found no gender

differences in mental health. The study, which examined the psychological well-being and gender differences among science and social science students of a university in India reported that gender differences were not statistically significant at  $p < 0.01$ . Similar results among a student sample were also reported by Ashok (2017) thus raising the question of whether observed gender differences were unique to the clergy profession. Consistent with these results, a study undertaken by Okeke and Okeke (2018) among a sample of 250 nurses in Nigeria found that gender did not predict psychological wellbeing. In a study by Pokhrel (2019), it was found that gender was not a significant correlate for depression and burnout. This means that research on the influence of gender on burnout and mental health outcomes among non-clergy is inconclusive.

Just like gender, the relationship between age and mental health has also been explored by previous scholars, with inconsistent results (Burnette, 2016; Steptoe et al., 2015; Ulloa et al., 2013). An empirical review of the literature by Ulloa et al. (2013) revealed that studies report a U-shaped relationship between age and mental health whereby younger and older people report good mental health than middle-aged people: those in their mid-thirties to mid-forties have been associated with the poorest mental health rating. In another study undertaken among a US sample, De Bruin et al. (2019) found that older age was linked to good mental health. From these findings, it can be speculated that older clergy members may report better mental health than their younger counterparts. However, the generalizability of these studies to non-western samples may be difficult due to, among others, socioeconomic differences.

Steptoe et al. (2015) investigated the pattern of wellbeing across ages and the relationship between wellbeing and made mention of findings which showed that the U-shaped pattern was not universal. They drew attention to a Gallup World Poll in more than 160 countries which found that the U-shaped relationship between age and mental



health only existed in rich, English speaking countries. In contrast, large progressive decline of wellbeing was found in relation to age in Eastern Europe and the Soviet Union whereas findings in Sub-Saharan Africa indicated insignificant change with age. These studies were however undertaken among the general population rather than clergy samples. Nevertheless, Burnette (2016) also made reference to studies which reported that emotional exhaustion was reported among a large majority of clergy members regardless of age.

Contrary to the pervasive literature that report a U-shaped relationship between age and mental health, Wilks and Neto (2013) found in their study that aging was generally associated with lower subjective wellbeing, with those in their middle age reporting the lowest mental health rating such that a V-shape rather than U-shape emerged. The scholars speculated that the low reports of mental health during middle age could be due to the challenge of balancing work and family demands – a problem which may be aggravated for women due to the task of child rearing and career.

There have also been studies that find that age is not a significant predictor of burnout or mental health. One such study was undertaken by Mammen and Patrick (2015). The study found no significant difference in the stress levels and reported work pressure on mental health across different age groups. However, the study was undertaken in an educational environment and thus, may not be generalised to clergy work or the church sector.

Burnout and depression have been associated with age and level of experience of the clergy as well as with long-term patterns in varying ways. Muse et al. (2016) found moderate levels of increase in burnout symptoms within one year of entering ministry due to the increasing discrepancy between secularization of society and loss of

denominational authority in a pluralistic environment. Their study showed that clergy who hold to their childhood faith without questioning and have low levels of internal orientation appear to be at greatest risk as the loss of external validation occurs. They further found that younger clergy were more prone to report burnout related to emotional exhaustion and depersonalisation. One conclusion they made behind the difference in the age of the clergy and level of burnout relates to the naïveté of younger clergy that is seen in other helping professions. They observed that younger individuals in helping professions believe that it is their job to exert large amounts of time and energy into helping solve other people's problems while neglecting their own self-care.

Studies on years of service tend to report a negative relationship to both job burnout and mental health (Bhatt & Ramani, 2016; Burnette, 2016; Hannes & Antje, 2016) although other studies report contradictory findings (Mammen & Patrick, 2015). Hannes and Antje (2016) suggest that job tenure interacts with the nature of work in a manner that inversely relates to mental health irrespective of chronological age. Burnette (2016) similarly reported in his finding that there was a weak inverse relationship between clergy tenure and burnout. The same study however reported that pastor's tenure was a positive predictor of mental health, suggesting that tenure differently affected burnout and mental health.

In contrast to the findings by Burnette (2016), findings from one-way analysis of variance undertaken in the study by Mammen and Patrick (2015) showed that there was a statistically significant difference in mental health dimensions across the different tenures. A review of the literature by Bhatt and Ramani (2016) led to the conclusion that the three components of burnout namely, emotional exhaustion, cynicism and depersonalisation were affected by years of service in a job, whereby newer staff report experiencing higher stress levels as compared to their older counterparts.

Psychosocial resources also encompass the inward resources that the clergy can resort to. According to Smith (2019), prevention of burnout and its adverse impact on mental health involves the pastor's willingness to engage in proactive personal intervention such as getting rest and recreation, keeping discouragement at bay through positive mental attitude, setting healthy expectations for self through self-acceptance, negotiating with the church about a fair terms of engagement, developing a healthy eating and exercise plan. All these factors can moderate the negative impact of burnout on the health of the clergy. For instance, Muse et al.(2016) reported that clergy with higher levels of self-compassion exhibit lower levels of emotional exhaustion in the face of various stressors. These findings suggest that clergy who succeed in shedding unrealistic expectations of themselves and who are patient and understanding of personal failure or disappointment are more resilient and able to overcome emotional exhaustion. They put things into perspective by acknowledging that they are not alone and are better able to stay connected with God and other people through fellowship.

Schonfeld et al. (2017) also introduce the idea of emotion-focused coping which they link to stress management. Emotional regulation has been identified as a psychosocial resource in wellbeing studies (Kay, 2016). Emotional regulation is characterised by the act of selecting situations, modifying them, making cognitive change, and modulating response.

According to Kay (2016), situation selection refers to taking actions that affect the likelihood of being in a situation that will give rise to a desirable or undesirable emotion; for example, avoiding an unpleasant congregant. Situation modification refers to actions that directly alter a situation in order to change its emotional impact; for example, taking a break from a stressful meeting. This can especially be useful because it helps reduce

the experience of negative emotion through either likelihood or duration. Spiritual disciplines have also been found to mitigate the negative effects of burnout.

According to Muse et al. (2016), a vital spiritual life has been confirmed to be a key prophylactic against burnout. They found that one of the most significant variables in the low burnout rates among Roman Catholic priests working an average of 63 hours a week were the inner peace of feeling personally close to God. In a sample of 1,278 Anglican clergy, found that positive attitudes toward prayer acted as a buffer to decrease the chances of clergy becoming burned out. They concluded that people who pray enjoy a range of psychological benefits, including a greater sense of purpose in life, a higher level of satisfaction with life, and better psychological well-being.

Kay (2016) further argues that when using attentional deployment, people selectively direct attention in order to alter their emotional experience. One technique of attentional deployment is distraction, or shifting attention toward a particular aspect of the situation or even away from the situation. The other internal resource of cognitive change refers to altering one's appraisal of the situation by changing one's perception of the situation. Reappraisal is the main strategy of cognitive change, which alters emotion by changing the meaning or self-relevance of a situation.

Physical exercises have also been found to reduce the risk of burnout and mental problems. Pokhrel (2019) found that students who exercised regularly and had time to relax had lower rates of burnout. Haynes (2014) qualifies these perspectives with the observation that when asked about coping with stress, the clergy in his study identified engagement in healthy behaviours such as hobbies, recreational activities and spiritual disciplines as broadly effective strategies. Kay (2016) sorts these into three categories of emotion regulation strategies that target the different aspects of the emotional

experience: the external situation by changing the environment, the internal situation of how one is thinking of the situation, or the outward response of emotional expression.

Within the Kenyan context, Muasa et al. (2021) examined demographic influences of burnout sub-types among Catholic religious workers in rural Turkana. The study utilised descriptive design and phenomenological approach. The study sampled 131 religious workers. Results showed that there were variations in levels of emotional exhaustion, depersonalisation and sense of accomplishments by demographic variables such as gender, age, education and even country of origin. This finding suggests that demographic factors were salient in the clergy burnout equation. The study however did not account for psychosocial resources at disposal of the clergy.

From the foregoing review of the empirical literature, it can be surmised that research on demographic factors and their impact on job burnout or mental health is not conclusive. Further, while researches on the use of personal resources consistently result in beneficial effects on mental health, much of the literature is supported by anecdotal evidence. In addition, it is evident from the reviewed literature that most of the researches have been done in the western world, while none of the studies were done in Kenya. The current study sought to establish whether there is empirical support to the influence of demographic and personal factors on burnout and mental health outcomes among the clergy in Kenya.

## **2.8 Theoretical Framework**

The study applied two theories: Existential Theory and Conservation of Resources Theory (COR).

### **2.8.1 Existential Theory**

According to this theory, people seek to find meaning through work and when the sense of meaning is absent, burnout takes over as it is having a sense of meaning that defines mental health of an individual (Brewer, 2016). Its proponents believe that “the master of the motive of man is to live as fully as possible, to have the best possible life, to actualize potentialities and opportunities to the utmost” (Thorne & Vermon, 2017). Cortright (1997) posits that true existential position states that health is a product of a created meaning in a meaningful environment. Corey (2009) expounds this view by stating that existential approach to therapy was midwived out of an effort to help alleviate people out of their struggles in life such as feeling isolated, and experiencing feelings of meaninglessness to life, that were the aetiology for the anxiety in the prevailing circumstances. Adams (2013) supports this view by positing that right from existence of human life, people have consistently been preoccupied with reasons they exist. Existential theory holds the view that existence comes before essence. The assumption is that people are flung into the world and such things as genetic makeup, family, environment which one is born and brought in, gender, race, and cultural encapsulations are imposed and therefore the individual’s task is to give meaning out of what is offered. This means that work should be fulfilling and lead to a sense of self-actualization. The theory is hailed for its characteristic features of mental health counselling (Parson & Zhang, 2014).

Leone (2010) in his review of Kiergaard’s view on existential theory asserts that it emanated from his individual experience in what the author explains as having let go challenges that hitherto entangled him thus enabling disentanglement from surroundings to the extent that external impediments were rendered ineffective to the individual. Existential theory has a two dimensional prong, it connects a psychological event to

spirituality as well as appealing to both the religious and conservative Christians thus befitting the population targeted in this study. Deurzen et al. (2019) in his review of Nietzsche (1884-1990), a key proponent of existential theory explains that the approach for therapeutic intervention should be to offer a shoulder for the client to lean on which will propel them to discover their own capacity for endurance and courage as opposed to shielding them from the challenge. In a nutshell, Nietzsche believed that challenges and contradictions serve as inspirations to an individual's ability to triumph and soar. Barnett and Madison (2012) while reviewing Martin Heidegger's (1889 – 1976) portends that in order to obtain answers to the issues surrounding human beings is to observe their routine experiences which are embodied in relationships and subsequent interactions thereof.

Corey (2009) identified the main proponents to Existential theory namely Soren Kierkegaard (1813-1855), Friedrich Nietzsche (1844-1900), Martin Heidegger (1889-1976), Jean – Paul Sartre (1905- 1980), Martin Buber (1878 – 1965), Ludwig Binswanger (1881-1966), and Medard Boss (1903-1991) besides scores of other contemporaries. According to Corey (2009), the theorists revolved around three main concepts that directed existential movement: attaching significance to the individual and advocates for the need to explore their behaviour in order to understand the person; developing genuine desire to support the individual through everyday life challenges emanating from their environment; and, keeping in tandem with the ever changing trends in human functioning for optimum performance. Other dimensions from the perspective of human functioning included on the foregoing associated with the theory are: ability to self-awareness, freedom and taking responsibility, establishing own identity and relationships to others, desire to acquire meaning, purpose, values, and goals in life, anxiety as a precursor to life in general; and being conscious of death and nonbeing.

A shortcoming of existential theory is its limited utility in examining existential truths (Shannon, 2019). Notwithstanding this criticism, Existential Theory is behind much practice on existential therapy, which made it a suitable theoretical lens for underpinning the current study. Vos and Craig (2015) reviewed the evidence of the theory's wellbeing, especially on elements such as mental health and found that existential therapy was beneficial for enhancing mental health of emotionally unwell clients. The theory was applied to bring out self-acceptance, self-transcendence and self-actualization dimensions of mental health of clergy as personal resources that potentially mitigate clergy burnout and the attendant ramifications on their mental health. Deurzen et al. (2019) adds that existential theory comprise of supportive and collaborative approaches to individual person's experiences to a life situation. It seeks to illuminate on the uniqueness of a person within a given challenging environment and how they can create their own resilience within the stated space. In a nutshell, the theory permits affected individuals to explore their learned experiences overtly and in detail. Thus, the theory facilitated reflection on psychosocial resources activated by CITAM clergy and the effect such resources had in mitigating the adverse effects of burnout on their mental health.

### **2.8.2 Conservation of Resources Theory (COR)**

According to Patti (2009), Conservation of Resources (COR) theory was developed and tested by psychologist Stevan et al. (2000) posit that COR has two key principles underpinning it: primacy of resources loss - the view is that it is more harmful for individuals to lose resources contrasted to when there is a gain of it, and resource investment - the view is that people will tend to invest resources in order to protect against resource lose, to recover from losses, and to regain resources.

According to Glembieswki (2001), COR theory postulates that when people experience a loss, they react by attempting to minimise the loss and maximizing on the gain of



resources. When work environment threaten individuals, stress is experienced. In that case, people would respond by striving to protect selves from the impending losses. People would experience burnout for fear of loss and inability to replenish. As opposed to stress, burnt out individuals cannot compensate the loss by mitigating other resources but they instead allow the loss to exacerbate until they enter a spiral of losses. When this happens, burnout symptoms resemble those of depression.

Hobfoll (2011) designed a perspective on burnout and stress that help explain job wellness. Their Conservation of Resources (COR) theory makes the assumption that individuals have access to four major achievements: (a house or motor car), condition (a steady job or employment), personal character (self-esteem), and other forms of energy (money and support from significant others). COR theory presupposes that individuals desire to acquire and conserve these resources and that when they are scarce or diminished, burnout results.

Barling and Cooper (2008) posit that COR theory hold the view that human beings receive motivation to preserve cognitive and emotional resources in their day today engagements and in interrelationships with others. COR further presupposes that coping with stressful moments is a resource depleting exercise that explains reasons people undergoing stressful moments tend to experience emotional exhaustion and depression. People therefore make adjustments in their coping mechanisms in ways that they deplete fewer amounts of their scarce physical, cognitive, and emotional resources. Trying to change the situation is not an option due to the high resource demands.

Chen et al. (2015) observes that the theory has been found useful for predicting occupational stress and resilience, leading to the postulation that in a work environment, among the major resources available to workers are social support, individual control

over their performance and inclusivity in significant decision – making process and benefits accruing thereof. The researcher asserts that burnout occurs as a result of major demands that give rise to resource depletion, role ambiguity and conflict, inadequate or complete lack of resources to perform the task and unlimited demands from parishioners or service recipients in the work environment. In this study, the theory was used to explain restoration of self-esteem which determines mental health of clergy.

Despite its usefulness in making sense of the factors surrounding burnout and mental health, COR theory has been criticised for lack of clarity in measurement, which limits assessment of associated validity. As a result, the theory is not well tested empirically (Hobfoll, 2002). In this study, the theory was applied to explain the precedents to burnout subtypes and how the burnout subtypes relate to mental health.

## **2.9 Conceptual Framework**

A conceptual framework “explains the path of a research and grounds it firmly in theoretical constructs” (Adom et al., 2018). It shows how variables are hypothetically linked to each other. The three primary variables of concern in this study were: independent variable, moderator variable and dependent variable. Flannelly et al. (2015) distinguish between these three variables. They define independent variable as that variable that affects another variable, typically called the dependent variable. They distinguish these two variables from moderator variable by explaining that moderator variable is that variable that affects or change the strength of the relationship between the dependent and independent variable.

**Figure 1**

*Conceptual Framework*

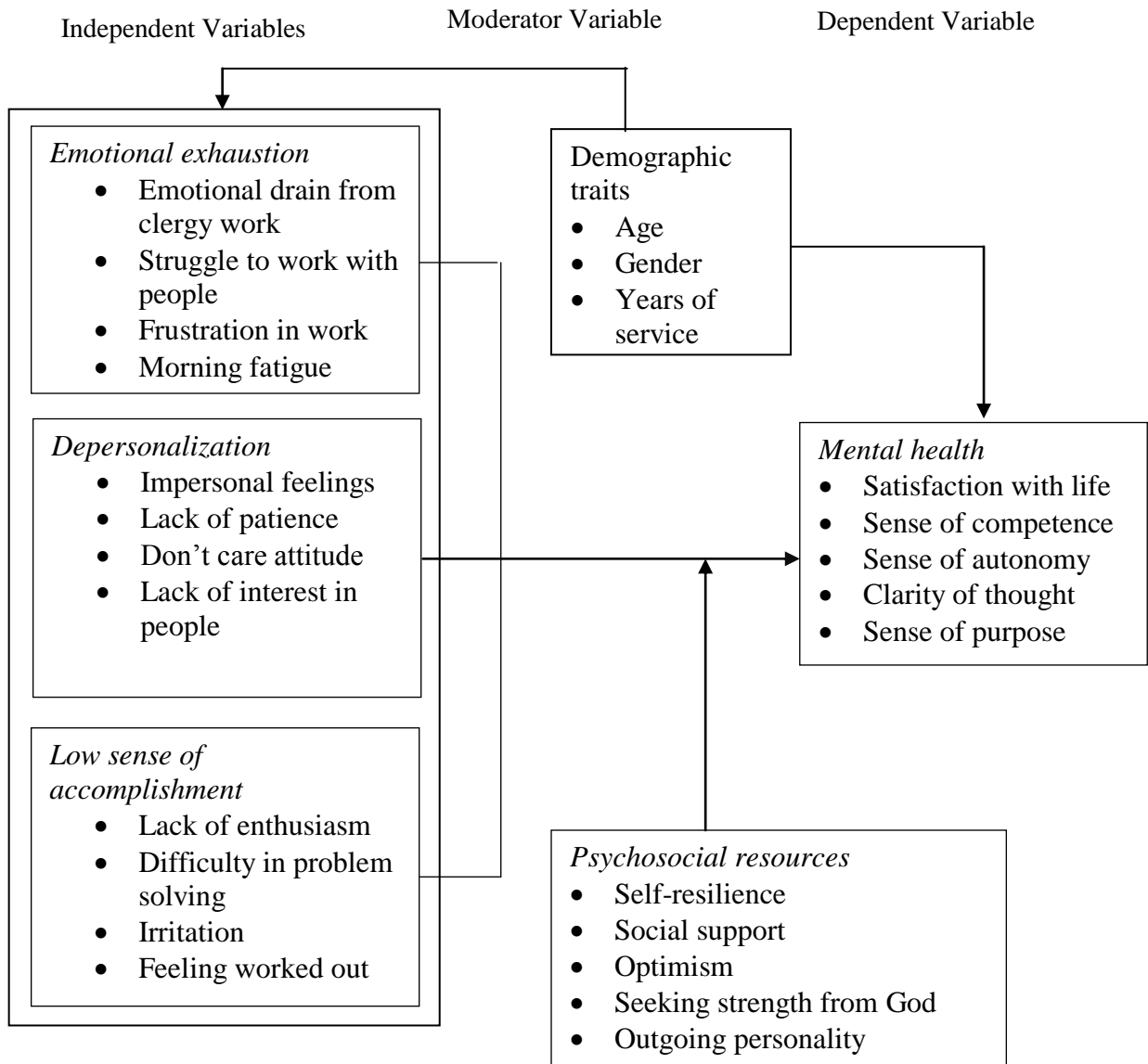


Figure 1 show the conceptual framework used to illustrate the potential relationship between the study variables. The conceptual framework present burnout as comprising of emotional exhaustion, depersonalisation and low sense of accomplishment being the independent variables. The measures of emotional exhaustion include emotional drain from clergy work, struggle to work with people, frustration in work and morning fatigue; the measures of depersonalisation entails impersonal feelings, lack of patience, having a don't care attitude and lack of interest in people; and, the indicators of low sense of

accomplishment include lack of enthusiasm, difficulty in problem solving, irritation and feeling worked out by clergy profession.

The dependent variable is mental health which is indicated by satisfaction with life, sense of competence, sense of autonomy, clarity of thought and sense of purpose. The psychosocial resources that intervene in the relationship between burnout subtypes and mental health are self-resilience, social support, optimism (positive mental attitude) seeking strength from God and having an outgoing personality.

As per the arrows in the conceptual framework, emotional exhaustion, depersonalisation and low sense of accomplishment individually and collectively affect mental health. However, it also shows that psychological resources have an interaction effect on the relationship between the three burnout subtypes and clergy mental health. In the same vein, both clergy burnout and mental health are assumed to vary by demographic traits such as age, gender and years of service as a member of the clergy.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter presents the blue print for methodology. It comprises: research design, location of the study, population of the study, sampling technique and sample size, instrumentation, piloting of data collection tools, instrument validity, instrument reliability, data collection procedures, data analysis procedures, and logistical and ethical considerations.

#### **3.2 Research Design**

Research design in this regard refers to the general approach chosen by the researcher to put together different components of the research into coherent piece of work (Simuforosa & Wiseman, 2015). A cross-sectional mixed-methods approach comprising of descriptive design and qualitative case study was used. According to Weiten (2012), such a design allows researchers to describe patterns of behaviour and establish associations between variables. A salient feature of any cross-sectional study is that data is collected at a specific point in time (Kesmodel, 2018). This study design has been applied in related studies such as the investigation of job stress among teachers (Schonfeld et al.,2017), clergy burnout (Smith, 2019) and the role of spirituality and resilience in mitigating burnout (Williams, 2017).The selected research design was relevant for this study because of the researcher's interest in collecting data at one point in time and in the process, measures the prevalence of burnout subtypes as well as explaining their influence on mental health among members of CITAM clergy in Kenya.

A mixed-methods approach combines the use of quantitative techniques which entails the collection and analysis of numerical data and qualitative techniques which involves the collection and analysis of textual data to draw insights about the phenomenon under

investigation (Askarzai & Unhelkar, 2017). This enabled triangulation of the empirical data with in-depth insights from interviews held with selected clergy members of CITAM. The researcher in the process combined the advantages that quantitative and qualitative methods avail into one solid piece of research.

Queiros et al. (2017) undertook a vivid summarisation of the advantages inherent combining the quantitative and qualitative approaches. They observed that mixed methods research allows the researcher to apply statistical techniques for data analysis, reduce the risk of subjectivity, easily calculate association between study variables and ensure rigor of the process while also being able to extract in-depth findings, get detailed data useful for revealing nuances and seek clarification necessary to put empirical data into context. It is these advantages that the researcher sought to exploit in order to achieve a robust investigation of the subject matter.

### **3.3 Location of the Study**

The research location was in Kenya. This is because Kenya is where CITAM has the majority assemblies. CITAM clergy was used because the church exclusively locates in urban settings hence suitable for research towards bridging the geographical gap inherent in the study by Muasa et al. (2021) which targeted rural clergy. It was also selected because it identifies itself as a Pentecostal church submitted to the blessed Holy Spirit, who is described as a helper and counsellor (John 14:26). It was further selected because it unapologetically articulate as a statement of faith, a belief in Jesus Christ who offers the liberating gift of the spirit in whom the clergy should find encouragement, comfort, affection and compassion (Philippians 2:1). This means that CITAM clergy is uniquely resourced than the average member of the helping profession to overcome burnout and its adverse effects on their mental health. However, inadequate pastoral care program was acknowledged in the church's strategic plan as one of the weaknesses the church is

grappling with (CITAM, 2016). CITAM church has 25 assemblies in most parts of Kenya, with just a few in the diaspora. Majority of the assemblies in Kenya are located in Nairobi. The rest are scattered over five counties including Machakos County, Kajiado County, Kisumu County, Nakuru County, Uasin Gishu County, Kiambu County, Nyeri County and Kisii County. The map of the study location is presented in Appendix III.

### **3.4 Population of the Study**

According to Denscombe (2014), ‘population’ mean all the people from which the samples are drawn. The focus of this study was 91 clergy members of CITAM. This population was targeted because it recognises disgruntled service providers as a threat to its mission while inadequate pastoral care program as one of the weaknesses confronting the wellbeing of the ministry from achieving its mission and vision (CITAM, 2016). The accessible population was 86 clergy members based in Kenya.

### **3.5 Sample Size and Sampling Procedures**

Sampling is the process of taking a sub-set of the population to represent the population of interest (Taherdoost, 2016). However, when the whole set of population members are included in the sample, this is called census and is the technique which was applied. Table 1 shows the distribution of clergy by assembly/location.

**Table 1***Population and Sample Size Distribution*

<b>Assembly</b>	<b>Population</b>	<b>Sample</b>
1. HO-0	10	10
2. LC-1	6	6
3. LC-2	5	5
4. LC-3	5	5
5. LC-4	6	6
6. LC-5	4	4
7. LC-6	4	4
8. LC-7	4	4
9. LC-8	5	5
10. LC-9	4	4
11. LC-10	1	1
12. LC-11	4	4
13. LC-12	4	4
14. LC-13	2	2
15. LC-14	3	3
16. LC-15	3	3
17. LC-16	3	3
18. LC-17	3	3
19. LC-18	2	2
20. LC-19	2	2
21. LC-20	1	1
22. LC-21	1	1
23. LC-22	1	1
24. LC-23	1	1
25. LC-24	1	1
26. LC-25	1	1
<b>Total</b>	<b>86</b>	<b>86</b>

Source: CITAM (2019)

When census is used instead of sampling, the entire accessible population is included in the sample, thereby representing 100 percent of the population size (Denscombe, 2014). Martinez-Mesa et al. (2016) argue that whenever possible, census-based techniques should be adopted in research as it eliminates the risk of sampling errors. Census was used instead of sampling because the accessible population of 86 clergy members of CITAM was small and therefore, collecting data from all clergy in CITAM Kenya was



possible. Although this approach imposed budgetary, time and logistical implications, it was favoured since reliability of statistical estimates was assured.

### **3.6 Instrumentation**

The study used in depth interview guides alongside structured questionnaires.

#### **3.6.1 Structured Questionnaires**

A structured questionnaire made up of structured questions as well as some unstructured questions (Appendix 1) and administered to elicit response from the clergy employed by CITAM at the local assembly level was used. Randall (2013) developed two scales that were used in this study to measure burnout and mental health: scale of emotional exhaustion in ministry (SEEM) and a modified version of Maslach Burnout Inventory (MBI). The Scale of Emotional Exhaustion in Ministry was specifically designed for application in studies measuring emotional exhaustion among members of the clergy (Burnette, 2016). The SEEM scale comprises eleven items covering aspects such as feeling drained by ministry roles, daily experiences of fatigue and irritation, unexplained sadness, cynicism towards people, lack of enthusiasm towards work, spending less time with flock, sense of discouragement and lack of personal support, frustrations when undertaking tasks, impatience and less flexibility in dealing with flock (Village et al., 2018).

The MBI was originally authored by Malasch et al. (2016) to measure burnout based on the definition found in the International Classification of Diseases (ICD -10) which conceptualise burnout as a syndrome resulting from unending workplace stress that have been unsuccessfully managed. These scholars have since come up with variants of MBI suitable for different groups such as medical personnel, human service workers, educators, students and general users.

For the purpose of this study, the Malasch Burnout Inventory for Human Services Survey (MBI-HSS) was adapted because it addresses the three dimensions of burnout that were of interest in the current study namely, emotional exhaustion, depersonalisation and personal accomplishment (Malasch et al., 2016). In this study, the modified version contains 23 items, 8 designed to measure emotional exhaustion, 7 to measure depersonalisation and 8 to measure personal accomplishment (Faye-Dumanget et al. 2017).

Mental health was measured using a simple 5-point Likert scale developed after examining both the Riff's Psychological Well-Being Scale (WBS) and Warwick-Edinburgh Mental-Wellbeing Scale (WEMWBS). The WBS is a 44-item questionnaire that characterises psychological wellbeing as a construct comprising of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth (Kallay & Rus, 2014). Henn et al. (2016) however cautioned its use after investigating the validity and reliability of its factor structure on a sample of South Africans and found that it was not satisfactorily replicable in the South African context. The tool was found to be unnecessarily lengthy and thus would place a large response burden on research participants (Smith, 2018).

The WEMWBS was developed by researchers at the University of Warwick and Edinburgh (Stewart-Brown & Janmohamed, 2008). Unlike the WBS, this is a 14 item scale that covers the subjective wellbeing and psychological functioning of the study subjects to measure positive mental health.

### **3.6.2 Individual In-depth Interview (III) Guides**

The individual in-depth interviews were conducted with 12 senior level clergy members of CITAM based at its Head Office. This includes members of the Deacon Board and the

Elders' Council. The interview guide sought to establish how clergy work affect respondent emotionally, frustrations in ministry, detachment from the flock, attitude towards work, feelings of indifference, emotional attachment, sense of accomplishment, perceived support from church community, and self-evaluation of performance.

### **3.7 Instrument Validity**

Validity is the term given for the degree to which items in a questionnaire encompasses the entire range of the aspects of the area under investigation (Al Kindy et al., 2016). This refers to the degree of accuracy with which the data collected is representative of the variables in the study. High validity gives assurance of accuracy and meaningfulness of the data collected. Tahedoorst (2017) delineate a number of subtypes of instrument validity that were ascertained before implementing the research tool for this study: criterion validity, face validity and content validity.

According to Tahedoorst (2017), face validity is concerned with the extent to which the content of the instrument look relevant to the test takers. This means that to assure face validity, the researcher's subjective evaluation of the clarity, presentation, formatting and relevance of the research instrument is depended upon.

Content validity entails the evaluation of the research instrument so that to determine that all the items that together represent the underlying construct are covered (Mohamad et al., 2015). Content validity was ensured by incorporating a battery of items that attempt to measure levels of burnout among clergy and their effects on mental health. This was done after an exhaustive review of empirical and theoretical literature. This was presented for review by the researcher's Supervisor whose expert feedback informed further refinement of the instrument.

Construct validity pertains the Operationalization of the various constructs represented in the research instrument (Taherdoost, 2016).The construction of the items used to measure the various construct was derived from instruments used to measure similar constructs in previous studies (Heale & Twycross, 2015). Construct validity was also determined by comparing the outcome of the pilot test to the results of previous tools that measure similar constructs in previous studies.

Validation of the WEMWBS among a non-probability sample of 421 South African adults revealed sufficient internal consistency, with the both confirmatory and exploratory factor analyses supporting a one-dimensional factor structure (Smith, 2018). The items cover indicators of psychological functioning such as feelings of optimism, usefulness, relaxation, effective problem solving, clear thinking, closeness to people and decisiveness. This shorter version has become a popular measure of mental health and has been applied in many mental health studies (Shah et al., 2018; Vaingankar et al., 2017). The items used in this study borrowed heavily from the short form of WEMWBS, especially because it simplified the results considerably and gave a clear understanding of the mental health status of the research participants (Smith, 2018).

With respect to the qualitative aspects of this research, validity of the in-depth interview guide was assured through subjecting the tool to a process of credibility check. Korstens and Moser (2018) explain that credibility is the equivalent of validity in quantitative research and refers to the study results are a true representation and correct interpretation of the information extracted from the raw data as per the original views of the respondents. The term “validity” is used in qualitative approaches to research to mean the appropriateness of the data collection instrument, the research process and the eventual data collected (Leung, 2015). On this respect, time was invested in trust

building to create a favourable environment that reduces socially desirable answers and cultural sensitivity was maintained.

Aside from credibility, other aspects of validity with respect to the in-depth interview conducted relates to dependability and conformability. Dependability was ensured by maintaining a proper documentation of data and procedures followed while conformability was addressed by maintaining objectivity throughout the data collection and analysis process, applying triangulation throughout the process as recommended by Mandal (2018).

### **3.8 Instrument Reliability**

Reliability is the extent by which an instrument produces consistent results over several trials (Cohen et al., 2013). The questionnaire was pilot-tested in order to establish whether the items are asking what the researcher has in mind and whether the respondent is reading, interpreting and answering in the manner in which the researcher intended (Denscombe, 2014). This is to say the questionnaires were pre-tested among a small size of 6 clergy from Kenya Assemblies of God Church, in Nairobi. Kenya Assemblies of God was chosen to avoid contamination of the research sample (Robinson et al., 2020). Kenya Assemblies of God was suitable because it shares the same doctrinal beliefs of Pentecostalism. The results of the pilot testing was analysed using split half formula to establish the viability of the instrument in fulfilling the desired study and to eliminate any inconsistencies upfront. Expert opinion was involved to ensure validity of the instrument.

To establish reliability, Cronbach's alpha was computed by aid of the Statistical Package for the Social Sciences (SPSS Version 25). According to Dempster and Hanna (2015), Cronbach's alpha refers to a number that represents the average relationship between all

test items as well as the number of items. The number ranges from 0 to 1, with a lower value denoting unreliability and a higher value indicating reliability. Typically, a value of 0.7 or higher gives confidence to the researcher that the instrument is highly reliable (Heale & Twycross, 2015). Table 2 presents the reliability statistics for each of the burnout sub-scales as well as psychosocial resources items.

**Table 2**

*Reliability Statistics*

<b>Variable</b>	<b>Cronbach's Alpha</b>	<b>N of Items</b>
Emotional exhaustion	.751	7
Depersonalisation	.782	7
Sense of diminished accomplishment	.767	5
Psychosocial resources	.729	6

Table 2 shows that the 7-item emotional exhaustion sub-scale had an alpha coefficient of 0.751, the 7-item depersonalisation sub-scale had an alpha coefficient of 0.782, the 5-item sense of diminished accomplishment sub-scale had an alpha coefficient of 0.767, and the 6-item psychosocial resources measures had an alpha coefficient of 0.729. The results suggest that all the items returned an alpha coefficient greater than 0.7, which was taken to imply that the instruments were reliable.

With respect to qualitative aspects of the research, Noble and Smith (2015) suggests that reliability depends on the maintenance of a decision trail by making clear and transparent the procedure followed throughout the research process so that an independent researcher can follow the same process and arrive at comparable findings. In this study, this involved meticulous record keeping, and use of “rich thick verbatim description of participants’ accounts to support findings” (Noble & Smith, 2015). In light of this, the researcher maintained code files, with excerpts of theme tables presented in Appendix IV.

### **3.9 Data Collection Procedures**

The procedure for collecting data entailed first obtaining the necessary authorizations and permits to collect data. The researcher sought for an introduction letter from Kabarak University. This was used to obtain a written permission from CITAM to use their clergy members as a case study after obtaining research permit from the National Commission of Science, Technology and Innovation (NACOSTI). The research instruments were pilot-tested within Kenya Assemblies of God before undertaking the actual study. Kenya Assemblies of God was ideal because it is also a Pentecostal church thus has a lot of commonality with CITAM. Once the final instrument was prepared, the researcher recruited two research assistants who were trained to help collect data. The recruited research assistants were closely supervised to ensure quality data was collected.

The procedure for collecting data entailed first establishing rapport with CITAM clergy in each assembly. The questionnaire was self-administered in the presence of the research assistants to clarify any questions or information that respondents wish to be clarified. The researcher administered the interview guide directly to senior clergy members based at CITAM head office. This was done to increase the response rate and allow the researcher a chance to collect higher quality data (Krosnick et al., 2015). For each respondent, there was a research assistant present to take notes during the interview, which were summarised and reflections on the discussions as well as mannerisms of the research participants were note.

### **3.10 Data Analysis Procedures**

A combination of data analysis techniques was used. As discussed in Appendix IV, normality of the dataset was assessed using Shapiro-Wilk tests and Normal Q-Q plots which showed that the data significantly deviated from a normal distribution at  $p < .05$ . Therefore, questionnaire data was analysed using two non-parametric inferential

techniques: Spearman's Rank Correlation Coefficient Technique and Chi-Square Tests of Association.

Spearman's Rank Correlation is a non-parametric technique of data analysis that provides a measure of association between study variables (Schober et al., 2018). This technique does not depend on assumption of normality, which made it a suitable test since the data in this research was not normally distributed. Assumptions of association were made only if the coefficients were statistically significant at  $p < .05$ . Spearman's rank correlation technique was applied for analysing data with respect to the four specific objectives namely: to establish the influence of emotional exhaustion on mental health of CITAM clergy in Kenya; to examine the influence of depersonalisation on mental health of CITAM clergy in Kenya; to determine the influence of low sense of accomplishment on mental health of CITAM clergy in Kenya; and, to find out the moderating role of psychosocial resources in mitigating burnout of CITAM clergy in Kenya.

Chi-square technique was applied to test the hypothesis for data measured on the nominal level. Chi-square refers to "a non-parametric tool designed to analyse group differences when the dependent variable is measured at nominal" (McLugh, 2013). The technique was also appealing for the current study because, unlike other inferential tools, it provides detailed information on the exact categories that accounted for differences observed. The test of association entailed first transforming the composite scores of ordinal levels of measurement into binary form. Chi square test was applied to analyse demographic variation in the effect of burnout subtypes on clergy mental health. Quantitative data analysis was undertaken using the Statistical Package for the Social Sciences (SPSS Version 25). The resultant output was presented in figures and tables for ease of interpretation. Hypothesis testing was undertaken and statistical significance accepted at  $p < .05$ .



Data from in-depth interviews were analysed using thematic analysis techniques. The process involved transcribing and summarising the data into themes and sub-themes and drawing correlation between them following the six-phase process proposed by Brown and Clarke (2006). Phase one entailed reading the responses and noting down initial ideas. Phase two involved generation of tentative codes and collation of relevant data for each code. Phase three was concerned with classification of the data into potential themes while a review of the themes was the subject of phase five. Phase six entailed undertaking final analysis of the salient themes and triangulating them with results from quantitative data analysis as well as discussion of the findings in light of prevailing literature. This process was undertaken in Nvivo software. The output of qualitative analysis was used to corroborate the findings from quantitative data. Theme tables were created to synthesize the transcribed responses into codes, categories and themes as shown in Appendix IV. Verbatim excerpts were used to reinforce the analysis of qualitative data.

A summary of data analysis is presented in Table 3. The table shows the variable type, measurement level and data analysis technique applied.

**Table 3***Summary of Data Analysis*

<b>Variables And Sub-Categories</b>	<b>Variable Type</b>	<b>Measurement Level</b>	<b>Data Analysis Technique</b>
Mental health	Composite dependent	Nominal	Chi-square
Satisfaction with life	Dependent	Ordinal	Correlation
Sense of competence	Dependent	Ordinal	Correlation
Sense of autonomy	Dependent	Ordinal	Correlation
Clarity of thought	Dependent	Ordinal	Correlation
Sense of purpose	Dependent	Ordinal	Correlation
Emotional exhaustion	Composite independent	Nominal	Chi-square
Emotional drain	Independent	Ordinal	Correlation
Struggle working	Independent	Ordinal	Correlation
Work frustration	Independent	Ordinal	Correlation
Morning fatigue	Independent	Ordinal	Correlation
Sense of accomplishment	Composite independent	Nominal	Chi-square
Impersonal feelings	Independent	Ordinal	Correlation
Lack of patience	Independent	Ordinal	Correlation
Don't care attitude	Independent	Ordinal	Correlation
Disinterest in people	Independent	Ordinal	Correlation
Psychosocial resources	Composite moderator	Nominal	Chi-square
Self-resilience	Moderator	Ordinal	Correlation
Social support	Moderator	Ordinal	Correlation
Optimism	Moderator	Ordinal	Correlation
Seeking God	Moderator	Ordinal	Correlation
Outgoing personality	Moderator	Ordinal	Correlation

### **3.11 Logistical and Ethical Considerations**

The ethical considerations included clarifying to the research participants the aims and objectives of the study as well as how the data was to be collected. The participants were assured of confidentiality of information received and that it would be meant for academic purposes only (Denscombe, 2014). Anonymity was also assured to the

participants by not disclosing their names on the questionnaire. An informed consent form was used for this purpose (Easterby-Smith et al., 2015). The form detailed the objectives of the study and assurance of confidentiality and non-disclosure. Third party consent was not necessary in this research.

Similarly, coercion was not used to secure cooperation to participate in the study. Instead, voluntary participation was encouraged. The participants were given opportunity to withdraw from the process prior to and during data collection (Creswell & Creswell, 2017). However, they were informed that their right to withdraw their data lapsed once the process was complete.

Participants' identity was not revealed anywhere in the instrument in order to ensure anonymous participation. Data was stored in electronic files secured by passwords to be destroyed upon completion of the dissertation. Custody of the passwords was kept strictly in memory by the researcher as the principal investigator. At the stage of reporting, the identity of participants were made anonymous by assigning codes and no identification mark appear anywhere on the report (Eaterby-Smyth et al., 2015).

Research participants were also protected from any expenses related to the research by administering the study at their most convenient location and using their most convenient means (Cooper & Schindler, 2016). The researcher covered all meeting expenses and appreciated them for their time and cooperation.

There were no ethical vulnerabilities since the research participants were all adults. Although the topic of research carried no known risk or discomfort to research participants, the researcher, being a professional counsellor, was available to provide psychosocial intervention to any participant who incurred emotional loss as a result of the interaction.

The researcher was careful to accurately represent the data without falsification. Efforts were made to ensure that all cited literature was duly acknowledged in line with APA requirements in order to avoid plagiarism. Quotes, where used, were attributed to the research participants through their respective codes.

## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION AND DISCUSSION**

#### **4.1 Introduction**

The aim of this study was to investigate the influence of burnout on mental health of clergy of CITAM. The results of the data analysis on the influence of burnout on mental health of clergy of CITAM are presented and discussed in this chapter. Quantitative results are corroborated with qualitative themes as and where appropriate. The chapter is organised into six sub-sections thus: response rate, descriptive analysis of respondents' demographics, the influence of emotional exhaustion on mental health of clergy, the influence of depersonalisation on mental health of CITAM clergy, the influence of low sense of accomplishment on mental health of CITAM clergy, moderating role of psychosocial resources in mitigating burnout and influence of demographic traits on the main study variables.

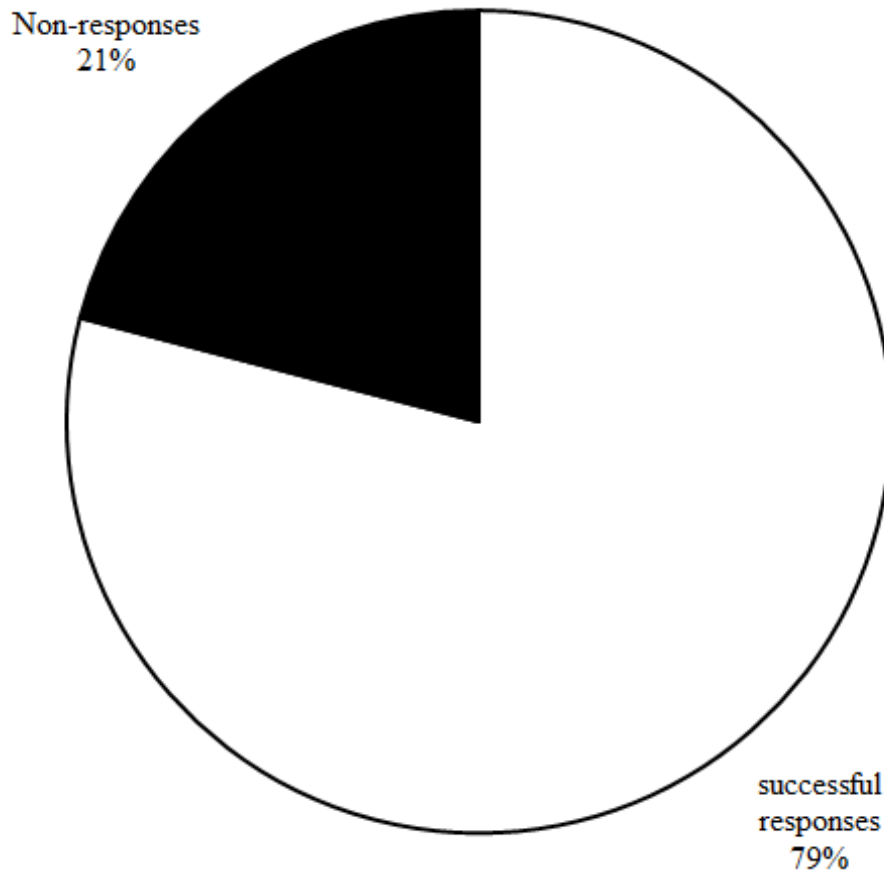
#### **4.2 Response Rate**

This study targeted 86 members of CITAM clergy serving in all the local assemblies across Kenya and at the head office in Nairobi. A total of 68 clergy members participated in the study out of the targeted 86. The response rate in this study presented in Figure 2. The finding in Figure 2 shows that 79% of the targeted respondents successfully participated in the study whereas 21% did not respond due to time constraints. Figure 3 further classifies the response rate by cadre. The figure shows that 66.7% (8) of the senior clergy at Head Office (members of the Deacon Board and the Elders' Council) and 81.9% (60) of other clergy members at the local assembly participated in the study as respondents. This means that the response rate was high and therefore considered sufficient for analysis in line with Groves et al. (2009) who posit that any response rate

equal to or exceeding 60% is good. The responses obtained formed the basis of data analysis.

