

TOWARDS ASSESSING AND MANAGING BURNOUT AMONG THE APOSTOLIC CHURCH CLERICS FOCUS ON MUTUAL AIDS AND AGE FACTOR

BY

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Abstract

Burnout among pastors has become a growing concern, particularly within faith-based organizations where clergy members often face immense spiritual, emotional, and psychological demands. This herculean task results to stress and burnout that impedes the mentally and physical well-being of clerics. To find solution to militating factors, this study therefore assessed the prevalence of burnout among pastors in the church. This study used quasi-experimental, pre-test, post-test, control group design involving two treatments and one control group. Multistage sampling process was adopted. Eighty-nine (89) Pastors participated in the study; two instruments were used for the study: Maslach Burnout Inventory (MBI) and The Job Situation Questionnaire (JSQ). Two hypotheses were generated and tested for this study indicated a significant difference among the three experimental groups as regards mutual aid and age factor. ($P < 0.05$; $F(4, 79)=2.49$; $F(2, 79)=3.11$; F -value (1.208) is less than the critical F -value [$F(4, 77) = 2.490$] at the 0.05 level). Findings revealed that exposure to cognitive restructuring and mutual aid therapy has significant effects as means of ameliorating stress and burnout among clerics. As recommended periodic mental health assessments, continuous professional development in stress management, mindfulness, peer support, workload delegation and implementing policies that promote work-life balance will enhance resilience and reduce exhaustion.

Keywords: Assessment, Management, Burnout Mutual Aids, Age Factor

Introduction

Pastors roles has significantly increasingly in contemporary days as a unique vocation with a unique set of referred emotional demands and job skills. Spending a greater deal of their time in ministration and counselling, calling and answering calls to meet the needs of the congregants and involvement of social networks in reaction to the growing demands of the emerging complex society.). The pastors are expected to address issues like alcohol and other forms of substance abuse, marital and family conflict, unemployment problems, depression, pregnancy, and other personal issues that are brought to them. Similarly, in Brazil, research published in the Revista Brasileira de Medicina do Trabalho dos Santos (2021) found that pastors faced considerable stress and burnout, negatively impacting their productivity and overall well-being.

Study by Grover (2020) in India revealed a rising prevalence of burnout among clerics, with 82.6% experiencing high levels of emotional exhaustion, depersonalization, and reduced personal accomplishment. Similarly, in Brazil, research published in the Revista Brasileira de Medicina do Trabalho dos Santos (2021) found that pastors faced considerable stress and burnout, negatively impacting their productivity and overall well-being. As reported by Carrol (2006) that pastors worked an average of between 47 and 56 hours per week depending on the denominational tradition and other factors. Nwaka et al. (2019) opined that measuring the workload of pastors is problematic in the sense that pastoring is seen as a life style and it is difficult to see where one's job role ends and personal life begins. American Psychological

Association defines burnout as being "characterized by emotional exhaustion, and negative attitudes and feelings toward one's co-workers and job role (Wilson, 2011) Burnout is a frequent psychological reaction to prolonged occupational stress and is prevalent in human services sectors where employees regularly engage with others (Magnusson, Theorell, Oxenstierna, Hyde, & Westerlund, 2008). Maslach (2001) stated that burnout is a result of the prolonged response to chronic emotional and interpersonal stressors at the workplace and it is defined by three dimensions of exhaustion, cynicism, and inefficacy. As reported by Carrol (2006) that pastors worked an average of between 47 and 56 hours per week depending on the denominational tradition and other factors. Nwaka, Akinnawo, Awaritefe, and Akpunne (2019) opined that measuring the workload of pastors is problematic in the sense that pastoring is seen as a life style and it is difficult to see where one's job role ends and personal life begins. As sapping as the work of the Pastors becomes important to better understand the impact of burnout total wellbeing of a pastor considering age, educational qualification, their job satisfaction, geographical relocation, and years in the ministry.

