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## **Pastor wellness among Chinese Churches: a Canadian study**

### **Abstract:**

This article reports the results of a survey of Canadian Chinese pastors (N=79) regarding pastor wellness by using a 10-item questionnaire. The results indicate that 22 (27.84%) have significant concerns and 38 (48.1%) have some concerns, with females slightly more affected. Major areas of concern are marital and/or family satisfaction, physical health, problem dealing with relationships in church, and emotional health. The author discusses implications of the results and makes some recommendations to the pastors and churches.

### **Key words:**

Clergy or pastor wellness and health; Chinese church pastor wellness and health

### **Background**

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” It also states this about wellness: “wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically and the fulfillment of one’s role expectations in the family, community, place of worship, workplace and other settings.” In the last several decades, significant strides have occurred in health and wellness. First, George Engel’s (1977) integrated biopsychosocial model of health was

expanded to include cultural and spiritual dimensions (Poon, 1995, 2011). Second, the biological general systems theory of Bertalanffy (1968) was extended to the family systems theory and formed the backbone of family therapy (Doherty, Baird, and Becker, 1987; Doherty, 1989). As a result, today the medical and counseling fields have adopted the notion that health and wellness of an individual includes the understanding of the whole person (from intrapsychic development to physical, social, cultural and spiritual dimension) and the interpersonal communication and dynamics between the self and others in various contexts and situations.

### Literature review

Most of the literature on health and wellness of health care professionals have been focusing on burnout (Maslach and Jackson, 1981; Halbesleben and Demerouti, 2005; Skevington, Lotfy and O'Connell, 2004). For example, The Maslach Burnout Inventory consists of 22 items covering emotional exhaustion (feeling overextended by one's work), depersonalization (unfeelingness towards one's clients or other people), and lack of personal accomplishment (or feelings of competence). Later, Maslach, Jackson and Leiter (2016) added two additional scales of cynicism (attitude towards one's work) and inefficacy (feelings of competence and achievement towards work).

**This study seeks to broaden the scope and shortens the time to complete. We use a simple 10-item questionnaire to assess the extent and degree of wellness among the pastors serving in the Chinese churches in Toronto, Canada. While most of the research on clergy burnout is done along denominational line, there has not been any research done on this**

topic among the Chinese church in Canada. It is a survey type of quantitative research approach that uses self report measures on a convenience sampling of Chinese pastors attending their monthly fellowship meetings. (Converse, 1987; Price, Jhangiani, and Chiang, 2015). The survey was done online, and the respondents answered the questions on a 5-point Likert scale, stating if they agree or disagree with the various statements. A simple questionnaire is valuable because it increases response rate and can be used to follow individual progress. However, it is not meant to compare between individuals as people may respond differently in a given stressful situation.

### **Rationale for this study**

#### **Vignette:**

Upon graduation from seminary, a Canadian born Chinese who had worked in the computer field for 10 years was initially full of enthusiasm in serving as a pastor in the English congregation of a Chinese Church in Toronto. But after two years, when he encountered difficult relationships with some leaders, lack of job satisfaction, and a much lower salary, he dropped out of the pastorate and returned to the secular field.

This type of scenario is not uncommon in the Chinese Church. It appears that the formal seminary training did not prepare him well to adjust and interact with the real world, and not much attention has been given to care for the well-being of the pastors. The Hudson Taylor Centre was formed to augment the ministry of the academic program to serve the Chinese Church at Tyndale University College and Seminary in Toronto. Under the auspices of the Centre, a project was started to promote pastor wellness and health in late

2018. The first task was to determine the extent of this issue and the awareness of pastor wellness within the Chinese Church. The task group developed a Questionnaire for this purpose (Poon, 2019). Instead of using a long instrument to assess the need, we decided to have a 10 item questionnaire based on our model of health and wellness as described earlier. We believe the arbitrary number of 10 would help us to perform statistical analysis easier, and give us a maximum score of 50 (see Appendix). The questions cover the following areas: physical health; marital and/or family satisfaction; emotional health; financial needs; outside interests and social life; job satisfaction and stress as pastor; satisfaction and competence in carrying out the pastoral role; inter-personal relationship problems; burnout; and spirituality in experiencing the presence of God in their lives. In this instrument, we ask them whether they agree or disagree with a statement, thus using a qualitative description rather than a quantitative description by asking them how often a condition occurs. We also determine that using the time duration of 6 months would reflect that the situation is significant and not transient or temporary. This criterion is consistent with some of the psychiatric diagnoses in the Diagnostic and Statistical Manual of Mental Disorder-V (e.g. schizophrenia, agoraphobia, generalized anxiety disorder, various sexual dysfunctions and paraphilic disorders).