**Figure 2**

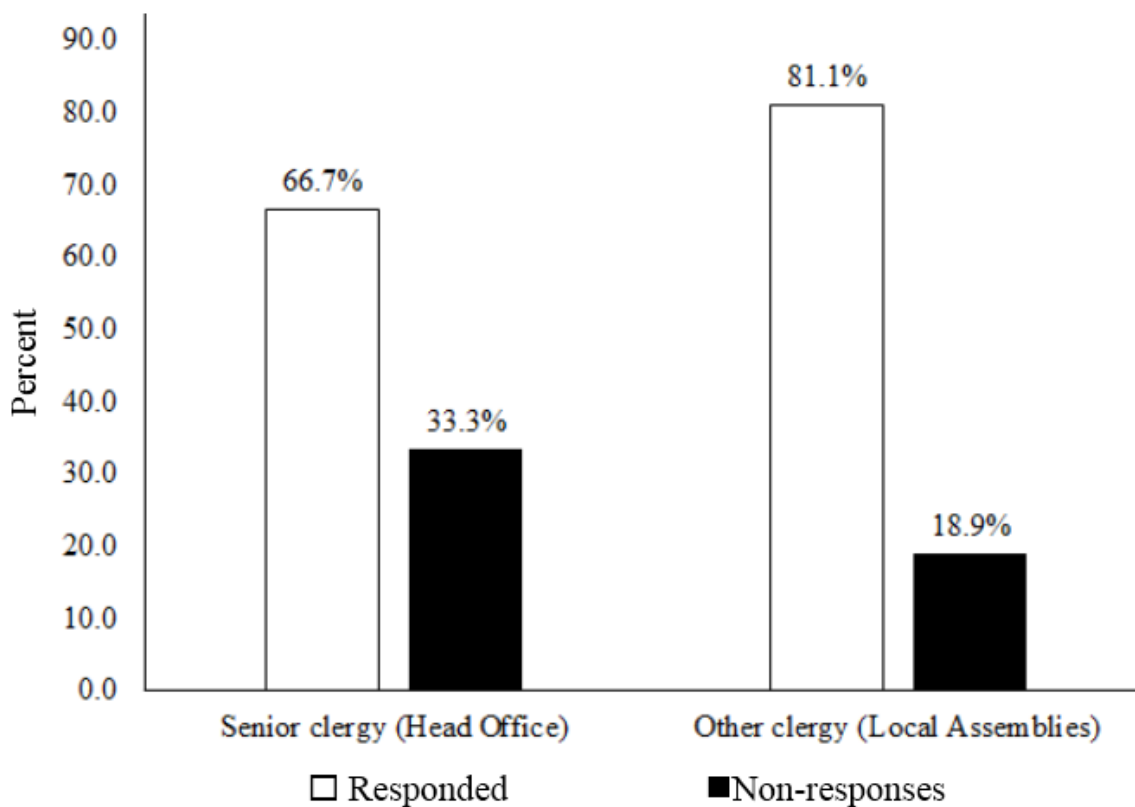
*Response Rate*



The finding is also supported by Mugenda and Mugenda (2003) who assert that 50% response rate is adequate, while 60% is good and 70% and above is regarded excellent. The response rate in this study of 79% was therefore excellent. These statistics are at the core of non-response bias discourse. Wright (2015) suggest that holding all other factors constant, a high response rate reduces the risk of non-response bias, thus increasing the reliability of study findings. The author argues that researchers of today are in an era of declining response rate where garnering a response rate exceeding 50 percent is increasingly becoming impossible. This implies that the current study's overall response rate of 79 percent was extremely high.

**Figure 3**

*Response Rate Distribution by Clergy Cadre*



#### **4.3 Descriptive Characteristics of the Respondents**

To present sample characteristics, frequency distributions were employed to indicate variations of respondents based on gender, age and years of experience in ministry. Frequencies and percentages were employed to aid the study in illustrating the characteristics of the respondents and the nature of the data in relation to the study questions. A comprehensive description of participants permits readers and other scholars to determine to whom research findings generalise and permits for comparisons to be performed across applications of different studies. Similarly, it also provides information necessary for research synthesis as well as secondary data analysis (Bein, 2009). Frequencies and percentages thereof aided the research in illustrating the characteristics of respondents and the nature of the data in relation to the study questions.

Demographic analysis is an important first step in research in order to give an accurate description of the sample and this study is not an exception. Hughes et al. (2015) explain the importance of this first step. Firstly, it facilitates the determination of whether the intended research participants did respond to the study and if the research participants comprehensively represented the population of interest. Secondly, it enables readers of research reports to account for any similarities and differences from one study to another. Thirdly, it facilitates decisions about generalization to larger groups and replication of the study. This section presents demographic findings of the research participants in terms of gender, age, level of education

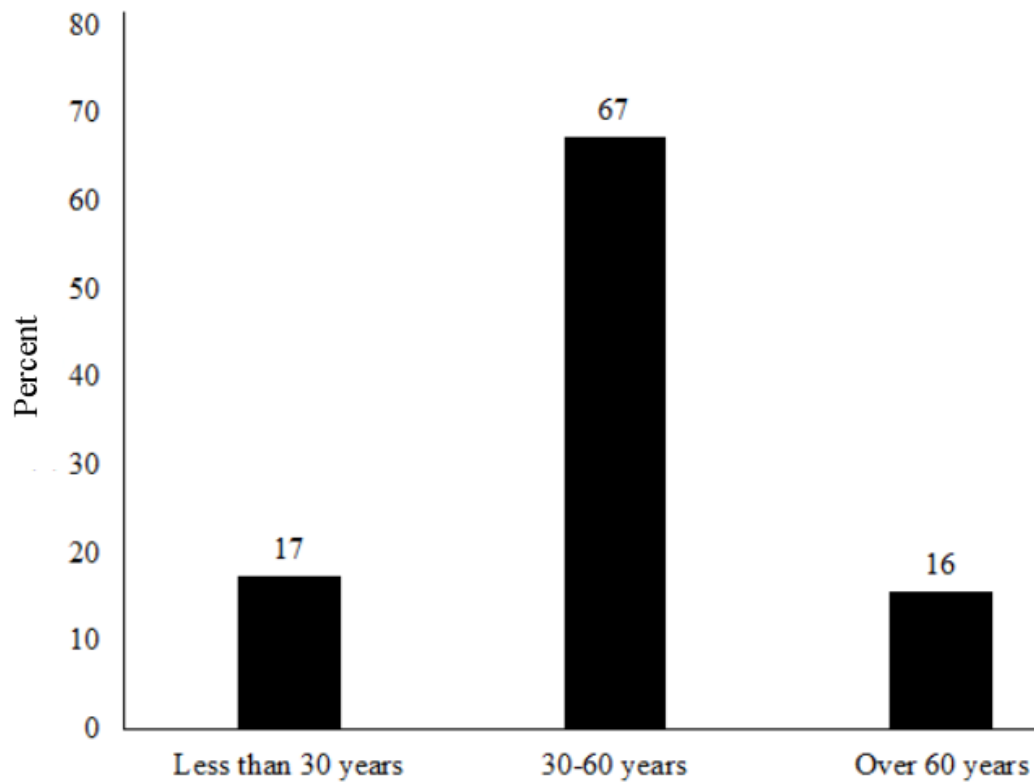
#### 4.3.1 Age of Respondents.

Different developmental age groups could have diverse perspectives of experiences at ministry that potentially influence their levels of burnout. In a study on ministry longevity, family contentment and the male clergy family undertaken by Lee (2017), it was suggested that perspectives of respondents on their experiences varied by age. Therefore information on age will determine to whom research findings generalise and permit for comparisons to be conducted across applications of studies (Bein, 2009). The distribution of respondents by age is and tenure as a clergy member displayed in Figure 4.



**Figure 4**

*Age Distribution of Respondents*



The findings in Figure 4 show that 67% of the respondents were aged between 30 and 60 years, followed by 17% below the age of 30 years and lastly, 16% above the age of 60 years. Therefore, majority of the respondents were potentially in their midlife.

#### **4.3.2 Gender of Respondents**

The distribution of respondents by gender is shown in Figure 5.

**Figure 5**

*Distribution of Respondents by Gender*

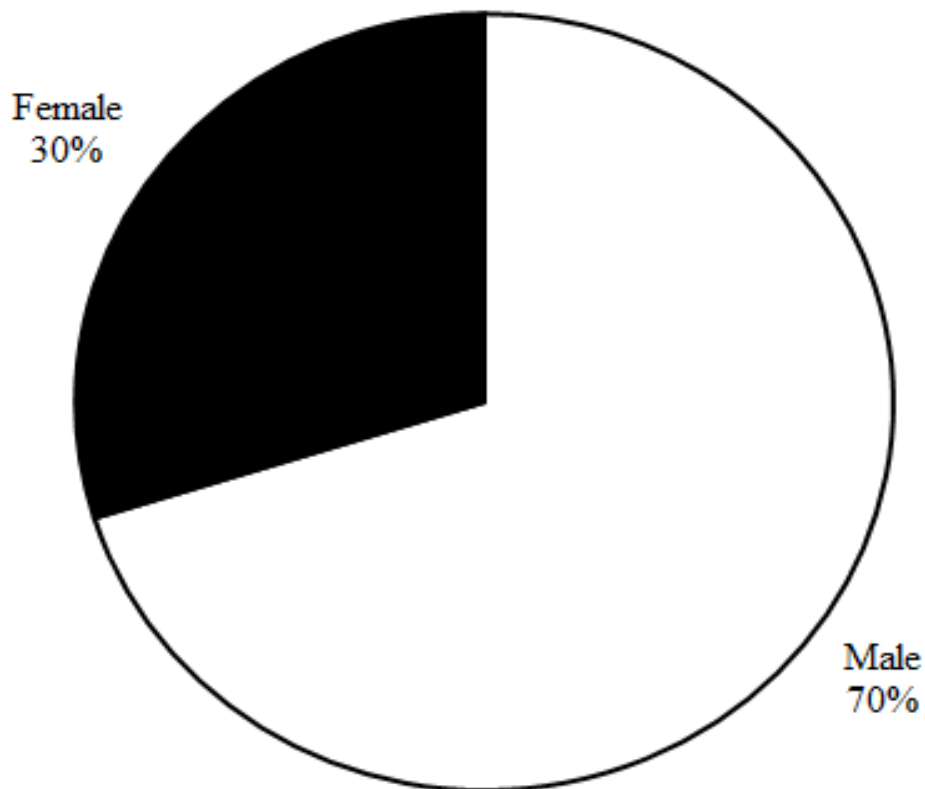


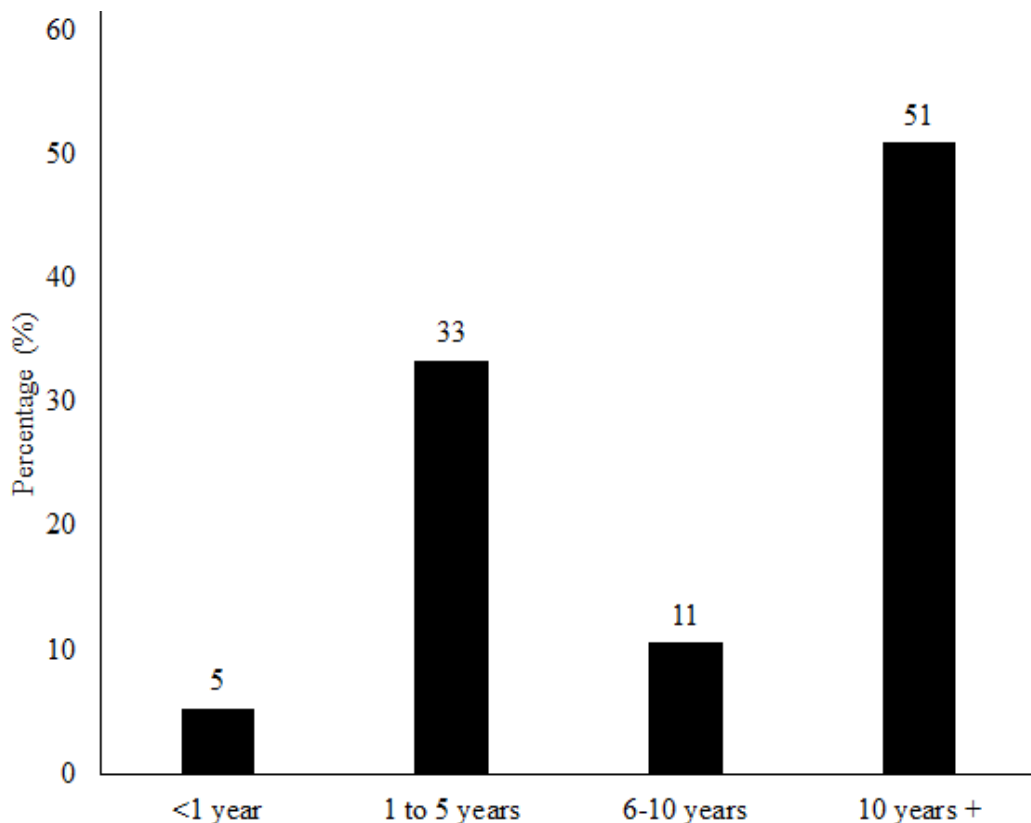
Figure 5 shows that male respondents were the majority at 70% whereas female respondents were 30%. The finding suggests that CITAM employed more male clergy than female clergy. This finding is consistent with Hoegeman's (2017) observation that there is a general underrepresentation of women within the clergy profession. The implication of this finding to the study is that the findings and conclusions are dominated by the male voice. However, although the distribution by gender suggests that the finding was predominantly informed by the male gender, the foregoing data can be generalised as representative of the situation on the ground irrespective of gender parities. This is in light of a study by Chua (2013) and Bloom (2019) which found that regardless of gender and marital statuses, burnout and stress levels among members of the clergy increased with age and gender played no significant role in the burnout and stress reported by the research participants.

### 4.3.3 Tenure of Respondent as a Clergy Member

The study sought to establish how long respondents had served as clergy. This was intended to give an impression of the experience and depth of insight that research participants have of the mental health issues confronting the clergy profession. Years of experience as a demographic variable are significant to this study because comparisons show diversity in levels of burnout by different developmental age groups that enrich the research. In addition, data on years of experience help determine to who study findings can be generalised and permits for comparisons to be made across replications (Bein, 2009). The distribution of respondents by their tenure in years is presented in Figure 6.

**Figure 6**

*Tenure of Clergy Member in Years*



The findings in Figure 6 shows that majority of the respondents (51%) had at least 10 years of experience in the clergy, followed by those with between 1 to 5 years' experience (33%), then respondents with between 6 and 10 years of experience (11%)

and lastly, respondents with less than 1 year of experience (5%). The results suggest that most of the research participants were very experienced members of the clergy. Similar findings were established from interviews with senior clergy members at the Head Office where it was established that majority (6 out of 8) had experience ranging between 10 and 20 years. It can be inferred from this finding that respondents were potentially well versed with clergy work and its implications on mental health of the clergy. Interpreted differently, it is also possible that few clergy exit the CITAM's human resource pipeline thereby reducing clergy turnover. This potentially occasions an imbalance in the demand and supply of clergy labour, which may be shifting attention of entry-level clergy people into non-clergy work. This phenomenon has been documented in a study by Yang (2005).

#### **4.4 The Influence of Emotional Exhaustion on Mental health of Clergy**

The first objective of the study was to establish the influence of emotional exhaustion on mental health of CITAM clergy in Kenya. This section presents the descriptive analysis of each item of the sub-scale, a correlation analysis of emotional exhaustion and mental health and a regression analysis.

##### **4.4.1 Descriptive Analysis of Emotional Exhaustion Sub-Scales**

Table 4 presents descriptive statistics related to emotional exhaustion sub-scales. The table shows the minimum (Min), maximum (Max), mean ( $\mu$ ) and Standard Deviation ( $\sigma$ ) Scores for each item.

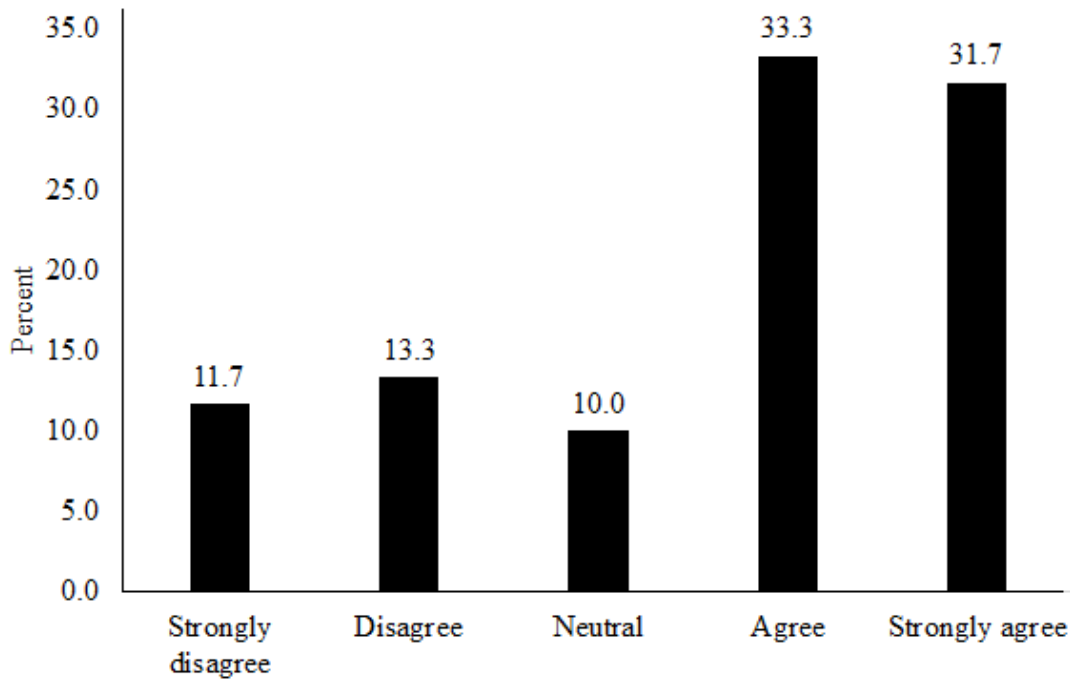
**Table 4***Descriptive Analysis of Emotional Exhaustion Sub-scales*

<b>Emotional Exhaustion Dimensions</b>	<b>Min</b>	<b>Max</b>	<b><math>\mu</math></b>	<b><math>\sigma</math></b>	<b>N</b>
Working with people all day long requires a great deal of effort	1	5	3.60	1.37	60
I feel I work too hard at my job	1	4	2.93	1.21	60
I feel emotionally drained by clergy work	1	5	2.47	1.18	60
I feel like my work is breaking me down	1	4	1.83	0.94	60
I feel frustrated by my work	1	4	1.63	0.78	60
It stresses me too much to work in direct contact with people	1	4	1.53	0.83	60
I feel like I am at the end of my rope	1	4	1.27	0.63	60
Mean index	1	3	2.18	0.64	60

Table 4 shows that on a scale of 1 to 5, a moderately high mean score was obtained ( $\mu=3.60$ ,  $\sigma=1.37$ ,  $N=60$ ), suggesting that on average, respondents perceived that working with people all day long required a great deal of effort. Figure 7 displays the frequency distribution of respondents' views. This finding aligns with past empirical findings by Baruch et al. (2014) that clergy work sometimes entailed prolonged engagements with the community which calls for investment of effort.

**Figure 7**

*Whether Working with People Require a Great Deal of Effort*



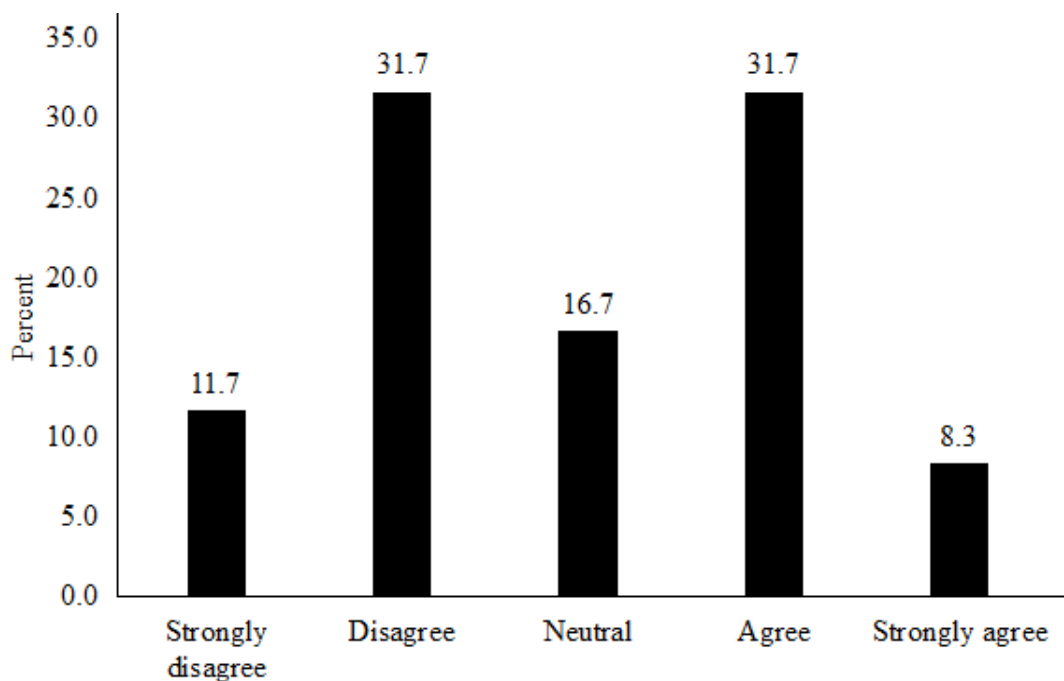
As per figure 7, 33.3% of the respondents agreed and a further 31.7% strongly agreed that working with people required a great deal of effort. The figure shows that 10% of the respondents were neutral whereas 13.3% of the respondents disagreed and 11.7% of the respondents strongly disagreed. Thus, majority of the respondents agreed that working with people demanded a great deal of effort. This was taken to imply that members of CITAM clergy were at risk of emotional exhaustion which is a burnout subtype due to the effort required to work with people all day long. This is in line with research reports across the globe that suggests that members of the clergy were likely to suffer burnout (Cocklin, 2013; Currier, 2016; Miles & Proeschold-Bell, 2013). Samau and Scholffel (2015) observed a similar outcome in which the study found that the expectation of the clergy to provide a model of an ideal family where moral purity was a requirement in a given society besides active religious participation and offering moral guidance, these exert pressure to the members of the clergy in attempts to keep up with

societal expectations thus resulting in emotional exhaustion. In a similar outcome, Francis and Crea (2015) found a significant correlation between emotional exhaustion and low mental health in a study on the psychological health of Roman Catholic priests in Italy.

With respect to whether respondents felt they worked too hard for their job, a moderate mean score was obtained ( $\mu=2.93$ ,  $\sigma=1.21$ ,  $N=60$ ). The frequency distribution of the views of the respondents is presented in figure 8 which clearly shows the proportion of respondents who agreed and those who disagreed as well as those who were neutral.

**Figure 8**

*Respondents' Sense of Working too hard Undertaking Clergy Work*



The findings in Figure 8 show that 31.7% of the respondents agreed and another 8.3% strongly agreed that they felt that they were working too hard at their job. On the other hand, the figure shows that 31.7% and 11.7% of the respondents disagreed and strongly disagreed, respectively; while 16.7% of the respondents were neutral. This was taken to imply that a section of CITAM clergy believed that they were working too hard at their

job while a similar proportion did not perceive so. It is therefore noteworthy that among members of CITAM clergy were a sizeable proportion (40%) of clergymen and women who felt overworked, which means that they were prone to burnout. This is consistent with a US study by Chartrand (2015) which found that most clergy are overworked and feel fatigued every week. The study implied that clergy work is characterised by working conditions that make clergy susceptible to burnout. This is also corroborated by Robins and Hancock (2015) who studies showed high levels of emotional exhaustion and stress among members of the clergy despite spirited attempts to maintain a positive mental attitude.

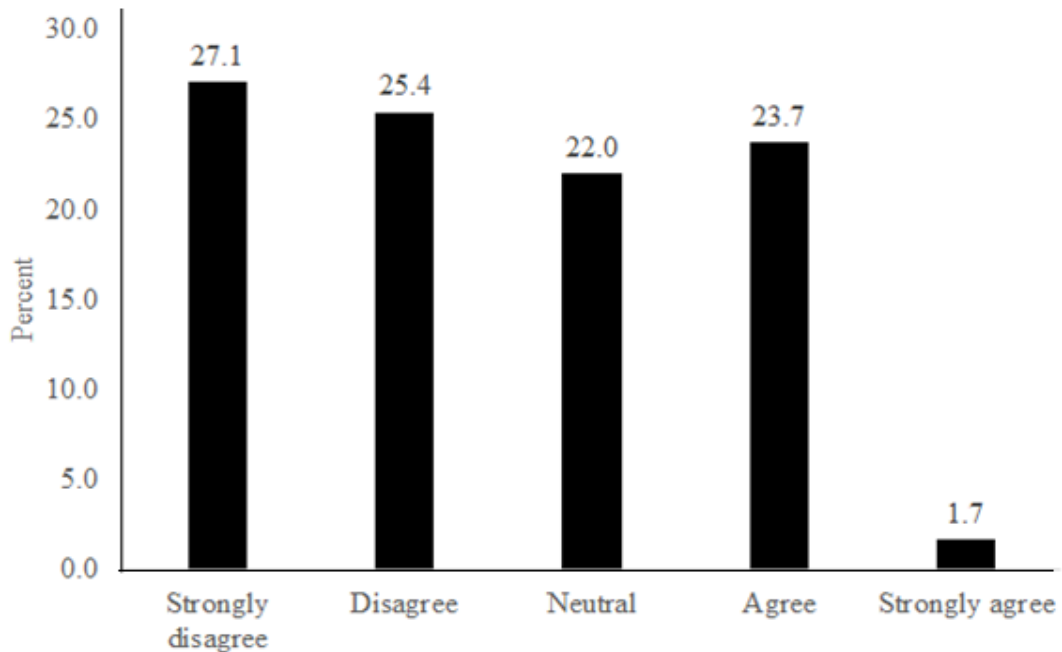
As pertains whether respondents felt emotionally drained by clergy work, a moderately low mean score was computed on a 5-point scale ( $\mu=2.47$ ,  $\sigma=1.18$ ,  $N=60$ ). The finding implies that on average, members of CITAM clergy were not emotionally drained. The percentage distribution of respondents regarding this item is presented in figure 9. Figure 9 shows that 25.4% and 27.1% of the respondents disagreed and strongly disagreed respectively, that they felt emotionally drained due to clergy work. Twenty two percent (22%) of the respondents were neutral while 23.7% of the respondents agreed and another 1.7% of the respondents strongly agreed. From this finding, it can be deduced that while majority (52.5%) did not get emotionally drained by clergy work, at least a quarter (25.4%) of CITAM clergy experienced emotional drain, which means that they were prone to burnout. These statistics are consistent with prevalence of emotional drain reported in other parts of the world such as the USA where self-reports ranged from 13 percent to 45 percent (Jackson-Jordan, 2013) and in Europe where research data indicated that 27 percent of pastors from a number of denominations in New Zealand, England and Australia experienced burnout on a daily basis (Barnard & Curry, 2012). In light of these statistics, it can be construed that emotional drain and burnout from



emotional exhaustion is a universal experience of the profession although it can also be noted that the majority of members of the clergy do not report suffering from emotional drain.

**Figure 9**

*Emotional Drain due to Clergy Work*



The foregoing finding is comparable to the perspectives of senior members of CITAM clergy who had both positive and negative reactions to the question of whether clergy work was rewarding. One research participant – SLC 2 – for instance felt that while the clergy position opened many other doors of opportunity in addition to being impactful, his age could not keep up with the workload:

*Both depressing and rewarding. Depressing – sometimes feels like giving up. I am older; someone younger should take up role. Rewarding – there is a movement that is tangible- I have a reason to keep going. The clergy position has opened many doors (SLC2).*

Another research participant – SLC 4 agreed, explaining that he drew satisfaction from leading people to Christ: “Rewarding – when I see someone struggling come out of that.

When I see transformation, when someone becomes more like Christ.” Yet another participant – SLC 5 found his work rewarding because of church unity, though he also experienced bouts of spiritual dryness:

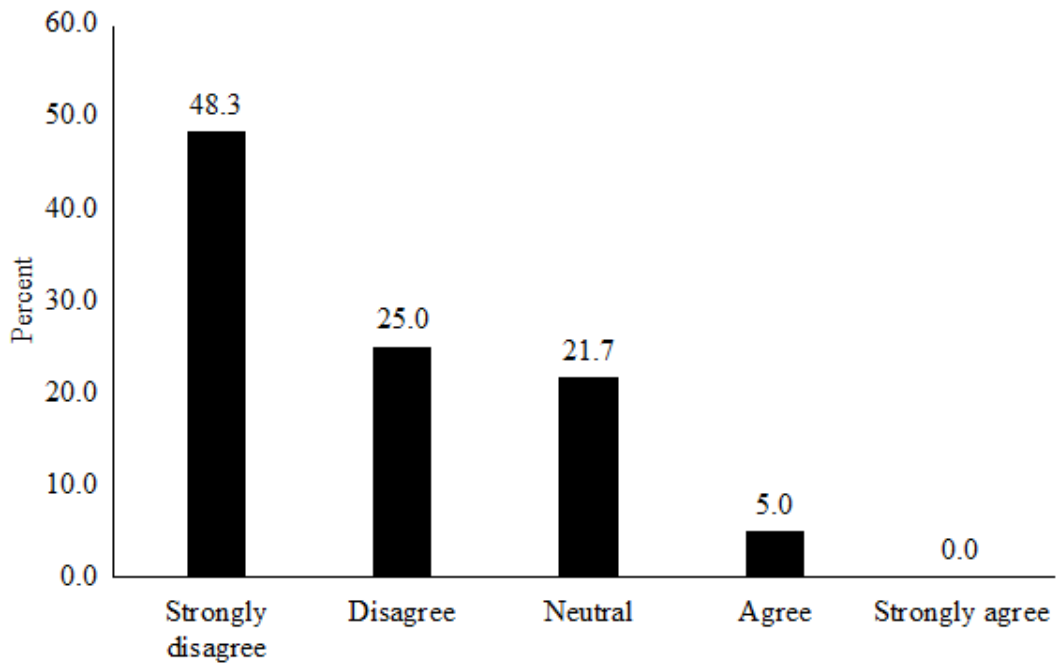
*Moments that clergy work is rewarding when things seem to be going well, when the congregant I united, pastor’s families are well taken care of. Depressing – loss of interest sometimes. Procrastination. Prayerlessness sometimes. Study of the word as a routine sometimes but not for personal growth (SLC 5).*

The same narrative was echoed in the response of SL6 who felt rewarded with positive change and healing of lives: “Rewarding – people’s lives change. People’s marriages heal. Sometimes depressing, when people hurt themselves and other people.” Concerning whether respondents felt like their work was breaking them down, a low mean score was obtained ( $\mu=1.83$ ,  $\sigma=0.94$ ,  $N=60$ ). This implied that on average, members of CITAM clergy did not experience a sense of break down as a result of clergy work.

The frequency distribution of the responses present a clear visualization of the proportions of clergy who experienced break down and those who did not is presented in figure 10. The finding in figure 10 shows that 25% and 48.3% of the respondents disagreed and strongly disagreed, respectively, 21.7% of the respondents were neutral while some 5% of the respondents agreed. This means that most of the respondents disagreed that their work was breaking them down, suggesting that they got fulfilment from undertaking clergy work. This is contrasted to the viewpoint by Miles and Proeschold-Bell (2013) who suggested that clergy were prone to emotional depletion due to the nature of their work. This was taken to imply that experiences of emotional breakdown and depletion varied from context to context as there are potential personal and environmental influences that may regulate such experiences.

**Figure 10:**

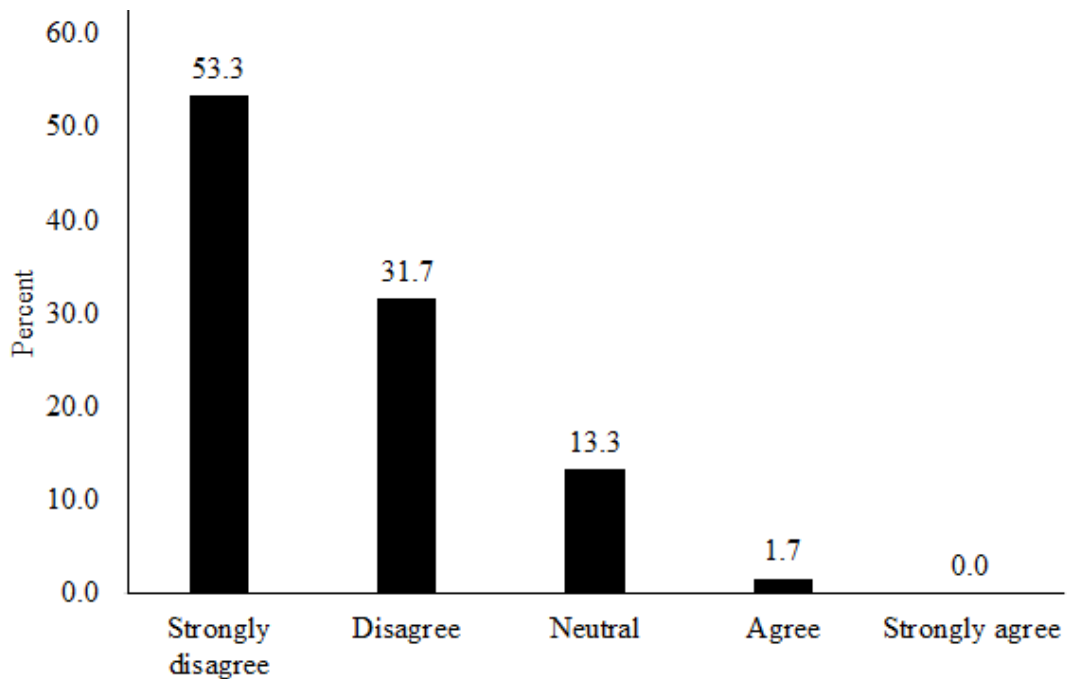
*Feeling Broken Down by Clergy Work*



Regarding whether respondents felt frustrated by their work, a low mean score was realized on a 5-point scale ( $\mu=1.63$ ,  $\sigma=0.83$ ,  $N=60$ ), suggesting that most of the respondents disagreed that they felt frustrated by clergy work. This implies clergy work was not frustrating for majority of CITAM clergy members within the local assemblies. This is further illustrated in Figure 11 which depicts the distribution of the responses. Figure 11 shows that 31.7% and 53.3% of the respondents disagreed and strongly disagreed, respectively, that they felt frustrated by clergy work. Neutral respondents were 13.3% while some 1.7% of the respondents agreed. Thus, majority of the respondents disagreed that they were frustrated by clergy work.

**Figure 11**

*Whether Respondents Perceived a Sense of Frustration by Clergy Work*



The finding in Figure 11 is corroborated by insights from in-depth interviews which revealed a general consensus that rather than feel frustrated, clergy work conferred a sense of accomplishment. For instance, SLC 1 expressed thus; “With high expectation at the beginning of the year but may not accomplish all but ensures has accomplished maybe up to 80 percent of the resolutions set.” Similar sense of accomplishment was expressed by SCL 2 who attributed it to being part of a movement for Christ; “I have accomplished a lot – the ministry has not failed. I have been disciplined. I have championed a movement guided by Christ.” Among the respondents, there were interviewees who were motivated by their sense of calling. For instance, SLC 5 said; “What God assigned me to do as a Clergy; I have never given up even when tried to. Kept on going and feels that the ministry will still be around even if I am no more.”

The foregoing finding is contrasted to findings from in-depth interviews held with senior clergy officials of CITAM who disclosed that they sometimes felt angry, frustrated

though never wanted to give up or quit. For instance, SLC1 lamented: “I sometimes feel angry and frustrated but I never feel like giving up, being a failure or quitting.” Feelings of anger were however the exception rather than the norm for SLC 4: “I rarely feel angry but sometimes I feel frustrated when unable to meet the needs of the flock. But I rarely feel like giving up and never as a failure and never want to quit.”

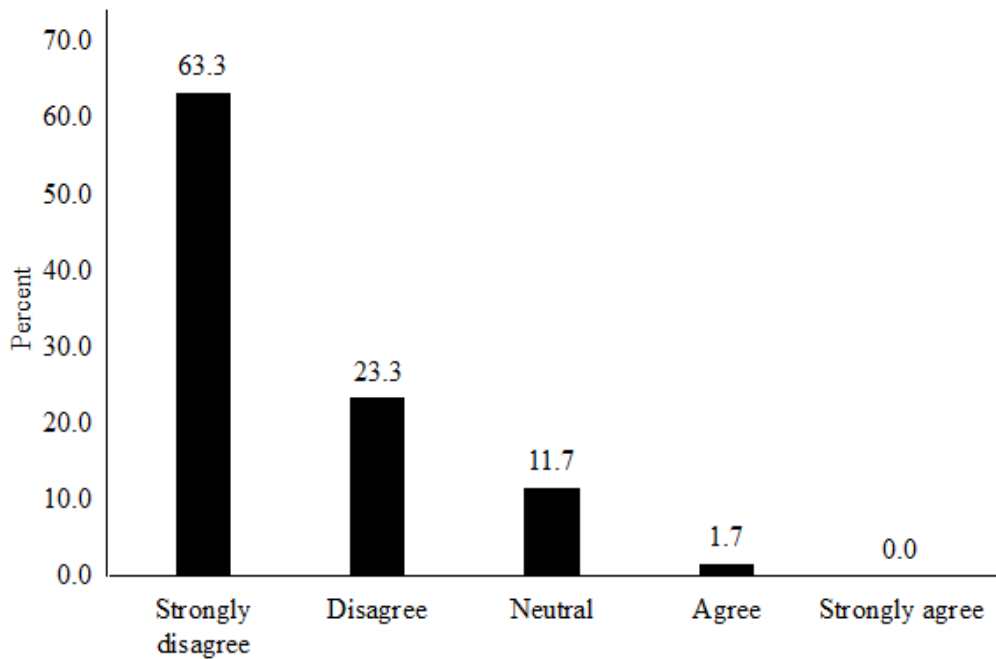
The differences in expressions of frustration from clergy work between senior members of the clergy and other clergy members of CITAM suggest that there are potential differences in work dynamics from lower levels of responsibility to senior levels. It is possible that besides clergy work, those who occupy senior positions in the church have added responsibilities, some of which may be characterised by role conflict that may make them frustrated sometimes. This is in line with the observation by Crisp-Han et al. (2015) that the demands placed on clergy are becoming increasingly distressing to them, burdening them emotionally, physically and financially.

Table 4 shows that concerning whether respondents felt stressed too much to work in direct contact with people, the mean score was low ( $\mu=1.53$ ,  $\sigma=0.83$ ,  $N=60$ ). This indicates that most of the respondents did not feel too stressed to work in direct contact with people, suggesting that they were probably at their element when working with people.

The frequency distribution of the responses is displayed in figure 12. The figure indicates that 23.3% and 63.3% of the respondents disagreed and strongly disagreed, respectively, that they felt stress working in too much direct contact with people. However, 11.7% of the respondents were neutral whereas 1.7% of the respondents agreed.

**Figure 12**

*Feeling Stress working in too much Direct Contact with People*



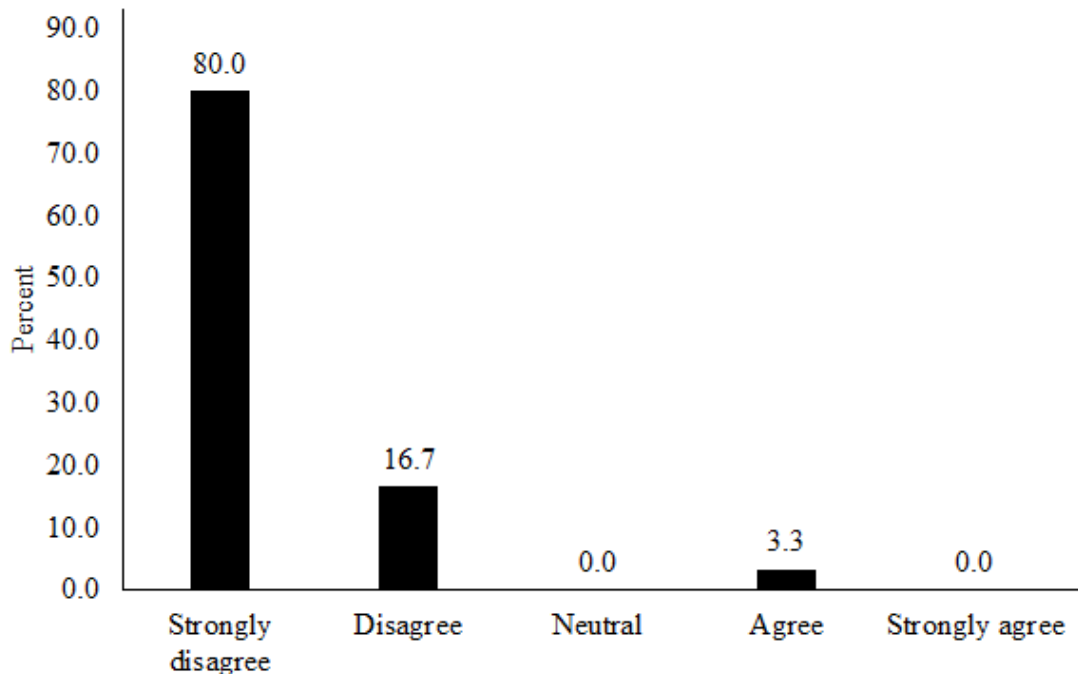
This finding in figure 12 is corroborated by results from in-depth interviews with senior clergy members of CITAM at its Head Quarter office who generally expressed enjoyment and satisfaction with clergy work as pertains to interacting and working with congregants. This was reflected in the voice of SLC 3 thus: “It is a joy for me to walk with them. It is a calling. And I get a lot of support from them.” Some interviewers like SLC 4 expressed excitement in their work role: “I feel thrilled – I have love for people. I feel fulfilled – when I pray and God answers. When someone feels heard.” Another participant – SLC 7 enjoyed the variety of issues that the congregation presented: “I enjoy my work. It is not something to be accomplished. It is a daily life because every day you are dealing with different issues. It is not the same every day. Not accomplished but fulfilled.”

As pertains whether respondents felt like they were at the end of their rope, a very low mean score was obtained ( $\mu=1.27$ ,  $\sigma=0.63$ ,  $N=60$ ), implying that on average, members of

CITAM clergy did not feel that they were at the end of their rope. The distribution of views of the respondents is presented in Figure 13.

**Figure 13**

*Respondents' views on Feeling at the End of the Rope*



According to Figure 13 above, 80% of the respondents strongly disagreed and another 16.7% of the respondents disagreed that they felt that they were at the end of the rope. However, some 3.3% of the respondents agreed. Therefore, majority of the respondents did not feel at the end of their rope. This was taken to imply that most of the respondents were able to manage their emotional exhaustion without getting emotionally overwhelmed by clergy work.

The mean index for responses on emotional exhaustion sub-scale was low ( $\mu=2.18$ ,  $\sigma=0.64$ ,  $N=60$ ). 13 classifies this overall emotional exhaustion score into either high emotional exhaustion or low emotional exhaustion.

**Figure 14**

*Distribution of Respondents by Overall Emotional Exhaustion*

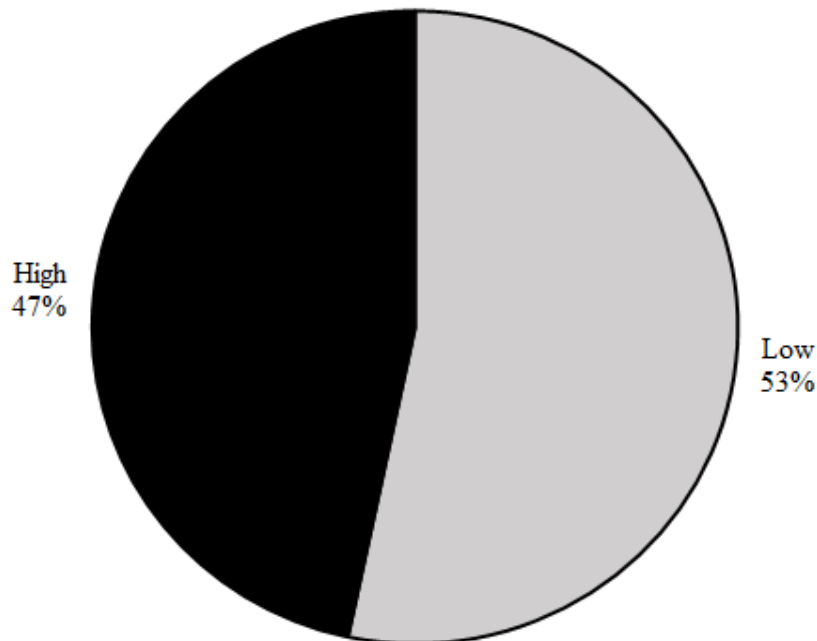


Figure 14 indicates that the overall emotional exhaustion level was low for 53% of the respondents and high for 47% of the respondents. This was taken to suggest that although most members of CITAM clergy had low levels of emotional exhaustion, a significant proportion of the clergy in this study suffered from emotional exhaustion. The low overall mean index for emotional exhaustion is however contrasted to the findings from in-depth interviews with senior members of CITAM clergy which showed that the influence of emotional exhaustion on mental health of clergy was mixed: on the one hand, respondents cite growth and maturity in ministry and on the other hand, they acknowledge the existence of emotional drain. As an example, SLC2 felt a sense of both connection to the community and sadness at the shortcomings of humanity: “I feel attached to the flock in that I take their challenges as mine. I feel sad when my flock fails in the line of Christ and take it as my future e.g. girl falls pregnant before marriage.” From the viewpoint of SLC 5, the work was draining: “It is draining because even when tired you have to attend to calls of distress even in bad weather, unfavourable conditions



you have to attend to the flock.” Similar views were shared by SLC 7: “It does weigh emotionally because of its life issues you are dealing with. It is heavy and involving.”

The experiences of emotional exhaustion reflected in the responses of senior clergy of CITAM may be attributable to the multiple roles and responsibilities as well as expectations that go with church leadership. As Doehring (2013) notes, members of the clergy are expected to assume multiple and sometimes conflicting roles including as preachers, pastoral caregivers, administrators, liturgists and educators. Further, they are expected to distinguish between these roles, manage their boundaries in an environment where drawing the line between professional work and social role is extremely difficult. This working condition can be exhaustive.

