

Study Examines Health of Clergy and Lay Workers in Denominations Across the U.S.

By Craig This*

Clergy health and well-being have become increasingly important within the life, practice and administration of churches in recent years. Moreover, there has been a growing impetus to gain theological and epidemiological insight on how the health of clergy impacts congregations and denominations.

In 2006, the General Board of Pension and Health Benefits of The United Methodist Church partnered with Duke University and provided analysis and data collection for *The Church Benefits Association: Health, Well-Being, Spirituality, and Job Characteristics* study, conducted by researchers Keith Meador, Sarah A. Mustillo, Whitney D. Arroyave and Steven M. Frenk. The study examined self-rated mental and physical health, religious beliefs and practices, job stressors and pharmacy claims for clergy and lay workers of multiple denominations.

Among the notable results of the study, was the finding that demographic variables, such as gender, have a significant impact on mental health. According to the study, job stress resulted in decreased mental health for men and women, but more so for men, who experienced a stronger decrease in mental health and greater feelings of inadequate understanding by those in their social network. Another important finding was that being married and female was associated with decreased physical health.

The research was conducted in two phases. The first phase surveyed a cross-section of clergy and lay workers from denominations that are members of the Church Benefits Association (CBA) and whose denominations chose to participate. The second phase correlated results from the self-reported survey with actual pharmacy claims data generated by denominations participating in the CBA's pharmacy purchasing coalition, which includes prescription drug benefit managers Medco and Caremark. (*Survey respondents provided written consent to access pharmacy claims data.*) A

total of 11,123 lay and clergy workers from 10 denominations participated in the study. The United Methodist Church respondents made up the majority of the respondents with 7,611 lay and clergy participating in the research project.

The research project assessed clergy health and its relationship to relevant dimensions of interest—including social supports, spiritual beliefs and practices and job stressors—with the primary outcome of interest being self-reported physical and mental/emotional health. The researchers were driven by the belief that the health and wholeness of clergy are linked to the health and wholeness of their congregation.

Overall Findings

Clergy

As clergy get older, their physical health decreases and their mental health increases, the study reported. The physical health of female clergy decreases with age more than it does for male clergy. Serving in a rural setting, increased private religiosity, and increased job stress also are associated with decreases in clergy physical health for both genders, but more so for females. Clergy listed the following as job stressors: job demands, criticism, feelings of loneliness and isolation, and stress due to challenges from laity.

The report noted that for clergy, unlike laity, church attendance does not increase physical or mental health. Other studies of laity physical and mental health have traditionally shown that church attendance promotes better physical and mental health. However, this was not the case for the clergy in this study. Attending church can be a place of communal worship and support for both clergy and laity. Yet, what the study does not address is whether or not clergy still attending church see the church as being their workplace

Physical health increases for clergy, according to the study, when income and exercise increase. Female clergy who exercise tend to have better health than male clergy who exercise. An

interesting finding is that married female clergy tend to have worse physical health than married male clergy. Likewise, physical health increases for clergy if they feel that family and friends understand and support them.

As clergy get older, their mental health increases but more for clergywomen than clergymen. The study noted that an increase in job stress decreases the mental health of clergymen more than clergywomen. Increased income, though, tends to increase the mental health of clergymen more than clergywomen.

Laity

Lay workers suffer from some of the same increases and decreases in physical and mental health with a few notable exceptions. As with clergy, physical health increases when income and exercise increase. Also, an increase in the support and understanding of family and friends leads to an increase in physical health for laity. However, an increase in church attendance increases the physical health for laity while no such relationship was observed with clergy, either male or female.

Physical health decreases for laity as age and job stress increase. This last finding, note the researchers, shows that denominations need to be aware of the high levels of stress found among lay employees of the church and must take appropriate measures to avoid “burn-out” of laity just as they would for clergy.

United Methodist Sample

Clergy

The responses of the United Methodist sample of clergy and laity who participated in the survey are very similar to those of the overall sample. For United Methodist clergy, as with the national sample, increased age is associated with decreased physical health and increased mental health. Likewise, high incomes are associated with higher levels of mental and physical health. One difference, however, from the total sample of clergy is that decreased physical health is associated

with working in rural settings. The report concluded that this might be a by-product of the UMC appointment system and the patterns of appointment to rural parishes. Consequently, the report recommends that health and well-being initiatives for rural clergy should be a high priority.

Older age is associated with worse physical health for both male and female clergy, but the effect is stronger among females than among males. Interestingly, marriage is associated with worse physical health among female clergy, but better health for male clergy. The research suggests that marriage is a health benefit for men and a health detriment for women. The study does not evaluate the impact of childbirth on the mother and its relationship to the physical health of women.

As with the national sample, increased understanding and support within a clergyperson's social network is associated with improved mental health among clergy. Although feelings of understanding and support within a clergyperson's social network is associated with better mental health among both male and female United Methodist clergy (as with the national sample) the association is stronger for United Methodist male clergy. For United Methodist clergy, similar to the national sample, high levels of job stress are associated with decreased mental and physical health. Higher job stress, although associated with decreased mental health for both men and women, has a stronger impact on men. (See Table of Pulpit and Pew Job Stress Scale). While exercise and feelings of increased understanding and support from those within a clergyperson's social network are associated with better physical health among male and female clergy, the effects are stronger for females.

When considering pharmacy claims, the mean number of antidepressant pharmacy claims for all United Methodist respondents is lower when they are male and have higher incomes. For United Methodist clergy, the mean number of endocrine/diabetes pharmacy claims decreases when respondents are male. The total number of cardiovascular claims, however, is lower for female

clergy. Overall, pharmacy claims are frequently and prominently associated with a number of variables, including exercise and job stressors.

Laity

As United Methodist laity age, their physical health declines, but at the same time, their mental health increases. However, in comparison with clergy, female laity report lower levels of mental health than their male counterparts. High incomes are associated with higher levels of physical health for both lay men and women and like the clergy, laity working in rural settings report lower levels of physical health than those who work in urban or suburban settings.

Conclusion

So, what does this all mean for The United Methodist Church? As the researchers note, the health of clergy and laity impacts the local church and the denomination on several levels. Overall, a better understanding of clergy health is necessary to consider possible preventative and intervention health initiatives; such initiatives, in yielding healthier pastors, benefit congregations and surrounding communities. Most immediate is the issue of increased health care costs and insurance claims as a result of unhealthy Church workers and the ensuing impact on local church, annual conference, and denominational budgets. Additionally, the declining health of older clergy may impede their ability to mentor the younger clergy in the denomination. Also, as second career clergy enter the profession already older and possibly carrying physical and mental health issues from previous professions to the new profession, what impact will the new stresses and strains have on these clergy?

Although there has been growing concern throughout the denomination about the state of clergy health, more substantive and sustainable interventions must be adopted by denominational leaders and the General Conference to promote health and address the physical, mental, emotional, spiritual, social, and financial variables that impact our ministry. A unified effort to foster better

health for clergy and laity is vital to strengthening the mission and ministry of The United Methodist Church around the world.

*Craig This is a faculty member of the Department of Sociology, Geography and Social Work at Sinclair Community College.