Therefore the purpose of this study is to use a simple questionnaire that covers the well-being of the whole person to assess the extent and degree of pastor wellness among the pastors serving in the Chinese Church. The results will help the Church to address the different areas of need among the pastors. The usefulness of this questionnaire can be extended and applied to other healthcare and counseling professionals.

**Methods:**

After deciding on the format of the 10-item questionnaire, we translated that into Chinese. We presented both the English and the Chinese version of the questionnaire to pastors so that they could look at both versions and be able to answer correctly and truthfully. We gave it a special name and called it the “360 degree pastor wellness”, hoping to attract and encourage them to pay attention to the topic and then answer the questionnaire. **The 360 degree refers to the whole person approach to wellness.**

Our next task was to present this questionnaire to the pastors. The Hudson Taylor Center publishes a periodic Chinese Newsletter called Tyndale Link to the Christian community. We dedicated an entire issue on this topic (Tyndale Link, 2019). The front article is called “360 degree Pastor Wellness” (Poon, 2019). In the same issue, there are other related articles that touch on “stress and crisis in pastoral work”, “the wellness of pastors – do we care?”, and a personal testimony of a pastor who had gone through depression. Our goal was to draw to the awareness of both pastors and the churches, and the need to look at this issue seriously.

Following that, we published the bilingual questionnaire on both sides of one page and circulated it to the monthly meeting of a voluntary group called the Toronto Chinese Evangelical Ministerial Fellowship where pastors and full time Christian workers meet for fellowship, sharing, prayer and discussion. On average, there are usually over 100 pastors attending these meetings, with about 30% or so as female workers. Quite a few of these female workers serve at Christian organizations rather than in the church. In their January and February 2019 meetings, a representative of the Centre set up a booth and

invited the pastors to participate and answer the questionnaire anonymously through a link in the internet. In order to encourage them to answer, and for confidentiality, besides the 10 questions, the demographical information was kept to a minimum, namely their sex, their years of pastoral experience and the size of their church. People could answer the questionnaire either in English or in Chinese.

### **Results:**

We have collected a total of 79 responses, with 59 from males pastors (75.68%) and 20 from female pastors (25.32%). Over 64.5% of our responders have served as pastors for over 10 years, indicating they are experienced and seasoned workers. The church sizes they serve vary and also reflect the picture in the Greater Toronto Area (Table 1).

In tabulating the results, it is worthy of note that the scores in Question 2 are reversed. So when the person answers a “5” saying they strongly agree with the statement “I am not experiencing marital and/or family satisfaction,” we would reverse it to be “1”. In this way, the higher the score, the more it indicates concerns and dissatisfaction. The results of the survey are shown in Table 2. For male pastors, out of a possible maximum score of 50, 15 (25.4%) scored more than 30, 9 (15.25%) scored between 25-29, and 35 (59.32%) scored less than 24. For female pastors, 7 (35%) scored more than 30, 7 (35%) scored between 25 – 29, and 6 (30%) scored less than 24. If one uses a score of 25 as the dividing line, then it shows that 40.65% of male pastors and 70% of female pastors have concern about their wellness, making an average of 48.1% (38 out of 79) of the sample. On the other hand, if one uses a score of more than 30 as the dividing line, then it shows

25.4% of male pastors and 35% of female pastors show concern. This amounts to 27.84% (22 out of 79) of the whole sample. The overall average score for male pastors and female pastors is 2.51, and 2.76 respectively. All these indicate that overall, female pastors have a higher need for wellness than their male counterparts.

The average scores for all the 10 areas are also shown in Table 2. For male pastors, the top three scores above 2.5 are Questions 2, 1, and 8. Whereas for female pastors, they scored more than 2.5 in eight Questions (Questions number 2, 4, 1, 8, 3, 5, 6, and 9). If one uses the more stringent cut-off score of 3, then Question 2 is important for males and Question 2 and 4 are important for females. Table 3 lists out the issues in the different areas of concern for the pastors (with scores over 2.5). If one looks at the top 5 areas of concern, four areas are common in both groups. They are: marital and/or family satisfaction, physical health, problem dealing with relationships in church, and emotional health. For the male pastor, job satisfaction is number 5 in their area of concern, whereas financial need is number 2 for the female pastors.