#### **4.4.2 Correlation between Emotional Exhaustion and Mental health of Clergy**

It was hypothesised that emotional exhaustion had no influence on mental health of clergy. This hypothesis was tested by running Spearman’s Rank Correlation analysis at  $p < .05$ . The output of the computations is a correlation matrix displaying the relationship between various items of emotional exhaustion and the composite measure of clergy mental health.

**Table 5***Correlation Coefficient between Emotional Exhaustion Items and Mental Health*

<b>Spearman's rho</b>		<b>1</b>
	Correlation Coefficient	1.000
1. Mental health	Sig. (2-tailed)	.
	N	60
2. I feel emotionally drained by clergy work	Correlation Coefficient	-.267*
	Sig. (2-tailed)	.041
	N	60
3. Working with people all day long requires a great deal of effort	Correlation Coefficient	-.118
	Sig. (2-tailed)	.371
	N	60
4. I feel like work is breaking me down	Correlation Coefficient	-.312*
	Sig. (2-tailed)	.015
	N	60
5. I feel frustrated at my work	Correlation Coefficient	-.242
	Sig. (2-tailed)	.063
	N	60
6. I feel work too hard at my job	Correlation Coefficient	-.016
	Sig. (2-tailed)	.901
	N	60
7. It stresses me to work in direct contact with people	Correlation Coefficient	-.140
	Sig. (2-tailed)	.288
	N	60
8. I feel like I am at the end of the rope	Correlation Coefficient	-.340**
	Sig. (2-tailed)	.008
	N	60
9. Overall emotional exhaustion	Correlation Coefficient	-.209
	Sig. (2-tailed)	.108
	N	60

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

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

Table 5 shows that clergy mental health was negatively and significantly correlated to feeling of emotional drain due to clergy work ( $r=-.267$ ,  $p<.05$ ,  $N=60$ ), feeling that work is breaking them down ( $r=-.312$ ,  $p<.05$ ,  $N=60$ ), feeling frustrated at work ( $r=-.242$ ,  $p>.05$ ,  $N=60$ ), and feeling at the end of the rope ( $r=-.340$ ,  $p<.01$ ,  $N=60$ ). These results imply that mental health of CITAM clergy declined with increased feelings of emotional drain, frustration with clergy work and feeling that one is at the end of their rope. It

means that some aspects of emotional exhaustion dimensions of burnout were potentially responsible for decreased mental health of clergy.

However, although all the correlation coefficients were negative, there was no statistically significant relationship between mental health and feeling that working with people all day long requires a great deal of effort ( $r=-.118$ ,  $p>.05$ ,  $N=60$ ), feeling like working too hard as a clergy ( $r=-.016$ ,  $p>.05$ ,  $N=60$ ), and feeling stressed to work in direct contact with people ( $r=-.140$ ,  $p>.05$ ,  $N=60$ ). This was taken to imply that not all dimensions of emotional exhaustion influenced mental health of CITAM clergy. This may be explained by the possibility that the respondents were able to manage successfully the specific aspects of emotional exhaustion, probably by tapping into internal and external resources at their disposal to regenerate.

The correlation between overall emotional exhaustion and mental health of clergy, though negative, was not statistically significant ( $r=-.209$ ,  $p>.05$ ,  $N=60$ ). The results imply that the composite measure of emotional exhaustion did not influence mental health of CITAM clergy. This finding goes contrary to the results of a study by Francis and Crea (2015) among catholic priests in Italy which revealed significant correlation between emotional exhaustion and low mental health as indicated by psychological distress and low morale.

#### **4.4.3 Chi-square Test of Clergy Mental health and Emotional Exhaustion**

Table 6 shows the cross-tabulation analysis of the relationship between emotional exhaustion and clergy mental health.

**Table 6***Emotional Exhaustion and Clergy Mental health Cross-tabulation*

		Clergy Mental health		Total	
		Poor	Good		
Emotional Exhaustion	High	Count	5	23	28
		% within Clergy Mental health	55.6%	45.1%	46.7%
		% of Total	8.3%	38.3%	46.7%
	Low	Count	4	28	32
		% within Clergy Mental health	44.4%	54.9%	53.3%
		% of Total	6.7%	46.7%	53.3%
Total		Count	9	51	60
		% within Clergy Mental health	100.0%	100.0%	100.0%
		% of Total	15.0%	85.0%	100.0%

Table 6 shows that 53.3% of the respondents exhibited high emotional exhaustion while 46.7% of the respondents were low on emotional exhaustion. However, the table reveals that 85% of the respondents were in good mental health whereas the mental health of 15% of the respondents was in poor status. The table further reveals that a slightly higher proportion of respondents who exhibited high levels of emotional exhaustion had poor mental health than their counterparts who exhibited low emotional exhaustion. On the other hand, a slightly higher proportion of respondents who exhibited low emotional exhaustion had good mental health than their counterparts who exhibited high emotional exhaustion.

In order to test the significance of the cross-tabulated relationship, the null hypothesis; there was no statistically significant relationship between emotional exhaustion and clergy mental health. Table 7 presents the chi-square test results. Statistical significance is estimated at  $p < .05$ .

**Table 7***Chi-Square Tests of Association between Emotional Exhaustion and Mental health*

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.336 <sup>a</sup>	1	.562		
Continuity Correction <sup>b</sup>	.047	1	.828		
Likelihood Ratio	.335	1	.562		
Fisher's Exact Test				.721	.412
Linear-by-Linear Association	.331	1	.565		
N of Valid Cases	60				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 4.20.

b. Computed only for a 2x2 table

Table 7 shows that there was no statistically significant association between emotional exhaustion and clergy mental health,  $\chi^2(1) = .336, p > .05$ . The null hypothesis, namely; emotional exhaustion has no statistically significant influence on mental health of CITAM clergy was supported contrary to research results by Akhtar et al. (2017) which indicated that the relationship between emotional exhaustion and psychological wellbeing of employees was statistically significant. However, the difference in statistical findings may be explained by the fact that Akhtar et al.'s study reported a statistically significant relationship between the variables among employees with low psychosocial resources. This suggests that the relationship between emotional exhaustion as a burnout sub-type to mental health is potentially complex and leads to the speculation that there might be intervening factors whose presence or lack thereof explains both exposure to emotional exhaustion and reduced mental health.

#### 4.5 The Influence of Depersonalisation on Mental health of CITAM Clergy

The second objective of the study was to determine the influence of depersonalisation on mental health of CITAM clergy. This section presents the analysis and discussion of the descriptive, correlation and regression analysis of the findings.

##### 4.5.1 Descriptive Analysis of Depersonalisation Sub-scales

Table 8 displays descriptive statistics of depersonalisation subs-scales namely: minimum (Min), maximum (Max), mean ( $\mu$ ) and standard deviation ( $\sigma$ ) of the dataset.

**Table 8**

##### *Descriptive Analysis of Depersonalisation Sub-scales*

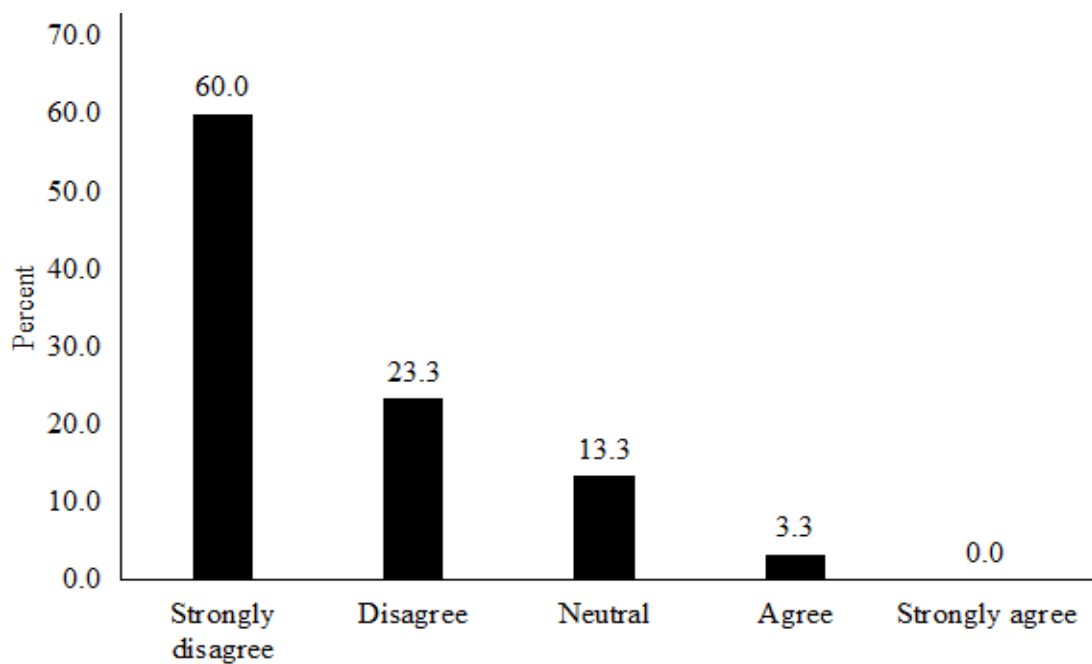
<b>Depersonalisation dimensions</b>	<b>Min</b>	<b>Max</b>	<b><math>\mu</math></b>	<b><math>\sigma</math></b>	<b>N</b>
I feel I look after certain congregants impersonally, as if they are objects	1	4	1.57	0.85	60
I feel tired when I get up in the morning and have to face another day at work.	1	4	1.79	0.89	60
I have the impression that my congregants make me responsible for some of their problems	1	5	2.29	1.26	60
I lose patience towards the end of my work day.	1	4	1.71	0.91	60
Sometimes I really don't care about what happens to some of my congregants	1	5	1.91	1.21	60
I have become more insensitive to people since I've been working.	1	5	1.54	1.03	60
I'm afraid that this job is making me uncaring	1	5	1.55	1.01	60
Overall depersonalisation	1	4	1.77	0.67	60

Table 8 shows that on a 5-point scale, a low mean score was obtained on respondents' feeling that they looked after certain congregants impersonally ( $\mu=1.57$ ,  $\sigma=0.85$ ,  $N=60$ ). This implies that most of the respondents did not look at congregants impersonally. Figure 15 shows the distribution of respondents' views. The figure shows that 60% of the

respondents strongly disagreed and 23.3% also disagreed that they looked at congregants impersonally, 13.3% of the respondents were neutral and 3.3% of the respondents agreed. Therefore, majority of the respondents disagreed that they looked at their congregants impersonally. This was taken to imply that members of CITAM clergy had personal touch with the flock. This study reveals different findings with early research that showed impeccable correlation between lack of psychosocial efficacy and high levels of depersonalisation (Muse et al., 2016).

**Figure 15**

*Respondents' Views on Tendency to Look at Congregants Impersonally*

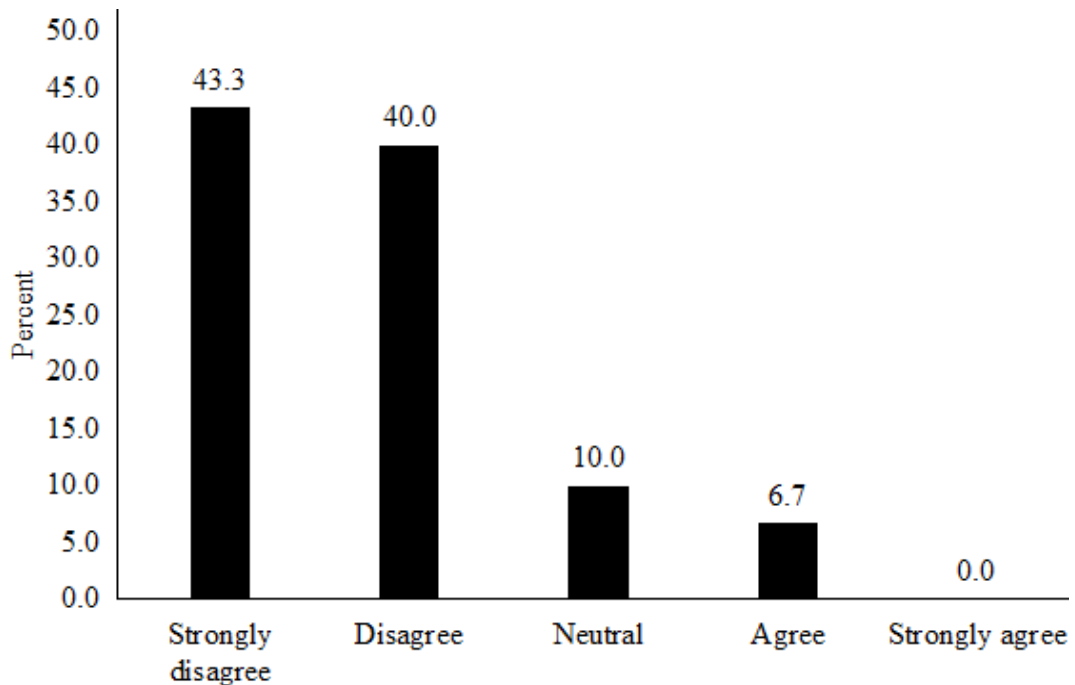


Respondents were asked whether they felt tired when getting up in the morning to face another day at work. The results showed a low mean score on a 5-point scale ( $\mu=1.79$ ,  $\sigma=0.89$ ,  $N=60$ ), suggesting that most of the respondents did not feel tired getting up to undertake clergy work. This is reflected in figure 16 which indicates that 40% of the respondents disagreed and a further 43.3% of the respondents strongly disagreed that they felt tired getting up in the morning to face another day at work. However, 10% of

the respondents were neutral and 6.7% of the respondents agreed. The finding was taken to imply that members of CITAM clergy did not experience depersonalisation, a burnout subtype characterised by tiredness (Fekadu et al., 2017).

**Figure 16**

*Tired Getting Up in the Morning to Face another Day at Work*



This finding in Figure 16 is corroborated by results from in-depth interviews which revealed that members of the clergy looked forward to clergy work every day. One interviewee, SLC1 saw clergy work as an opportunity to serve: “I look forward to wake up every morning. I see it as one more opportunity to minister. It’s a beautiful experience and you want to make it count.” Similarly, SLC 3 was upbeat at being able to accomplish the task of ministry of the word of God: “Feel fantastic. At the end of the day, there is something that is accomplished and at the start of the day still things to be done.” For SLC 5, enthusiasm for clergy work was out of a sense of duty: “As a call, feels motivated to go to work. As a duty that I owe to the Lord.” Likewise, SLC7 always looked forward



to serving the Lord and found the work enjoyable: “It’s fun because it is serving the Lord. It’s something I look forward to every day.”

From the verbatim comments, it appears that members of CITAM clergy were excited about getting up every morning to start another day at work and this is linked to the fact that they felt called to clergy work and so, do not struggle with it. The implication of this is that clergy work as a calling potentially contributes positively to the worker’s mental health. The theme of viewing clergy work as a calling predominated their responses to the question of whether they would describe clergy work as rewarding or depressing. For instance, SLC 2 was happy to fulfil God’s purpose: “Clergy work is rewarding because it is about fulfilling God's purpose.” The same response was obtained from SLC5: “Clergy work is rewarding for me because am convinced. I am fulfilling the call I received from God.” Some respondents like SLC 6 felt that serving God was a blessing: “Clergy work is rewarding since I take as a high calling from God and not from people (Colossians 3:22-23). There are blessings of serving God.” Others, like SLC 7 expressed that service to God was a privilege: “I find clergy work is fulfilling. Such a high calling that I am privileged to be considered worthy by God's grace, his divine enablement through the Holy Spirit enables hand the challenges as well as being real with the people and myself.”

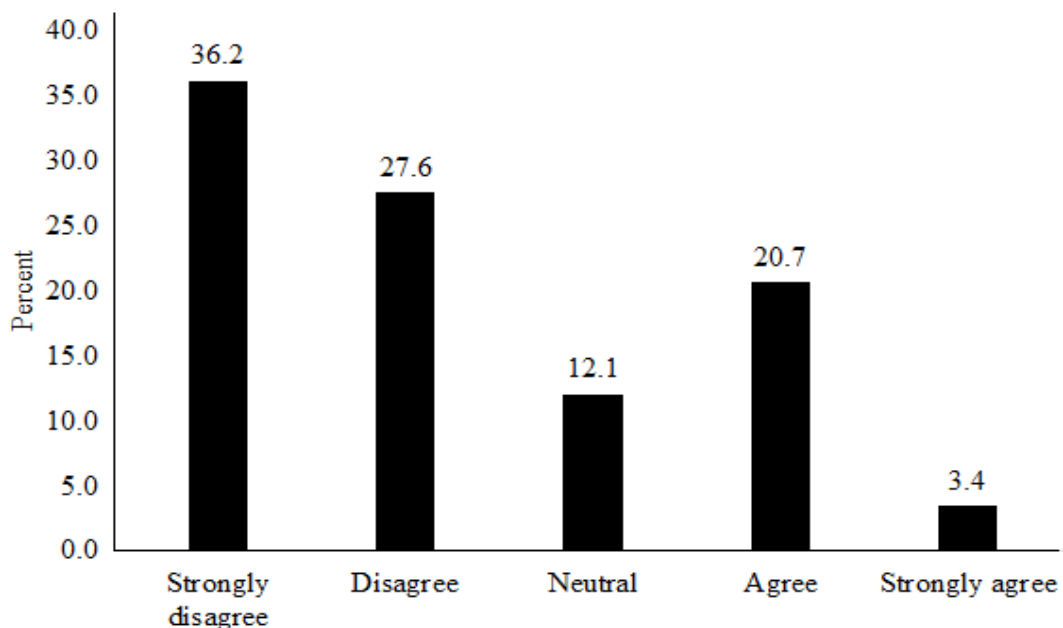
From the finding, it can be inferred that respondents associated clergy work with serving God, from which they drew fulfilment. This is consistent with the viewpoint of Barnard and Curry (2012) that members of the clergy believe they have been called into ministry and thus attempt to act as if everything is well with them. The finding is in line with the theoretical framework of the study which suggest that people seek to find meaning through work as it is having a sense of meaning that defines mental health of an individual (Brewer, 2016).

With respect to whether respondents had the impression that congregants made clergy responsible for some of their problems, a moderately low mean score was computed ( $\mu=2.29$ ,  $\sigma=1.26$ ,  $N=60$ ). This means that most of the respondents did not have the impression that congregants made them responsible for some of congregants' problems.

Figure 17 presents the percentage distribution of the views of the respondents. Figure 17 shows that 27.6% and 36.2% of the respondents disagreed and strongly disagreed, respectively, that congregants made them responsible for their own problems. However, 12.1% of the respondents were neutral, 20.7% of the respondents agreed and a further 3.4% of the respondents strongly agreed. Thus, majority of the respondents did not harbour the belief the respondents made them responsible for some of their problems. This goes contrary to the notion that clergy are always weighed down by unrealistic expectations from the flock as suggested in the study by Berry et al. (2012).

**Figure 17**

*Congregants Make Clergy Responsible For Their Problems*



As pertains whether respondents lost patience towards the end of their work day, a low mean score was realized ( $\mu=1.71$ ,  $\sigma=0.91$ ,  $N=60$ ). This implies that most of the

respondents did not lose patience in ministry work. Figure 18 shows the distribution of respondents' views on this item.

**Figure 18**

*Whether Respondents Lost Patience towards the End of Workday*

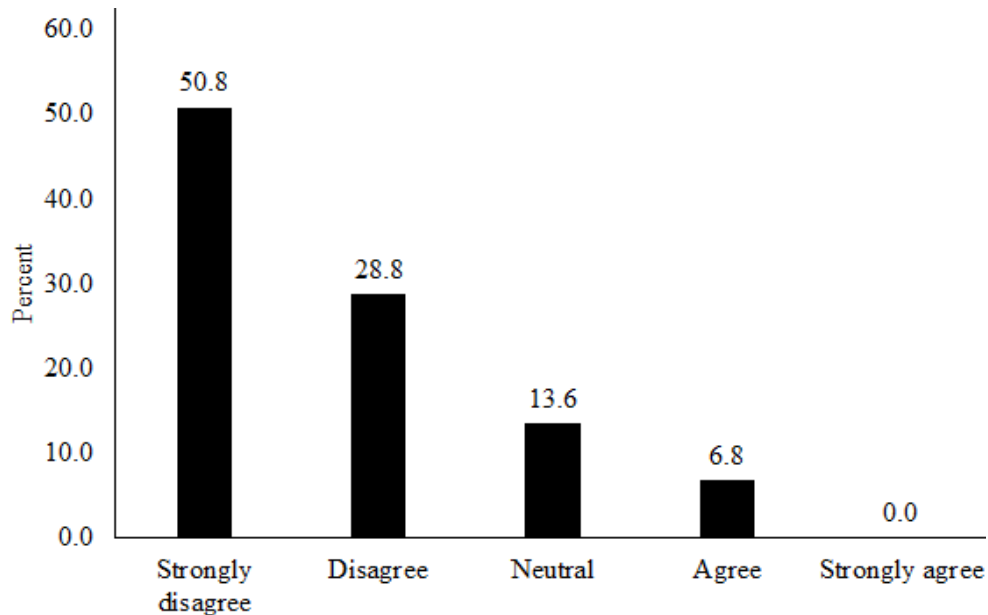
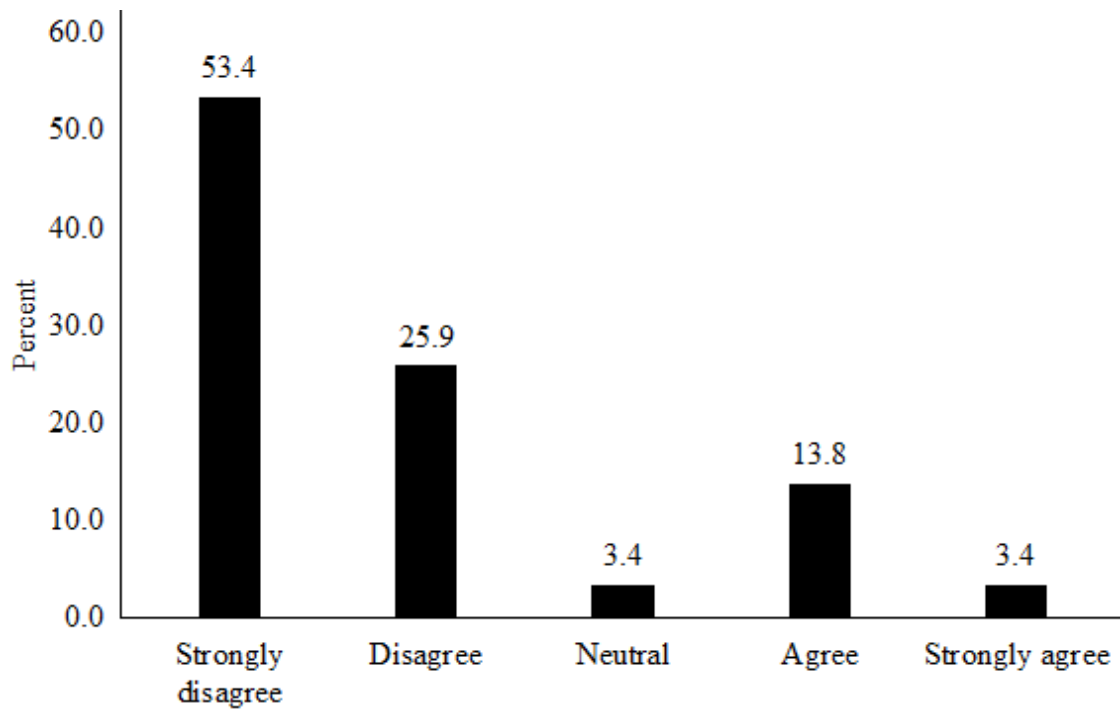


Figure 18 indicates that 28.8% of the respondents and a further 50.8% of the respondents disagreed and strongly disagreed, respectively, that they lost their patience towards the end of their work day. However, 13.6% of the respondents were neutral and 6.8% of the respondents agreed. Thus, most members of CITAM clergy did not lose patience undertaking clergy work, which can be inferred to mean that they potentially had self-resilience. This is in keeping with the study by Barnard and Curry (2012) who found that clergy possessing higher self-resilience do not lose patience even over a long period of time.

The study sought to establish whether respondents sometime really didn't care about what happened to some of their congregants, a low mean score was computed on a 5-point scale ( $\mu=1.19$ ,  $\sigma=1.21$ ,  $N=60$ ). The frequency distribution of the views of respondents is presented in Figure 19.

**Figure 19**

*Whether Respondents didn't Care about what Happens to Congregants*



The figure indicates that 25.9% and 53.4% of the respondents disagreed and strongly disagreed, respectively, that they sometimes really didn't care about some of their congregants. However, 3.4% of the respondents were neutral while 13.8% of the respondents agreed and another 3.4% of the respondents strongly agreed. This implies that most of the respondents disagreed that they didn't care for the circumstances of some of their congregants; suggesting that members of CITAM clergy saw themselves as caring to all members of the congregation. Thus, CITAM clergy exhibited low depersonalisation as measured by the near absence of an "I don't care" attitude towards others which Hendron et al. (2012) associated with emotional exhaustion.

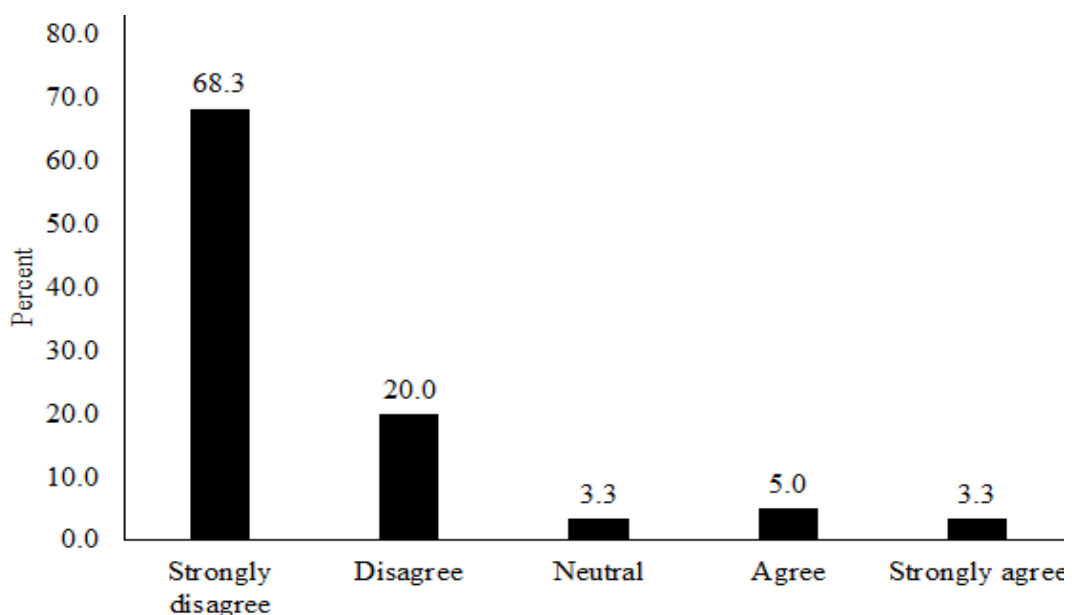
The finding in Figure 19 is however in contrast to mixed reactions that the question of whether sometimes respondents felt emotionally detached or attached to the flock whereby senior members of the clergy sometimes felt detached and at other times they felt attached. For example, SLC 2 described his feeling of attachment as unhealthy: "I sometimes feel unhealthy attachment." For SLC 4, the problem of emotional attachment

was something he outgrew: “Yes, when young; I was attached emotionally, but I have learnt to detach.” Another respondent, SLC 5 experienced a roller coaster from detachment to attachment: “Sometimes I feel detached and other times I feel attached.” From these verbatim comments, it can be inferred that senior members of CITAM clergy perceived attachment as detrimental to clergy work as some felt an unhealthy attachment and others strived to detach themselves. This means that members of the senior clergy struggled to strike a balance between a healthy attachment and unhealthy attachment to the issues of congregants that goes with clergy work. This may be associated with role conflict they experience during ministry which Berry et al. (2012) identified as one of the key causes of burnout.

As pertains whether respondents had become more insensitive to people since joining the clergy, a low mean score was obtained on a scale of 1 to 5 ( $\mu=1.54$ ,  $\sigma=1.03$ ,  $N=60$ ). The percentage distribution of responses to this item is presented in Figure 20.

**Figure 20**

*Whether Respondents Became Insensitive to People since joining Clergy*

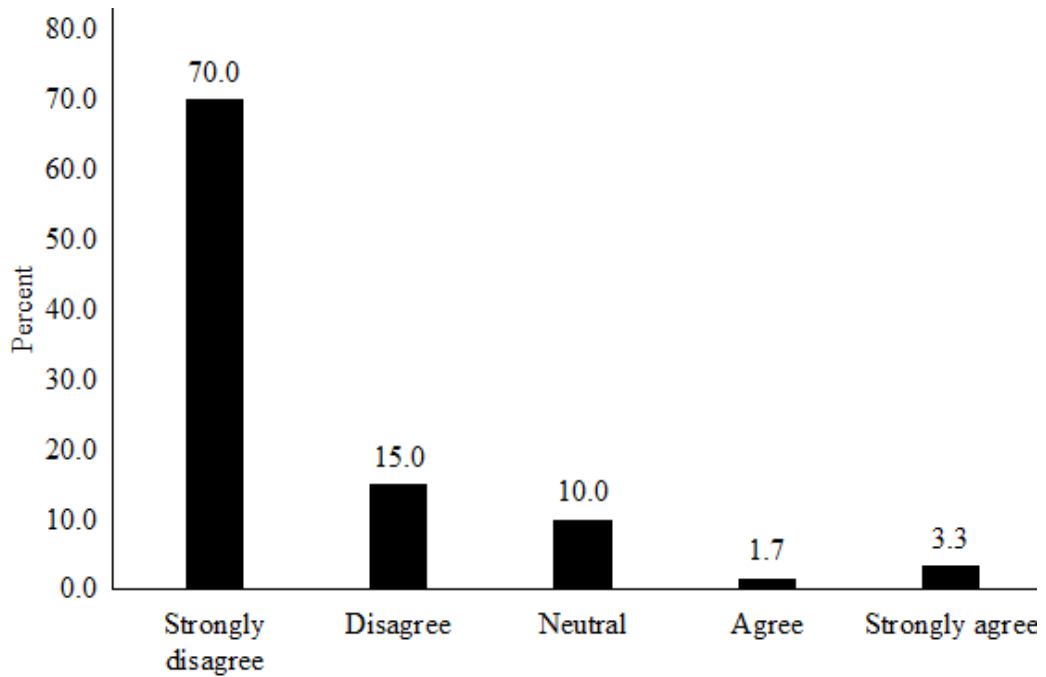


The finding in Figure 20 indicates that 20% of the respondents disagreed and a further 68.3% of the respondents strongly disagreed that they grew insensitive to people since they joined the clergy. The figure also shows that some 3.3% of the respondents were neutral, 5.0% of the respondents agreed and 3.3% strongly agreed. Therefore, majority of the respondents disagreed that they grew insensitive to people as a result of clergy work. This was taken to imply that most members of CITAM clergy did not experience depersonalisation subtype of burnout. Thus, the risk of a lower mental health as a result of depersonalisation was low.

Concerning whether respondents were afraid that their job was making them uncaring, the mean score obtained on a 5-point scale was low ( $\mu=1.55$ ,  $\sigma=1.01$ ,  $N=60$ ), suggesting that most of the respondents disagreed that their job made them uncaring. Figure 21 presents the percentage distribution of the views of respondents.

**Figure 21**

*Whether Clergy Job Make Respondents Uncaring*

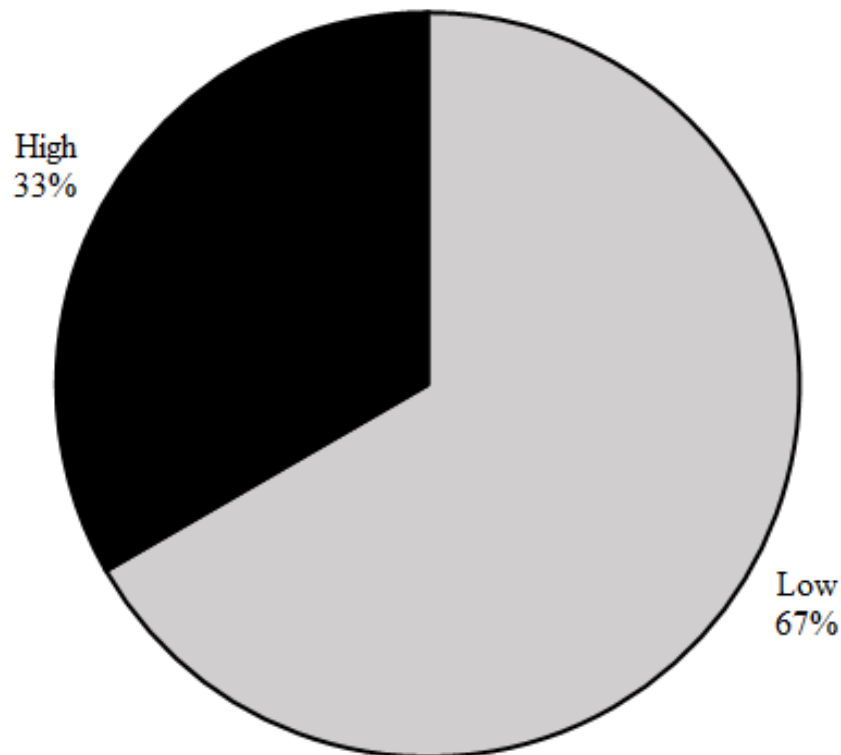


As per the findings in Figure 21, 70% of the respondents strongly disagreed and another 15% of the respondents disagreed that clergy work was making them uncaring. Ten percent (10%) of the respondents were neutral, 1.7% of the respondents agreed and 3.3% of the respondents strongly agreed. Therefore, majority of the respondents did not become uncaring due to clergy work. This was taken to imply that most of the members of CITAM clergy did not experience depersonalisation sub-type of burnout as indicated by an uncaring demeanour.

The results from descriptive analysis showed that the overall depersonalisation score was low ( $\mu=1.77$ ,  $\sigma=0.67$ ,  $N=60$ ), meaning that most of the respondents did not feel detached from their congregation and clergy work. Figure 22 summarises the overall depersonalisation scores into either high depersonalisation or low depersonalisation.

**Figure 22**

*Distribution of Respondents by Overall Depersonalisation Scores*



As shown in Figure 22, the overall depersonalisation score was low for 67% of the respondents and high for 33% of the respondents. Therefore, majority of the members of CITAM clergy exhibited low depersonalisation. This is corroborated by the perspectives of senior clergy whose interview results showed that while they sometimes felt agitated, this was rare as moments of happiness were most common. For instance, SLC 2 said; “I sometimes feel agitated when advice has not been taken up. I also sometimes feel I don’t care and sad when the flock does not buy your solution. But I often feel happy.” Likewise, SLC 4 concurred: “I rarely feel agitated or sad and never stop caring. I am always happy.” For SLC 7, agitation arose when he felt disregarded by frequently felt happy whenever results were realized: “I sometimes feel agitated when they are not following advice. But I often feel happy when people are fulfilling their ministries.”



#### 4.5.2 Correlation Between Depersonalisation and Mental health of Clergy

The null hypothesis for this objective is that depersonalisation has no influence on clergy mental health and the alternate hypothesis is that depersonalisation does influence clergy mental health. In order to test this hypothesis, spearman's rank correlation coefficient analysis was performed at  $p < .05$ . Table 9 presents the output.

**Table 9**

*Correlation between Mental health and Depersonalisation Dimensions*

<b>Spearman's rho</b>		<b>1</b>
	Correlation Coefficient	1.000
Mental health	Sig. (2-tailed)	.
	N	60
I feel I look after certain congregants impersonally, as if they are objects	Correlation Coefficient	-.288*
	Sig. (2-tailed)	.025
	N	60
I feel tired when I have to get up in the morning and have to face another day at work.	Correlation Coefficient	-.299*
	Sig. (2-tailed)	.020
	N	60
I have impression that my congregants make me responsible for some of my problems	Correlation Coefficient	-.300*
	Sig. (2-tailed)	.022
	N	58
I lose patience towards the end of my work	Correlation Coefficient	-.341**
	Sig. (2-tailed)	.008
	N	59
Sometimes I really don't care about what happens to some of congregants	Correlation Coefficient	-.187
	Sig. (2-tailed)	.160
	N	58
I have become more insensitive to people since I've been working	Correlation Coefficient	-.218
	Sig. (2-tailed)	.094
	N	60
I'm afraid that this job is making me uncaring	Correlation Coefficient	-.103
	Sig. (2-tailed)	.436
	N	60
Overall depersonalisation	Correlation Coefficient	-.310*
	Sig. (2-tailed)	.016
	N	60

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

Table 9 shows that mental health was negatively correlated to respondents' feeling that they looked after certain congregants impersonally ( $r=-.288$ ,  $p<.05$ ,  $N=60$ ), tiredness getting up in the morning to face another day at work. ( $r=-.299$ ,  $p<.05$ ,  $N=60$ ), impression that congregants make them responsible for some of their problems ( $r=-.300$ ,  $p<.05$ ,  $N=60$ ) and losing patience towards the end of work ( $r=-.341$ ,  $p<.01$ ,  $N=60$ ). That the correlation coefficients were statistically significant imply that the correlation did not occur out of chance. This was taken to imply that mental health decreased with increase in tiredness facing another day at work, increased demand from congregants, and loss of patience. It means that the workload related to ministry took a physical and emotional toll on the members of the clergy, with negative ramifications on the mental health.

Table 9 however shows that although a negative correlation was obtained between depersonalisation items and mental health, not all correlation coefficients were statistically significant. The table reveals that clergy mental health was not significantly correlated to not caring about what happens to some congregants ( $r=-.187$ ,  $p>.05$ ,  $N=60$ ), being insensitive to people ( $r=-.218$ ,  $p>.05$ ,  $N=60$ ) and being uncaring ( $r=-.103$ ,  $p>.05$ ,  $N=60$ ). However, there was a statistically significant negative relationship between overall depersonalisation and clergy mental health ( $r=-.310$ ,  $p<.05$ ,  $N=60$ ). This leads to the rejection of the null hypothesis that depersonalisation has no influence on clergy mental health. The alternate hypothesis that depersonalisation does influence clergy mental health was therefore accepted. This finding is consistent with recent research in this area has revealed strong correlation between low mental health and high levels of depersonalisation (Muse et al., 2016). The findings are further consistent with (Shoji et al., 2015) which analysed the relationship between self-efficacy and burnout. Other studies (Wells, 2013) show that great number of clergy reported burnout with diverse implications on their mental health.

### 4.5.3 Chi-Square Test of Depersonalisation and Mental health

Table 10 shows the cross-tabulation analysis of the relationship between depersonalisation and clergy mental health. The table shows that 66.7% of the respondents exhibited low levels of depersonalisation and 33.3% exhibited high levels of depersonalisation. The table indicates that a higher proportion of respondents with poor mental health also exhibited low depersonalisation. Similarly, a higher proportion of respondents with good mental health also exhibited low depersonalisation. This is a signal that there was no variation in depersonalisation by mental health status contrary to extant literature (Muse et al., 2016) that suggest that depersonalisation was a determinant of mental health of clergy. This finding may be due to the potential existence of other intervening factors that may be at play such support systems.

**Table 10**

*Depersonalisation and Clergy Mental Health Cross-tabulation*

		Clergy Mental health		Total	
		Poor	Good		
Depersonalisation	Low	Count	5	35	40
		% within Clergy Mental health	55.6%	68.6%	66.7%
		% of Total	8.3%	58.3%	66.7%
	High	Count	4	16	20
		% within Clergy Mental health	44.4%	31.4%	33.3%
		% of Total	6.7%	26.7%	33.3%
Total		Count	9	51	60
		% within Clergy Mental health	100.0%	100.0%	100.0%
		% of Total	15.0%	85.0%	100.0%

In order to test the significance of the cross-tabulated relationship, the null hypothesis; *there is no statistically significant relationship between depersonalisation and clergy mental health was proposed.* The Chi-square test result is presented in Table 11.

**Table 11***Chi-Square Tests of Association between Depersonalisation and Mental Health*

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.588 <sup>a</sup>	1	.443		
Continuity Correction <sup>b</sup>	.147	1	.701		
Likelihood Ratio	.567	1	.451		
Fisher's Exact Test				.464	.342
Linear-by-Linear Association	.578	1	.447		
N of Valid Cases	60				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.00.

b. Computed only for a 2x2 table

Table 11 shows that there was no statistically significant association between emotional exhaustion and clergy mental health,  $\chi^2(1) = .588$ ,  $p < .05$ . The null hypothesis was supported: depersonalisation has no statistically significant influence on mental health of CITAM clergy was supported. This finding contradicts the results of a study by Muse et al. (2016) that associated low mental health with high levels of depersonalisation. On the other hand, it supports the findings of a systematic review and synthesis undertaken by Lizano (2015) which found an inconsistent statistical significance across 19 studies, whereby some studies showed that depersonalisation was not significantly associated with mental health while others showed that the relationship was statistically significant. The contradictions in research findings were taken to imply that there might be other variables that confound the relationship between depersonalisation and CITAM clergy mental health.

#### 4.6 Influence of Low Sense of Accomplishment on Mental health of CITAM Clergy

The third objective of the study was to determine the influence of low sense of accomplishment on mental health of CITAM clergy in Kenya. In this section, both descriptive statistics and inferential analysis of the data is presented.

##### 4.6.1 Descriptive Analysis of Low Sense of Accomplishment Sub-scales

The mean ( $\mu$ ) and standard deviation ( $\sigma$ ) of the dataset is presented in Table 12, along with the minimum (Min) and maximum (Max) scores.

**Table 12**

*Descriptive Statistics for Low Sense of Accomplishment Sub-scales*

<b>Sense of diminished accomplishment</b>	<b>Min</b>	<b>Max</b>	<b><math>\mu</math></b>	<b><math>\sigma</math></b>	<b>N</b>
I do not feel full of energy when ministering.	1	5	1.75	0.97	60
I struggle with looking after my congregants' problems	1	5	2.00	0.88	60
In my work, I find it a challenge to handle emotional problems calmly.	1	5	1.92	0.96	60
I feel that I have accomplished little in ministry	1	5	2.02	1.10	60
I feel crowded when in the presence of congregants	1	5	1.80	0.95	60
Overall sense of diminished accomplishment	1	4	1.90	0.70	60

The findings in table 12 show that with respect to whether respondents did not feel full of energy when ministering, a low mean score was computed on a 5-point scale ( $\mu=1.75$ ,  $\sigma=0.97$ ,  $N=60$ ). This implies that most of the respondents did not agree that they didn't feel full of energy when ministering. The results suggest that majority of CITAM clergy in Kenya potentially felt full of energy, did not struggle responding to congregants' problems, did not find it a challenge to handle emotional problems calmly, did not feel that they had accomplished little in ministry and did not feel crowded when in the presence of congregants. These results are in contrast to the speculation by Cocklin (2013) that clergy may manifest lowered sense of accomplishment. There may be

contextual factors that contribute to these contradictory results. The percentage distribution of responses is presented in 33.

**Figure 23**

*Respondents' Views on not Feeling Full of Energy when Ministering*

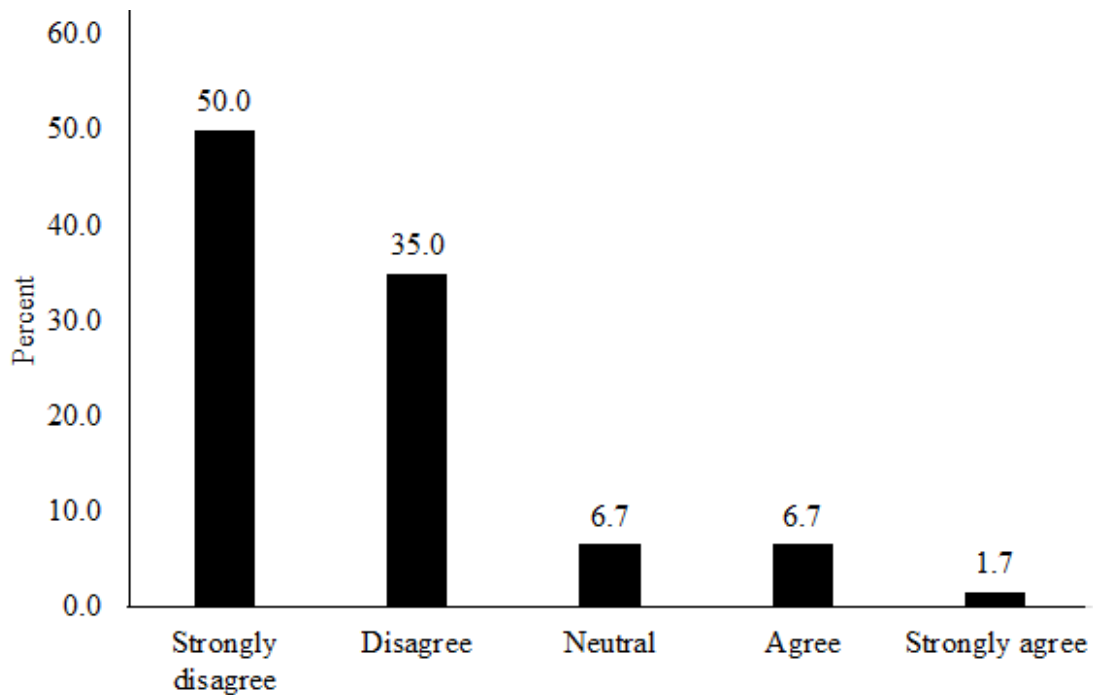
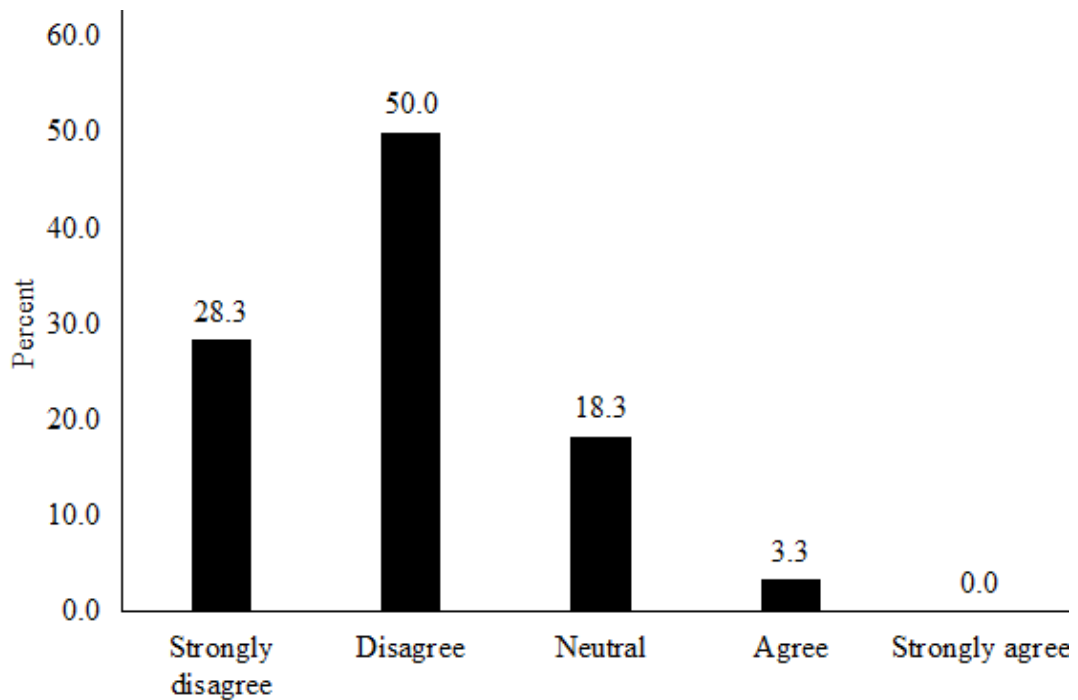


Figure 23 shows that 35% and 50% of the respondents disagreed and strongly disagreed, respectively, that they did not feel full of energy when ministering. However, 6.7% of the respondents were neutral, another 6.7% of the respondents agreed and 1.7% of the respondents strongly agreed. Therefore, majority of the respondents did not agree that they did not feel full of energy in ministering. This was taken to imply that respondents did not manifest low sense of accomplishment.

As pertains whether respondents struggled with looking after congregants' problems, a low mean score was obtained ( $\mu=2.00$ ,  $\sigma=0.88$ ,  $N=60$ ). This means that most of the respondents disagreed that they struggled with caring for the problem of congregants. The distribution of respondents' views regarding this measure of low sense of accomplishment is presented in Figure 24.

**Figure 24**

*Whether Respondents Struggle Looking After Congregants' Problems*

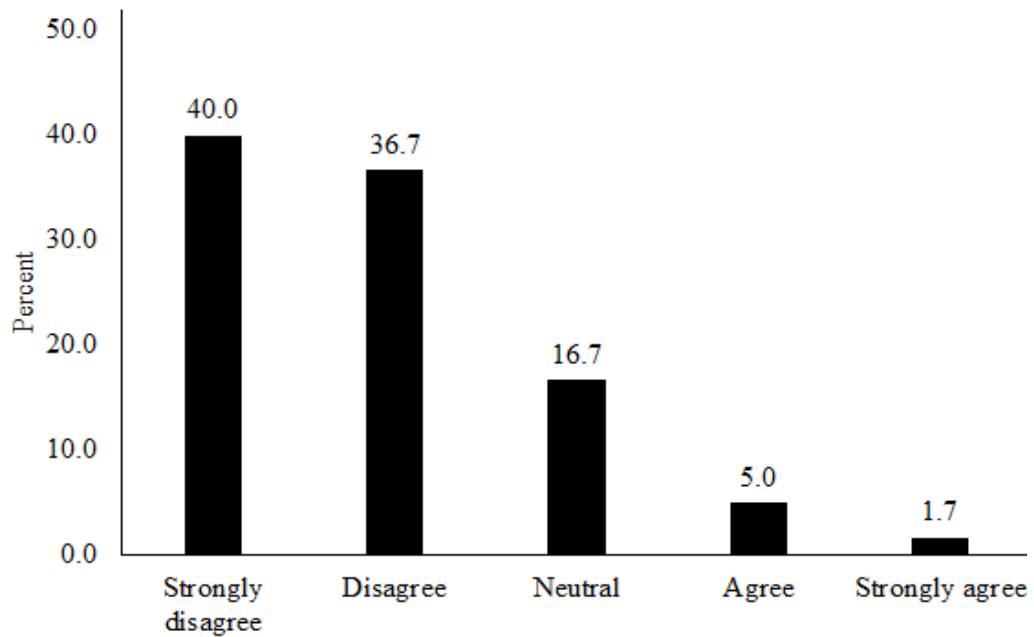


As per the findings in figure 24, 50% of the respondents disagreed and a further 28.3% of the respondents strongly disagreed that they struggled to look after the problems of their congregants. Some 18.3% of the respondents were neutral whereas only 3.3% of the respondents agreed that they did struggle to care for congregants' problems. Thus, majority of the respondents were not struggling with taking care of the problems of their congregants. This is an indication that members of CITAM clergy were not experiencing low levels of sense of accomplishment.

In terms of whether respondents find it a challenge to handle emotional problems calmly, the mean score on a 5-point scale was low ( $\mu=1.92$ ,  $\sigma=0.96$ ,  $N=60$ ). This implies that most of the respondents did not find it a challenge to handle emotional problems with calmness. Figure 25 presents the distribution of respondents' opinion on feeling challenge handling their emotional problems calmly.

**Figure 25**

*Feeling of Challenge Handling Emotional Problems Calmly*



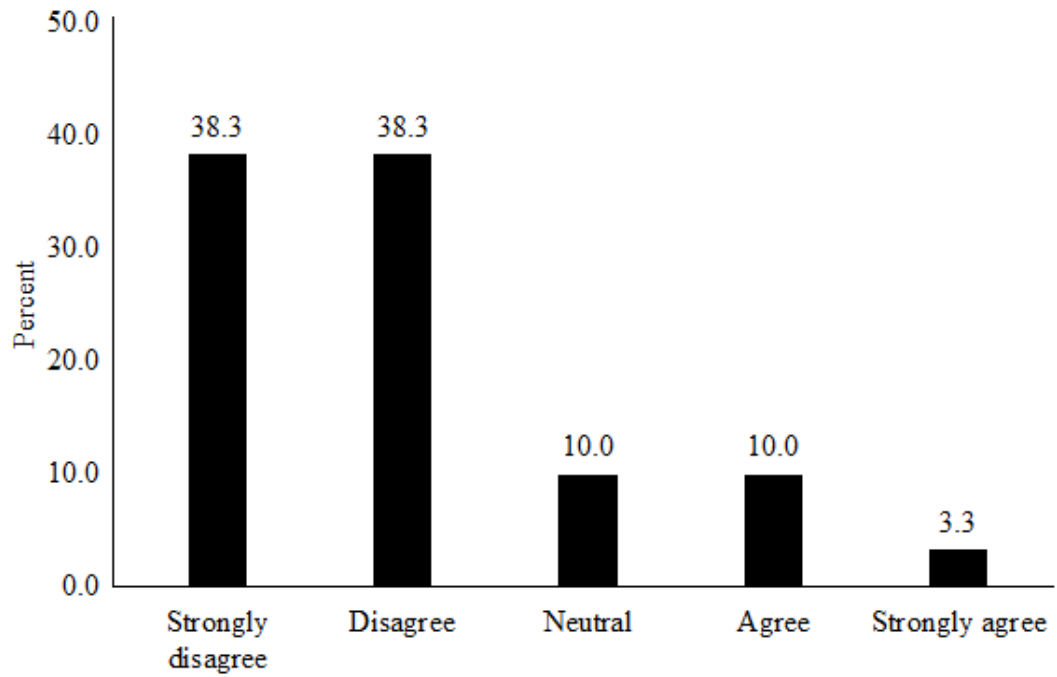
As shown in figure 25, 36.7% and 40.0% of the respondents disagreed and strongly disagreed, respectively, that they felt challenged handling emotional problems calmly. However, neutral respondents accounted for 16.7% of the sample, whereas 5.0% of the respondents agreed and a further 1.7% of the respondents strongly agreed. Therefore, majority of members of CITAM clergy did not struggle with handling their emotional problems calmly. It can be inferred from this finding that members of CITAM clergy were competent at dealing with the emotional problems that arise in the course of clergy work.

Concerning respondents' feeling that they have accomplished little in ministry, the mean score obtained was ( $\mu=2.02$ ,  $\sigma= 1.10$ ,  $N=60$ ) suggesting that most of the respondents disagreed that they felt like having accomplished little in ministry. Figure 26 displays the percentage frequency distribution of the views of the respondents.



**Figure 26**

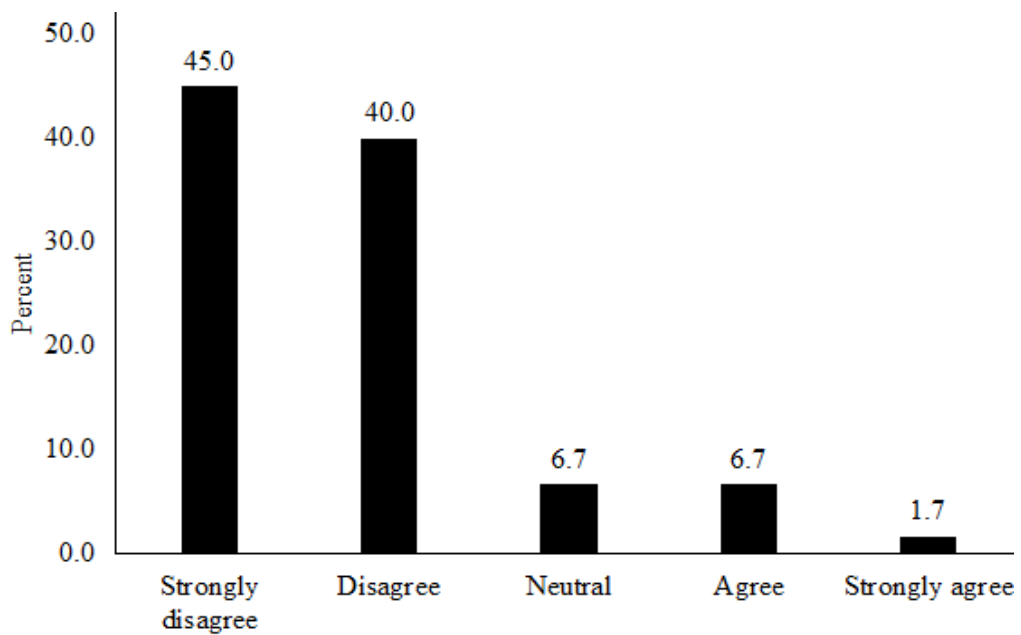
*Responses to Feeling like Having Accomplished Little in Ministry*



In terms of whether respondents felt crowded when in the presence of congregants, the mean score was low ( $\mu=1.80$ ,  $\sigma=0.95$ ,  $N=60$ ) which implies that on average, members of the clergy at CITAM did not feel crowded when in the presence of congregants. Figure 27 shows the percentage frequency distribution of respondents' views.

**Figure 27**

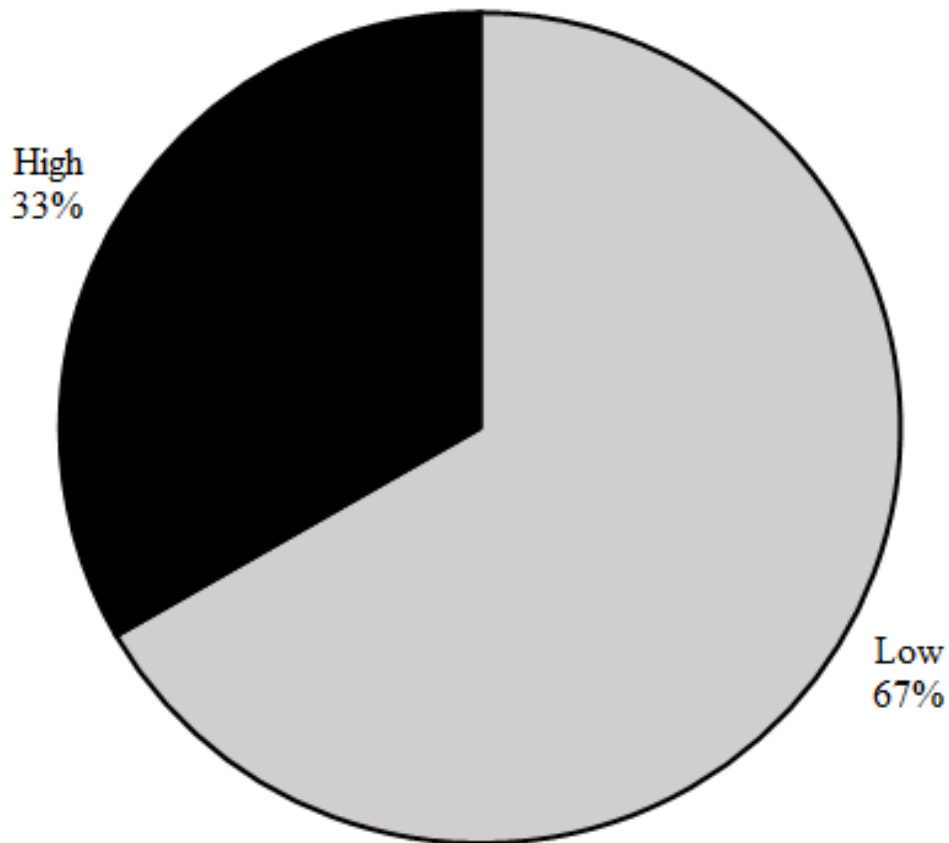
*Whether Respondents Felt Crowded When in the Presence of Congregants*



The mean score for overall sense of diminished accomplishment was low ( $\mu=1.90$ ,  $\sigma=0.70$ ,  $N=60$ ). This implies that most of the respondents did not experience diminished sense of accomplishment. The distribution of the composite scores was visually presented in figure 28, which classified the scores into either high sense of diminished accomplishment or low sense of diminished accomplishment.

**Figure 28**

*Respondents' Overall Sense of Diminished Accomplishment*



From figure 28 it is evident that majority (67%) of the respondents had low overall sense of diminished accomplishment whereas 33% of the respondents had a high overall sense of diminished accomplishment. This finding is consistent with interview results held with senior CITAM clergy who suggested that clergy work made a significant contribution to their sense of accomplishment. The finding showed that all the senior clergy of CITAM felt that they positively impacted on members of their flock. Some participants such as SLC 2 associated the performance to focus and discipline: “Yes. The ministry has not failed. I have been disciplined. My aim to have a movement guided by Christ has been achieved.” Others like SLC 3 derived their joy from the involvement in a successful undertaking: “Yes. Very accomplished. It is something I love doing and when I get to see a change in someone/something I was involved in it gives me joy. For some

like SLC 5, turning around a moribund ministry was a great achievement: “Yes. Sent to revive a ministry that had closed down in parklands. Had to run meetings in conditions that may not have been favourable (secondary school – poor washroom conditions, no office) was even chased away from the venue. But persevered and managed to revive it. Mentored children to productive adults through the church.” The results of this study are contrary to the viewpoints of Wells (2013) that clergy often experienced low sense of accomplishment due to the challenges they are confronted with in ministry work. In this study, only a total of 8.4% of the respondents seemed to report low sense of accomplishment in contrast to the study by Barnard and Curry (2012) among clergy of the United Methodist Church in the US which found that 44% had a low sense of accomplishment. This was taken to mean that the prevalence of low sense of accomplishment among clergy potentially varied from denomination to denomination and from church organisation to another.

#### **4.6.2 Correlation between Mental health and Low Sense of Accomplishment**

Spearman’s rank correlation was performed between mental health scores and low sense of accomplishment sub-scales. Table 13 presents the findings.

**Table 13***Correlation between Mental health and Low Sense of Accomplishment*

<b>Spearman's rho</b>		<b>1</b>
	Correlation Coefficient	1.000
1. Mental health	Sig. (2-tailed)	.
	N	60
	Correlation Coefficient	-.226
2. I do not feel full energy when ministering	Sig. (2-tailed)	.082
	N	60
	Correlation Coefficient	-.130
3. I struggle with looking after my congregants' problems	Sig. (2-tailed)	.321
	N	60
	Correlation Coefficient	-.223
4. In my work, I find it a challenge to handle emotional problems calmly	Sig. (2-tailed)	.087
	N	60
	Correlation Coefficient	-.207
5. I feel that I have accomplished little in my ministry	Sig. (2-tailed)	.113
	N	60
	Correlation Coefficient	-.185
6. I feel crowded in the presence of the congregation	Sig. (2-tailed)	.158
	N	60
	Correlation Coefficient	-.244
7. Overall low sense of low accomplishment	Sig. (2-tailed)	.060
	N	60

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

Table 13 shows that there was a weak negative albeit statistically not significant correlation between clergy mental well-being and respondents' lack of energy when ministering ( $r=-.226$ ,  $p>.05$ ,  $N=60$ ), struggle with looking after congregant's problems ( $r=-.130$ ,  $p<.05$ ,  $N=60$ ), challenge handling emotional problems calmly ( $r=-.223$ ,  $p>.05$ ,  $N=60$ ), feeling of having accomplished little in ministry ( $r=-.207$ ,  $p>.05$ ,  $N=60$ ), feeling crowded in the presence of congregation ( $r=-.185$ ,  $p>.05$ ,  $N=60$ ) and overall feeling of low sense of accomplishment ( $r=-.244$ ,  $p>.05$ ,  $N=60$ ). The findings imply that although mental health appeared to deteriorate with increased sense of low accomplishment, the relationship occurred just by chance. This finding contradicts the results of a study by Proeschold-Bell et al., (2015) which found a significant link between poor mental health and diminished sense of accomplishment. The study also disagrees with the findings of

Shoji et al., (2015) which showed no difference in mental health between the different burnout types.

Given that in this study, low sense of accomplishment did not significantly influence mental health, it can be inferred from the finding in table 13 that not burnout subtypes had differential effects on mental health of CITAM clergy. This signals the potential presence of unique differences between church organisations.

#### 4.6.3 Chi-Square Test of Sense of Accomplishment and Mental health

Table 14 shows the cross-tabulation analysis of the relationship between sense of accomplishment and clergy mental health.

**Table 14**

*Sense of Accomplishment and Clergy Mental health Cross-tabulation*

		Clergy Mental health		Total
		Poor	Good	
Sense of diminished Accomplishment	Count	7	33	40
	Low			
	% within Clergy Mental health	77.8%	64.7%	66.7%
	% of Total	11.7%	55.0%	66.7%
	Count	2	18	20
	High			
	% within Clergy Mental health	22.2%	35.3%	33.3%
	% of Total	3.3%	30.0%	33.3%
Total	Count	9	51	60
	% within Clergy Mental health	100.0%	100.0%	100.0%
	% of Total	15.0%	85.0%	100.0%

Table 14 shows that 66.7% of the respondents had low sense of diminished accomplishment whereas 33.3% of the respondents had high sense of diminished

accomplishment. This was taken to imply that majority of members of CITAM clergy felt accomplished. The table also shows that a higher proportion (64.7%) of respondents who had a low sense of diminished accomplishment were in good mental health than their counterparts who had high sense of diminished accomplishment (35.3%). Similarly, a higher proportion (77.8%) of respondents who had a low sense of diminished accomplishment also had poor mental health than their counterparts who had a high sense of diminished accomplishment (22.2%). The findings were taken to imply that mental health of CITAM clergy did not vary markedly with sense of accomplishment. Table 15 presents the output of the chi-square test.

**Table 15**

*Chi-Square Tests of Sense of Accomplishment and Mental health*

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.588 <sup>a</sup>	1	.443		
Continuity Correction <sup>b</sup>	.147	1	.701		
Likelihood Ratio	.624	1	.430		
Fisher's Exact Test				.704	.362
Linear-by-Linear Association	.578	1	.447		
N of Valid Cases	60				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.00.

b. Computed only for a 2x2 table

Table 15 shows that there was no statistically significant association between low sense of accomplishment and clergy mental health,  $\chi^2(1) = .588, p > .05$ . The null hypothesis, namely; low sense of accomplishment has no statistically significant influence on mental health of CITAM clergy was supported. This was taken to imply that the contribution of sense of accomplishment as a burnout subtype to the mental health of CITAM clergy

was insignificant. This may be explained by the results which showed that on average, members of CITAM clergy did not experience low sense of accomplishment and on the contrary, there was a high sense of accomplishment among them.

#### **4.7 Moderating Role of Psychosocial Resources in Mitigating Burnout**

The fourth objective was to establish the moderating role of psychosocial resources in mitigating burnout among CITAM clergy. In order to achieve this objective, it was hypothesised that psychosocial resources play no statistically significant moderating role in mitigating burnout of CITAM clergy. The alternate hypothesis is that psychosocial resources do play significant role in mitigating burnout of CITAM clergy. This section presents the results of descriptive and inferential statistical analysis.

##### **4.7.1 Descriptive Analysis of Psychosocial Resources Sub-scales**

Table 16 presents the minimum (Min), maximum (Max), mean ( $\mu$ ) and standard deviation ( $\sigma$ ) scores of psychosocial resources items on a 5-point scale. The table shows that the overall psychosocial support was 3.75 on a scale of 1 to 5. This implies that majority of the respondents did receive psychosocial support from the church community.



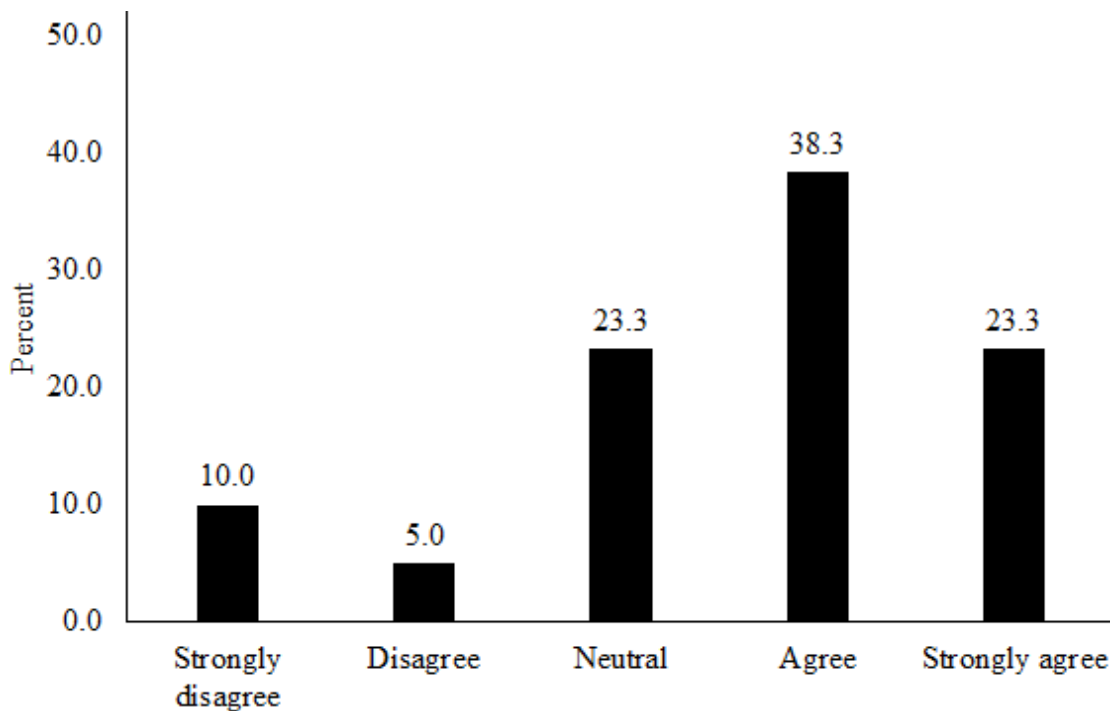
**Table 16***Descriptive Statistics of Psychosocial Resources Sub-scales*

<b>Psychosocial resources</b>	<b>Min</b>	<b>Max</b>	<b>μ</b>	<b>σ</b>	<b>N</b>
As part of my philosophy of life, I try to get failures quickly behind me	1	5	3.60	1.20	60
I always focus on the brighter side of life in every situation.	1	5	3.97	0.97	60
I like putting every adversity that come my way in God's perspective	1	5	4.37	0.94	60
I receive a lot of support from the church community	1	5	3.57	1.11	60
I am a member of a peer support group which help us deal with some of the challenges	1	5	3.50	1.30	60
Generally, I would describe myself as a very outgoing person	1	5	3.50	1.07	60
Overall psychosocial support	1	5	3.75	0.72	60

Figure 29 shows the percentage distribution of respondents' views. The figure shows that 38.3% and 23.3% of the respondents agreed and strongly agreed, respectively, that they got failures quickly behind them, 23.3% of the respondents were neutral whereas 5.0% of the respondents disagreed and 10.0% strongly agreed. Therefore, majority of the members of CITAM clergy did get failures quickly behind them and move on. This was taken to imply that CITAM clergy exhibited self-efficacy which potentially cushioned them against the adverse effects of burnout from clergy work. This finding agrees with empirical results by Barnard and Curry (2012) which showed clergy who are kind towards themselves in the face of failure or stress are less likely to experience burnout, and; by extension, report higher levels of mental health.

**Figure 29**

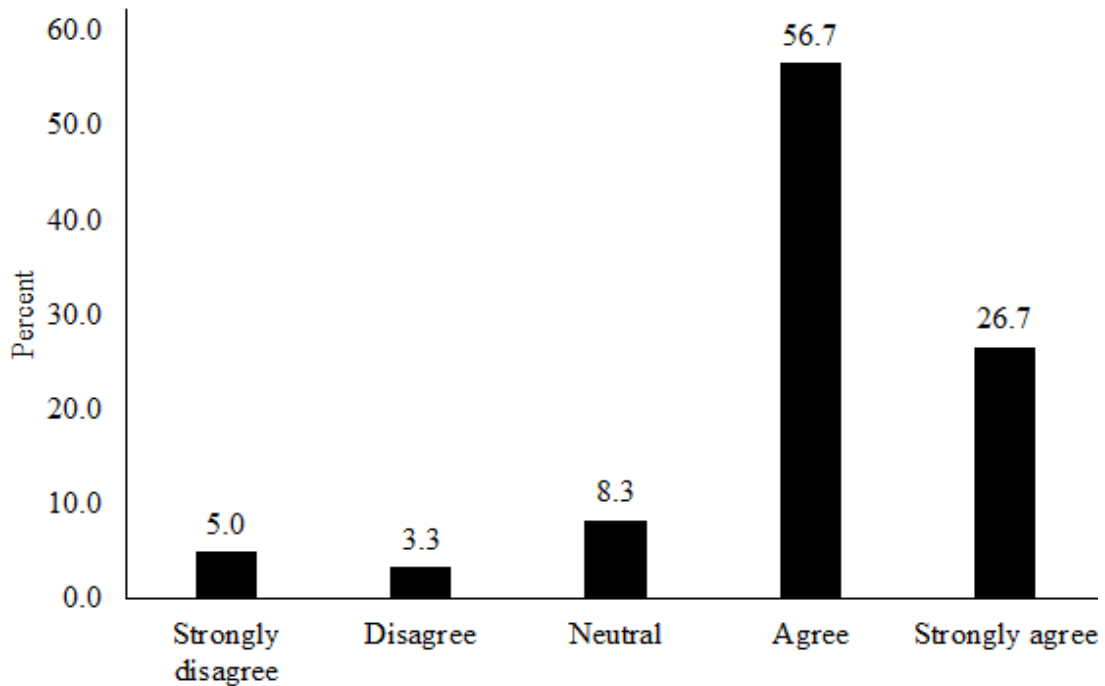
*Whether Respondents Get Failures Quickly Behind Them*



As pertains whether respondents always focused on the brighter side of life in every situation, a high mean score was obtained ( $\mu=3.97$ ,  $\sigma=0.97$ ,  $N=60$ ). Figure 30 shows the percentage frequency distribution of the responses. The finding in figure 30 show that 56.7% of the respondents agreed and 26.7% of the respondents strongly agreed that they always focused on the brighter side of life. However, 8.3% of the respondents were neutral whereas 3.3% and 5.0% of the respondents disagreed and strongly disagreed, respectively. Therefore, majority of the respondents focused on the brighter side of life. This means that most of the members of CITAM clergy maintained a positive mental attitude about life, which potentially protected against burnout associated with clergy work. This agrees with life-stress viewpoint which, according to Miles and Proeschold-Bell (2013), lend credence to the idea that personal resources moderate the effect of life stressors on mental health.

**Figure 30**

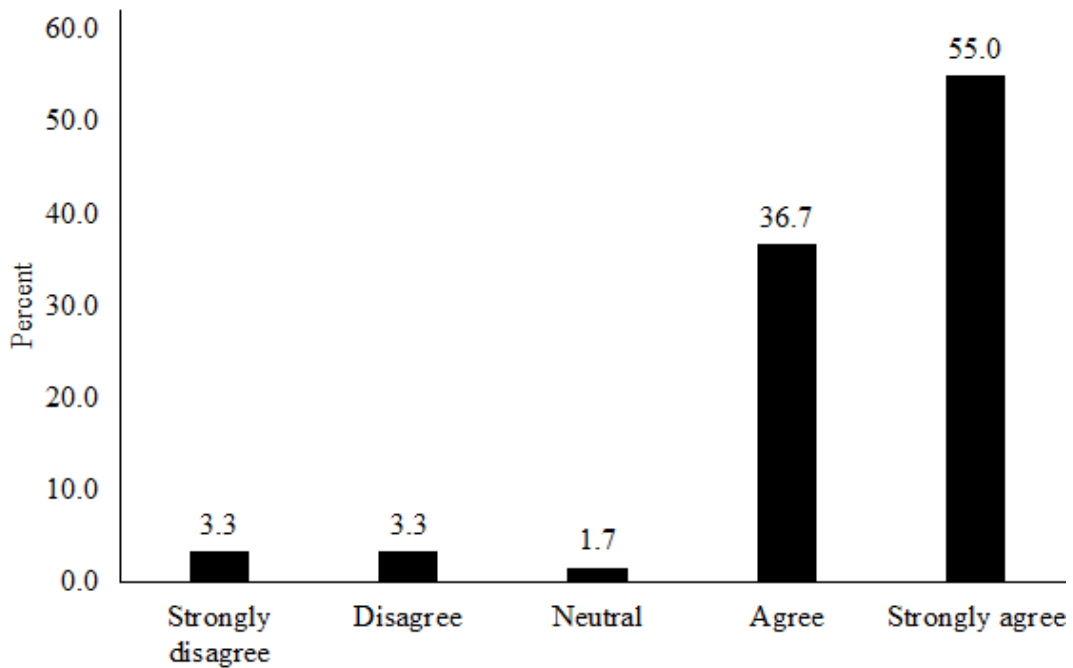
*Whether Respondents Always Focused On the Brighter Side of Life*



In terms of whether respondents liked putting every adversity that come their way in God's perspective, a high mean score was obtained ( $\mu=4.37$ ,  $\sigma=0.94$ ,  $N=60$ ), suggesting that most of the respondents agreed or strongly agreed that they put into perspective every perspective according to God's word. This finding is in line with Muse et al. (2016) whose study conducted among Roman Catholic priests revealed that one of the most significant variables in the low burnout rates among Roman Catholic priests working an average of 63 hours a week were the inner peace of feeling personally close to God. This is further reflected in figure 31 which reveals the distribution of the views of respondents.

**Figure 31**

*Whether Respondents Liked Putting Adversity into God's Perspective*



The findings in figure 31 shows that 36.7% of the respondents agreed and 55.5% of the respondents strongly agreed that they liked putting their adversity into God's perspective. However, 1.7% of the respondents were neutral, 3.3% of the respondents disagreed and another 33% strongly disagreed. Therefore, majority of the respondents did view their adversity from the perspective that God puts them. This was taken to imply that members of CITAM clergy tapped into their spiritual resources to manage the stresses that accompany ministry, hence acting as a protective factor against burnout.

The foregoing finding is corroborated by results from in-depth interviews which revealed that majority of the clergy members focused on God through prayer and deeper relationship with him in the face of adversity. This was revealed in the response from SLC 1 which drew strength from fellowship with and faith in God: "I talk to God and believe God is sovereign. Celebrates every little success. Even in failure, God does not make mistakes." Others like SLC 2 established a structured way to manage stress through debriefing sessions besides practicing spiritual disciplines of prayer and fasting:

“Have monthly meetings with the bishop to share the failures. The bishop prays with me. Mourn over the failure. Spend time in prayer and fasting.” For SLC 3, a time for reflection helped: “Stop and take a break. Ask what went wrong. Learn my lessons and pick up again. Failure is woven in our success stories. Focus on the relationship with God (being righteous and getting up).” Others like SLC 4 were more discrete in the way they handled failure: “Crying from inside and cry in. deal with failures in closed doors and communicates directly to the Lord.”

From both quantitative and qualitative analysis of the findings, it is clear that religiosity played a significant role as a psychosocial resource that members of CITAM clergy exploited to overcome burnout in ministry. This is consistent with the scriptural link between seeking God and mental health as revealed in one of Apostle Paul’s letters, where he insinuated that trusting in God results in being filled with peace and joy and overflowing hope (Romans 15:13).

Respondents were asked whether they received a lot of support from the church community. A moderately high mean score was computed ( $\mu=3.57$ ,  $\sigma=1.11$ ,  $N=60$ ). Figure 32 presents the percentage frequency distribution of respondents’ views on a continuum from strongly disagree to strongly agree.

**Figure 32**

*Whether Respondents Received Support from the Church Community*

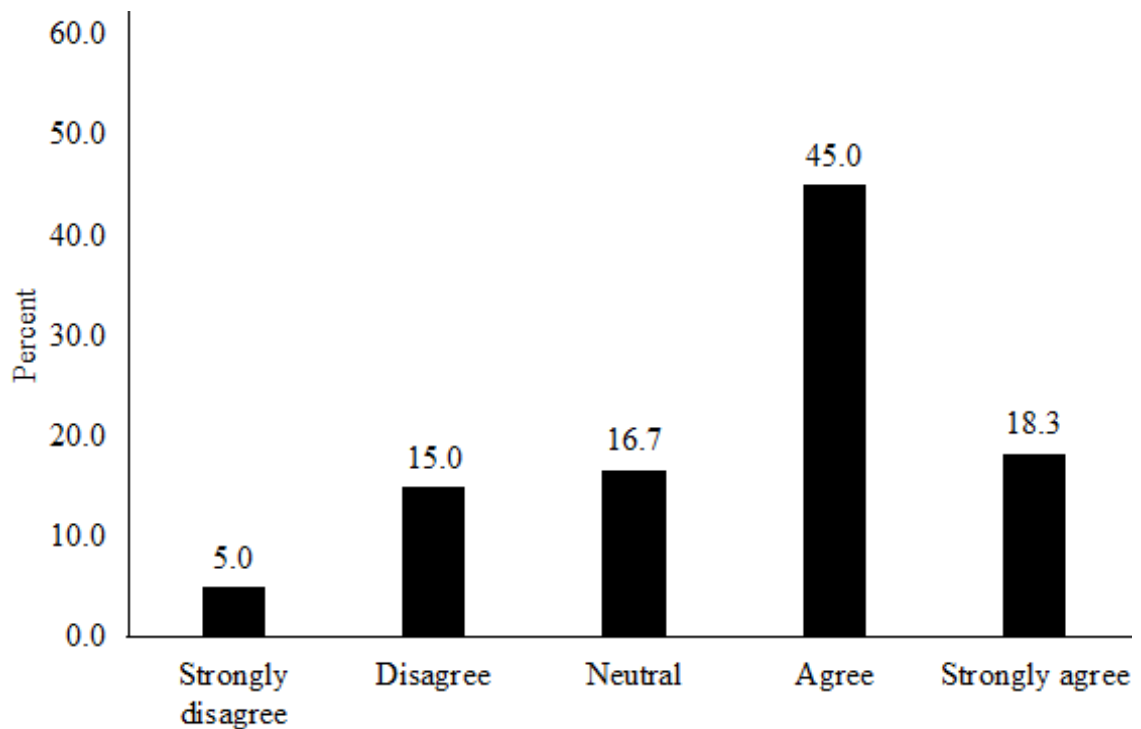


Figure 32 shows that 45.0% of the respondents agreed that they did receive support from the church community and a further 18.3% of the respondents strongly agreed. The figure however also shows that 16.7% of the respondents were neutral while 15.0% and 5.0% of the respondents disagreed and strongly disagreed, respectively. Therefore, majority of the respondents received support from the church community. This was taken to imply that most of the clergy members of CITAM enjoyed a lot of social support from the church community.

Related findings is reflected in the responses from interviews with senior clergy who generally described the attitude of the flock towards ministry as positive although with less optimism as implied in the response of SLC 1: “In evangelism – more cooperative. Receives truths (message) in a more understanding way. Discipleship – ‘a prophet is not appreciated in their home’ by virtue of staying with them, walking with them, they do not appreciate as much.” For SLC 4, discouragement was the exception rather than the

norm: “They are responsive, respectfully, trusting. One or two cases leave you discouraged – by being disrespectful.” However, SLC 5 was less impressed with the attitude of the congregation: “Two attitudes that come strongly: A few embrace the vision of the church in actively practicing and participating in church activities. The majority stand on the fence where they do little or nothing.”

The foregoing findings with regards to receiving social support from the church community suggest that the general interaction of members of CITAM clergy with the church congregation was positive and supportive. This potentially contributed to the low incidences of burnout among members of the clergy, thereby supporting the argument that social support was an important factor in the equation between burnout and mental health of clergy. The finding disagrees with the assertion by Gauger and Christie (2013) that the clergy experience more negative interaction from congregants such as criticisms, distress calls, conflict with parishioners, forceful resignations, discouragement and rejection which have deleterious effects on their mental health. The finding is supportive of the results of a previous study by Proeschold-Bell et al. (2015) which found that social support from the church community made a significant contribution to clergy mental health.

Respondents were asked whether they were members of peer support group which helps in dealing with some of the challenges of life. A moderately high mean score was obtained ( $\mu=3.50$ ,  $\sigma=1.30$ ,  $N=60$ ), implying that on average, members of CITAM clergy were part of peer support system found in the church. Figure 33 presents percentage frequency distribution of clergy responses to the question of whether they were members of peer support group.

**Figure 33**

*Whether Respondents Were Members of Peer Support Group*

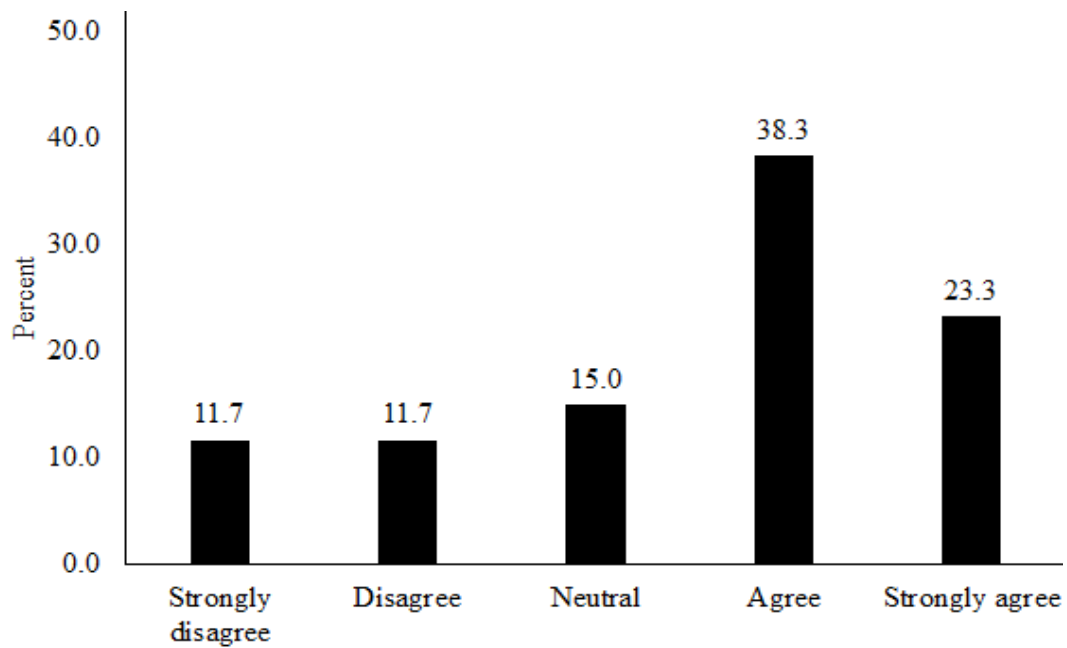


Figure 33 shows that 38.3% and 23.3% of the respondents agreed and strongly agreed, respectively, that they were members of peer support group within the church. Fifteen percent (15.0%) of the respondents were neutral, 11.7% of the respondents disagreed and another 11.7% of the respondents strongly disagreed. Therefore, majority of the members of CITAM clergy were members of peer support group. This was taken to imply that the church had put in place peer support systems to offer psychosocial support for members of its clergy as they undertook clergy work.

The finding in Figure 33 is in line with the perspective of Miles and Proeschold-Bell (2013) who drew from a number of studies to argue that support from peers can buffer clergymen against occupational stress and burnout through being an emotional outlet and avenue for comparison. In keeping with their viewpoint, this study lends credence to the argument that relief can be gained from such peer groups because they provide understanding, support and forum for emotional release. This is because members can



compare notes during such peer interactions, encourage each other and share wisdom that help stressed out clergymen to cope.

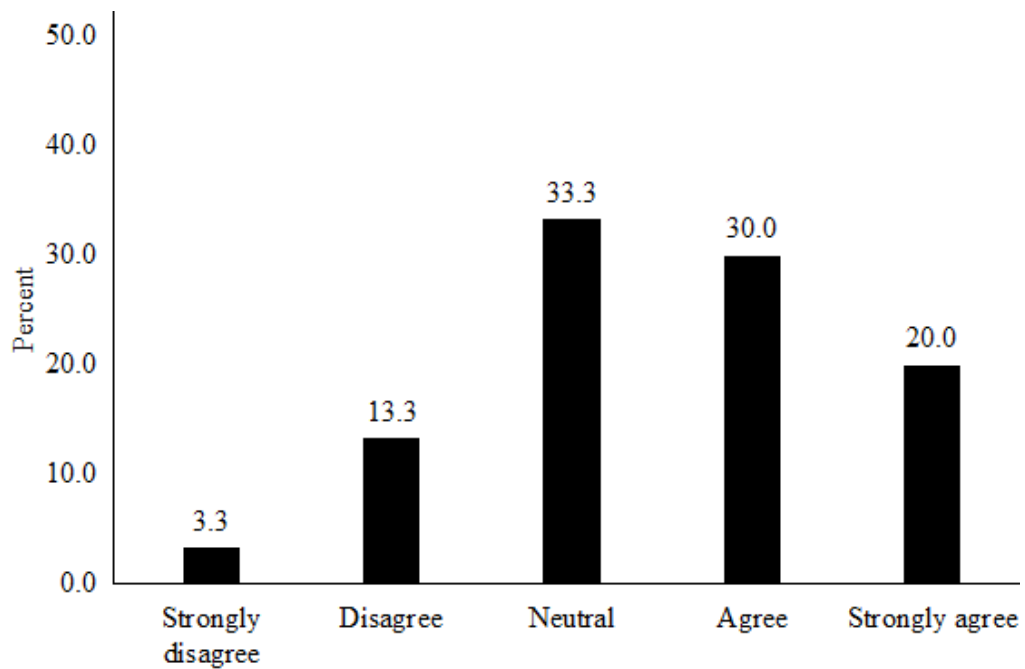
However, that a total of 23.4% of the respondents disagreed that they were part of peer support group suggest that a part of CITAM clergy potentially did not have access to this support system, thus may not be receiving peer support in times of challenges. Indeed, inadequate pastoral care program has been acknowledged by the church as a weakness it is confronting (CITAM, 2016). This means that a section of CITAM clergy were at risk of burnout as suggested by Cocklin (2013) who listed lack of necessary resources to successfully navigate ministry challenges, no accountability mechanisms and loneliness among the precursors of clergy burnout.

Respondents were also asked whether they would describe themselves as very out-going persons. The mean score obtained on a 5-point scale was moderately high ( $\mu=3.50$ ,  $\sigma=1.07$ ,  $N=60$ ). This means that most of the members of CITAM clergy had an outgoing personality.

The percentage distribution of responses to whether members of the clergy were outgoing persons is presented in Figure 34. As indicated in Figure 34, 30% of the respondents agreed and another 20% of the respondents strongly agreed. Neutral respondents were 33.3% while 13.3% and 3.3% of the respondents disagreed and strongly disagreed, respectively. Thus, half of members of CITAM clergy who participated in this study identified their personality as being outgoing. Given that clergy work involves dealing with people's issues, the outgoing personality of the clergy members was potentially a personal resource for most of them.