### **Discussion:**

We collected the data at the two ministerial fellowship meetings. In such meetings, normally they have an attendance of over 100 with about 30% or so as female workers. A larger number of female workers serve at Christian organizations rather than in the church. We received 79 respondents in our study, with 59 male and 20 females. Therefore a ratio of about 25% female pastors in the sample is a fair representation of the sample of

our pastors. In terms of response rate, internal surveys will generally receive a 30-40% response rate on average, compared to an average 10-15% response rate for external surveys. So our response rate of about 75% is a valid representation of the sample of pastors serving in the Chinese Church, as it gives us close to 5% margin of error and a confidence level of close to 95%.

We did a pilot study just before we launched this project on 26 pastors, and the results we obtained were similar for male pastors. But for female pastors, outside interest and social life were the second top area of their concern besides marital and/or family satisfaction. This further confirms the value of the present study.

This study shows female pastors scored higher than their male counterparts. One possible explanation could be more of them are single and lack family support. Future study is needed to look at pastors' marital and family status and compare those serving in the church or in Christian organizations.

Most of the literature on pastor or clergy wellness focuses on burnout, emotional exhaustion or the well-being of the person. For example, Doolittle (2010) reported 18% of pastors suffered from burnout, and 45% have emotional exhaustion. However, in our study, the Chinese pastors rank these much lower. One explanation could be that culturally speaking, this group of people have a more sacrificial attitude in their ministry. And just as Proeschold-Bell et al. (2015) indicated, they consider themselves being called by God and are willing to bear more challenges than a person in another vocation. A

second possible explanation is that perhaps they would internalize their stresses into their physical health, and so when one explores about their physical health, it is prudent to inquire how their ministry work affects the physical wellness.

Our study clearly identifies that marital and/or family satisfaction is of vital importance to a pastor's wellness, while Jackson-Jordan (2013) and others like Seligman (2011) indirectly touch on this area. From our whole person approach and systemic model of health and wellness, it is easy to understand the inter-connectedness of how different dimensions of health influence each other. For the Chinese pastors, it may imply that often times when they serve the church, they may have a tendency to neglect giving time (both quantity and quality) to their own families. Those who are married need to remind themselves that their spouses and children also need them. **Single female pastors may need some kind of family support.** It behooves the church lay leadership to be mindful of these needs. Pastors should remind themselves to have regular physical and ministry checkups. One recommendation from our study is that they would use the 360 degree questionnaire to assess themselves twice a year. If they find there are areas of need, they should seek appropriate help **like medical advice and family and marriage counseling** as soon as possible. The church lay leadership can also benefit from using this questionnaire during their ministry review with pastors.

This study also shows that pastors have problems dealing with relationships in the church. The author has firsthand experience of this need among Chinese pastors. They have difficulty in providing pastoral counseling to relationship problems in the church (Poon,

Cheng, and Chan, 2003). In addition, they need help themselves in dealing with different relationships and difficult people in the church. This may be a reflection of their lack of training and education in this area. Seminary training of pastors mainly focuses on providing biblical knowledge and theories, and seldom deals with the actual practical pastoral issues. We suggest that different aspects of actual pastoring should be included in their curriculum. Another possibility is continuing education and support networking for pastors in the field. In professional disciplines like medicine and counseling, formal continuing professional education is mandatory for practitioners to keep up-to-date in the field; perhaps pastors should do likewise.

While both male and female pastors share common areas of concern in their wellness, female pastors have three additional unique needs. They are financial needs, outside interest and social life, and burnout possibilities. One possible explanation is that some of these pastors are single and do not have a spouse. As a result, without two incomes in the family, they are more prone to financial need in a metropolitan city like Toronto where the cost of living accommodation is very high. Also without additional family member support, a good circle of friends and social life is important for these pastors. When these stresses occur, they increase the chance of burnout.

One area this study did not address is how pastors use their time. Again from personal experience by the author, traditionally Chinese churches generally are pretty rigid in seeing their pastors come to work in the church premises on time. But this does not mean that they use their time effectively. Trihub et al (2010) found that pastors valued

receiving support in giving them time off, time for prayer support group, and clergy retreats. These supports help them cope with job stress, emotional turmoil, and burnout. Similarly, Gallagher (Gallagher, 2019) suggests a need for Sabbath rest for ministers.

**The Chinese Church is unique in that they have three different congregations: Cantonese, English, and Mandarin, each congregation has its own language or dialect in the service. Future research to identify how pastors in the three congregations compare in terms of their wellness will be interesting.**

**Implications to other healthcare and counseling professionals:**

Most of the literature on the wellbeing of professionals focuses on burnout (Flannelly, Roberts, and Weaver, 2005; Shanafelt, Dyrbye, West, 2017; Shanafelt, Goh, Sinsky, 2017; Wallace, Lemaire, Ghali, 2009). Freudenberger (1980) defines it as a “state of mental and physical exhaustion caused by one’s professional life.” But most of the assessment tools are detailed and long. We propose this questionnaire can be adopted and used by various healthcare and counseling professionals. It is simple and takes only a few minutes to complete. A similar example is the use of the 7-item Hamilton Depression Rating Scale (HAMD-7) (McIntyre, Bagby, Bakish and Kennedy, 2002) and the Patient Health Questionnaire (PHQ-9) (Kroenke, Spitzer, and Williams, 2001) to assess depression of clients in clinical practice. Health care providers find them handy and easy to administer and the responses give them a good assessment of the state of mind of their clients.

To accommodate such use, slight wording modifications can be done in questions 6 to 10 of the Questionnaire by changing words like “pastor”, “pastoral” into words related to their profession. The wording in Question 8 deals with relationships in the “church” can be changed to relationships in the “workplace”. The word “God” in Question 10 can be substituted by “god or higher spiritual power”.

We like to promote the wellness and health of all types of helping professionals. This 360 degree wellness questionnaire can be used widely by these care givers as a screening assessment tool of their own overall health every half a year. It would be reassuring if their answers show they are in good health. But if there are areas of concern, it would help them to seek appropriate means to overcome these obstacles to wellness. This assessment tool can be one way to contribute to the wellbeing of all healthcare professionals. **In addition, reassessing every few months will provide a means to see if there is progress in the various concerned areas as well as the overall wellness.**

In fact, the same questionnaire can be used by pastors and other health care professionals in their normal counseling of clients as a screening test for their wellness. Based on their responses, counselors can then offer help in dealing with the areas of need. **In the same way,** clients can also complete the test periodically, and counselors can follow up on how they progress in their respective areas of wellness.

**Limitations of this study:**

There are limitations in this study. First, not all Chinese church pastors join the Chinese Ministerial Fellowship. And so our results may not be truly representative of all the churches.

Second, as it is a voluntary participation study, our sample may be biased in that only those interested in the topic may have chosen to participate. This may produce inaccurate results due to nonresponse bias. One way to minimize this bias is to survey as many of these pastors as possible by using other ways and incentives. Our hope is that once pastors are aware of such an instrument, and see its value, they will be more likely to use it regularly in their ministry.

Third, it is a survey of pastors serving in the Chinese church. We know that within the Chinese church, there are three different congregations: the English, Cantonese and Mandarin, each congregation using their own language or dialect in the service. Future research can be done to identify how pastors fare in terms of wellness among these different congregations.

Fourth, this study deals only with the Chinese church pastors, and one cannot directly apply it to all the other ethnic and mainline churches. It would be interesting if future research can be done in these churches.

Fifth, this questionnaire needs to correlate with other established instruments like Maslach Burnout Inventory, World Health Organization's abbreviated quality of life assessments, and Oldenburg Burnout Inventory to establish its reliability and validity.

Sixth, we recognize that more work needs to be done in finding differences of male and female response, marital status and having children, size of the church, and years of service.

Finally, future research might utilize a grounded approach by conducting one-to-one interview of respondents in how they answer each of the dimensions of the questionnaire. Such a study will give more in-depth understanding of the various dimensions of wellness.

### **Conclusion:**

This study contributes to a growing literature that deals with pastor wellness by focusing on a Canadian Chinese Church setting. We have demonstrated a significant need among these pastors. We hope this study will bring to the awareness of pastors and the church leadership to work together towards pastors' health and wellness. **The questionnaire can be used by individuals to assess as well as to follow the progress on the various dimensions of wellness.** Other health care professionals may also benefit from using this questionnaire for their own wellbeing as well as that of their clients.

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**Declaration of Conflicting Interests statement:**

The author declares that there is no conflict of interest.