**Figure 34**

*Whether Respondents Have an Outgoing Personality*



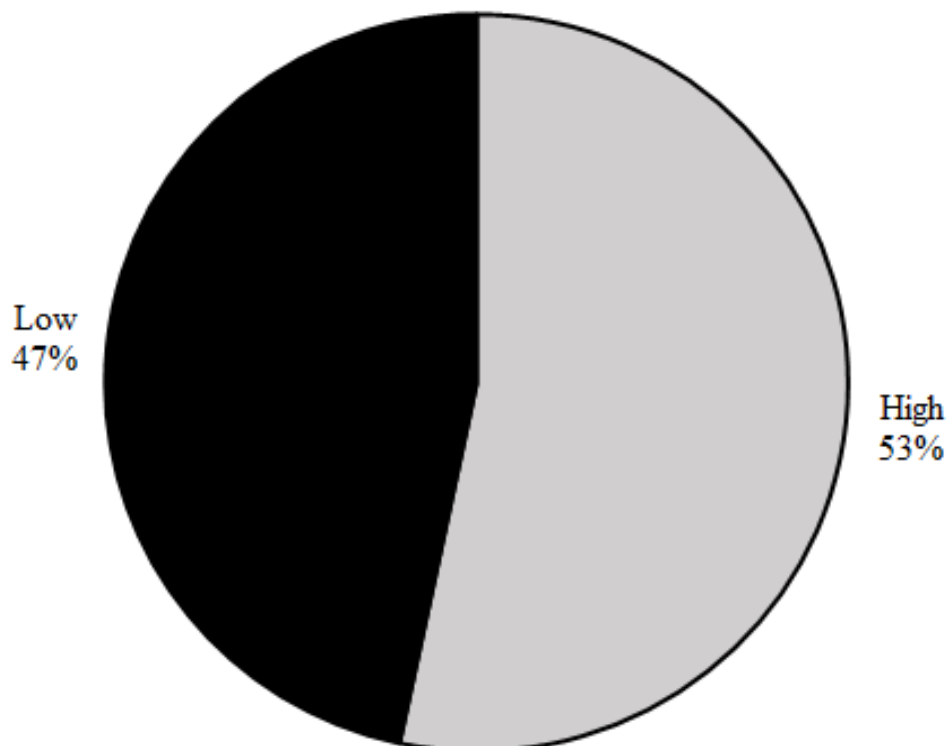
The overall measure of psychosocial support as revealed by the descriptive analysis on a 5-point scale was moderately high ( $\mu=3.75$ ,  $\sigma=0.72$ ,  $N=60$ ) implying that on average, members of CITAM clergy did receive psychosocial support to mitigate against challenges of ministry.

Figure 34 summarises the overall score into two categories: high availability of psychosocial resources and low availability of psychosocial resources. The findings in figure 35 indicates that 53% of the respondents reported that psychosocial resources were highly available while 47% of the respondents reported otherwise. Therefore, most of the members of CITAM clergy were of the view that psychosocial resources were available. This finding is corroborated by in-depth interview results with senior clergy members of CITAM who testified that the feedback they received from the church was good, suggesting that as clergy, they did receive psychosocial support from the church community. This was evident from the response of SLC 1: “Good feedback. Doing well

in ministering. Thank you notes. There are also a few complains. For complaints on the content and presentation of ministry. Kind of conflict between the flock and the evangelism team on content.” The experience of SLC 3 was all positive: “It’s positive. Have really thrived. Church planting. I get recognition for my work in the community.” However, while SLC 4 concurred, he also identified room for improvement in terms of visitation: “Doing well but could do better – by visiting homes. Reaching to them directly.” The most upbeat respondent was SLC 5 who said the feedback was excellent: “General feeling is excellent for the congregation. They are actually thinking about raising money to construct a permanent church. They are inclined to give because they feel they are giving their own.”

**Figure 35**

*Overall Availability of Psychosocial Resources*



The foregoing finding on peer support goes contrary to the observations made in the US by Chartrand (2015) who noted that having no one they consider a close friend was one

of the risk factors to clergy burnout and poor mental health. The finding also contradicts the findings of a study by Ruto (2015) which identified lack of cooperation from congregants and peers as major triggers of burnout among members of the clergy. This difference in research results signals to the potential existence of country-level and organisational level differences. It is noteworthy that Chartrand (2015) did his study in US which is characterised by an individualist culture as opposed to Kenya which is more communal.

Further results from in-depth interviews with senior clergy of CITAM suggested that there were a variety of psychosocial support systems in place to protect members of the clergy against adverse effects of burnout on mental health. The most salient included support system and structures that allows for social interaction and debriefing within the organisation. For instance, SLC 1 took note of the retreat opportunities, marriage counselling groups and the availability of elders who support in ministry. For SLC 3, there existed proper support system from the leadership which was helpful in dealing with challenges of ministry. In support, SLC4 enumerated the various psychosocial support systems in the church: “Performance management systems, mid and end year appraisals, quarterly pastors meetings, staff meetings, personal meetings, pastors and spouses retreats, days off, facilitation to the gym, a book alliance, fellowship with elders and deacons, marriage couples care groups, pre-marital counselling classes.”

It can be inferred from the findings of this study that there were organisational factors that served to protect clergy members from burnout. These can be classified into factors that relate to good human resource management practices (meetings, retreats, recreational facilities and days off) and those that provide the psychosocial support structures and systems within the church community (counselling, fellowships, and care groups). This is in line with conservation of resource theory which postulates that in a

work environment, among the major resources available to workers are social support (Chen et al., 2015).

#### 4.7.2 Descriptive Analysis of Mental health Sub-Scales

Table 17 presents the minimum (Min), maximum (Max), mean ( $\mu$ ) and standard deviation ( $\sigma$ ) of mental health sub-scales.

**Table 17**

*Descriptive Statistics of Mental Health Sub-scales*

<b>Statements</b>	<b>Min</b>	<b>Max</b>	<b><math>\mu</math></b>	<b><math>\sigma</math></b>	<b>N</b>
I am optimistic about the future	3	5	4.72	0.49	60
I feel useful	3	5	4.53	0.60	60
I deal with problems very well	2	5	3.98	0.68	60
I think clearly about issues	3	5	4.12	0.69	60
I feel like quitting ministry work.	1	5	1.43	0.98	60
Overall mental health	3	5	4.38	0.45	60

Table 17 shows that on a scale of 1 to 5, a very high mean score was obtained with respect to whether respondents were optimistic about the future ( $\mu=4.72$ ,  $\sigma=0.49$ ,  $N=60$ ).

This implies that most of the clergy at CITAM were highly optimistic people.

Figure 36 presents a visualization of this finding. The figure shows that 25% and 73.3% of the respondents agreed and strongly agreed, respectively, that they were optimistic about their future. Only 1.7% of the respondents were neutral whereas no respondent disagreed. Therefore, majority of members of CITAM clergy were optimistic about their future. This was taken to imply that the mental health of the clergy was in a good state. Similarly, a very high mean score was obtained with respect to respondents feeling useful ( $\mu=4.53$ ,  $\sigma=0.60$ ,  $N=60$ ), meaning that respondents had a sense of competence.

**Figure 36**

*Whether Respondents were Optimistic about the Future*

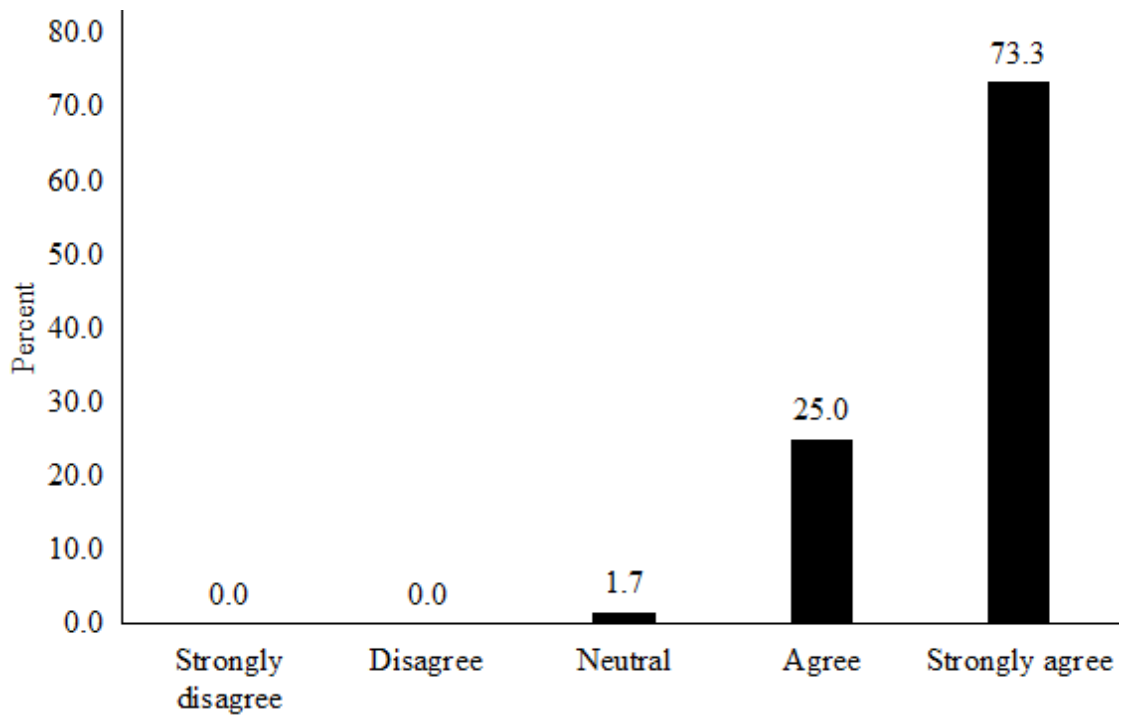
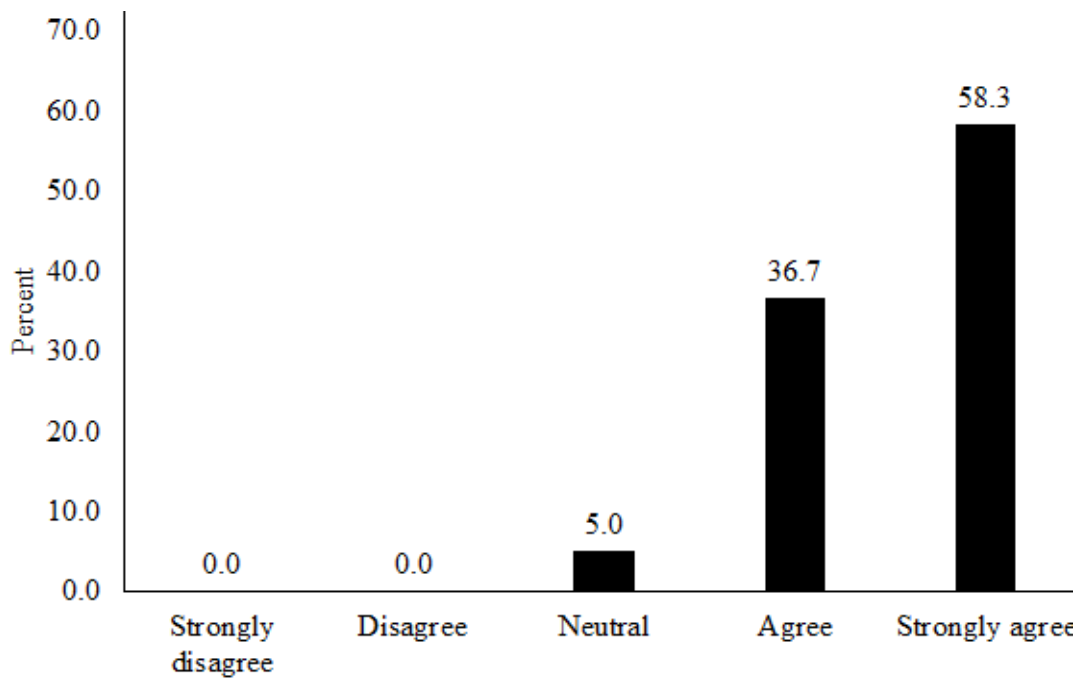


Figure 37 presents the percentage frequency distribution of the responses to this measure of clergy wellbeing. The figure indicates that 36.7% of the respondents agreed and a further 58.3% of the respondents strongly agreed that felt useful. Five percent (5%) of the respondents were neutral but no respondent disagreed. Thus, majority of CITAM clergy felt useful. This was taken as an indication of good mental health status of respondents.

**Figure 37**

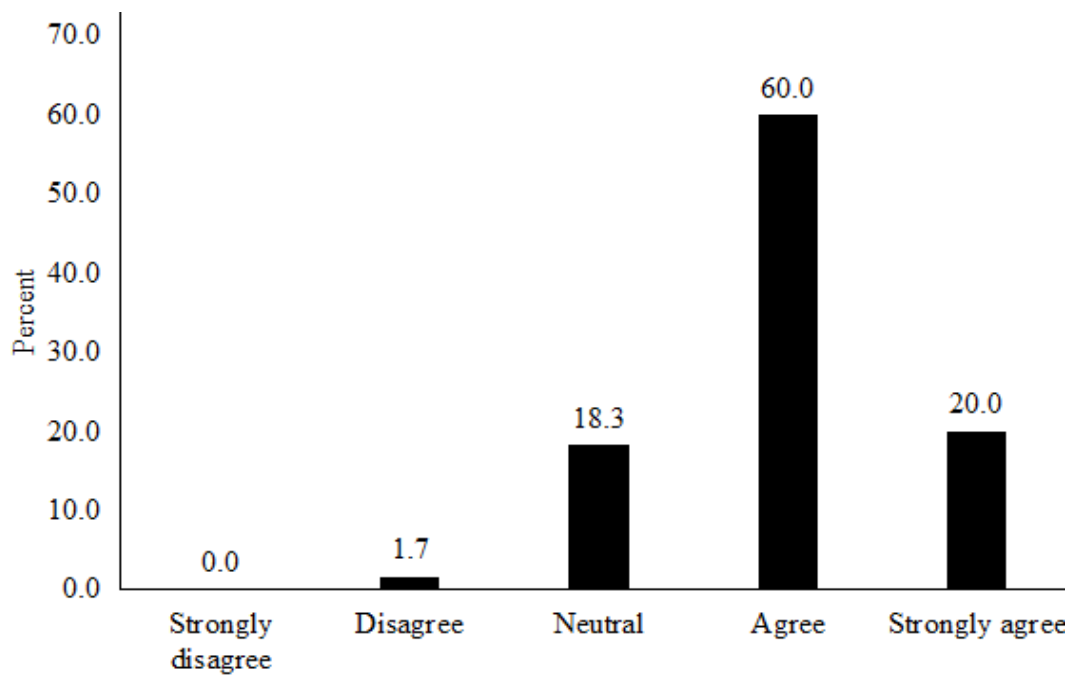
*Whether Respondents Felt Useful*



In terms of whether respondents dealt with problems very well, a high mean score was obtained ( $\mu=.98$ ,  $\sigma=0.68$ ,  $N=60$ ) meaning that respondents perceived themselves as competent in handling problems. Figure 37 presents the distribution of respondents' views. As per the figure, 60% and 20% of the respondents agreed and strongly agreed, respectively, 18.3% of the respondents were neutral whereas some 1.7% of the respondents disagreed. Therefore, majority of the respondents agreed that they dealt with their emotional problems very well. This was taken to imply that the mental health of CITAM clergy was in a good status.

**Figure 38**

*Whether Respondents Dealt With Emotional Problems Very Well*

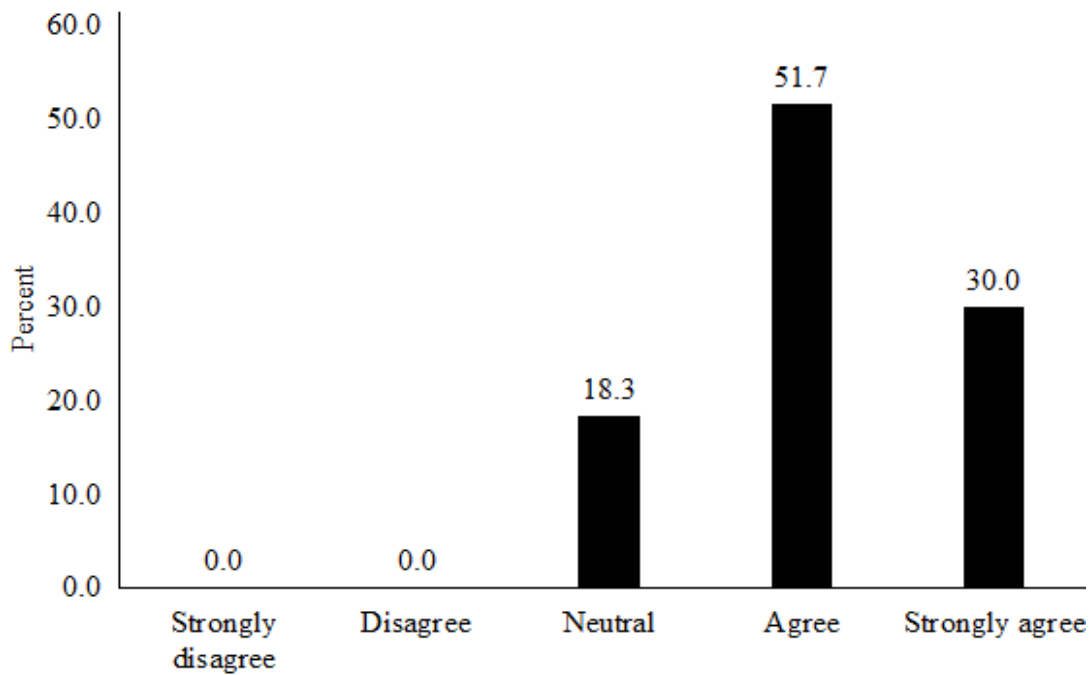


With respect to whether respondents thought clearly about issues, a high mean score was computed on a 5-point scale ( $\mu=4.19$ ,  $\sigma=0.69$ ,  $N=60$ ). This implies that on average, members of CITAM clergy had clarity of thought about ministry issues. Figure 38 presents a graphical illustration of how the responses were distributed. The figure reveals that 51.7% of the respondents agreed and a further 30% of the respondents strongly agreed that they thought clearly about the issues. However, 18.3% of the respondents were neutral while no respondent disagreed. Thus, majority of members of CITAM clergy thought clearly about issues. This was taken as a further indication that members of CITAM clergy were in a good mental health status.



**Figure 39**

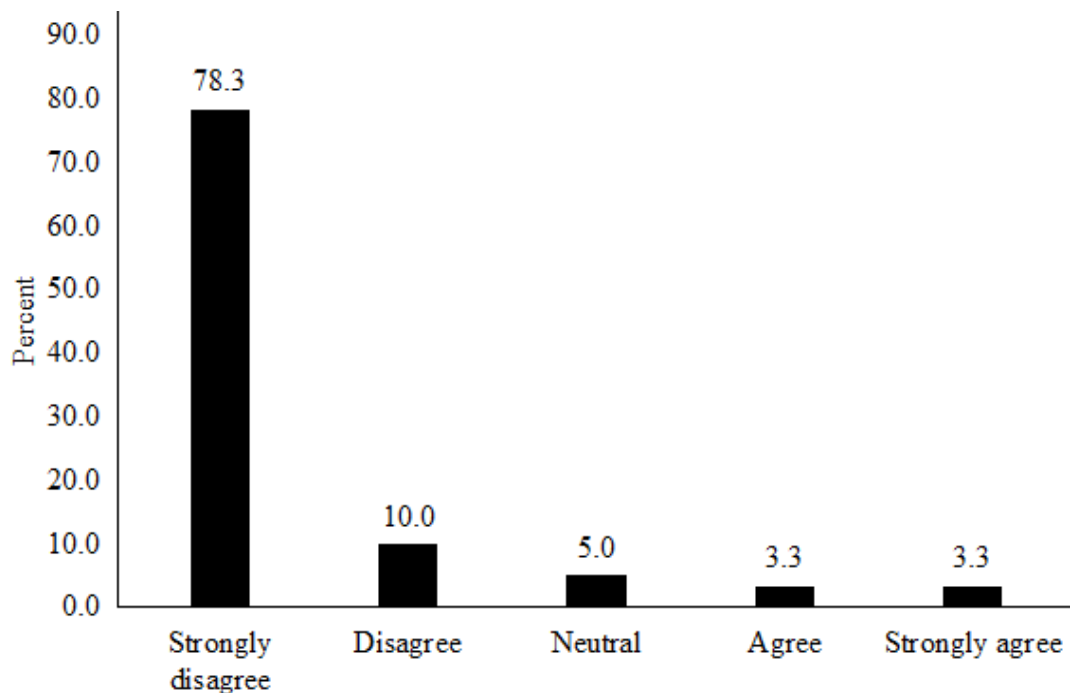
*Whether Respondents Thought Clearly about Issues*



As regards respondents' feeling like quitting ministry work, the mean score obtained was very low ( $\mu=1.43$ ,  $\sigma=0.98$ ,  $N=60$ ). This implies that most of the respondents did not feel like quitting ministry work. The distribution of respondents' views is presented in figure 39. The figure shows that 78.3% of the respondents strongly disagreed that felt like quitting ministry work. Another 10% of the respondents also disagreed that they felt like quitting the clergy profession. Five percent (5%) of the respondents were neutral whereas 3.3% and another 3.3% of the respondents agreed and strongly agreed, respectively. Therefore, majority of CITAM clergy did not feel like quitting ministry. This was taken to imply that the state of mental health of members of CITAM clergy was good.

**Figure 40**

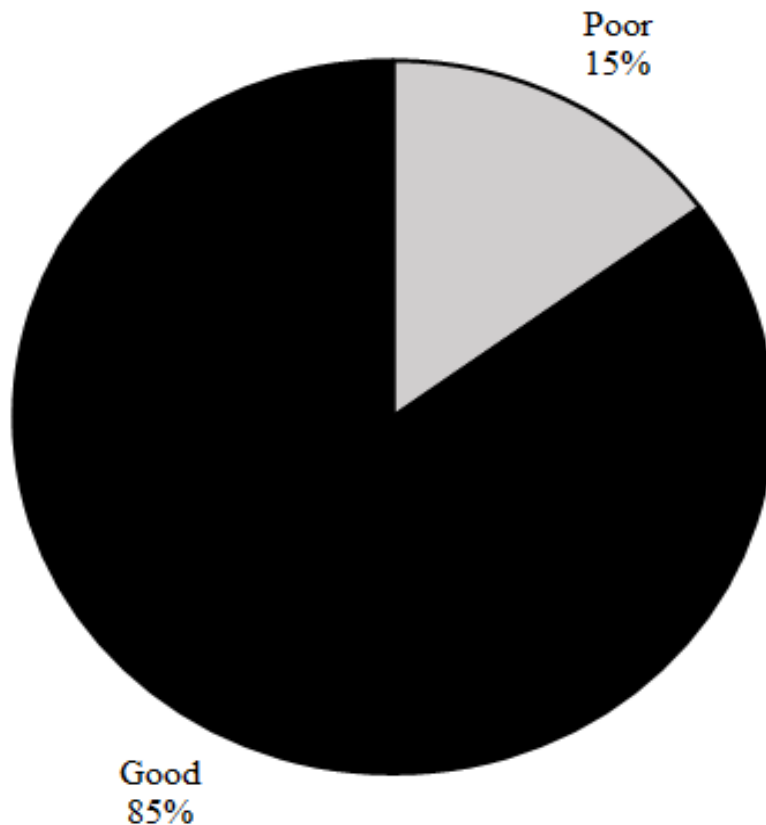
*Whether Respondents Felt Like Quitting Ministry*



The overall mental health score on a 5-point scale was high ( $\mu=4.38$ ,  $\sigma=0.45$ ,  $N=60$ ). This implies that the mental health status of the average member of CITAM clergy was good. Figure 40 classifies the overall score into good mental health or poor mental health. The figure indicates that 85% of the respondents had good mental health whereas the mental health of 15% of the respondents was in a poor status. The results suggest that the mental health levels of CITAM clergy were high. This finding is contrary to the assertion by Gabbard and Crisp-Han (2011) that many clergy were at high risk of reduced mental health in the course of discharging their duties. This implies that clergy low mental health is not a universal phenomenon as there may be contextual factors that underlie the mental health of clergy.

**Figure 41**

*Distribution of Respondents by Overall Mental Health*

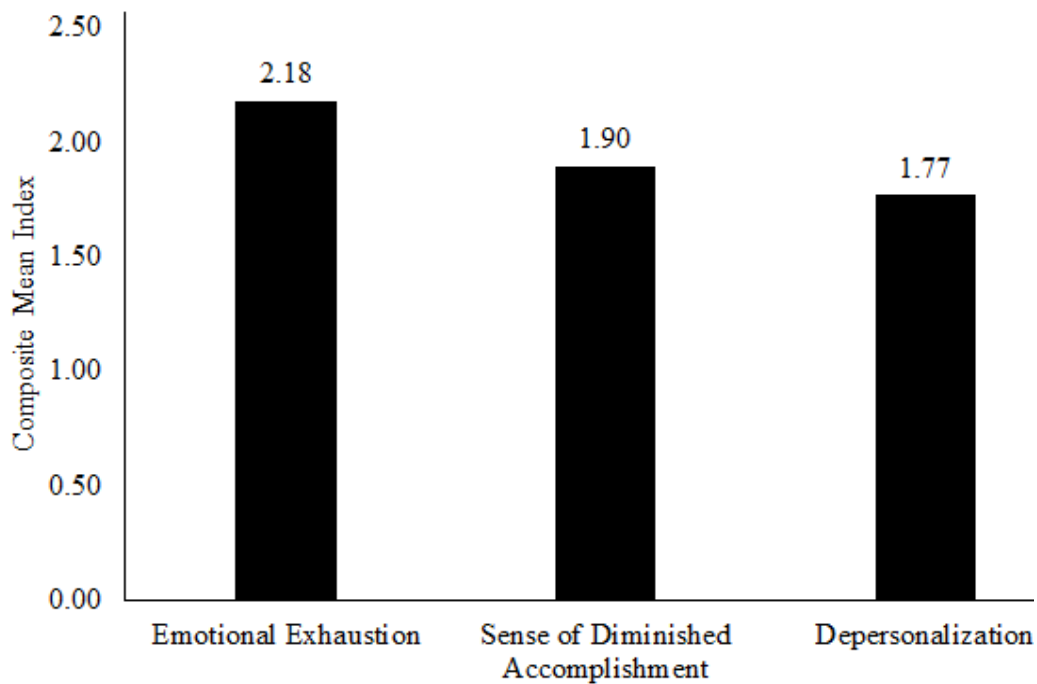


#### **4.7.3 Descriptive Summary Statistics of Burnout Composite Score**

This section presents a descriptive comparison of the prevalence of the three burnout sub-types as well as the overall prevalence of burnout among members of CITAM clergy. Figure 41 compares the mean composite scores on a 5-point scale whereas figure 42 shows the overall burnout prevalence. Figure 42 shows that emotional exhaustion was the most prevalent burnout sub-type with a composite mean index of 2.18 on a 5-point scale. This was followed by sense of diminished accomplishment with a composite mean index of 1.90 on a scale of 1 to 5. The least prevalent burnout sub-type was depersonalisation which registered a composite mean index of 1.77 on a 5-point scale. All the three indices reveal low overall levels of burnout among members of CITAM clergy.

**Figure 42**

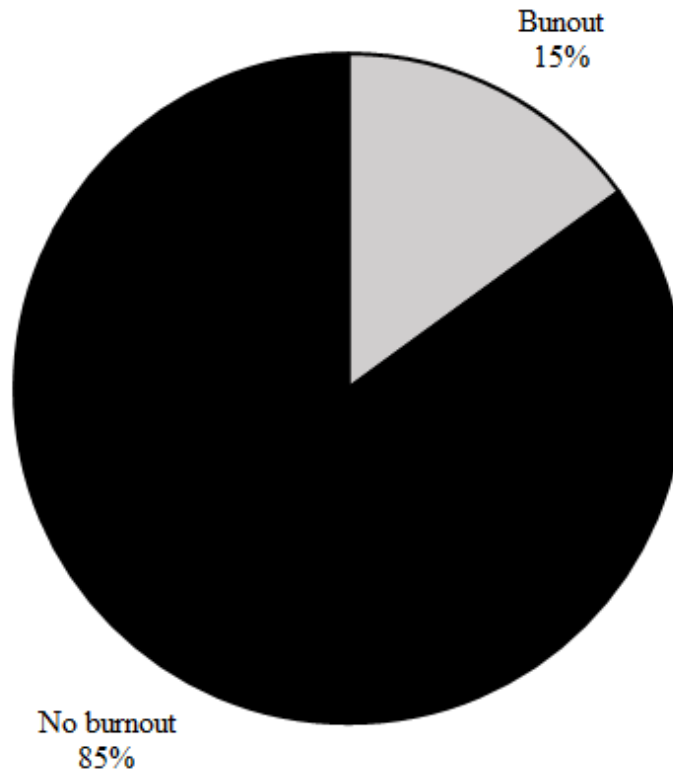
*Comparison of Composite Mean Index of Burnout Sub-types*



The percentage distribution of respondents according to overall prevalence of burnout is presented in figure 43. The figure shows that respondents in the ‘No burnout’ category were the majority at 85% while those in the ‘Burnout’ category were 15%. This was taken to imply that the overall prevalence of burnout among members of the clergy was very low as only 15% of the respondents experienced burnout. This is in contradiction with the findings of a study by Ruto (2015) in African Gospel Church in Bomet County, Kenya which showed the existence of a high prevalence of burnout. The finding is also in contrast to the observation by Visker et al. (2016) whose study revealed that nearly two-thirds of clergy members were either experiencing burnout or were at risk of it. It can thus be inferred that there were potential organisational differences that explain the contradictory results in experiences of burnout between CITAM clergy and those reported in Ruto’s (2015) study and the study by Visker et al. (2016).

**Figure 43**

*Overall Burnout Prevalence among CITAM Clergy*



#### **4.7.4 Inter-correlation between Burnout, Psychosocial Resources and Mental health**

To find out the moderating role of psychosocial resources in mitigating burnout of CITAM clergy, Pearson's rank correlation analysis was run on the composite scores of burnout, psychological resources and mental health of clergy as well as the interaction between burnout and psychosocial resources. Table 18 presents the output at  $p < .05$ . The findings in Table 18 reveal that burnout had a statistically significant negative effect on mental health ( $r = -.286$ ,  $p < .05$ ,  $N = 60$ ). This means that mental health increased with decrease in burnout. This is in support of the observation that Abernethy et al. (2016) made of the link between burnout and decreased mental health of clergy. The table also shows that mental health was positively correlated to psychosocial resources, though the relationship was not statistically significant ( $r = .243$ ,  $p > .05$ ,  $N = 60$ ). This was taken to imply that although mental health improved with increase in psychosocial resources, the direct contribution of psychosocial resources to mental health of members of the clergy

was weak, which contradicts Lee's (2017) idea that clergy emotional stress tended to be negatively impacted by the lack of supportive relationships.

**Table 18**

*Correlation of Mental Health with Burnout, Psychosocial Resources and the Interaction between Burnout and Psychosocial Resources*

<b>Spearman's rho</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. Mental health	Correlation	1.000			
	Coefficient				
	Sig. (2-tailed)	.			
	N	60			
2. Burnout	Correlation	-	1.000		
	Coefficient	.286*			
	Sig. (2-tailed)	.027	.		
	N	60	60		
3. Psychosocial Resources	Correlation	.243	-.108	1.000	
	Coefficient				
	Sig. (2-tailed)	.061	.413	.	
	N	60	60	60	
4. Burnout Resources	Correlation	-.194	.853**	.361**	1.000
	Psychosocial Coefficient				
	Sig. (2-tailed)	.138	.000	.005	.
	N	60	60	60	60

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

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

Further, there was a weaker and statistically insignificant negative correlation of mental health with the interaction term between burnout and psychosocial resources ( $r=-.194$ ,  $p>.05$ ,  $N=60$ ). This was taken to imply that the significance of the effect of burnout on clergy mental health was eliminated by psychosocial resources. Thus, it can be inferred that psychosocial resources reduced the negative influence of burnout on mental health from significance to a level of insignificance. This finding agrees with the results of a

study by Berry et al. (2012) whose examination of the experiences of burnout among Anglican clergy doing ministry work in Wales revealed that members of the clergy who lacked psychosocial support were more prone to burnout.

#### **4.8 Influence of Demographic Traits on the Main Study Variables**

The fifth objective was to determine the influence of respondents' demographic traits (gender, age and years of service) on the main study variables (burnout and mental health). To achieve this objective, it was hypothesised that the demographic traits have no statistically significant influence on the main study variables. The alternate hypothesis was that the influence of demographic traits on the main study variables was statistically significant. These hypotheses were tested at  $p < .05$  using Chi-square tests and Spearman's Rank Correlation Techniques.

##### **4.8.1 Influence of Demographic Traits on Emotional Exhaustion**

In this section, the influence of gender, age, level of education and years of service on emotional exhaustion is analysed.

###### **4.8.1.1 Influence of Gender on Emotional Exhaustion**

A cross-tabulation of gender and emotional exhaustion was performed to establish the distribution of emotional exhaustion of respondents by gender. Table 19 present the results.

**Table 19**

*Emotional Exhaustion and Gender Cross-tabulation*

			<b>Gender</b>		<b>Total</b>
			<b>Male</b>	<b>Female</b>	
Emotional Exhaustion	High	Count	19	9	28
		% within Gender	44.2%	52.9%	46.7%
	Low	Count	24	8	32
		% within Gender	55.8%	47.1%	53.3%
Total	Count	43	17	60	
	% within Gender	100.0%	100.0%	100.0%	

Table 19 indicates that high emotional exhaustion was more prevalent among female clergy (55.8%) than their male counterparts (47.1%), suggesting that women were more predisposed to emotional exhaustion than men. This is in line with Gartziaro et al. (2018) observation that women do experience emotional exhaustion more often as compared to men. This can be explained by gender related differences in societal expectations and tendency for women to get emotionally invested in the affairs and welfare of family and the church. This viewpoint resonates with the perspective of Neff and Germer (2017) who note that women have a tendency to put the needs of others before their own, thereby making them susceptible to emotionally sapping experiences. Gartziaro et al. (2018) rightly draws attention to fundamental differences on how men and women experience the workplace with regards to a number of issues including interpersonal relationships and job roles. The finding may also be explained by hypothesised difficulty of balancing family roles and clergy ministry demands may be particularly enhanced for clergy women given the unique nature of clergy work. The finding also agrees with Menon and Priyadarshini (2018) who reported gender differences in emotional exhaustion between male and female workers.

In order to test the statistical significance of the relationship between gender and emotional exhaustion, the null hypothesis; *there is no statistically significant influence of gender on emotional exhaustion of clergy* was developed. Chi-square test was performed to determine whether the gender difference in emotional exhaustion was statistically significant. The test results are presented in Table 20.



**Table 20***Chi-square Test of Association Between Gender and Emotional Exhaustion*

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.375 <sup>a</sup>	1	.540		
Continuity Correction <sup>b</sup>	.106	1	.745		
Likelihood Ratio	.375	1	.540		
Fisher's Exact Test				.578	.372
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.93.

b. Computed only for a 2x2 table

Table 20 shows that gender did not significantly influence level of emotional exhaustion  $\chi^2(1) = .375, p > .05$ . This implies that gender as a demographic trait had little influence on clergy experience of emotional exhaustion. This agrees with the findings of Wilks and Neto (2013), which showed that males experienced marginally better mental health than their female counterparts. In support of these findings, Lansford (2018) expounded that these gender differences, though marginal, have been found to persist even in later life as women reported lower psychological wellbeing than men.

#### **4.8.1.2 Influence of Age on Emotional Exhaustion**

In order to determine whether age of clergy had an influence on their emotional exhaustion, chi-square test was run at  $p < .05$ . Table 4.18 presents the output of cross-tabulation analysis. Table 21 shows that high emotional exhaustion was reported by majority of the respondents over 60 years old (77.8%). In contrast, a high proportion of respondents less than 30 years of age (70%) and those aged 30-60 years (56.1%) reported low emotional exhaustion. The results suggest that emotional exhaustion tended to increase as respondents grew older. This may be explained by multiple ministry

responsibilities that older clergy members may be entrusted to by the church as spiritual counsellors, overseers, mentors, instructors and administrators. In keeping with Doehring's (2013) observation, members of the clergy are expected to play multiple roles which only tend to increase with time.

**Table 21**

*Emotional Exhaustion and Age Cross-tabulation*

		Age			Total	
		Less than 30	30-60 years	Over 60 years		
Emotional Exhaustion	High	Count	3	18	7	28
		% within Age	30.0%	43.9%	77.8%	46.7%
Emotional Exhaustion	Low	Count	7	23	2	32
		% within Age	70.0%	56.1%	22.2%	53.3%
Total		Count	10	41	9	60
		% within Age	100.0%	100.0%	100.0%	100.0%

To test the significance of the relationship between the cross-tabulated variables, the null hypothesis, *there is no statistically significant relationship between age of clergy and their emotional exhaustion* was proposed. Chi-square test was performed to determine whether the difference in level of emotional exhaustion across different age groups was statistically significant. The output is presented in Table 22.

**Table 22***Chi-square Test of Association between Age and Emotional Exhaustion*

	<b>Value</b>	<b>df</b>	<b>Asymp. Sig. (2-sided)</b>
Pearson Chi-Square	4.742 <sup>a</sup>	2	.093
Likelihood Ratio	4.932	2	.085
Linear-by-Linear Association	4.152	1	.042
N of Valid Cases	60		

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is 4.20.

Table 22 indicates that emotional exhaustion did not vary significantly by age,  $\chi^2(2) = 4.742, p > .05$  which implies that the age of respondents did not significantly influence level of emotional exhaustion. This agrees with Burnette (2016) in reference to studies which find emotional exhaustion among many clergy members regardless of age. This may be detrimental to their mental health, with potentially adverse implications on their functioning as clergymen.

#### **4.8.1.3 Influence of Years of Service on Emotional Exhaustion**

The study sought to establish whether years of service had an influence on respondents' level of emotional exhaustion. Table 23 presents the cross-tabulation output whereas table 24 displays the chi-square test.

**Table 23***Emotional Exhaustion and Years of Service Cross-tabulation*

		How long have you served as a clergy				Total	
		Less than 1 year	1 to 5 years	6-10 years	10 years and above		
Emotional Exhaustion	High	Count	2	12	0	13	27
		% within years of service	66.7%	63.2%	0.0%	44.8%	47.4%
	Low	Count	1	7	6	16	30
		% within years of service	33.3%	36.8%	100.0%	55.2%	52.6%
Total		Count	3	19	6	29	57
		% within years of service	100.0%	100.0%	100.0%	100.0%	100.0%

Table 23 shows that high levels of emotional exhaustion were reported among respondents who had put in less than one year of service (66.7%) and among those who had put in between 1 to 5 years (63.2%) than among respondents who had served for 6-10 years (0.0%) or those who had served for more than 10 years and above (44.8%). The results suggest that those who had served for fewer years as clergy were more prone to emotional exhaustion. This is probably because of lack of experience, exposure or adjustment to clergy work with its myriads of demands. It is possible that over time, as members of the clergy continue to serve and encounter various emotionally taxing issues, they develop the ability to tolerate such encounters without being affected emotionally.

The cross-tabulated variables were subjected to inferential analysis to test the null hypothesis; *there is no statistically significant relationship between years of clergy service and emotional exhaustion*. Statistical significance of the influence of the

association between emotional exhaustion and years of service was tested using Chi-square technique and the output presented in Table 24.

**Table 24**

*Chi-square Test of Association Between Years of Service and Emotional Exhaustion*

	<b>Value</b>	<b>df</b>	<b>Asymp. Sig. (2-sided)</b>
Pearson Chi-Square	7.823 <sup>a</sup>	3	.050
Likelihood Ratio	10.142	3	.017
Linear-by-Linear Association	1.581	1	.209
N of Valid Cases	57		

a. 4 cells (50.0%) have expected count less than 5. The minimum expected count is 1.42.

The table shows that there was a statistically significant association between years of clergy service and emotional exhaustion,  $\chi^2(3) = 7.823, p = .05$ . This means that levels of emotional exhaustion varied by number of years that respondents had worked as a member of the clergy. This implies that clergy tenure is a significant predictor of emotional exhaustion, whereby the problem of emotional exhaustion resolves with long service.

#### **4.8.2 Influence of Demographic Traits on Depersonalisation**

In this sub-section, findings on the influence of gender, age, years of clergy service on depersonalisation is presented.

##### **4.8.2.1 Influence of Gender on Depersonalisation**

A cross-tabulation of gender with depersonalisation was undertaken to determine how respondents' levels of depersonalisation were distributed by gender. The output is shown in Table 25.

**Table 25***Depersonalisation and Gender Cross-tabulation*

		Gender		Total	
		Male	Female		
Depersonalisation	Low	Count	28	12	40
		% within Gender	65.1%	70.6%	66.7%
	High	Count	15	5	20
		% within Gender	34.9%	29.4%	33.3%
Total	Count	43	17	60	
	% within Gender	100.0%	100.0%	100.0%	

Table 25 reveals that low levels of depersonalisation was reported by majority of the respondents irrespective of gender, though a higher proportion (70.6%) of female respondents reported low depersonalisation than their male counterparts (65.1%). These results imply that gender did not play an important role in determining depersonalisation levels. This finding is in line with results of a study by Hassan (2019) among a non-clergy sample which also found no gender differences in mental health, suggesting that there were no unique gender influences within clergy populations.

Null hypothesis, *there is no statistically significant relationship between gender and depersonalisation*, was proposed. The statistical significance of gender difference in depersonalisation levels was tested using Chi-square technique. Table 26 presents the test results.

**Table 26***Chi-square Test of Association between Depersonalisation and Gender*

	<b>Value</b>	<b>df</b>	<b>Asymp. Sig. (2-sided)</b>	<b>Exact Sig. (2-sided)</b>	<b>Exact Sig. (1-sided)</b>
Pearson Chi-Square	.164 <sup>a</sup>	1	.685		
Continuity Correction <sup>b</sup>	.010	1	.919		
Likelihood Ratio	.166	1	.683		
Fisher's Exact Test				.769	.466
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.67.

b. Computed only for a 2x2 table

The table indicates that depersonalisation scores of respondents did not vary significantly by gender,  $\chi^2(1)=.164$ ,  $p>.05$ . This means that gender was not a significant factor in respondents' experiences of depersonalisation. This finding contradicts the results by Gartziaro et al. (2018) which implied the existence of an influence in relationship between gender and depersonalisation by claiming that men exhibit more depersonalisation than women.

#### **4.8.2.2 Influence of Age on Depersonalisation**

Age as a demographic factor was cross-tabulated with depersonalisation to determine how levels of depersonalisation were distributed across different age groups. The findings are presented in Table 27. The table shows that low levels of depersonalisation were reported by majority of the respondents across the different age groups. The results suggest that depersonalisation tended to decrease with increase in age: the highest proportion of respondents reporting low levels of depersonalisation was among those aged over 60 years at 88.9%, followed by respondents aged 30-60 years at 63.4% and lastly, respondents who were less than 30 years of age at 60%. The table indicates that

the age group with the highest proportion of respondents reporting high levels of depersonalisation was less than 30 years of age (40%).

**Table 27**

*Depersonalisation and Age Cross-tabulation*

		Age			Total	
		Less than 30	30-60 years	Over 60 years		
Depersonalisation	Low	Count	6	26	8	40
		% within Age	60.0%	63.4%	88.9%	66.7%
	High	Count	4	15	1	20
		% within Age	40.0%	36.6%	11.1%	33.3%
Total	Count	10	41	9	60	
	% within Age	100.0%	100.0%	100.0%	100.0%	

To test the significance of the relationship between the cross-tabulated variables, the null hypothesis, *there is no statistically significant influence of age on depersonalisation*, was proposed. Chi-square test was run to determine the statistical significance of the difference in depersonalisation levels across the various age groups. Table 28 presents the output.

**Table 28**

*Chi-square Test of Association between Depersonalisation and Age*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.395 <sup>a</sup>	2	.302
Likelihood Ratio	2.792	2	.248
Linear-by-Linear Association	1.658	1	.198
N of Valid Cases	60		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 3.00.

Table 29 indicates that levels of depersonalisation did not vary significantly with age of respondent,  $\chi^2(2) = 2.395, p > .05$ . This means that age did not have a significant



influence on depersonalisation levels. This finding concurs with the study by Mammen and Patrick (2015) which found no statistically significant age differences among members of the helping profession with respect to their mental health. This is an indication that age was not a factor in the mental health equation among CITAM Clergy in Kenya.

#### 4.8.2.3 Influence of Years of Service on Depersonalisation

The study sought to assess the influence of years of clergy service on levels of depersonalisation as a burnout sub-type. The two variables were cross-tabulated and the output presented in Table 29.

**Table 29**

*Depersonalisation and Years of Service Cross-tabulation*

		How long have you served as a clergy				Total
		Less than 1 year	1 to 5 years	6-10 years	10 years and above	
Low	Count	1	14	4	19	38
	% within How long have you served as a clergy	33.3%	73.7%	66.7%	65.5%	66.7%
High	Count	2	5	2	10	19
	% within How long have you served as a clergy	66.7%	26.3%	33.3%	34.5%	33.3%
Total	Count	3	19	6	29	57
	% within How long have you served as a clergy	100.0%	100.0%	100.0%	100.0%	100.0%

The findings in table 29 show that low levels of depersonalisation was reported among majority of respondents across the different category of years of experience except those who had served for less than one year where a higher proportion (66.7%) of the respondents suffered from high depersonalisation than their counterparts who had put in

more years of service. The finding implies that the state of depersonalisation did not vary by tenure.

In order to test the significance of the difference in depersonalisation levels by years of service, the null hypothesis, *there is no significant influence of years of service on depersonalisation*, was proposed. Chi-square test was run and the results presented in Table 30.

**Table 30**

*Chi-square Test of Association Between Depersonalisation and Years of Service*

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	1.938 <sup>a</sup>	3	.585
Likelihood Ratio	1.842	3	.606
Linear-by-Linear Association	.008	1	.928
N of Valid Cases	57		

a. 4 cells (50.0%) have expected count less than 5. The minimum expected count is 1.00.

As per the findings in table 30, depersonalisation levels did not vary by years of clergy service,  $\chi^2(3) = 1.938, p > .05$ . This suggests that years of service had little influence on the level of depersonalisation as a sub-type of burnout. This is in contrast to the findings by Bhatt and Ramani (2016) that years of service did influence experiences of depersonalisation. This may be explained by the unique environment of clergy work and Christian ministry context where teachings on virtues such as patience, genuine care, sensitivity and compassion towards one another is often preached and encouraged. It appears that depersonalisation goes against the very commandments of God to love one another as one's self. This potentially acts as a deterrence that endures the test of time. This means those years of service does not matter as concerns clergy experiences of depersonalisation. It appears that as soon as the respondents join clergy work, they learn

to navigate and manage their emotions without letting it get into them or take a toll on them.

### 4.8.3 Influence of Demographic Traits on Sense of Accomplishment

In this sub-section, findings on the influence of gender, age, years of clergy service on sense of accomplishment is presented.

#### 4.8.3.1 Influence of Gender on Sense of Accomplishment

The study sought to establish whether gender had an influence on respondents' sense of accomplishment. A cross-tabulation analysis was run to determine how sense of accomplishment was distributed by gender. The findings are presented in Table 31.

**Table 31**

*Sense of Accomplishment and Gender Cross-tabulation*

			Gender		Total
			Male	Female	
Sense of Accomplishment	High	Count	29	11	40
		% within Gender	67.4%	64.7%	66.7%
	Low	Count	14	6	20
		% within Gender	32.6%	35.3%	33.3%
Total	Count	43	17	60	
	% within Gender	100.0%	100.0%	100.0%	

Table 31 revealed that high sense of accomplishment were reported by majority of respondents in both gender, with 67.4% male respondents and 64.7% of female respondents feeling a high sense of accomplishment. This means that little differences exist regarding clergy work and how gender contributes to feelings of low or high achievement. The finding contradicts the results of Proeschold-Bell et al.'s (2015) study of determinants of good and poor mental health of clergy linked to decreased sense of accomplishment. This may be explained by the notion that clergy work is a calling and

fulfilment is found in one's relationship with God rather than their socialization or biological formation. From an understanding that it is to God's glory that they have been called to clergy work, a sense of accomplishment is a subjective feeling that derives from one's perception of their own calling and assignment. This is reflected in one of Paul's letters where he suggests that trusting in God results in being filled with peace and joy and overflowing hope powered by the moving of the Holy Spirit (Romans 15:13).

To test the relationship between the cross-tabulated variables, the null hypothesis, *there is no statistically significant relationship between gender on respondents' sense of accomplishment*, was proposed. Chi-square test was performed to determine if sense of accomplishment varied significantly by gender. The output of the test is presented in Table 32. Table 32 indicates that there was no statistically significant association between gender and sense of accomplishment,  $\chi^2(1) = .041, p > .05$ . This means that gender had no influence of respondents' sense of accomplishment. It can therefore be inferred that feelings of sense of accomplishment did not vary by gender.

**Table 32**

*Chi-square Test of Association Between Gender and Sense of Accomplishment*

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.041 <sup>a</sup>	1	.839		
Continuity Correction <sup>b</sup>	.000	1	1.000		
Likelihood Ratio	.041	1	.840		
Fisher's Exact Test				1.000	.534
N of Valid Cases	60				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.67.

b. Computed only for a 2x2 table

### 4.8.3.2 Influence of Age on Sense of Accomplishment

Age as a demographic factor was cross-tabulated with sense of accomplishment in order to determine whether it had an influence. Table 4.30 shows the finding.

**Table 33**

*Sense of Accomplishment and Age Cross-Tabulation*

			Age			Total
			Less than 30	30-60 years	Over 60 years	
Sense of Accomplishment	High	Count	6	27	7	40
		% within Age	60.0%	65.9%	77.8%	66.7%
Sense of Accomplishment	Low	Count	4	14	2	20
		% within Age	40.0%	34.1%	22.2%	33.3%
Total		Count	10	41	9	60
		% within Age	100.0%	100.0%	100.0%	100.0%

Table 33 shows that high sense of accomplishment was experienced by majority of respondents across the different age groups. The finding suggests that sense of accomplishment tended to increase with age: 77.8% of respondents over 60 years of age reported a high sense of accomplishment, followed by respondents aged 30-60 years at 65.9%, and lastly, respondents aged below 30 years at 60%. This may be explained by different developmental stages of life in respondents' lifecycle. It may be that younger members of the clergy were just starting their career life and thus, were yet to accomplish their plans as compared to older members of the clergy who may have achieved many milestones in their lives and seen many of their hopes, aspirations and desires being fulfilled in ministry.

Chi-square test was run to determine whether age had a statistically significant influence on respondents' sense of accomplishment. To undertake this test, the null hypothesis, *there is no statistically significant influence of age on sense of accomplishment*, was put forward. Table 34 displays the findings. As per the findings presented in table 34, no

statistically significant difference was found in respondents' sense of accomplishment across the three age groups,  $\chi^2(2) = .712, p > .05$ . This means that age differences had insignificant influence on respondents' level of sense of accomplishment as a measure of burnout sub-dimension.

**Table 34**

*Chi-Square Test of Sense of Age and Accomplishment*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.712 <sup>a</sup>	2	.700
Likelihood Ratio	.743	2	.690
Linear-by-Linear Association	.647	1	.421
N of Valid Cases	60		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 3.00.

#### 4.8.3.3 Influence of Years of Service on Sense of Accomplishment

Respondents' years of service were cross-tabulated with sense of accomplishment in order to determine how sense of accomplishment was distributed across the different lengths of clergy service. Table 35 presents the results.

**Table 35**

*Sense of Accomplishment and Years of Service Cross-tabulation*

		How long have you served as a clergy				Total	
		Less than 1 year	1 to 5 years	6-10 years	10 years and above		
Sense of Accomplishment	High	Count	0	15	3	21	39
		% within years of service	0.0%	78.9%	50.0%	72.4%	68.4%
	Low	Count	3	4	3	8	18
		% within years of service	100.0%	21.1%	50.0%	27.6%	31.6%
Total	Count	3	19	6	29	57	
	% within years of service	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 35 reveals that high sense of accomplishment was reported by majority of respondents in the age group of 1 to 5 years (78.9%) and 10 years and above (72.4%). However, among respondents aged 6-10 years, the distribution by sense of accomplishment was equally split between high sense of accomplishment (50%) and low sense of accomplishment (50%). All (100%) of the respondents who had served for less than one year reported low sense of accomplishment. This finding implies that sense of accomplishment fluctuated across age rather than consistently increases or decreases. It may be that respondents set themselves five year achievement targets which when accomplished, resets their sense of achievement as they set the stage for the next target.

To test the relationship between the cross-tabulated variables, a null hypothesis, *there is no statistically significant correlation between years of service and sense of accomplishment*, was proposed. Chi-square test was run to determine whether respondents' sense of accomplishment significantly varied with years of clergy service.

Table 36 displays the output.

**Table 36**

*Chi-Square Test of Sense of Accomplishment and Years of Service*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.631 <sup>a</sup>	3	.035
Likelihood Ratio	9.060	3	.029
Linear-by-Linear Association	.811	1	.368
N of Valid Cases	57		

a. 4 cells (50.0%) have expected count less than 5. The minimum expected count is .95.

Table 36 shows that there was a statistically significant difference in sense of accomplishment across the different years of clergy service,  $\chi^2(3) = 8.631, p < .05$ . This implies that years of clergy service had an influence on respondents' sense of

accomplishment; whereby low sense of accomplishment was felt at the start of clergy ministry career.

#### 4.8.4 Influence of Demographic Traits on Overall Burnout

Overall burnout was taken as the composite measure of the three burnout subscales: emotional exhaustion, depersonalisation and low sense of accomplishment. In this section, the influence of gender, age and years of service on overall burnout of respondents is analysed.

##### 4.8.4.1 Influence of Gender on Overall Burnout

A cross-tabulation of gender and overall burnout was performed to establish the distribution of respondents by gender in terms of whether they experienced burnout or not. Table 37 shows the findings.

**Table 37**

*Overall Burnout and Gender Cross-tabulation*

		Gender		Total	
		Male	Female		
Overall Burnout	Burnout	Count	3	4	7
		% within Gender	7.0%	23.5%	11.7%
	No burnout	Count	40	13	53
		% within Gender	93.0%	76.5%	88.3%
Total	Count	43	17	60	
	% within Gender	100.0%	100.0%	100.0%	

Table 37 indicates that burnout was not experienced by a majority of the respondents of both gender. However, the table reveals that a higher proportion (93.0%) of male respondents did not suffer burnout as compared to their female counterparts (76.5%). In total, burnout was reported by only 11.7% of the respondents. This suggests that the prevalence of burnout among members of CITAM clergy was low and played an



insignificant role in experiences of burnout. It may be in this case that CITAM has in place effective measures or programs catering for both genders to help their clergy members to manage conditions of work that make them vulnerable to burnout.

Chi-square test was run to determine whether the gender difference in overall burnout was statistically significant. This was based on the null hypothesis; *there is no statistically significant influence of gender on overall burnout*. Table 4.35 displays the output.

**Table 38**

*Chi-Square Test of Overall Burnout and Gender*

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.239 <sup>a</sup>	1	.072		
Continuity Correction <sup>b</sup>	1.832	1	.176		
Likelihood Ratio	2.916	1	.088		
Fisher's Exact Test				.092	.092
N of Valid Cases	60				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 1.98.

b. Computed only for a 2x2 table

As indicated in the table, no statistically significant gender difference was found,  $\chi^2(1) = 3.239, p > .05$ . This suggests that gender was not a significant factor in the experience of burnout among members of CITAM clergy. This finding is consistent with the results of a research undertaken by Hassan (2019) among a non-clergy sample which found no gender differences in burnout levels. The study finding is also in line with results among a student sample reported by Ashok (2017) suggesting that gender played no role in determining level of burnout.

#### 4.8.4.2 Influence of Age on Overall Burnout

Cross-tabulation analysis was undertaken to determine whether overall burnout of respondents varied by age. Table 39 presents the findings. The table shows that majority of the respondents in all the three age groups experienced no burnout, with the highest proportion of respondents reporting no burnout being among those aged less than 30 years of age (90.0%) followed by respondents over 60 years of age (88.9%) and lastly, respondents aged 30-60 years (87.8%). The findings depict little difference in experience of burnout across age.

**Table 39**

*Overall Burnout and Age Cross-tabulation*

			Age			Total
			Less than 30	30-60 years	Over 60 years	
Overall	Burnout	Count	1	5	1	7
		% within Age	10.0%	12.2%	11.1%	11.7%
Burnout	No burnout	Count	9	36	8	53
		% within Age	90.0%	87.8%	88.9%	88.3%
Total	Count		10	41	9	60
	% within Age		100.0%	100.0%	100.0%	100.0%

Chi-square analysis was undertaken to determine whether age was a significant factor in the experience of burnout among respondents. This was to test the null hypothesis; *there is no statistically significant relationship between age and burnout*. Table 40 shows the results.

**Table 40***Chi-Square Test of Overall Burnout and Age*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.041 <sup>a</sup>	2	.980
Likelihood Ratio	.042	2	.979
Linear-by-Linear Association	.007	1	.934
N of Valid Cases	60		

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is 1.05.

Table 40 shows that age differences in the overall burnout of respondents were not statistically significant,  $\chi^2(2) = .941, p > .05$ . This means that age did not influence overall burnout among members of CITAM clergy. This finding agrees with Mammen and Patrick (2015) whose study among a non-clergy sample also found no significant difference in the stress levels and reported work pressure on mental health across different age groups.

#### **4.8.4.4 Influence of Years of Service on Overall Burnout**

Respondents' years of services were cross-tabulated with their overall burnout to determine the distribution of self-reported burnout by gender. Table 41 shows the findings.

**Table 41***Overall Burnout and Years of Service Cross-tabulation*

			How long have you served as a clergy				Total
			Less than 1 year	1 to 5 years	6-10 years	10 years and above	
		Count	0	3	0	4	7
Overall	Burnout	% within years of service	0.0%	15.8%	0.0%	13.8%	12.3%
Burnout	No	Count	3	16	6	25	50
	burnout	% within years of service	100.0%	84.2%	100.0%	86.2%	87.7%
Total		Count	3	19	6	29	57
		% within years of service	100.0%	100.0%	100.0%	100.0%	100.0%

The finding in Table 4.41 shows that there was a high proportion of respondents reporting no burnout across all the classes of years of service. Specifically, all (100%) of the respondents who had served for less than a year and those who had served for 6-10 years did not suffer from overall burnout. The table also shows that 86.2% of respondents who had served for 10 years and above, and 84.2% of respondents who had served for 1 to 5 years also reported experiencing no overall burnout. It can be surmised from this finding that years of service played a negligible role in respondents' exposure to overall burnout as a result of clergy work.

The variation in overall burnout by years of service was subjected to chi-square test to determine whether years of service significantly influenced respondents' experience of overall burnout. This was to test the null hypothesis; *there is no statistically significant relationship between years of clergy service and overall experience of burnout*. Table 42 displays the results.

**Table 42***Chi-Square Test of Overall Burnout and Years of Service*

	<b>Value</b>	<b>df</b>	<b>Asymp. Sig. (2-sided)</b>
Pearson Chi-Square	1.539 <sup>a</sup>	3	.673
Likelihood Ratio	2.620	3	.454
Linear-by-Linear Association	.040	1	.842
N of Valid Cases	57		

a. 5 cells (62.5%) have expected count less than 5. The minimum expected count is .37.

Table 42 indicates that there was no statistically significant influence of years of service on overall burnout,  $\chi^2(3) = 1.539, p > .05$ . This means that clergy tenure had no influence on overall experience of burnout among members of CITAM clergy. This finding contradicts the results of a study by Burnette (2016) who reported an inverse, albeit weak relationship between clergy tenure and burnout. The finding also challenges the notion by Hannes and Antje (2016) that job tenure interacts with the nature of work in a manner that inversely relates to experiences of job burnout.

#### **4.8.5 Influence of Demographic Traits on Mental health**

In this section, the influence of gender, age and years of service on mental health of respondents is analysed.

##### **4.8.5.1 Influence of Gender on Mental health**

A cross-tabulation of gender and mental health was performed to establish the distribution of respondents' mental wellness by gender. Table 43 displays the output.

**Table 43***Clergy Mental Health and Gender Cross-tabulation*

		Gender		Total	
		Male	Female		
Clergy Mental health	Poor	Count	3	6	9
		% within Gender	7.0%	35.3%	15.0%
	Good	Count	40	11	51
		% within Gender	93.0%	64.7%	85.0%
Total	Count	43	17	60	
	% within Gender	100.0%	100.0%	100.0%	

Table 43 indicates that majority of both male respondents (93%) and female respondents (64.7%) reported good mental health. However, more male respondents reported good mental health than their female counterparts. This is inconsistent with findings in research workplaces where gender has been found to be a personal factor that determined mental health, whereby more females than males reported higher stress levels and struggles with balancing work with their life (Guthrie et al., 2017). It may be that the nature of clergy work is less favourable to female clergy than male clergy.

Chi-square analysis was performed to determine whether the gender difference in mental health of respondents was statistically significant. This was to test the null hypothesis; *there is no statistically significant gender influence on clergy mental health*. Table 44 shows the findings.

**Table 44***Chi-Square Test of Clergy Mental Health and Gender*

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.662 <sup>a</sup>	1	.006		
Continuity Correction <sup>b</sup>	5.602	1	.018		
Likelihood Ratio	6.889	1	.009		
Fisher's Exact Test				.012	.012
N of Valid Cases	60				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 2.55.

b. Computed only for a 2x2 table

Table 44 shows that the gender difference in mental health was statistically significant,  $\chi^2(1) = 7.662, p < .05$ . This means that gender factor had an influence on clergy mental health. This finding agrees with the findings of a study by Burnette (2016) which found that gender of clergy was a significant determinant of mental health, with male clergy having a higher average mental health than female clergy. This lends credence to the notion that women were more likely to experience poor mental health as compared to their male counterparts (Yu, 2018). This may be explained by the likelihood that the challenge of balancing work and family demands may be aggravated for women due to the task of caregiving to the family and career.

#### **4.8.5.2 Influence of Age on Mental health**

The study sought to test whether mental health differed significantly across different age groups. Cross-tabulation analysis was performed to display how the responses were distributed by age. Table 45 presents the findings. Table 45 indicated that good mental health was reported by majority of the respondents across the different age groups led by respondents who were less than 30 years of age (90.0%), followed by respondents aged 30-60 years (85.4%) and lastly, those over the age of 60 years (77.8%). The finding

suggests that mental health tended to deteriorate with age. This finding contradicts the results of several studies that report a U-shaped relationship between age and mental health (Ulloa et al., 2013). However, it concurs with the results of a study by Wilks and Neto (2013) which found that aging was generally associated with lower subjective wellbeing. This may be due to life demands and multiple responsibilities that characterise adulthood such as family, parenting and involvement in church.

**Table 45**

*Clergy Mental Health and Age Cross-tabulation*

			Age			Total
			Less than 30	30-60 years	Over 60 years	
Clergy Mental health	Poor	Count	1	6	2	9
		% within Age	10.0%	14.6%	22.2%	15.0%
	Good	Count	9	35	7	51
		% within Age	90.0%	85.4%	77.8%	85.0%
Total	Count	10	41	9	60	
	% within Age	100.0%	100.0%	100.0%	100.0%	

Chi-square analysis was performed to determine the statistical significance of the distribution respondents' mental health by age. The null hypothesis, *there is no statistically significant relationship between age and mental health*, was proposed. Table 46 shows the results. Table 4.43 shows that there was no statistically significant influence of age on mental health,  $\chi^2(2) = .569, p > .05$ . This implies that age was not an important determinant of mental health of clergy. This finding contradicts the results of a study undertaken among a US sample by De Bruin et al. (2019) who found that older age was linked to good mental health. However, it agrees with the observation of Steptoe et al. (2015) who made reference to a Gallup World Poll whose findings in Sub-Saharan Africa indicated insignificant change in mental health with age.



**Table 46***Chi-Square Test of Clergy Mental health and Age*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.569 <sup>a</sup>	2	.753
Likelihood Ratio	.551	2	.759
Linear-by-Linear Association	.537	1	.464
N of Valid Cases	60		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.35.

**4.8.5.3 Influence of Years of Service on Mental health**

Years of service was cross-tabulated with mental health to determine how respondents were distributed. The output of cross-tabulation analysis is presented in Table 47.

**Table 47***Clergy Mental health and Years of Service Cross-tabulation*

		How long have you served as a clergy				Total
		Less than 1 year	1 to 5 years	6-10 years	10 years and above	
Clergy Mental health	Count	0	5	0	3	8
	Poor % within years of service	0.0%	26.3%	0.0%	10.3%	14.0%
	Count	3	14	6	26	49
	Good % within years of service	100.0%	73.7%	100.0%	89.7%	86.0%
Total	Count	3	19	6	29	57
	% within years of service	100.0%	100.0%	100.0%	100.0%	100.0%

Table 47 shows that good mental health was reported by majority of the respondents across all the age groups; whereby all (100%) of the respondents who had served for less than 1 year and those who had served for 6 to 10 years having good mental health, followed by respondents who had served for 10 years and above (89.7%) and lastly,

respondents who had served for 1 to 5 years (73.7%). These results imply that age was not a determining factor of clergy mental health.

Chi-square test was run to determine if the difference in mental health across the different categories of years of service. The null hypothesis, *there is no statistically significant relationship between years of clergy service and mental health*, was proposed.

Table 48 presents the output.

**Table 48**

*Chi-Square Test of Clergy Mental Health and Years of Service*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.172 <sup>a</sup>	3	.244
Likelihood Ratio	5.047	3	.168
Linear-by-Linear Association	.895	1	.344
N of Valid Cases	57		

a. 5 cells (62.5%) have expected count less than 5. The minimum expected count is .42.

As shown in table 48, no statistically significant difference was found,  $\chi^2(3) = 4.172$ ,  $p > .05$ . This suggests that years of service was not an influential factor on clergy mental health. This finding contradicts the results of Burnette (2016) study which reported that pastor's tenure was a positive predictor of mental health. This means that there may be organisational factors that underpin the differences in research findings.

#### **4.9 Chapter Summary**

This chapter has presented, interpreted and discussed the results of the study. This has comprised both quantitative results and qualitative findings. The findings have been thematically presented in line with the research objectives. Appropriate charts, graphs and tables have been used to represent the data. The results have demonstrated that CITAM clergy enjoyed high mental health as depicted in low depersonalisation, low

emotional exhaustion and high sense of accomplishment. The results have indicated that psychosocial resources played a significant role in this. The results were corroborated with qualitative themes as summarised in Figure 4.43. The figure presents a visual summary of the salient themes. The next chapter summarises the study and overall draws conclusions as well as proposes future research directions.

**Figure 44**

*Visual Summary of Qualitative Themes*



## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter presents a summary of the major findings of the study from which conclusions are drawn and subsequently, recommendations are made. The summary is both an overview of the research as well as a summary of the findings for each objective. Similarly, the conclusions are drawn for each objective. Finally, the chapter makes recommendations for improvement and suggests areas for further research.

#### **5.2 Summary**

The study aimed to investigate the influence of burnout on mental health of clergy of Christ is the Answer Ministries in Kenya (CITAM). A cross-sectional mixed-methods research design was used. The target population was 91 clergy members of CITAM. The accessible population was 86 clergy members based in 25 assemblies in Kenya. Census technique was applied. The study used in-depth interview guides alongside structured questionnaire. The questionnaire comprised scale of emotional exhaustion in ministry (SEEM) and a modified version of Maslach Burnout Inventory. Mental health was measured using a 5-point Likert scale. The questionnaire was pilot-tested among clergy members of Kenya Assemblies of God in Nairobi.

Instrument reliability was determined using Cronbach's alpha test. Validity of the instrument was ensured by using multiple items to measure underlying constructs. All the items returned an alpha coefficient greater than 0.7, which was taken to imply that the instruments were reliable. The questionnaires were administered face-to-face. The individual interviews were conducted with 12 senior level clergy members of CITAM based at its Head Office. The overall response rate was 79 percent.

A combination of data analysis techniques was used. The first stage of analysing data entailed exploratory data analysis to determine the percentages, frequencies, mean and standard deviation of the dataset. Questionnaire data was analysed using nonparametric inferential techniques such as Spearman's Rank Correlation technique and chi-square test of association.

Normality of the dataset was assessed using Shapiro-Wilk tests and Normal Q-Q plots which showed that the data significantly deviated from a normal distribution at  $p < .05$ . The test of association entailed first transforming the composite scores of ordinal levels of measurement into binary form.

Quantitative data analysis was undertaken using SPSS. Hypothesis testing was undertaken and statistical significance was accepted at  $p < .05$ . In-depth interviews were analysed using thematic analysis techniques. The process involved transcribing and summarising the data into themes and sub-themes and drawing correlation between them. The output of qualitative analysis was used to corroborate the findings from quantitative data. Verbatim excerpts were used to reinforce the analysis of qualitative data. The resultant outputs were presented in figures and tables for ease of interpretation. The findings were interpreted and discussed in light of past theoretical and empirical studies. The key findings of the study are now summarised for each objective as follows;

**Objective 1:** To establish the influence of emotional exhaustion on mental health of CITAM clergy in Kenya.

- i. Emotional exhaustion was the most prevalent burnout sub-type with a composite mean index of 2.18 on a 5-point scale. The overall emotional exhaustion level was high for 47% of the respondents.

- ii. Clergy mental health was negatively and significantly correlated to feeling of emotional drain due to clergy work ( $r=-.267, p<.05, N=60$ ), feeling that work is breaking them down ( $r=-.312, p<.05, N=60$ ), feeling frustrated at work ( $r=-.242, p>.05, N=60$ ), and feeling at the end of the rope ( $r=-.340, p<.01, N=60$ ).
- iii. Although all the correlation coefficients were negative, there was no statistically significant relationship between mental health and feeling that working with people all day long requires a great deal of effort ( $r=-.118, p>.05, N=60$ ), feeling like working too hard as a clergy ( $r=-.016, p>.05, N=60$ ), and feeling stressed to work in direct contact with people ( $r=-.140, p>.05, N=60$ ).
- iv. A slightly higher proportion of respondents who exhibited high levels of emotional exhaustion had poor mental health than their counterparts who exhibited low emotional exhaustion.
- v. There was no statistically significant association between emotional exhaustion and clergy mental health,  $\chi^2(1) =.336, p>.05$ . The null hypothesis, namely; emotional exhaustion has no statistically significant influence on mental health of CITAM clergy was supported.

**Objective 2:** To examine the influence of depersonalisation on mental health of CITAM clergy in Kenya.

- i. The overall depersonalisation score was low ( $\mu=1.77, \sigma=0.67, N=60$ ), meaning that most of the respondents did not feel detached from their congregation and clergy work. A total of 33% of the respondents experienced high depersonalisation.
- ii. The least prevalent burnout sub-type was depersonalisation which registered a composite mean index of 1.77 on a 5-point scale.

- iii. Mental health was negatively correlated to respondents' feeling that they looked after certain congregants impersonally ( $r=-.288, p<.05, N=60$ ), tiredness getting up in the morning to face another day at work. ( $r=-.299, p<.05, N=60$ ), impression that congregants make them responsible for some of their problems ( $r=-.300, p<.05, N=60$ ) and losing patience towards the end of work ( $r=-.341, p<.01, N=60$ ).
- iv. Clergy mental health was not significantly correlated to not caring about what happens to some congregants ( $r=-.187, p>.05, N=60$ ), being insensitive to people ( $r=-.218, p>.05, N=60$ ) and being uncaring ( $r=-.103, p>.05, N=60$ ).
- v. There was a statistically significant negative relationship between overall depersonalisation and clergy mental health ( $r=-.310, p<.05, N=60$ ).
- vi. A higher proportion of respondents with poor mental health also exhibited low depersonalisation. Similarly, a higher proportion of respondents with good mental health also exhibited low depersonalisation.
- vii. There was no statistically significant association between emotional exhaustion and clergy mental health,  $\chi^2(1) = .588, p<.05$ . The null hypothesis was supported: depersonalisation has no statistically significant influence on mental health of CITAM clergy was supported.

**Objective 3:** To determine the influence of low sense of accomplishment on mental health of CITAM clergy in Kenya.

- i. The mean score for overall sense of diminished accomplishment was low ( $\mu=1.90, \sigma=0.70, N=60$ ). Majority (67%) of the respondents had low overall sense of diminished accomplishment whereas 33% of the respondents had a high overall sense of diminished accomplishment.

- ii. Sense of diminished accomplishment was the second in rank of prevalence, with a composite mean index of 1.90 on a scale of 1 to 5.
- iii. There was a weak negative albeit statistically not significant correlation between clergy mental well-being and respondents' lack of energy when ministering ( $r=-.226$ ,  $p>.05$ ,  $N=60$ ), struggle with looking after congregant's problems ( $r=-.130$ ,  $p<.05$ ,  $N=60$ ), challenge handling emotional problems calmly ( $r=-.223$ ,  $p>.05$ ,  $N=60$ ), feeling of having accomplished little in ministry ( $r=-.207$ ,  $p>.05$ ,  $N=60$ ), feeling crowded in the presence of congregation ( $r=-.185$ ,  $p>.05$ ,  $N=60$ ) and overall feeling of low sense of accomplishment ( $r=-.244$ ,  $p>.05$ ,  $N=60$ ).
- iv. A higher proportion (64.7%) of respondents who had a low sense of diminished accomplishment were in good mental health than their counterparts who had high sense of diminished accomplishment (35.3%).
- v. There was no statistically significant association between low sense of accomplishment and clergy mental health,  $\chi^2(1) = .588$ ,  $p>.05$ . The null hypothesis, namely; low sense of accomplishment has no statistically significant influence on mental health of CITAM clergy was supported.

**Objective 4:** To find out the moderating role of psychosocial resources in mitigating burnout of CITAM clergy.

- i. The overall measure of psychosocial support as revealed by the descriptive analysis on a 5-point scale was moderately high ( $\mu=3.75$ ,  $\sigma=0.72$ ,  $N=60$ ). The results showed that 53% of the respondents reported that psychosocial resources were highly available while 47% of the respondents reported otherwise.



- ii. The overall mental health score on a 5-point scale was high ( $\mu=4.38$ ,  $\sigma=0.45$ ,  $N=60$ ). This implies that the mental health status of the average member of CITAM clergy was good.
- iii. The results also showed that 85% of the respondents had good mental health whereas the mental health of 15% of the respondents was in a poor status.
- iv. Burnout had a statistically significant negative effect on mental health ( $r=-.286$ ,  $p<.05$ ,  $N=60$ ). This means that mental health increased with decrease in burnout. Mental health was positively correlated to psychosocial resources, though the relationship was not statistically significant ( $r=.243$ ,  $p>.05$ ,  $N=60$ ).
- v. There was a weaker and statistically insignificant negative correlation of mental health with the interaction term between burnout and psychosocial resources ( $r=-.194$ ,  $p>.05$ ,  $N=60$ ). This was taken to imply that the significance of the effect of burnout on clergy mental health was eliminated by psychosocial resources.

**Objective 5:** To determine the influence of respondents' demographic traits (gender, age and years of service) on the main study variables (burnout and mental health).

- i. Gender did not significantly influence level of emotional exhaustion  $\chi^2(1) = .375$ ,  $p>.05$ . This implies that gender as a demographic trait had little influence on clergy experience of emotional exhaustion.
- ii. Emotional exhaustion did not vary significantly by age,  $\chi^2(2) = 4.742$ ,  $p>.05$  which suggests that the age of respondents did not significantly influence level of emotional exhaustion.
- iii. There was a statistically significant association between years of clergy service and emotional exhaustion,  $\chi^2(3) = 7.823$ ,  $p=.05$ . This was taken to mean that levels of emotional exhaustion varied by number of years that respondents had worked as a member of the clergy.

- iv. Depersonalisation scores of respondents did not vary significantly by gender,  $\chi^2(1)=.164$ ,  $p>.05$ . This suggests that gender was not a significant factor in respondents' experiences of depersonalisation.
- v. Levels of depersonalisation did not vary significantly with age of respondent,  $\chi^2(2) = 2.395$ ,  $p>.05$ . It was inferred from this finding that age did not have a significant influence on depersonalisation levels.
- vi. Depersonalisation levels did not vary by years of clergy service,  $\chi^2(3) = 1.938$ ,  $p>.05$ . This suggests that years of service had little influence on the level of depersonalisation as a sub-type of burnout.
- vii. There was no statistically significant association between gender and sense of accomplishment,  $\chi^2(1) = .041$ ,  $p>.05$ . This was taken to imply that gender had no influence of respondents' sense of accomplishment.
- viii. No statistically significant difference was found in respondents' sense of accomplishment across the three age groups,  $\chi^2(2) = .712$ ,  $p>.05$ . This means that age differences had insignificant influence on respondents' level of sense of accomplishment as a measure of burnout sub-dimension.
- ix. There was a statistically significant difference in sense of accomplishment across the different years of clergy service,  $\chi^2(3) = 8.631$ ,  $p<.05$ . This implies that years of clergy service had an influence on respondents' sense of accomplishment; whereby low sense of accomplishment was felt at the start of clergy ministry career.
- x. No statistically significant gender difference was found between male and female clergy in their experience of burnout,  $\chi^2(1) = 3.239$ ,  $p>.05$ . This suggests that gender was not a significant factor in the experience of burnout among members of CITAM clergy.

- xi. Age differences in the overall burnout of respondents were not statistically significant,  $\chi^2(2) = .941, p > .05$ . This implies that age did not influence overall burnout among members of CITAM clergy.
- xii. There was no statistically significant influence of years of service on overall burnout,  $\chi^2(3) = 1.539, p > .05$ . This was taken to suggest that clergy tenure had no influence on overall experience of burnout among members of CITAM clergy.
- xiii. Gender difference in mental health was a statistically significant determinant of respondents' mental health,  $\chi^2(1) = 7.662, p < .05$ . This means that gender factor had an influence on clergy mental health.
- xiv. There was no statistically significant influence of age on mental health,  $\chi^2(2) = .569, p > .05$ . This implies that age was not an important determinant of mental health of clergy.
- xv. No statistically significant difference was found years of service and overall mental health,  $\chi^2(3) = 4.172, p > .05$ . This suggests that years of service was not an influential factor on clergy mental health.

### 5.3 Conclusions

From the key findings, the following conclusions have been drawn:

**Objective 1:** *To establish the influence of emotional exhaustion on mental health of CITAM clergy in Kenya.*

Emotional exhaustion is the most manifest burnout sub-type in the clergy profession. However, not all dimensions of emotional exhaustion significantly influenced clergy wellbeing. Further, not only was there a weak negative relationship between emotional exhaustion and clergy mental health, the relationship lose significance in the presence of

psychosocial resources. Therefore, it was concluded that emotional exhaustion was neutralized by psychosocial resources at the disposal of members of CITAM clergy.

**Objective 2:** *To examine the influence of depersonalisation on mental health of CITAM clergy in Kenya.*

The prevalence of depersonalisation among members of the clergy profession is very limited. Further, although depersonalisation did contribute to low mental health, this contribution was weak and completely disappeared with the existence of psychosocial resources. Therefore, it was concluded that depersonalisation was inconsequential to the mental health of CITAM clergy.

**Objective 3:** *To determine the influence of low sense of accomplishment on mental health of CITAM clergy in Kenya.*

There was low existence of sense of diminished accomplishment among members of CITAM clergy. Further, while the overall negative effect on clergy mental health was observable, there was no evidence that diminished sense of accomplishment had deleterious effect on clergy mental health. Therefore, it was concluded that diminished sense of accomplishment was not prevalent to the level that could negatively impact mental health.

**Objective 4:** *To find out the moderating role of psychosocial resources in mitigating burnout of CITAM clergy.*

Members of CITAM clergy had access to a variety of psychosocial resources. The psychosocial resources were instrumental in mitigating the adverse effects of burnout on clergy mental health. While burnout negatively impacted on clergy mental health, the psychosocial resources helped reduce the effect of burnout to a level from significance to insignificance.

**Objective 5:** *To determine the influence of respondents' demographic traits (gender, age and years of service) on the main study variables (burnout and mental health).*

Demographic factors such as gender, age and years of clergy service determined very little in CITAM clergy's experiences of burnout or mental health. However, two exceptions were notable. Firstly, years of service predicted emotional exhaustion but the influence of tenure dissipated with long service. Similarly, years of service also predicted feelings of sense of accomplishment in such a manner that sense of accomplishment increased with years of service. Secondly, gender influenced mental health whereby lower mental health was manifest among female clergy as compared to male clergy.

#### **5.4 Recommendations**

In view of the findings and conclusions, the following recommendations for improvement are made:

- i. Emotional exhaustion was found to be the most prevalent burnout sub-type. Given that members of the clergy are often among the first responders to traumatic experiences of members of the congregation, interventions that enhance the frequency and depth of Psychological First Aid (PFA) by professional counsellors should be enhanced. This should be made readily available to clergy members in need of PFA and should be a requirement for all members of the clergy who have been exposed to traumatic events.
- ii. In order to enhance clergy sense of accomplishment, there should be strategic human capital investments by the church body on clergy members to undertake professional counselling course as part of their personal development. This would increase the church's repository of people who are properly equipped to minister both to the spiritual and psychological needs of congregants and the community.

- iii. In order to address the issue of role conflict and by extension, its deleterious effects on clergy mental health, consideration should be made to relieve members of the clergy from developmental aspects of the church so that they focus their energy on ministry which is their primary calling.
- iv. This study has established that clergy mental health is a complex phenomenon potentially influenced by a multiplicity of factors beyond burnout. It is thus recommended that the church need to put into consideration the whole spectrum of predisposing and risk factors that are detrimental to clergy mental health should be put into consideration in future psychosocial resource programming. This includes financial stress and how members of the clergy can be adequately compensated for their work, team building and conflict management, especially among the senior ranks of the clergy.
- v. Affirmative policy decisions and actions should be taken by the church to accord female clergy differential treatment with regards to conditions of work. Female clergy should be granted flexible work arrangements that take into consideration their family caregiving roles. This includes according them more time off to be with their family and limiting the number of responsibilities they have in church.

### **5.5 Suggestions for Future Research**

In light of the discoveries made in this research, rafts of suggestions for future research are made as follows;

- i) This study established that psychosocial resources were instrumental in neutralizing the negative ramifications of burnout on mental health of the clergy. A future study can investigate which single or combination of psychosocial resources have practical significance for promoting clergy mental health, and therefore, should be prioritised.

- ii) The current study has also established that there remains a significant variance in clergy mental health that was not explained by the three burnout subtypes and psychosocial resources. Further researchers should explore the contribution of other factors that were not accounted for in the current study such as intrinsic and extrinsic motivation.
- iii) The current study has established that significant gender differences exist with respect to clergy mental health. Further research inquiry and analysis could be conducted to determine whether there are underlying differences in mental health among female clergy by additional demographic factors such as marital status, existence and number of children, and even clergy cadre.
- iv) The conclusions of this study have been drawn from a single case study, thereby limiting the generalizability of the research results to all members of the clergy profession. A similar research should be conducted in other churches for comparison purposes.

## REFERENCES

- Abarghouei, M. R., Sorbi, M. H., Abarghouei, M., Bidaki, R., & Yazdanpoor, S. (2016). A study of job stress and burnout and related factors in the hospital personnel of Iran. *Electronic Physician*, 8(7), 2625-2632.
- Abernethy, A. D., Grannum, G. D., Gordon, C. L., Williamson, R. C., & Currier, J. C. (2016). The pastors' empowerment program: A resilience education intervention to prevent clergy burnout. *Spirituality in Clinical Practice*, 3(3), 175-186.
- Abernethy, A. D., Grannum, G. D., Gordon, C. L., Williamson, R. C., & Currier, J. C. (2016). The pastors' empowerment program: A resilience education intervention to prevent clergy burnout. *Spirituality in Clinical Practice*, 3(3), 175-186.
- Adams, C. J., Hough, Proeschold-Bell, R. J., Yao, J., & Kolkin, M. (2017). Clergy burnout: A comparison study with other helping professions. *Pastoral Psychol*, 66(1), 147-175.
- Adams, M. (2013). *A Concise Introduction to Existential Counseling*. SAGE.
- Adom, D., Hussein, E. K., & Agyem, J. A. (2018). Theoretical and conceptual framework: Mandatory ingredients of a qualitative research. *International Journal of Scientific Research*, 7(1), 438-441.
- Ajibade, E. (2017). *Communicating the Gospel to the African Church*.
- Akhtar, S., Luqman, R., Raza, F., Riaz, H., Tufail, H. S., & Shahid, J. (2017). The impact of workplace incivility on the psychological wellbeing of employees through emotional exhaustion. *European Online Journal of Natural and Social Sciences*, 6(3), 492-507.
- Al Kindy, A. M. Z., Shah, I. M., & Jusoh, A. (2016). Consideration of methodological approaches in studying transformational leadership impact on work performance behaviours. *International Journal of Advanced Research*, 4(1), 889-907.
- Anand, P. (2016). Happiness, well-being and human development: The case for subjective measures. *2016 UNDP Human Development Report*. [http://hdr.undp.org/sites/default/files/anand\\_template\\_rev.pdf](http://hdr.undp.org/sites/default/files/anand_template_rev.pdf).
- APA. (2013). *Diagnostic and Statistical Manual of Mental Disorders*, 5<sup>th</sup> Edition. American Psychological Association.
- Ashok, K. S. (2017). Impact of gender on psychological well-being among post-graduate students. *Psychology and Behavioural Science International Journal*, 2(1), 1-2.
- Askarzai, W. & Unhelkar, B. (2017). Research methodologies: An extensive overview. *International Journal of Science and Scientific Research Methodology*, 6(4), 21-42.
- Aulhouse, M. E. (2013). *Clergy Families: the Helpless Forgottens' Cry for Help Answered Through Reality Therapy*. <https://www.counseling.org/docs/default-source/vistas/clergy-families-the-helpless-forgottens-cry-for-help.pdf?sfvrsn=11>.
- Bakker, A. B., Demerouti, E., & Sanz-Vergel, A. I. (2014). Burnout and work engagement: The JD-R Approach. *Annual Review of Organizational Psychology and Organizational Behaviour*, 1(1), 389-411.



- Barling, J., & Cooper, C. L. (2008). *The SAGE Handbook of Organizational Behavior*. SAGE Publications Ltd.
- Barnard, L. K., & Curry, J. F. (2012). The relationship of clergy burnout to self-compassion and other personality dimensions. *Pastoral Psychology*, *61*(1), 149-163.
- Barnett, L., & Madison, G. (2012). *Existential Therapy: Legacy, Vibrancy and Dialogue*. Routage.
- Baruch, M., Wilcox, S., & Evans, R. (2014). The health and health behaviours of a sample of African American Pastors. *Journal of Health Care for the Poor and Underserved*, *25*(1)229-241.
- Beins, B., (2009). *Research Methods: A Tool for Life (2<sup>nd</sup> Ed.)*. Pearson.
- Berry, A., Francis, L. J., Rolph, J. & Rolph, P. (2012). Ministry and stress: Listening to Anglican clergy in Wales. *Pastoral Psychology*, *61*(1), 165-178.
- Bhatt, K., & Ramani, R. (2016). Job burnout: A literature review. *Indian Journal for Research*, *5*.
- Blanca, M. J., Arnau, J., López-Montiel, D., Bono, R., & Bendayan, R. (2013). Skewness and kurtosis in real data samples. *Methodology*, *9*(1), 78-84.
- Bloom, M. (2019). *Flourishing in Ministry: How to Cultivate Clergy Wellbeing*. Rowland & Littlefield
- Bonner, L. M., Lanto, A. B., Bolkan, C., Watson, S., Campbell, D. G., Channey, E. F., Zivin, K. & Rubenstein, L. V. (2013). Help-seeking from clergy and spiritual counselors among veterans with depression and PTSD in primary care. *Journal of Relig Health*, *52*(1), 707-718.
- Bougea, A., Kleisarchakis, M. K., Spantideas, N., Voskou, P., Thomaidis, T., Chrousos, G., & Belegri, S. A. (2016). Job stress and burnout in the care staff of Leros PIKPA Asylum 25 years after the first deinstitutionalisation and rehabilitation Greek Project. *BJPsch Bulletin*, *40*(1), 296-301.
- Brewer, E. D. (2016). *Burnout among Assemblies of God Clergy with Implications for Support from Church and Denominational Leaders*. <https://media.proquest.com>.
- Budd, M. A., Hough S., & Wegner S. T. (2016). *Practical Psychology in Medical Rehabilitation*. Springer.
- Burnette, C, M. (2016). Burnout among pastors in local church ministry in relation to pastor, congregation member, and church organizational Outcomes. *All Dissertations*. 1745. <https://pdfs.semanticscholar.org/>
- Buys, C., & Rothmann, S. (2010). Burnout and engagement of reformed church ministers. *SA Journal of Industrial Psychology*, *36*(1), 1-12. DOI: 10.4102/sajip.v36i1.825.
- Chartrand, R. S. (2017). *Spiritual Energy Management: Avoiding Pastoral Burnout by Developing a Healthy Devotional Life*. [https://essays.wls.wels.net/bi\\_tstream/handle/123456789/4300/Chartrand.pdf?sequence=3&isAllowed=y](https://essays.wls.wels.net/bi_tstream/handle/123456789/4300/Chartrand.pdf?sequence=3&isAllowed=y).

- Chen, S., Westman, M., & Hobfoll, S. E. (2015). The commerce and crossover of resources: Resource conservation in the service of resilience. *Stress and Health, 31*(1), 95-105.
- Chua, M. (2013). *Sabbath for Pastors*. Graceworks Private Ltd.
- CITAM. (2016). *Strategic Plan 2016-2025*. Christ Is The Answer Ministries.
- Cocklin, J. W. (2013). *Pastoral Resilience*. www.winebrenner.edu.
- Cohen, L., Manion, L., & Morrison, K. (2013). *Research methods in education*. London, UK: Routledge.
- Colgan, D. D., Christopher, M., Bowen, S., Brems, C., Hunsinger, M., Tucker, B., & Dapolonia, E. (2019). Mindfulness-based Wellness and Resilience intervention among interdisciplinary primary care teams: a mixed-methods feasibility and acceptability trial. *Primary Health Care Research & Development, 20*(91), 1–8.
- Cooper, D., & Schindler, P. (2013). *Business Research Methods*. McGraw-Hill Higher Education.
- Corey, G. (2009). *Theory and Practice of Counseling and Psychotherapy*. Thompson Brooks/Cole.
- Cortright, B. (1997). *Psychotherapy and Spirit: Theory and Practice in Transpersonal Psychotherapy*. State University of New York Press.
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications.
- Crisp-Han, H., Gabbard, G. O., & Martinez, M. (2011). Professional boundary violations and mentalizing in the clergy. *Journal of Pastoral Care Counsel, 63*(3-4), 1-11.
- Crosskey, L. B., Curry, J. F., & Leary, M. R. (2015). Role transgressions, shame, and guilt among clergy. *Pastoral Psychology, 64*(1), 783-801.
- Das, K. R., & Imon, A. H. M. (2016). A brief review of tests for normality. *American Journal of Theoretical and Applied Statistics, 5*(1), 5-12.
- De Bruin, W. B., Parker, A. M., & Strough, J. (2019). Age differences in reported social networks and well-being. *American Psychological Association*. <http://dx.doi.org/10.1037/pag0000415>.
- Dempster, M., & Hanna, D. (2015). *Research Methods in Psychology for Dummies*. John Wiley & Sons.
- Denscombe, M. (2014). *The Good Research Guide for Small-Scale Social Research projects*. Open University Press.
- Deurzen, E., Craig, E., Langle, A., Schneider, K. J., Tantam, D., & Plock, S. (2019). *The Willey World Handbook of Existential Therapy*. John Willey & Sons Ltd.
- Doehring, C. (2013). New directions for clergy experiencing stress: Connecting spirit and body. *Pastoral Psychology, 62*(1)623–638.
- Droogenbroeck, F. V., Spruyt, B., & Keppens, G. (2018). Gender differences in mental health problems among adolescents and the role of social support: results from the Belgian health interview surveys 2008 and 2013. *BMC Psychiatry, 18*(6), 1-9.

- Dunbar, S., Frederick, T., Thai, Y., & Gill, J. (2020). Calling, caring, and connecting: Burnout in Christian ministry. *Mental Health, Religion & Culture*, 23(2), 173-186. DOI: 10.1080/13674676.2020.1744548.
- Easterby-Smith, M., Thorpe, R., & Jackson, P. R. (2015). *Management and Business Research*. London, UK: Sage.
- Elkington, R. (2013). Adversity in pastoral leadership: Are pastors leaving the ministry in record numbers, and if so, why? *Verbum et Ecclesia*, 34(1), 1-13.
- Faucett, J. M., Corwyn, R. F., & Poling, T. H. (2013). Clergy role stress: Interactive effects of role ambiguity and role conflict on intrinsic job satisfaction. *Pastoral Psychology*, 62(1), 291-304.
- Faye-Dumanget, C., Carre, J., Le Borgne, M., & Boudoukha, A. H. (2017). French validation of the Maslach Burnout Inventory-Student Survey (MBI-SS). *Journal of Evaluation in Clinical Practice*, 23(1), 1247-1251.
- Fekadu, N., Shibeshi, W., & Engidawork, E. (2017). Major Depressive Disorder: Pathophysiology and clinical management. *Journal of Depression and Anxiety*, 6(1), 1-7.
- Flannelly, L. T., Flannelly, K. J., & Jankowski, K. R. B. (2015). Independent, dependent, and other variables in healthcare and chaplaincy research. *Journal of Health Care Chaplaincy*, 20(4), 161-170.
- Francis, L. J. & Crea, G. (2015). Work-related psychological health and psychological type: A study among Catholic priests in Italy. *Mental Health, Religion & Culture*, 18(7), 593-604.
- Francis, L. J., & Jones, H. S. (1996). *Psychological Perspective of Christian Ministry: Gracewing Fowler Wright Books*
- Gartzia, L., Pizarro, J., & Baniandres, J. (2018). Emotional androgyny: A preventive factor of psychosocial risks at work? *Frontiers in Psychology*, 9(2144), 1-18.
- Gauger, R., & Christie, L. (2013). *Clergy Stress and Depression* .<https://www.pdresources.org/uploads/course/f1b78.pdf>.
- Glembieswki, R. T. (2001). *Handbook of Organizational Behavior 2<sup>nd</sup> Edition, Revised and Expanded*. MerceL Dekker Inc. USA.
- Groves, R. M., Fowler, F. J., Couper, M. P., Lepkowski, J. M., Singer, E., & Tourangeau, R. (2009). *Survey methodology*. John Wiley & Sons.
- Guthrie, S., Lichten, C., Van Belle, J., Ball, S., Knack, A., & Hofman, J. (2017). *Understanding Mental Health in the Research Environment*. <https://royal.society.org/>.
- Hannes, Z., Antje, S., Jimmieson, N. L., & Rudolph, C. W. (2018). Dynamic effects of personal initiative on engagement and exhaustion: The role of mood, autonomy, and support. *Journal of Organizational Behaviour*.
- Hassan, M. (2019). Psychological well-being and gender difference among science and social science students. *Indian Journal of Psychological Science*, 6(2), 151-158.

- Heale, R., & Twycross, A. (2015). Validity and reliability in quantitative research. *Evidence-based Nursing, 18*(3), 65-67.
- Hedman, A. S. (2014). Perceptions of depression, counselling and referral practices, and self-efficacy reported by Minnesota Clergy. *Pastoral Psychology, 63*(1), 291–306.
- Hendron, J. A., Irving, P., & Taylor, B. (2012). The unseen cost: A discussion of the secondary traumatization experience of the clergy. *Pastoral Psychology, 61*, 221-231.
- Henn, C. M., Hill, C., & Jorgensen, L. I. (2016). An investigation into the factor structure of the Ryff Scales of Psychological Well-Being. *SA Journal of Industrial Psychology, 42*(1), 1-12.
- Hobfoll, S. E. (2011). Conservation of resources theory: Its implications for stress. In S. Folkman (Ed.), *The Oxford Handbook of Stress, Health, and Coping* (127-147). Oxford University Press.
- Hobfoll, S. E. (2012). Social and psychological resources and adaptation. *Review of General Psychology, 6*(4), 307-324.
- Hoegeman, C. (2017). Job Status of Women Head Clergy: Findings from the National Congregations Study, 1998, 2006, and 2012. *Religions, 8*(154), 1-16.
- Hone, L. C., Jarden, A., Schofield, G. M., & Duncan, S. (2014). Measuring flourishing: The impact of operational definitions on the prevalence of high levels of wellbeing. *International Journal of Wellbeing, 4*(1), 62-90.
- Hughes, J. L., Camden, A. A., & Yangchen, T. (2016). Rethinking and updating demographic questions: Guidance to improve descriptions of research samples. *PSI CHI Journal of Psychological Research, 21*(3), 138-151.
- Huhtala, M., Tolvanen, A., Mauno, S., & Feldt, T. (2014). The association between ethical organizational culture, burnout, and engagement: A multilevel study. *Journal of Business and Psychology, 30*(2), 399 – 414.
- Jackson-Jordan, E. A. (2013). *Clergy Burnout and Resilience: A Review of the Literature*. <http://journals.sagepub.com/doi/pdf/>.
- Jin, H. (2014). *Ministry Demand and Stress Among Korean American Pastors*. A Brief Report. Issue 0031-27189.
- Joynt, S., & Dreyer, Y. (2013). *Exodus of Clergy: A Practical Theological Grounded Theory Exploration of Hatfield Training Centre trained pastors*. <http://www.hts.org.za/index.php/HTS/article/view/1940/3673>.
- Kallay, E., & Rus, C. (2014). Psychometric properties of the 44-item version of Ryff's psychological well-being scale. *European Journal of Psychological Assessment, 30*(1), 15-21.
- Kay, S. A. (2016). Emotion regulation and resilience: Overlooked connections. *Industrial and Organizational Psychology, 9*(2), 411-415.
- Kesmodel, U. S. (2018). Cross-sectional studies – What are they good for? *Acta Obstet Gynecol Scand, 97*(1), 388-393.

- Koenig, H. G., & Langford, D. L. (2012). *The Challenges of Family Life and Pastoral Responsibilities*. Taylor and Francis.
- Kokonya, D. A., Mburu, J. M., Kathuku, D. M., Ndetei, D. M., Adam, A. H., Nshimirimana, D. A., Biraboneye, P. S., & Kpoto, L. M. (2014). *Burnout syndrome among medical workers at Kenyatta National Hospital (KNH), Nairobi, Kenya*. <http://erepository.uonbi.ac.ke/handle/11295/78561> Irvin.
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124.
- Krosnick, J. A., Presser, S., Fealing, K. H., & Ruggles, S. (2015). *The Future of Survey Research: Challenges and Opportunities*. [https://www.nsf.gov/sbe/AC\\_Materials/The\\_Future\\_of\\_Survey\\_Research.pdf](https://www.nsf.gov/sbe/AC_Materials/The_Future_of_Survey_Research.pdf).
- Lansford, J. E. (2018). A lifespan perspective on subjective well-being. In E. Diener, S. Oishi, & L. Tay (Eds.), *Handbook of well-being*. DEF Publishers. DOI:nobascholar.com.
- Lee, A. (2017). *Ministry Longevity, Family Contentment, and the Male Clergy Family: A Phenomenological Study of the Experience of Ministry*. <https://www.semantic scholar.org/>.
- Leone, G. (2010). *Kierkegaard's Existentialism: The Theological Self and the Existential Self*. George Leone.
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3), 424-327.
- Lizano, E. L. (2015). Examining the impact of job burnout on the health and well-being of human service workers: A systematic review and synthesis, *Human Service Organizations: Management, Leadership & Governance*, 39(3), 167-181.
- Malasch, C., Jackson, S. E., Leiter, M. P., Schaufeli, W. B., & Schwab, R. L. (2016). *The Maslach Burnout Inventory (MBI) and MBI Manual*. <https://www.researchgate.net/publication/263810021>.
- Mammen, A. S., & Patrick, H. A. (2015). Does tenure and age influence work environment perception of faculty in business schools? *Ushus J B Mgt* 14(2), 67-89.
- Mandal, P. C. (2018). Qualitative research: Criteria of evaluation. *International Journal of Academic Research and Development*, 3(2), 591-596.
- Martinez-Mesa, J., Duquia, R. P., Bastos, J. L., Gonzalez-Chica, D. A. & Bonamigo, R. R. (2016). Sampling: how to select participants in my research study? *An Bras Dermatol*, 91(3), 326-30.
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103-111.
- McBride, D. C., Sedlacek, D., Baltazar, A., Matthews, L., & Chelbegean, R. (2013). *Family Bonding and Family Dinners*. <http://digitalcommons.andrews.edu/cgi/viewcontent.cgi?article=1002&context=behavioral-pubs>.

- McHugh, M. L. (2013). The chi-square test of independence. *Biochemia Medica*, 23(2), 143–149.
- Menon, A. S., & Priyadarshini, R. G. (2018). A study on the effect of workplace negativity factors on employee engagement mediated by emotional exhaustion. *IOP Conference Series Material Science Engineering*. <https://iopscience.iop.org/article/10.1088/1757-899X/390/1/012027/pdf>.
- Miles, A., & Proeschold-Bell, R. J. (2013). Overcoming the Challenges of Pastoral Work? Peer Support Groups and Psychological Distress among United Methodist Church Clergy. *Sociology of Religion*, 74(2) 199-226.
- Mohamad, M. M., Sulaiman, N. L., Sern, L. C., & Salleh, K. M. (2015). Measuring validity and reliability of research instruments. *Procedia – Social and Behavioural Sciences*, 204(2015), 164-171.
- Muasa, W. P., Selvam, S. G., & Ndung'u, E. M. (2021). Prevalence of burnout among Catholic religious men and women working in rural areas: A Case of Lodwar Diocese in Turkana County, Kenya. *International Journal of Research and Innovation in Social Science*, 5(7), 517-528.
- Mugenda, O., & Mugenda, A. (2003). *Research Methods: Quantitative and Qualitative Approaches*. Africa Centre for Technology Studies (ACTS).
- Muse, S., Love, M., & Christensen, K. (2016). Intensive outpatient therapy for clergy burnout: how much difference can a week make? *Journal of Religion and Health*, 55(1), 147-158.
- Musick, K., Meier, A., & Flood, S. (2016). How parents fare: Mothers' and fathers' subjective well-being in time with children. *American Sociological Review*, 81(5), 1069-1095.
- Neff, K., & Germer, C. (2017). Self-Compassion and Psychological Wellbeing. In J. Doty (Ed.) *Oxford Handbook of Compassion Science*, Chap. 27. Oxford University Press.
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence Based Nursing*, 18(2), 34-35.
- Okeke, O. J., & Okeke, C. P. (2018). Effect of gender on the psychological wellbeing of nurses in Enugu Metropolis. *International Journal of Academic Research in Psychology*, 5(1), 15-23.
- Parker, P. D., Martin, A. J., Colmar, S., & Liem, G. A. D. (2012). Teachers' workplace well-being: Exploring a process model of goal orientation, coping behavior, engagement, and burnout. *Teaching and Teacher Education*, 28, 503-513. DOI:10.1016/j.tate.2012.01.001.
- Parson, R. D., & Zhang, N. (2014). *Counselling Theory: Guiding Reflective Practices*. Sage Publications.
- Patti, R. J. (2009). *The Handbook of Human Services Management (2<sup>nd</sup> edition)*. Sage Publications.

- Payne, J. (2017). It's kind of a Dichotomy. Thoughts Related to calling and purpose from Pastors working and counselling in urban Resource, *Poor Communities*, 17(3), 3-7.
- Pokhrel, N. B. (2019). *Depression, Anxiety, and Burnout among Medical Students and Residents of a Medical School in Nepal: A Cross-sectional Study*. <https://orcid.org/0000-0002-4278-5753>.
- Potgieter, S. D. (2015). Communities: Development of church-based counselling teams. *HTS Theological Studies*, 71(2), 01-08.
- Proeschold-Bell, R. J., Eisenberg, A., Adams, C., Smith, B., Legrand, S., & Wilk, A. (2015). The glory of God is a human being fully alive: Predictors of positive versus negative mental health among clergy. *Journal for the Scientific Study of Religion*, 54(4), 702 – 721.
- Proeschold-Bell, R. J., Miles, A., Toth, M. Adams, C, Smith, B., &Toole, D. (2013). Using effort-reward imbalance theory to understand high rates of depression and anxiety among clergy. *Journal of Primary Prevention*, 34(6), 439-453.
- Queiros, A., Faria, D., & Almeida, F. (2017). Strengths and limitations of qualitative and quantitative research methods. *European Journal of Education Studies*, 3(9), 369-387.
- Randall, K. J. (2013). Clergy burnout: Two different measures. *Pastoral Psychology*, 62(1), 333-341.
- Robbins, M., &Honcock, N. (2015). Subjective Well Being and Psychological type among Australian Clergy. *Mental Health, Religion & Culture*, 18 (1) 47- 56.
- Robinson, K., Allen, F., Darby, J., Fox, C., Gordon, A. L., Home, J. C., Leighton, P., Sims, E., & Logan, P. A. (2020). Contamination in complex healthcare trials: the falls in care homes (FinCH) study experience. *BMC Medical Research Methodology*, 20(46), 1-6. <https://doi.org/10.1186/s12874-020-00925-z>
- Ruto, A. C. (2015). *The influence of burnout on the performance of pastoral ministry in the African Gospel Church in Bomet County, Kenya*. <https://erepository.mku.ac.ke/handle/123456789/1081>
- Samau, B., &Schoeffel, P. (2015). Pastor's daughters: Boundary ambiguity or the Fishbowl Effect? *The Journal of Samoan Studies*, 5, 88-96.
- Schober, P., Boer, C., &Schwarte, L. A. (2018). Correlation coefficients: Appropriate use and interpretation. *Anesthesia& Analgesia*, 126(5), 1763-1768.
- Schonfeld, I. S., Bianchi, R., &Luehring-Jones, P. (2017). *Consequences of Job Stress for the Mental Health of Teachers*. Springer International Publishing.
- Sekulić, B. (2016).Church in Croatia as the Opposition to Itself: Ecumenism as the Victim of Inner Conflict. *Occasional Paper*.
- Shah, N., Cader, M., Andrews, W. P. Wijesekera, D. & Stewart-Brown, S. L. (2018). Responsiveness of the Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS): evaluation a clinical sample. *Health and Quality of Life Outcomes*, 16 (239), 1-7.

- Shannon, J. (2019). Deconstructing an existential form of therapy: A review. *Romanian Journal of Counseling*, 5(1), 60-82.
- Shoji, K., Cieslak, R., Smoktunowicz, E., Rogala, A., Benight, C. C., & Luszczynska, A. (2016). Associations between job burnout and self-efficacy: A meta-analysis. *Anxiety, Stress & Coping*, 29(4), 367-386.
- Simmons, V. (2014). *Married to the Shepherd*. Charisma Media.
- Simuforosa, M. & Wiseman, M. (2015). *A guide to Conducting Research*. Strategic Book Publishing Rights Agency.
- Sinthya, P. V., Dharmanegara, I. B. A., & Yasa, P. N. S. (2019). Job-family conflict and impact on turnover intention through job engagement and emotional fatigue of female employees. *Journal EkonomidansBisnisJagatha*, 6(2), 104-112.
- Smith, D. W. (2019). *The Education of the Small-Church Nazarene Pastor: A Qualitative Study Investigating the Link between Clergy Burnout and Educational Preparedness in the Areas of the Consumer Culture and Managing Volunteers*. Proquest.
- Smith, S. (2018). *Validation of the Short Warwick-Edinburgh Mental Well-Being Scale in a South African adult group*. <https://repository.nwu.ac.za/handle/10394/27599>
- Staley, R. C., McMinn, M. R., Gathercoal, K., & Free, K. (2013). Strategies employed by clergy to prevent and cope with interpersonal isolation. *Pastoral Psychology*, 62(9), 843-857.
- Stephoe, A., Deaton, A., & Stone, A. A. (2015). Psychological wellbeing, health and ageing. *Lancet*, 385(9968), 640-648.
- Stevan, E. H., Stevens, N. R., & Zalta, A. K. (2015). Expanding the Science of Resilience: Conserving Resources in the Aid of Adaptation. *PsycholInq*, 26(2), 174-180.
- Stewart-Brown, S., & Janmohamed, K. (2008). *Warwick-Edinburgh Mental Well-Being Scale*. <http://www.mentalhealthpromotion.net/resources/user-guide.pdf>.
- Taherdoost, H. (2016). Sampling methods in research methodology; How to choose a sampling technique for research. *International Journal of Academic Research in Management*, 5(2), 2296-18-27.
- Taherdoost, H. (2017). Determining sample size: How to calculate survey sample size. *International Journal of Economics and Management Systems*, 2(1), 237-239.
- Thorne, F. C., & Vermont, B. (2017). *An Existential Theory of Anxiety*. <http://web.b.ebscohost.com>.
- Tol, W. A., Purgato, M., Bass, J. K., Galapatti, A., & Eaton, W. (2015). Mental health and psychosocial support in humanitarian settings: a public mental health perspective. *Epidemiology and Psychiatric Sciences*, 24(1), 484-494.
- Ulloa, B. F. L., Moller, V., & Sousa-Poza, A. (2013). *How Does Subjective Wellbeing Evolve with Age?* <http://ftp.iza.org/dp7328.pdf>.



- Vaingankar, J. A., Abdin, E., Chong, S. A., Sambaivam, R., Seow, E., Jeyagurunathan, A., Picco, L., Stewart-Brown, S., & Subramaniam, M. (2017). Psychometric properties of the short Warwick Edinburgh mental well-being scale (SWEMWBS) in service users with schizophrenia, depression and anxiety spectrum disorders. *Health and Quality of Life Outcomes*, 15 (153), 1-11.
- Van Rensburg, L. J. (2015). *An investigation of the psychosocial work environment of ministers in the Dutch Reformed Church, in the Western Cape and Kwazulu-Natal*. iredspace.wits.ac.za
- Velando-soriano, A., Ortega-Campus, E., Gomez-Urquiza, J. L., Ramirez-Baena, L., De La Fuente, E. I., & Canadas-De La Fuente, G. A. (2018). Impact of social support in preventing burnout syndrome in nurses: A systematic review. *Japan Journal of Nursing Science*, 8(2018), 1-10.
- Village, A., Payne, V. J., & Francis, I. J. (2018). Testing the balanced affect model of clergy work-related psychological health: Replication among Anglican clergy in Wales. *Rural Theology*, 16(2), 93-100.
- Visker, V., Rider, T., & Humphers-Ginther, A. (2016). Ministry-related burnout and stress coping mechanisms among assemblies of God-Ordained Clergy in Minnesota. *Journal of Religious Health*, 56(2), 951-961.
- Vos, J., Craig, M., & Cooper, M. (2015). Existential therapies: A meta-analysis of their effects on psychological outcomes. *Journal of Consulting and Clinical Psychology*, 83(1), 115-128.
- Weiten, W. (2012). *Psychology: Themes and Variations*. Cengage Learning.
- Wells, C. R. (2013). The effects of work-related and boundary-related stress on the emotional and physical health status of ordained clergy. *Pastoral Psychology*, 62(1), 101-114.
- Wilks, D. C., & Neto, F. (2013). Workplace well-being, gender and age: Examining the 'double jeopardy' effect. *Social Indicators Research*, 114(3), 875-890.
- Williams, G. S. J. (2017). *Resisting Burnout: Correctional Staff Spirituality and Resilience*. <https://repository.library.northeastern.edu/files/neu:cj82pz52k/fulltext.pdf>.
- Winfield, H. R., Gill, T. K., Taylor, A. W., & Pilkington, R. M. (2012). Psychological well-being and psychological distress: is it necessary to measure both? *Psychology of Well-Being: Theory, Research and Practice*, 2(3), 2-14.
- World Health Organization (2017). *Depression and Other Common Mental Disorders: Global Health Estimates*. World Health Organization.
- Yang, P. M. Y. (2005). *Factors Facing Clergy Careers: A Wake-up Call for Protestant Denominations and Pastors*. <https://faithleadership.com/programs/spe/resources/ppr/clergycareers.pdf>.
- Yu, S. (2018). Uncovering the hidden impacts of inequality on mental health: a global study. *Translational Psychiatry*, 8(98), 1-10.

## APPENDICES

### Appendix I: Questionnaire for Clergy

Dear respondent,

My name is Arthur Shikanda. I am a student at Kabarak University pursuing a PhD in Counseling Psychology (Education).

The purpose of the study is to investigate the influence of burnout on mental health of clergy of Christ Is The Answer Ministries in Kenya.

To ensure your confidentiality, all the information you write in the questionnaire is strictly confidential and will be used for the purpose of this research study only. Please do not reveal your name or identity anywhere on the instrument.

This questionnaire contains four short sections that should only take a few moments of your time. Please respond to the questions as accurately and as completely as possible.

=====

#### Section A: Clergy Demographic Profile

1. Gender:                                  Male   
    Female
2. Age:    <30 years      
    30 to 60 years   
    60 years +
3. How long have you served as a Clergy?
  - Less than 1 year
  - 1 to 5 years
  - 6 to 10 years
  - 10 years +

## Section B: Burnout of Clergy

In this section, kindly indicate whether you agree or disagree with the following statements concerning your psychological health. (1= Strongly disagree; 2= Disagree; 3=Neutral; 4= Agree; 5= Strongly agree).

<b>Emotional Exhaustion Dimensions</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
5. I feel emotionally drained by clergy work					
6. Working with people all day long requires a great deal of effort					
7. I feel like my work is breaking me down					
8. I feel frustrated by my work					
9. I feel I work too hard at my job					
10. It stresses me too much to work in direct contact with people					
11. I feel like I am at the end of my rope					

On a scale of 1 to 5 where 1= Strongly disagree; 2=Disagree; 3=Neutral; 4=Agree and 5=Strongly agree, please tick against the answer which best reflect your psychological state.

<b>Depersonalisation dimensions</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
12. I feel I look after certain congregants impersonally, as if they are objects					
13. I feel tired when I get up in the morning and have to face another day at work.					
14. I have the impression that my congregants make me responsible for some of their problems					
15. I lose patience towards the end of my work day.					
16. Sometimes I really don't care about what happens to some of my congregants					
17. I have become more insensitive to people since I've been working.					
18. I'm afraid that this job is making me uncaring					

On a scale of 1 to 5 where 1= Strongly disagree; 2=Disagree; 3=Neutral; 4=Agree and 5=Strongly agree, please tick against the answer which best reflect your psychological state.

<b>Sense of diminished accomplishment</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
19. I do not feel full of energy when ministering.					
20. I struggle with look after my congregants' problems					
21. In my work, I find it a challenge to handle emotional problems calmly.					
22. I feel that I have accomplished little in ministry					
23. I feel crowded when in the presence of congregants					

### **Section C: Intervening Role of Psychosocial Resources**

On a scale of 1 to 5 where 1= Strongly disagree; 2=Disagree; 3=Neutral; 4=Agree and 5=Strongly agree, please tick against the answer which best reflect your opinion in regards to clergy work.

<b>Psychosocial resources</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
24. As part of my philosophy of life, I try to get failures quickly behind me					
25. I always focus on the brighter side of life in every situation.					
26. I like putting every adversity that come my way in God's perspective					
27. I receive a lot of support from the church community					
28. I am a member of a peer support group which help us deal with some of the challenges					
29. Generally, I would describe myself as a very out-going person					

**Section D: Effect of Burnout on Mental Health of Clergy**

On a scale of 1 to 5 where 1= Strongly disagree; 2=Disagree; 3=Neutral; 4=Agree and 5=Strongly, please indicate the extent to which you agree or disagree with the following statements concerning how you feel emotionally.

Statements	1	2	3	4	5
30. I am optimistic about the future					
31. I feel useful					
32. I deal with problems very well					
33. I think clearly about issues					
34. I feel like quitting ministry work.					

35. Would you describe clergy work as rewarding or depressing? Please explain?

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36. What can the church community do to make clergy work less stressful?

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*Thank you for your time and cooperation*

## **Appendix II: In-depth Interview Schedule**

1. How long have you served as a clergy?
2. How has clergy work affected you emotionally?
3. Are there times you have felt frustrated and feeling like giving up?
4. Do you sometimes feel detached from your flock?
5. How does it feel like to get up every morning to start another day of work?
6. Can you describe your patience level by the end of your work day?
7. Are there times when you have felt like you don't care what happens to some of your flock?
8. Please describe how you feel whenever you interact with your flock?
9. How emotionally attached do you feel you are with your flock?
10. Do you often get agitated when handling emotional problems?
11. To what extent do you feel that you are impacting positively on your flock?
12. Please explain whether you feel a sense of accomplishment in your work?
13. How do you deal with life failures?
14. To what extent do you feel supported by the church community?
15. What mechanisms are there in place to help you deal with some of the challenges of the job?
16. Kindly describe the attitude of your flock to ministry?
17. What kind of feedback do you get about how the ministry is performing?
18. Do you sometimes feel like quitting ministry work?
19. Would you describe clergy work as rewarding or depressing?
20. Overall, how would you describe your performance as a clergy?
21. What can the church community do to make clergy work less stressful?

### **Appendix III: Normality Tests**

Normality test is an important step in the process of undertaking data analysis in research because many data analysis techniques make assumptions of normality. The first stage of analysing data entailed exploratory data analysis to determine the percentages, frequencies, mean and standard deviation of the dataset. This process is an initial first step which helps to check assumptions for use of parametric and non-parametric statistics, spotting outliers, performing data transformation and enhancing transparency of the analytical process as well as present potentially abstract results in a more concrete and appealing manner through data visualization (Yu, 2010). Exploratory data analysis entailed testing for normality of the distribution of the datasets – an important test to ensure assumptions of various inferential techniques used are not violated and if so, equivalent techniques that overcome statistical assumptions are deployed (Das & Imon, 2016). The composite scores of emotional exhaustion, depersonalisation, sense of accomplishment, psychosocial resources and mental health were all subjected to exploratory data analysis. In this Appendix, the test results for assumptions of normality are presented, interpreted and discussed.

#### **Appendix III (a) Normality of Emotional Exhaustion Sub-scale Scores**

The normality of emotional exhaustion sub-scale scores are presented in Tables A (1) and A (2) and Figures A(1) and A (2). Table A (1) shows that although slightly higher, the mean ( $\mu=2.18$ ) was approximately the same as the median ( $\mu=2.14$ ). The standard deviation ( $\sigma=0.64$ ) and range ( $R=2.29$ ) are both far from zero, suggesting that the data tend to be dispersed away from the mean. A positive skewness was obtained, implying that most of the respondents manifested less emotional exhaustion. This finding is consistent with previous normality tests which found that normality is not easy to obtain with real data (Blanca et al., 2013). The data indicates that there was a negative kurtosis, which means that the dataset did not have outliers.

**Table A(1)**

*Descriptive Statistics for Emotional Exhaustion Sub-scale Scores*

		<b>Statistic</b>	<b>Std. Error</b>	
Emotional Exhaustion	Mean	2.1810	.08323	
	95% Confidence Interval for Mean	Lower Bound	2.0144	
		Upper Bound	2.3475	
	5% Trimmed Mean	2.1772		
	Median	2.1429		
	Variance	.416		
	Std. Deviation	.64473		
	Minimum	1.14		
	Maximum	3.43		
	Range	2.29		
	Interquartile Range	1.11		
	Skewness	.036	.309	
	Kurtosis	-1.164	.608	

The test of normality is presented in Table A (2). The Shapiro-Wilk test value in Table A (2) indicate that the data significantly deviated from a normal distribution ( $p < .05$ ). Therefore, the null hypothesis, that the population data for emotional exhaustion was not significantly different from the normal distribution, was rejected: the data was not normal. This is in line with the observation made by Das and Imon (2016) that non-normal distributions are more typical in real life than normally distributed data. This means that non-parametric techniques are more appropriate for analysing the data.

**Table A (2)**

*Tests of Normality of Emotional Exhaustion Sub-scale Scores*

	<b>Kolmogorov-Smirnov<sup>a</sup></b>			<b>Shapiro-Wilk</b>		
	<b>Statistic</b>	<b>df</b>	<b>Sig.</b>	<b>Statistic</b>	<b>Df</b>	<b>Sig.</b>
Emotional Exhaustion	.113	60	.056	.951	60	.018

a. Lilliefors Significance Correction

The existence of multiple modes in the dataset is clearly illustrated in Figure A (1). The figure shows four different peaks which provide evidence of multiple modes.



**Figure A (1)**

*Distribution of Emotional Exhaustion Sub-scale Scores*

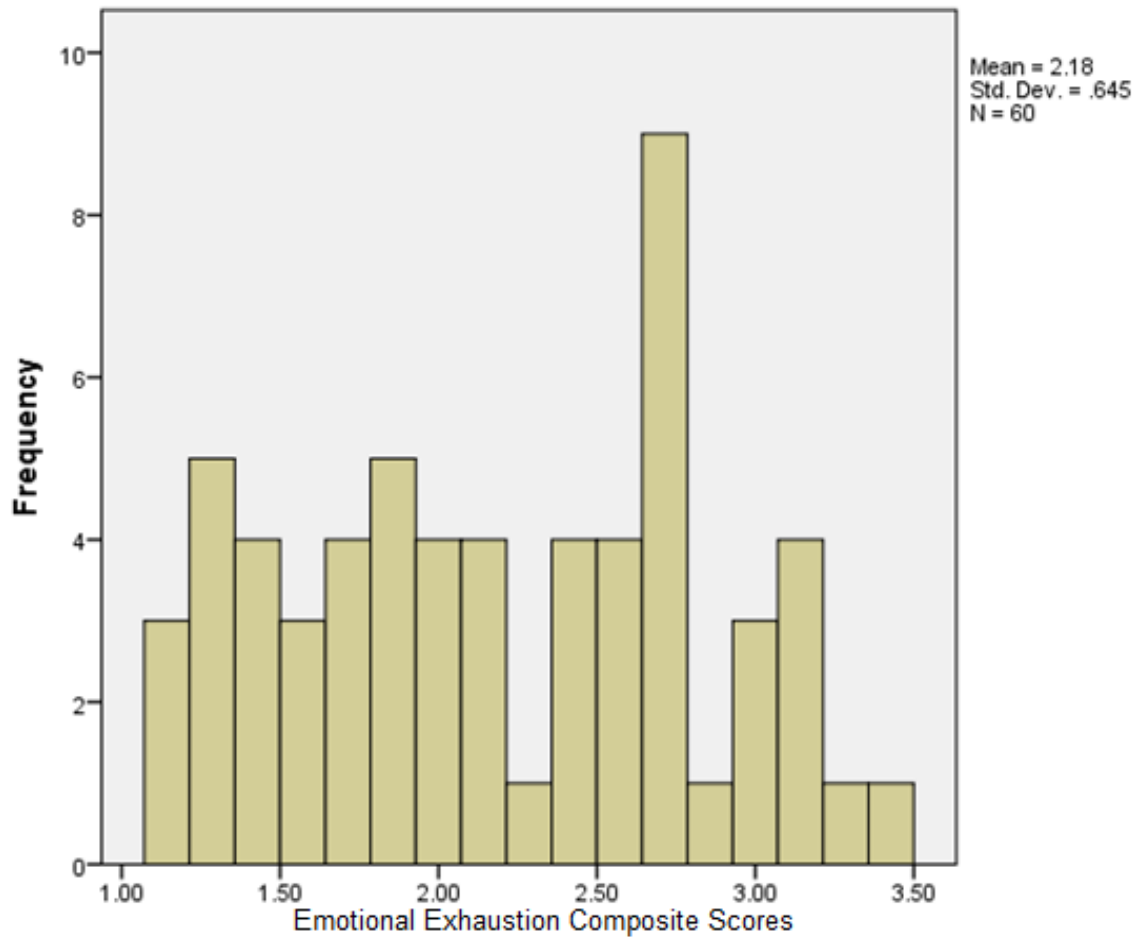
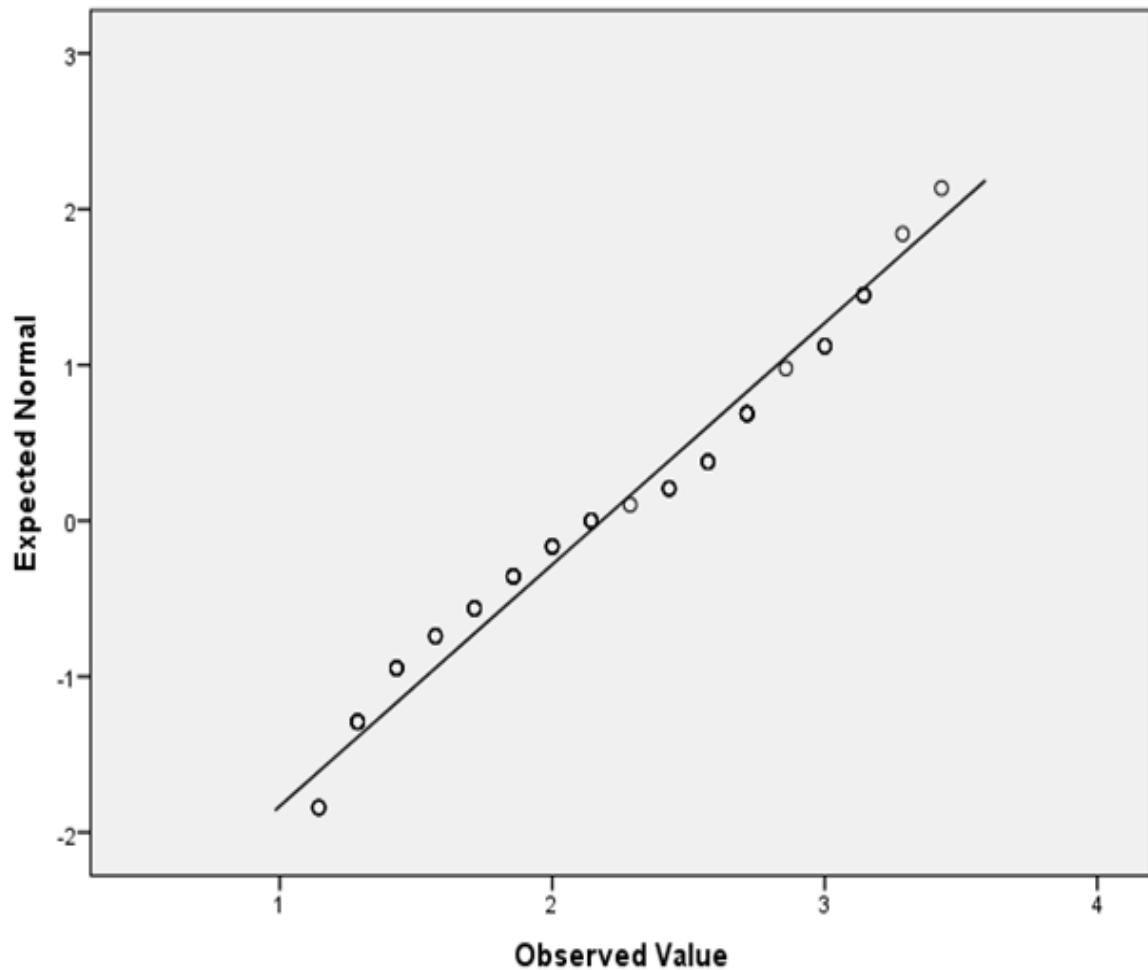


Figure A (2) presents the normal Q-Q plot for emotional exhaustion sub-scale scores. The figure suggests that the data points tend to deviate from the line in a non-linear fashion, which provides further evidence of non-normal distribution. This therefore affirms the use of non-parametric statistics in analysing the data.

**Figure A (2)**

*Normal Q-Q Plot of Emotional Exhaustion Sub-Scale Scores*



The claims by Samau and Schoeffel (2015) and Doehring (2013) that the demands of clergy work exert pressure resulting in emotional exhaustion is confirmed by this study. Similarly, the observation by Proeschold-Bell et al. (2015) on the aetiology to emotional exhaustion bedevilling members of the clergy stem from high family demands, church members high and sometimes unrealistic demands, time factor in preparation and delivery of sermons besides other commitments is confirmed by this study as prerequisites to emotional exhaustion.

Findings by Jin (2014) on the inverse relationship between length of tenure in clergy work and emotional exhaustion is confirmed by this study as shown by the demographic data of those with 10 years in service and above reporting less emotional exhaustion mitigated by the degree of satisfaction from the available psychosocial support.

### Appendix III (b) Normality of Depersonalisation Sub-scale Scores

The normality of depersonalisation sub-scale composite scores is presented in Tables B(1) and B (2) and Figures B (1) and B (2). Table B (1) presents the output of exploratory data analysis; Table B (2) shows Koolmogorov-Smirnov and Shapiro-Wilk test results, Figure B (1) displays the distribution of the dataset in a histogram whereas Figure B (2) represents the normal Q-Q plots. The findings in Table B (1) indicate that the mean ( $\mu=1.77$ ) was higher than the median ( $\mu=1.57$ ) on a 5-point scale. The standard deviation ( $\sigma=0.67$ ) and range ( $R=2.57$ ) are both far from zero, which means that the data was spread away from the mean.

**Table B (1)**

*Descriptive for Depersonalisation Composite Scores*

			<b>Statistic</b>	<b>Std. Error</b>
Depersonalisation	Mean		1.7715	.08610
	95% Confidence Interval for Mean	Lower Bound	1.5992	
		Upper Bound	1.9438	
	5% Trimmed Mean		1.7302	
	Median		1.5714	
	Variance		.445	
	Std. Deviation		.66696	
	Minimum		1.00	
	Maximum		3.57	
	Range		2.57	
	Interquartile Range		1.00	
	Skewness		.679	.309
	Kurtosis		-.222	.608

The skewness was positive, meaning that most of the respondents were lower on depersonalisation. This finding contradicts the results of Wells (2013) which found that depersonalisation as manifest in feelings of quitting ministry work was a salient feature of clergy work, suggesting that the level of depersonalisation as a burnout subtype potentially vary from context to context. It can be inferred from these literature that depersonalisation is a prevalent subtype of burnout with potential ramifications on clergy mental health. A negative kurtosis was obtained, implying that there were no outliers.

The test of normality of the dataset is presented in Table B (2).

**Table B (2)**

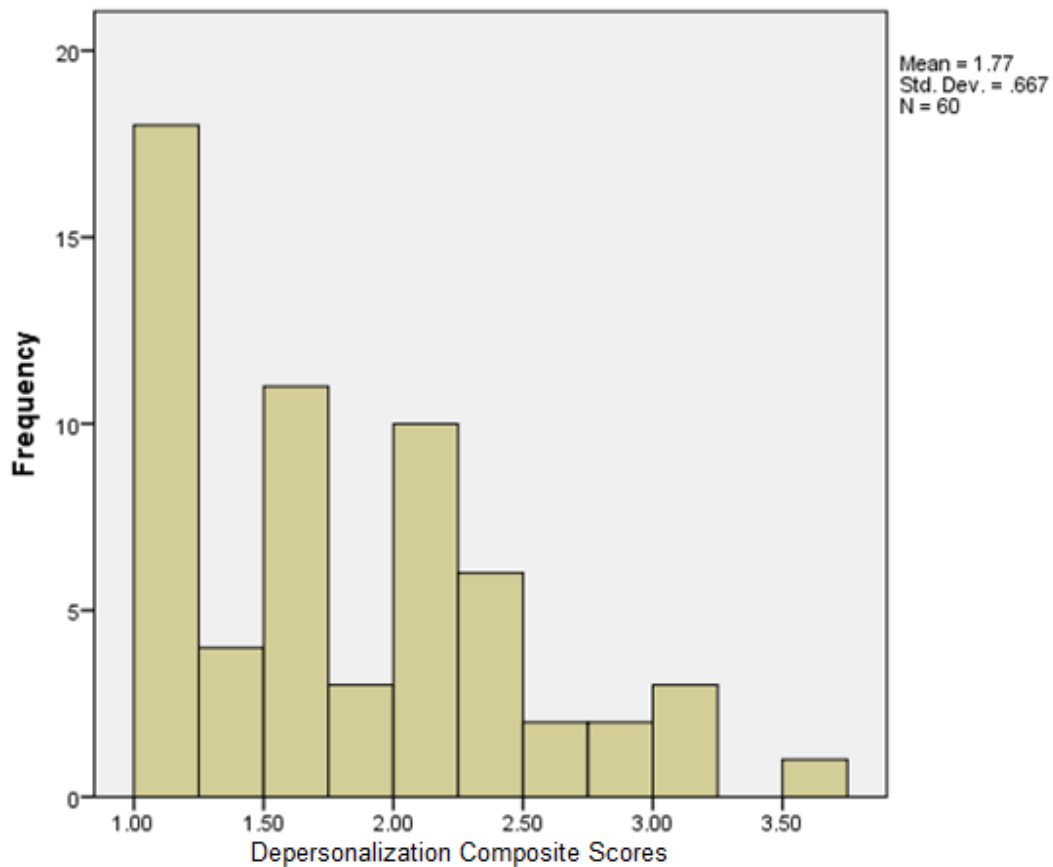
*Tests of Normality of Depersonalisation Sub-Scale Scores*

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	Df	Sig.
Depersonalisation	.135	60	.009	.919	60	.001
a. Lilliefors Significance Correction						

Table B (2) shows that Shapiro-Wilk test returned a significantly different deviation from the normal distribution ( $p < .05$ ). This leads to the rejection of the null hypothesis, namely, that the population data for depersonalisation was not significantly different from the normal distribution. The dataset was non-normal. Therefore, non-parametric techniques of analysis are more appropriate. The histogram in Figure B (1) and Q-Q plot in Figure B (2) graphically illustrates this finding. As per Figure B (1), it is evident that the distribution of depersonalisation sub-scale scores was not normal.

**Figure B (1)**

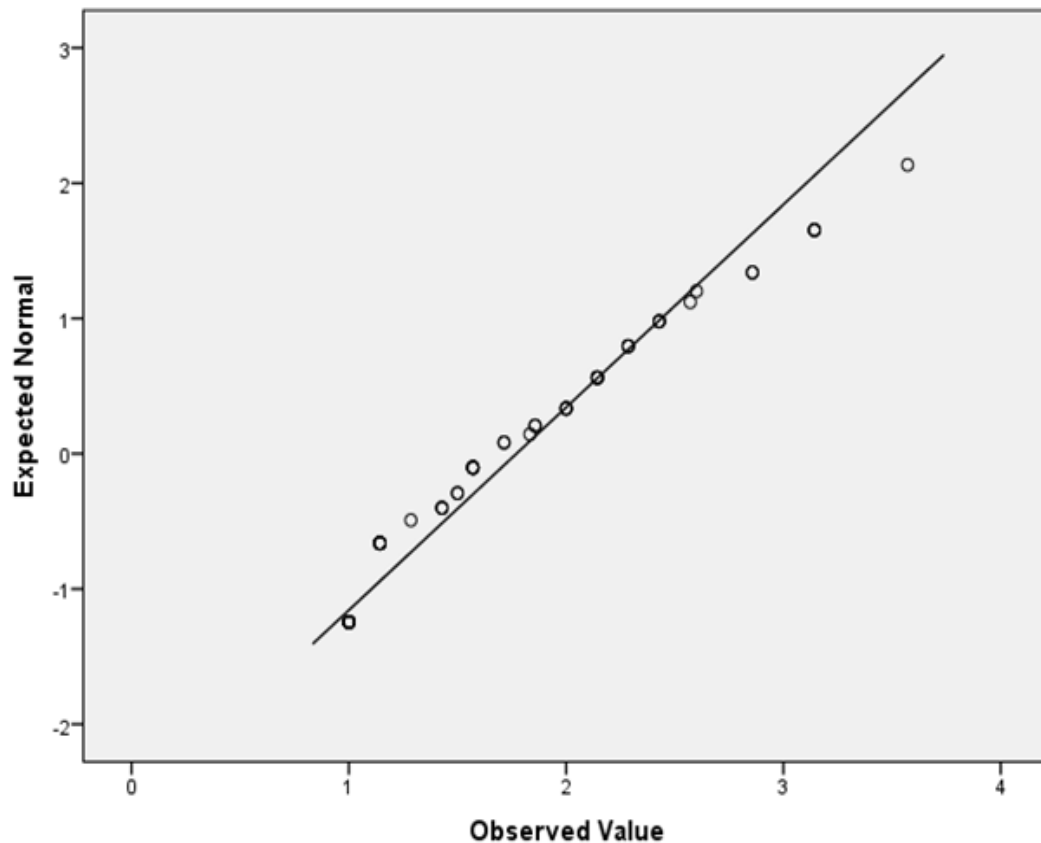
*Distribution of Depersonalisation Sub-scale Scores*



The departure from normal distribution is further illustrated in Figure B (2) which shows the Q-Q plot. From the figure, a deviation can be observed from the line in a non-linear fashion, suggesting that the distribution of the dataset was non-normal. This further confirms the findings in previous normality tests which revealed that non-normal distributions are more common as opposed to normally distributed data in most studies (Das & Imon, 2016).

**Figure B (2)**

*Normal Q-Q Plot for Depersonalisation Sub-Scale Scores*



**Appendix III (c) Normality of Low Sense of Accomplishment Sub-scale Scores**

Exploratory data analysis was performed to establish the normality of sense of accomplishment sub-scale scores. The results are presented in Tables C (1) and C (2) and Figures C (1) and C (2).

Table C (1) shows that the composite mean score ( $\mu=1.90$ ) was higher than the composite median score ( $\mu=1.80$ ) on a 5-point scale. The standard deviation ( $\sigma=0.70$ ) and range ( $R=2.80$ ) are both far from zero, which means that data was spread away from the central tendencies. The skewness was positive, implying that most of the respondents

reported high levels of sense of accomplishment. However, a negative kurtosis was obtained, indicating the presence of outliers.

**Table C (1)**

*Descriptive for Low Sense of Accomplishment Composite Scores*

		Statistic	Std. Error	
Sense of low accomplishment	Mean	1.8967	.09051	
	95% Confidence Interval for Mean	Lower Bound	1.7156	
		Upper Bound	2.0778	
	5% Trimmed Mean		1.8481	
	Median		1.8000	
	Variance		.492	
	Std. Deviation		.70108	
	Minimum		1.00	
	Maximum		3.80	
	Range		2.80	
	Interquartile Range		.95	
	Skewness		.778	.309
Kurtosis		.359	.608	

Table IV (c2) shows the normality test output. Shapiro-Wilk test results in table IV (c2) shows that the deviation was significantly different from the normal distribution ( $p < .05$ ). Thus the null hypothesis that the population data for low sense of accomplishment was not significantly different from the normal distribution was rejected. The dataset was non-normal. This warrants the application of non-parametric tests.

**Table C (2)**

*Tests of Normality of Low Sense of Accomplishment Sub-Scale*

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	Df	Sig.
Low sense of accomplishment	.108	60	.078	.932	60	.003
a. Lilliefors Significance Correction						

The presence of outliers is observable in Figure C (1) while the deviation from the normal distribution is depicted in Figure C (2). Figure C (1) indicates that the distribution

of low sense of accomplishment sub-scale scores was non-normal but rather, skewed to the left. An observation of the figure shows that respondents' feelings of low sense of accomplishment was on the lower side on a 5-point scale from 0 to 4, meaning that most of the respondents did not feel low sense of accomplishment. This finding is in contrast to the findings of Barnard and Curry (2012) which reported a significant proportion of clergy in US as experiencing decreased sense of accomplishment.

**Figure C (1)**

*Distribution of Low Sense of Accomplishment Sub-scale Scores*

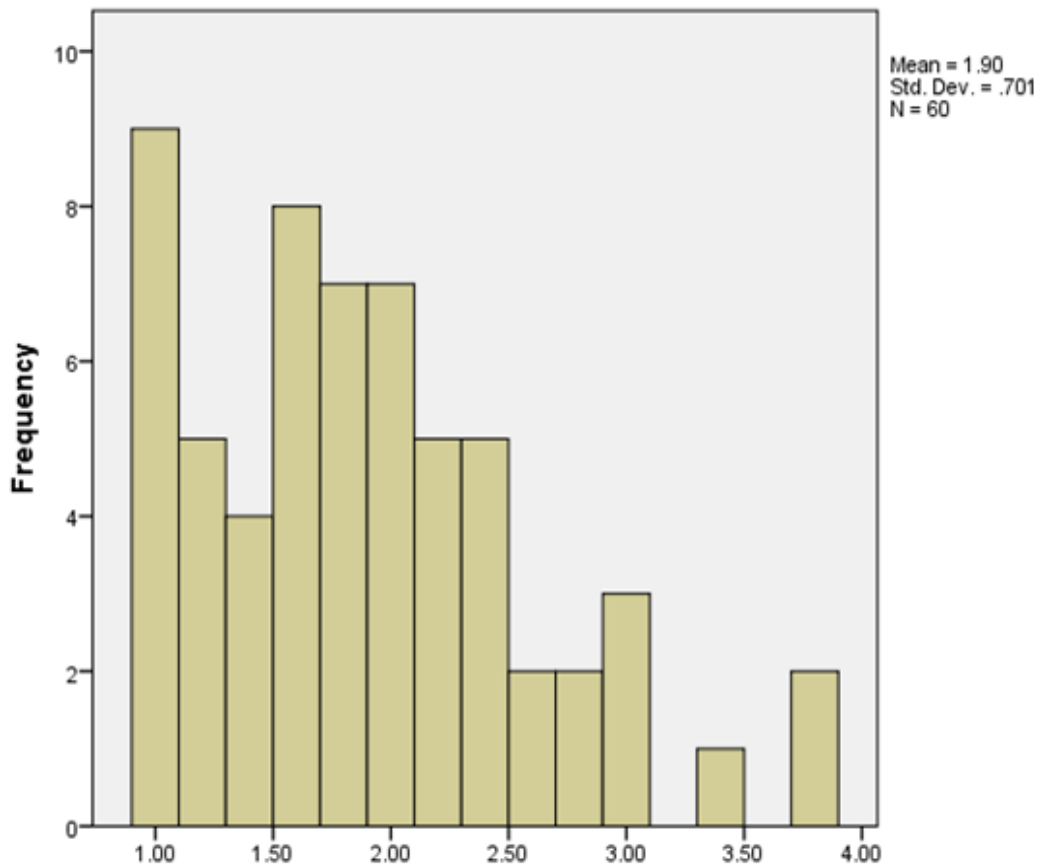
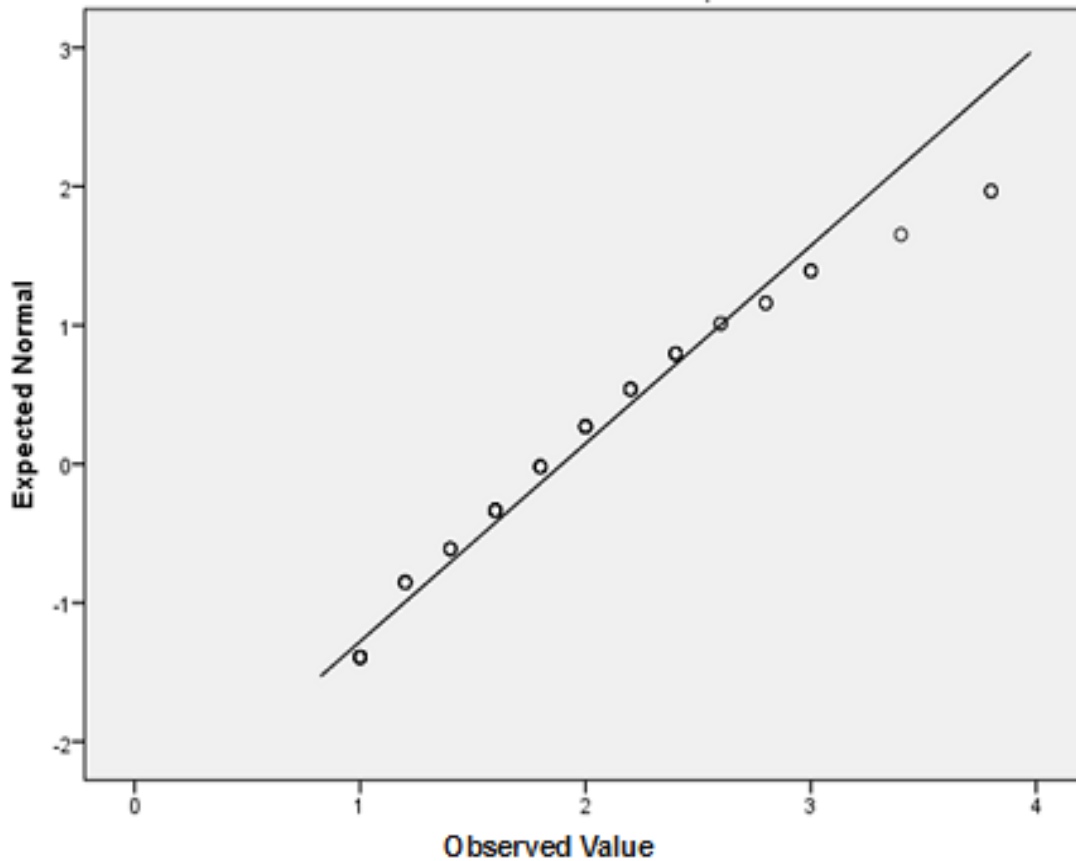


Figure C (2) depicts a deviation from the line in a non-linear fashion, which means that distribution of the dataset was non-normal.

**Figure C (2)**

*Normal Q-Q Plot for Low Sense of Accomplishment Sub-Scale Scores*



**Appendix III (d) Normality of Psychological Resources Sub-scale Scores**

Table D (1) presents the descriptive statistics for the composite score of psychological resources sub-scale. The findings in Table D (1) reveals that the composite mean score ( $\mu=3.75$ ) was lower than the composite median score ( $\mu=3.83$ ) on a 5-point scale. The standard deviation ( $\sigma=0.72$ ) and range ( $R=3.33$ ) are both far from zero, implying that data was spread away from the central location. The skewness was negative, indicating most of the respondents rated psychological resources high on a 5-point scale. The kurtosis was positive, meaning that there were no outliers.



**Table D (1)***Descriptive Statistics for Psychological Resources Composite Scores*

			Statistic	Std. Error
Psychological Resources sub-scale	Mean		3.7500	.09278
	95% Confidence Interval for Mean	Lower Bound	3.5643	
		Upper Bound	3.9357	
	5% Trimmed Mean		3.8086	
	Median		3.8333	
	Variance		.516	
	Std. Deviation		.71866	
	Minimum		1.50	
	Maximum		4.83	
	Range		3.33	
	Interquartile Range		.79	
	Skewness		-1.221	.309
	Kurtosis		1.658	.608

The normality test is presented in Table D (2) shows the normality test output. The table further indicates that the  $p$ -value of the Shapiro-Wilk test is less than 0.05, which further confirms that the data was non-normal.

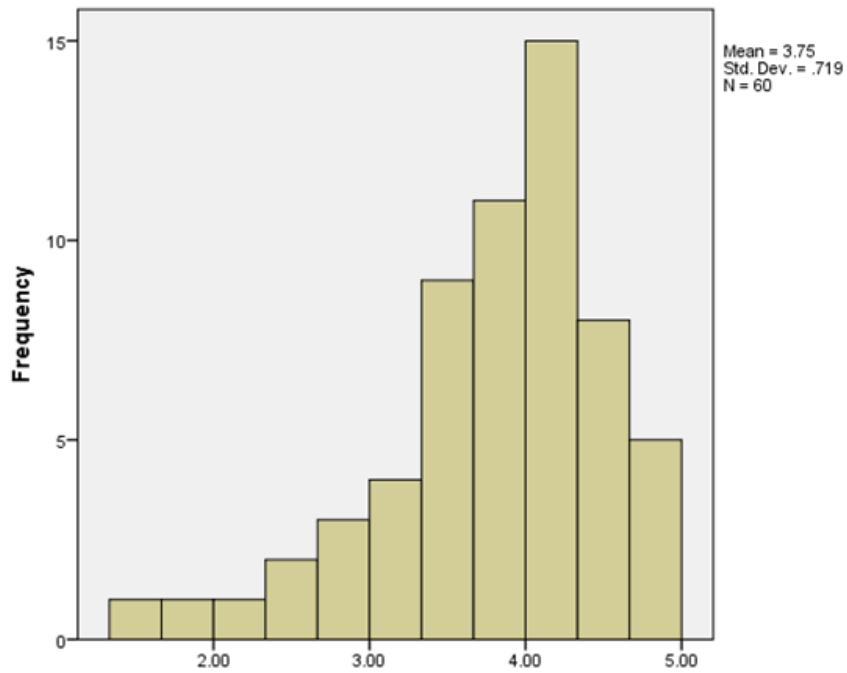
**Table D (2)***Tests of Normality of Psychological Resources Sub-Scale*

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	Df	Sig.
Psychological resources	.196	60	.000	.903	60	.000
a. Lilliefors Significance Correction						

Figure D(1) presents the distribution of psychological resources sub-scale composite scores. The figure shows that the distribution of the dataset was left-skewed, suggesting that there was a high distribution of scores of 4 on a 5-point scale. Figure D (1) shows the normal Q-Q plot of psychological resources sub-scale scores.

**Figure D (1)**

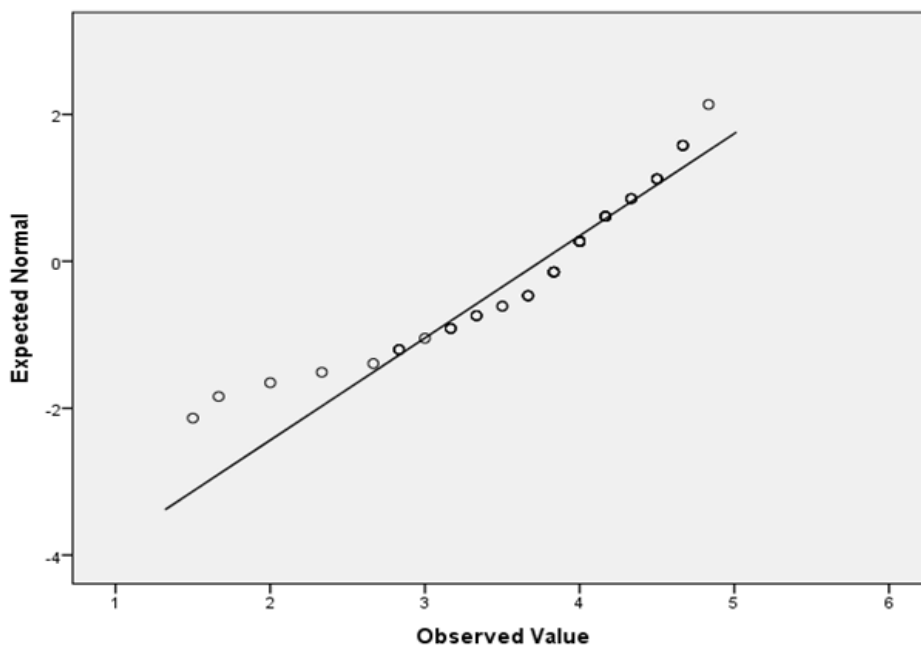
*Distribution of Psychological Resources Sub-scale Scores*



The finding in Figure D (2) reveals that the distribution of scores for psychological resources was non-normal. And, as per the normal Q-Q plot in Figure D (2), there was a clear deviation from the line, implying that the dataset was not normally distributed.

**Figure D (2)**

*Normal Q-Q Plot for Psychological Resources Sub-Scale Scores*



### Appendix III (e) Normality of Emotional Wellbeing Sub-scale Scores

The normality of emotional wellbeing was tested and the results presented in Tables E (1) and E (2). The descriptive statistics in Table E (1) indicate that the composite mean score ( $\mu=3.76$ ) was slightly lower than the composite median score ( $\mu=3.80$ ) on a 5-point scale. The standard deviation ( $\sigma=0.34$ ) and range ( $R=1.40$ ) are both far from zero, meaning that data was spread away from the mean. The skewness was negative; indicating most of the respondents rated their emotional wellbeing high on a 5-point scale. The kurtosis was negative, implying the absence of outliers.

**Table E (1)**

*Descriptive Statistics for Emotional Wellbeing Sub-scale Scores*

		Statistic	Std. Error	
Emotional wellbeing	Mean	3.7567	.04436	
	95% Confidence Interval for Mean	Lower Bound	3.6679	
		Upper Bound	3.8454	
	5% Trimmed Mean	3.7630		
	Median	3.8000		
	Variance	.118		
	Std. Deviation	.34364		
	Minimum	3.00		
	Maximum	4.40		
	Range	1.40		
	Interquartile Range	.40		
	Skewness	-.191	.309	
	Kurtosis	-.558	.608	

The normality test is presented in Table E (2). As per the Shapiro-Wilk test finding in Table E (2), the distribution of the data set was significantly different from a normal distribution. Thus, the null hypothesis was rejected: The distribution was non-normal.

**Table E (2)**

*Tests of Normality of Emotional Wellbeing Sub-scale Scores*

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	Df	Sig.
Emotional Wellbeing	.134	60	.010	.956	60	.030

a. Lilliefors Significance Correction

Figure E (1) is an illustration of the distribution of the dataset. The figure shows a slight skewness to the left. This means that most of the respondents rated their emotional wellbeing high.

**Figure E (1)**

*Distribution of Emotional Wellbeing Sub-scale Scores*

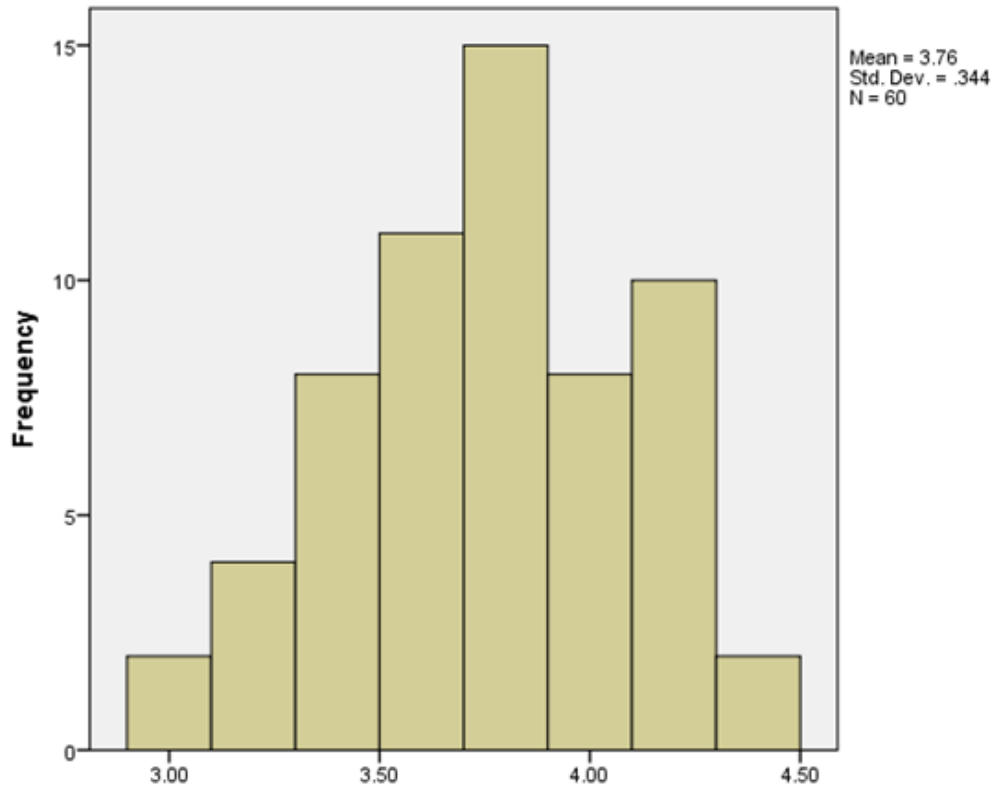
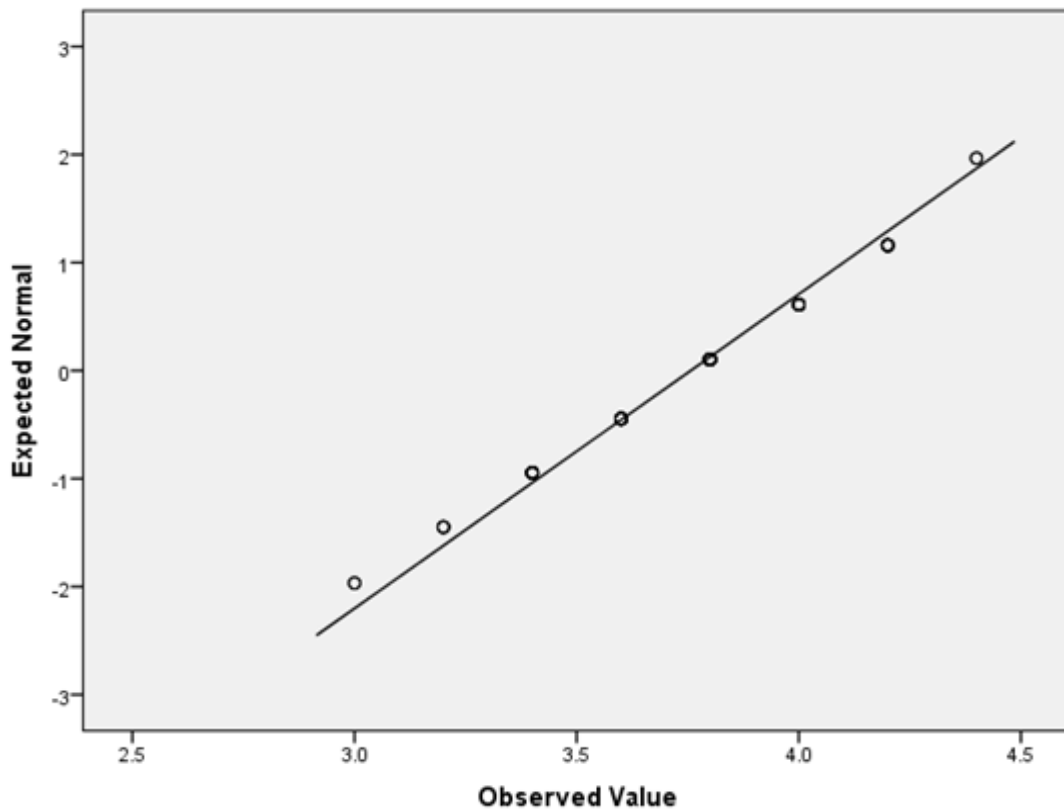


Figure E (2) presents the normal Q-Q plot for emotional wellbeing composite scores. The figure depicts small deviations at the tail ends of the line.

**Figure E (2)**

*Normal Q-Q Plot for Emotional Wellbeing Sub-Scale Scores*



Since all the assumptions of normality were violated, the data was subsequently transformed in order to run non-parametric analysis. The procedure entailed first transforming the composite scores of ordinal levels of measurement into binary form.

The variable “Mental health” was converted into a binary variable with two possible outcomes namely “Good Mental Health” (assumed scores from 4 to 5 on a 5-point scale) and “Poor Mental Health” (assumed all other values on the 5-point scale).

The variable “Emotional Exhaustion” was also converted into a binary variable with two dichotomous outcomes namely “Low Emotional Exhaustion” (assumed scores ranging from 1 to 2) and “High Emotional Exhaustion” (assumed all other scores on the 5-point scale).

The variable “Depersonalisation” was converted into a binary variable with two levels namely “Low Depersonalisation” (assumed scores from 1 to 2) and “High Depersonalisation” (assumed all other values on the 5-point scale).

The variable “Sense of Diminished Accomplishment” was also converted into a binary variable with two possible outcomes namely “High Sense of Accomplishment” (assumed from scores ranging from 4 to 5) and “Low Sense of Accomplishment” (assumed all other values on the 5-point scale).

**Appendix IV: Qualitative Theme Tables**

Transcribed responses	Codes	Categories	Theme
SLC 2 – Sometimes feels like giving up. I am older, someone younger should take up role.	Giving up	Tiredness	Emotional exhaustion
SLC 5 – Loss of interest sometimes. Procrastination. Prayerlessness sometimes. Study of the word as a routine sometimes but not for personal growth	Loss of interest	Spiritual dryness	
SLC 6 – Sometimes depressing, when people hurt themselves and other people	Hurt	Conflict	
SLC 5 - It is draining because even when tired you have to attend to calls of distress even in bad weather, unfavourable conditions you have to attend to the flock	Drained	Tiredness	
SLC 7 - It does weigh emotionally because of its life issues you are dealing with. It is heavy and involving	Emotional toll	Emotional burden	
SLC 2 - I sometimes feel unhealthy attachment	Unhealthy attachment	Negative attachment	Depersonalisation
SLC 4 - When young; I was attached emotionally, but I have learnt to detach	Detached	Indifference	
SLC 5 - Sometimes I feel detached and other times I feel attached	Detached		
SLC 1 – With high expectation at the beginning of the year but may not accomplish all but ensures has accomplished maybe up to 80 percent of the resolutions set	Accomplished	Achievement	Sense of fulfillment
SLC 2 - The ministry has not failed. I have been disciplined. My aim to have a movement guided by Christ has been achieved. ... I have accomplished a lot – the ministry has not failed. I have been disciplined. I have championed a movement guided by Christ	Accomplished		
SLC 3 - Very accomplished. It is something I love doing and when I get to see a change in someone/something I was involved in it gives me joy	Accomplished		

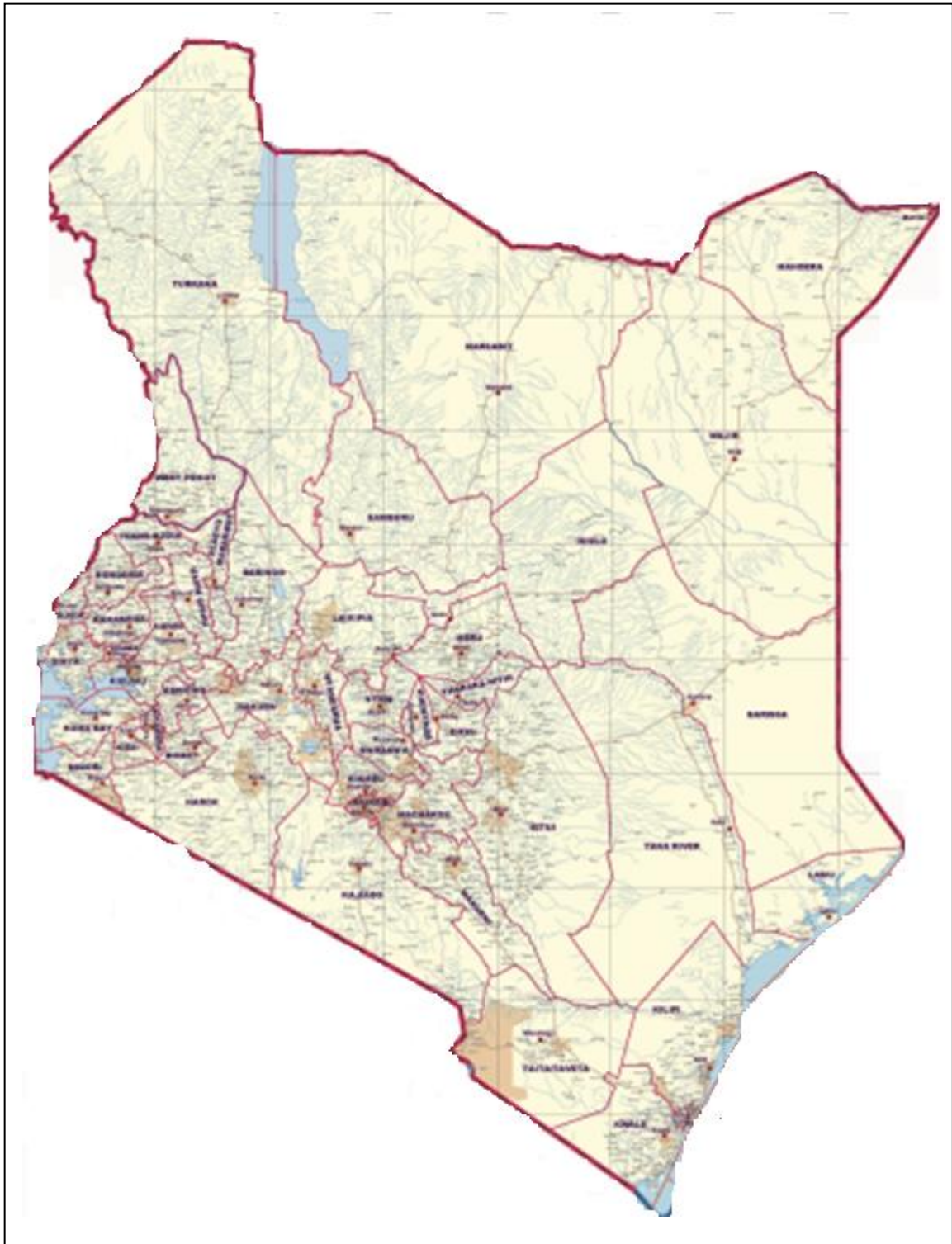
Transcribed responses	Codes	Categories	Theme
SLC 1 - I look forward to wake up every morning. I see it as one more opportunity to minister. It's a beautiful experience and you want to make it count	Reason to keep going	Intrinsic reward	Meaning in life
SLC 2 – Rewarding – there is a movement that is tangible- I have a reason to keep going. The clergy position has opened many doors. Clergy work is rewarding because it is about fulfilling God's purpose.			
SLC 3 –It is a joy for me to walk with them. It is a calling.	Joy in ministry		
SLC 4 – Rewarding – when I see someone struggling come out of that. When I see transformation, when someone becomes more like Christ			
SLC 5 – What God assigned me to do as a Clergy, I have never given up even when tried to. Kept on going and feels that the ministry will still be around even if I am no more. As a call, feels motivated to go to work. As a duty that I owe to the Lord. Clergy work is rewarding for me because am convinced. I am fulfilling the call I received from God	Reason to keep going		
SLC 6 – Rewarding – people's lives change. People's marriages heal. Clergy work is rewarding since I take as a high calling from God and not from people (Colossians 3:22-23). There are blessings of serving God			
SLC 7- I enjoy my work. It is not something to be accomplished. It is a daily life because every day you are dealing with different issues. It is not the same every day. Not accomplished but fulfilled. It's fun because it is serving the Lord. It's something I look forward to everyday. I find clergy work is fulfilling. Such a high calling that I am privileged to be considered worthy by God's grace, his divine enablement through the Holy Spirit enables hand the challenges as well as being real with the people and myself.			



Transcribed responses	Codes	Categories	Theme
SLC1 - I sometimes feel angry and frustrated	Anger	Feelings of frustration	Stress
SLC2 - I sometimes feel agitated when advice has not been taken up. I also sometimes feel I don't care and sad when the flock does not buy your solution. But I often feel happy... I feel sad when my flock fails in the line of Christ and take it as my future e.g. girl falls pregnant before marriage	Agitated		
SLC 4 ...Sometimes I feel frustrated when unable to meet the needs of the flock.	Frustrated		
SLC 7 - I sometimes feel agitated when they are not following advice. But I often feel happy when people are fulfilling their ministries	Agitated		
SLC 1 - Retreat opportunities, marriage counselling groups and the availability of elders who support in ministry	Support structure	Support system	Social support
SLC 3 - There exist proper support system from the leadership which was helpful in dealing with challenges of ministry. Have really thrived. Church planting. I get recognition for my work in the community.			
SLC 4 - They are responsive, respectfully, trusting. One or two cases leave you discouraged – by being disrespectful. There are also performance management systems, mid and end year appraisals, quarterly pastors meetings, staff meetings, personal meetings, pastors and spouses retreats, days off, facilitation to the gym, a book alliance, fellowship with elders and deacons, marriage couples care groups, pre-marital counselling classes	Congregational support		
SLC 5 – Moments that clergy work is rewarding when things seem to be going well, when the congregant I united, pastor's families are well taken care of... General feeling is excellent for the congregation. They are actually thinking about raising money to construct a permanent church. They are inclined to give because they feel they are giving			

Transcribed responses	Codes	Categories	Theme
their own			
SLC 1 - I talk to God and believe God is sovereign. Celebrates every little success. Even in failure, God does not make mistakes.	Communion with God	Spiritual self-care	Clergy self-care
SLC 2 - Have monthly meetings with the bishop to share the failures. The bishop prays with me. Mourn over the failure. Spend time in prayer and fasting.	Debriefing sessions	Spiritual Accountability	
SLC 3 - Stop and take a break. Ask what went wrong. Learn my lessons and pick up again. Failure is woven in our success stories. Focus on the relationship with God (being righteous and getting up).	Self-reflection	Meditation	
SLC 4 - Crying from inside and cry in. deal with failures in closed doors and communicates directly to the Lord.	Communion with God	Spiritual self-care	
SLC 1 - A prophet is not appreciated in their home' by virtue of staying with them, walking with them, they do not appreciate as much. Good feedback. Doing well in ministering. Thank you notes.	Not appreciated	Lack of support	Societal neglect
SLC 5 - A few embrace the vision of the church in actively practicing and participating in church activities. The majority stand on the fence where they do little or nothing.	Stand on the fence		

**Appendix V: Map of the Study Area**




Appendix VI: Kabarak University Introduction Letter

**KABARAK UNIVERSITY**

Private Bag - 20157  
KABARAK, KENYA  
<http://kabarak.ac.ke/institute-postgraduate-studies/>

Tel: 0773 265 999  
E-mail: [director.postgraduate@kabarak.ac.ke](mailto:director.postgraduate@kabarak.ac.ke)



**BOARD OF POSTGRADUATE STUDIES**

10<sup>th</sup> June, 2019

The Director General  
National Commission for Science, Technology & Innovation (NACOSTI)  
P.O. Box 30623 – 00100  
NAIROBI

Dear Sir/Madam,

**RE: ARTHUR OKOLLA SHIKANDA- REG. NO. GDC/M/1189/09/15**


The above named is a Doctor of Philosophy student at Kabarak University in the School of Education. He is carrying out research entitled *“Influence of Burnout on Mental Wellbeing of Clergy: A Case Study of Christ is the Answer Ministries, Kenya”*. He has defended his proposal and has been authorized to proceed with field research.

The information obtained in the course of this research will be used for academic purposes only and will be treated with utmost confidentiality.


Please provide him with a research permit to enable him to undertake his research.

Thank you.

Yours faithfully,




**Dr. Betty Jeruto Tikoko**  
**DIRECTOR, POSTGRADUATE STUDIES**



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**Kabarak University Moral Code**  
*As members of Kabarak University family, we purpose at all times and in all places, to set apart in one's heart, Jesus as Lord. (1 Peter 3:15)*



## Appendix VII: NACOSTI Authorization Letter



### NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2211471,  
2241349,3516571,2219420  
Fax: +254-20-318245,318248  
Email: dg@nacosti.go.ke  
Website: www.nacosti.go.ke  
When replying please quote

NACOSTI, Upper Kabete  
Off Waiyaki Way  
P.O. Box 39625-00100  
NAIROBI-KENYA

Ref. No. **NACOSTI/P/19/35140/31278**

Date: **24<sup>th</sup> July, 2019.**

Arthur Okolla Shikanda  
Kabarak University  
Private Bag - 20157  
**KABARAK.**

#### RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *"Influence of burnout on mental well-being of clergy: A case study of Christ is the Answer Ministries, Kenya."* I am pleased to inform you that you have been authorized to undertake research in **selected Counties** for the period ending **23<sup>rd</sup> July, 2020.**

You are advised to report to the **County Commissioners, and the County Directors of Education, selected Counties** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

**GODFREY P. KALERWA., MSc, MBA, MKIM.  
FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioners  
Selected Counties,

The County Directors of Education  
Selected Counties.





## Appendix VIII: NACOSTI Research Permit

THIS IS TO CERTIFY THAT: **Permit No : NACOSTI/P/19/35140/31278**  
**MR. ARTHUR OKOLLA SHIKANDA** **Date Of Issue : 24th July,2019**  
**of KABARAK UNIVERSITY, 0-200** **Fee Received :Ksh 2000**  
**Nairobi,has been permitted to conduct**  
**research in Kajjado , Kericho , Kiambu**  
**, Kisii , Kisumu , Machakos , Meru ,**  
**Nairobi, Nakuru , Narok , Nyeri ,**  
**Uasin-Gishu Counties**

**on the topic: INFLUENCE OF BURNOUT**  
**ON MENTAL WELL-BEING OF CLERGY: A**  
**CASE STUDY OF CHRIST IS THE ANSWER**  
**MINISTRIES, KENYA**

**for the period ending:**  
**23rd July,2020**

  
**Applicant's Signature**

  
**Director General**  
**National Commission for Science,**  
**Technology & Innovation**


**THE SCIENCE, TECHNOLOGY AND**  
**INNOVATION ACT, 2013**


The Grant of Research Licenses is guided by the Science,  
Technology and Innovation (Research Licensing) Regulations, 2014.

**CONDITIONS**

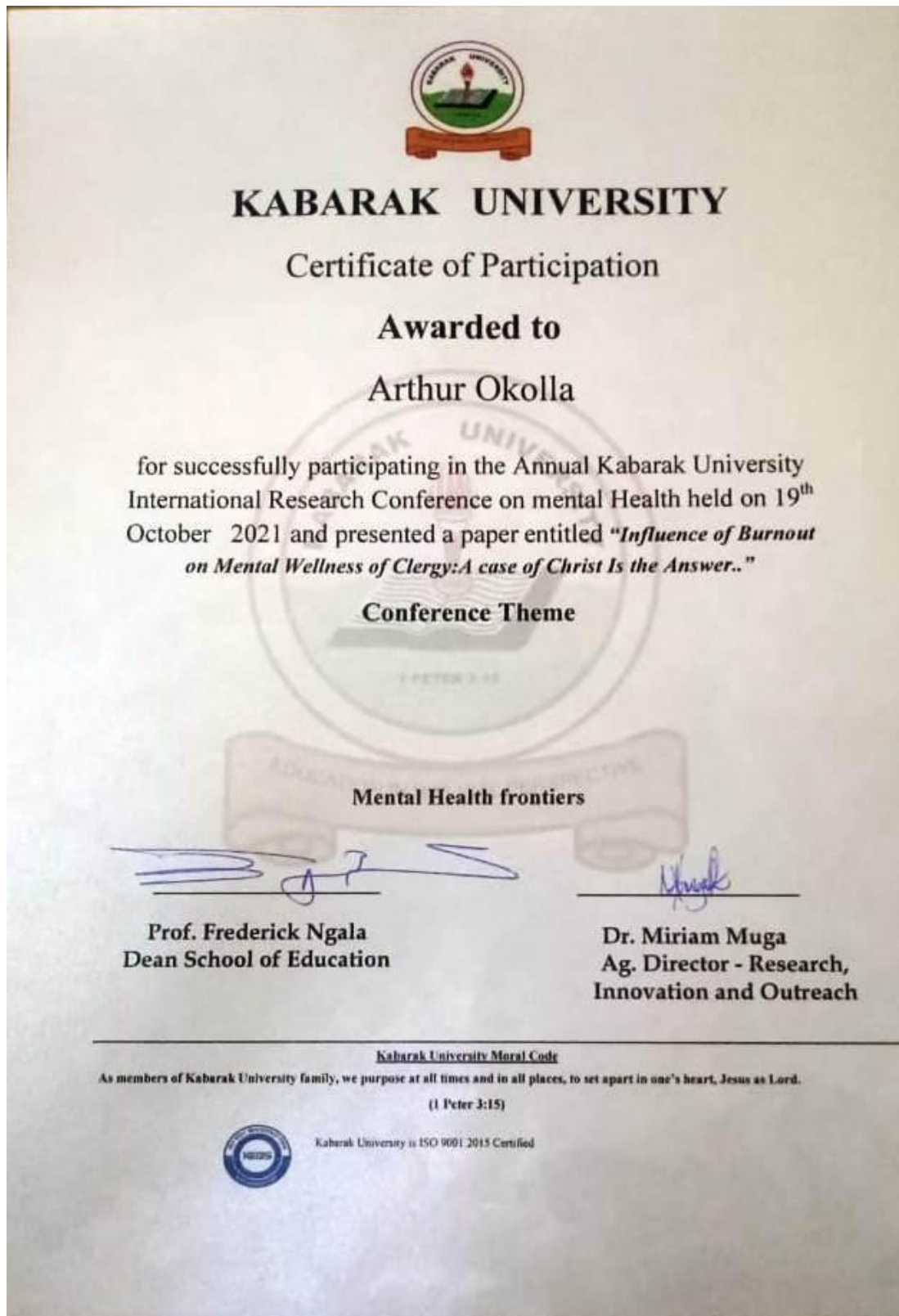
1. The License is valid for the proposed research, location and specified period.
2. The License and any rights thereunder are non-transferable.
3. The Licensee shall inform the County Governor before commencement of the research.
4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
5. The License does not give authority to transfer research materials.
6. NACOSTI may monitor and evaluate the licensed research project.
7. The Licensee shall submit one hard copy and upload a soft copy of their final report within one year of completion of the research.
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice.

**National Commission for Science, Technology and innovation**  
**P.O. Box 30623 - 00100, Nairobi, Kenya**  
**TEL: 020 400 7000, 0713 788787, 0735 404245**  
**Email: dg@nacosti.go.ke, registry@nacosti.go.ke**  
**Website: www.nacosti.go.ke**

  
**REPUBLIC OF KENYA**


  
**NACOSTI**  
**National Commission for Science,**  
**Technology and Innovation**  
**RESEARCH LICENSE**  
**Serial No.A 25945**  
**CONDITIONS: see back page**

**Appendix IX: Evidence of Conference Participation**

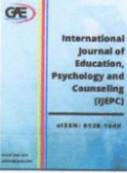





## Appendix X: List of Publications

International Journal of  
Education, Psychology and Counseling   
EISSN : 0128-164X  
Volume 7 Issue 47 (September 2022) PP. 457-467  
DOI 10.35631/IJEP.747037

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**INTERNATIONAL JOURNAL OF  
EDUCATION, PSYCHOLOGY  
AND COUNSELLING  
(IJEP)**  
[www.ijepc.com](http://www.ijepc.com)



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### THE EFFECT OF PSYCHOSOCIAL RESOURCES IN MITIGATING CLERGY BURNOUT AT CHRIST IS THE ANSWER MINISTRIES IN KENYA

Arthur Okolla Shikanda<sup>1\*</sup>, Gladys Jerobon Kiptiony<sup>2</sup>, James Kay Muthama Ndiso<sup>3</sup>

<sup>1</sup> Department of Counselling Psychology, Kabarak University  
Email: shikandaarthur@gmail.com

<sup>2</sup> Department of Counselling Psychology, Kabarak University  
Email: gladysjerobon@gmail.com

<sup>3</sup> Department of Counselling Psychology, Kabarak University  
Email: kaykaytar@gmail.com

\* Corresponding Author


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**Abstract:**

Burnout is a universal issue increasingly being experienced by members of the clergy. While literature linking burnout with mental health of clergy is well developed, psychosocial resources and interventions that can be used to mitigate burnout among the clergy in Kenya is under-researched. The present study sought to empirically delineate those set of psychosocial resources that together can constitute members of the clergy's 'toolkit' for mitigating clergy burnout using insights from Christ Is The Answer Ministries (CITAM). The research was a mixed methods study that entailed the collection and analysis of both quantitative and qualitative data types. The focus of this study was 86 clergy members of CITAM based in Kenya who constituted the accessible population. Questionnaires were administered to all clergy members while in-depth interviews were conducted with 12 senior clergy members based at the church's headquarters. A census study was conducted. Descriptive statistical techniques as well as inferential analysis were used to analyse quantitative data while qualitative findings were subjected to thematic analysis. Members of CITAM clergy had access to a variety of psychosocial resources. It also showed that the significance of the effect of burnout on clergy mental health was eliminated by the psychosocial resources, implying that psychosocial resources reduced the negative influence of burnout on mental health from significance to a level of insignificance. There were organisational factors that served to protect clergy members from burnout. These can be classified into factors that relate to good human resource management practices (meetings, retreats, recreational facilities and days off) and those that provide the psychosocial support structures and systems within the church community (counselling, fellowships, and care groups).

**Keywords:**  
Burnout, Mental Health, Psychosocial Support, Psychological Resources





**EMOTIONAL EXHAUSTION AND ITS EFFECT ON CLERGY  
MENTAL HEALTH IN KENYA: A CASE OF CHRIST IS THE  
ANSWER MINISTRIES**

Arthur Okolla Shikanda\*<sup>1</sup> Prof. Gladys Jerobon Kiptiony, PhD<sup>2</sup>, Dr James Kay  
Muthama Ndiso, PhD<sup>3</sup>

<sup>1</sup>Department of Counselling Psychology, Kabarak University, Campus Road, Off  
Nakuru-Sigor Road.

<sup>2</sup>Department of Counselling Psychology, Kabarak University, Campus Road, Off  
Nakuru-Sigor Road.

<sup>3</sup>Department of Counselling Psychology, Kabarak University, Campus Road, Off  
Nakuru-Sigor Road.

\*Email of Corresponding Author: [shikandaarthur@gmail.com](mailto:shikandaarthur@gmail.com)

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**ABSTRACT**

**Purpose of the study:** The present study sought to contribute to knowledge production on the link between clergy emotional exhaustion and mental health by empirically investigating the influence of emotional exhaustion on mental health of clergy in Kenya using the case of Christ Is the Answer Ministries.

**Short introduction of problem statement:** Emotional exhaustion is a complex phenomenon associated with the clergy profession. Its implication on mental health of clergy makes it a subject of continuing psychosocial importance. This is because effectiveness of clergy in ministry depends on their mental health. However, its implications on mental health of clergy in Kenya has not been adequately addressed in literature.

**Method/methodology:** A combination of descriptive and correlational research design was used. Christ Is The Answer Ministries was selected for the research. The focus of this study was 91 clergy members of CITAM. The accessible population was 86 clergy members based in Kenya. Scale of Emotional Exhaustion in Ministry was used to measure emotional exhaustion prevalence levels. Mental health was measured using a simple 5-point Likert scale developed after examining both the Riff's Psychological Well-Being Scale and Warwick-Edinburgh Mental-Wellbeing Scale. Data was analyzed using descriptive statistical techniques such as mean and standard deviation. Spearman's Rank Correlation was used to estimate correlation of study variables.

**Results of the study:** Clergy mental health was negatively and significantly correlated to feelings of emotional drain, perceived emotional breakdown. Overall, emotional exhaustion