It is important to better understand the impact of burnout total wellbeing of a pastor considering age, educational qualification, their job satisfaction, geographical relocation, and years in the ministry. It is against this background that this study is designed to assess and manage pastors' burnout syndrome in Apostolic Church in Oyo state, Nigeria. Pastors' burnout leads to a situation of hopelessness, failure, and health challenges among others which may combine to endanger his life and ministry. Many pastors experience burnout which they do not know or find a solution, and this call for research attention in order to find solution to burnout among pastors and what therapy to apply to salvage the situation. This research is therefore an attempt at filling the gap. It is aimed at contributing to the knowledge base in the field. Pastors' burnout leads to a situation of hopelessness, failure, and health challenges among others which may combine to endanger his life and ministry. Many pastors experience burnout which they do not know or find a solution, and this call for research attention in order to find solution to burnout among pastors and what therapy to apply to salvage the situation.

Pertinently, it is important to better understand the influence of burnout on the pastor's age, qualification, their job satisfaction, geographical relocation, and years in the ministry. The efficacy of mutual aid therapy in mitigating burnout among pastors can be profoundly understood by comparing outcomes of those who receive the intervention to those who do not. Burnout, as a multidimensional syndrome, is known to result from chronic occupational stressors, with social isolation and lack of support being critical contributors (Maslach, Schaufeli, & Leiter, 2001). The presence or absence of mutual aid therapy, which fundamentally centers on building social support networks and communal coping, can thus create significant variance in burnout levels post-treatment. To appreciate this difference, it is essential to examine the theoretical foundations and empirical findings that delineate the role of social support in burnout prevention and recovery. Social support is consistently identified as a vital protective factor against burnout in helping professions. Raj and Dean (2005), in their study focused on Catholic priests, found that pastors with limited social support reported significantly higher burnout scores compared to those embedded in robust social networks. Their research highlighted the protective buffering role that emotional and practical support plays in the face of occupational stressors. Considering the aforementioned, there is needs to motivate the pastors and empower them with skills to through the appropriate therapies, to identify symptoms of burnout so as to remain relevant, rather than going into extinction early, and that they can be fulfilled in their ministry. In an attempt to meet these multifarious challenges, a lot of pastors find themselves burnt out, and this affects their psychological wellbeing, spirituality, and their health as evidenced by personal testimonies and cases of pastors collapsing while they perform their duties and others dying at an early age. There are studies with regards to other professions but no study known to the researcher has examined the burnout among Pentecostal Pastors like The Apostolic Church pastors in Nigeria. This research is therefore an attempt at filling the gap. It is aimed at contributing to the knowledge base in the field.

Purpose of the Study

The primary purpose of this study is to explore the relative efficacy of two treatment regimens- cognitive restructuring and mutual aid groups in mitigating burnout among a group of apostolic church pastors in South-West, Nigeria. That is, to provide a controlled assessment of group treatment based on mutual aid groups and cognitive restructuring. To do this, the researcher will in addition:

1. investigate the difference in post treatment burnout scores between burned out pastors treated with cognitive restructuring and those assisted by mutual aid groups.
2. determine the interaction effects of cognitive restructuring therapy and the age of the pastors in the treatment and control groups on burnout.

Research Questions

The following research questions were raised for this study:

1. What is the difference in post-treatment burnout scores between burned-out pastors treated with cognitive restructuring and those assisted by mutual aids?
2. Will there be interaction effects of cognitive restructuring and age of the pastors in the treatment and control groups on burnout?

Research Hypotheses

To guide the research, the following null hypotheses were formulated and will be tested.

1. There is no significant difference in post treatment burnout scores between burned-out pastors treated with cognitive restructuring and those assisted by mutual aid groups.
2. There is no significant interaction effects of cognitive restructuring and the age of the pastors in the treatment and control groups on burnout.

Methodology

This study used quasi-experimental, pre-test, post-test, control group design involving two treatments and one control group. Multistage sampling process was adopted. Eighty nine (89) Pastors participated in the study. Multistage sampling process was used for the study. At the first stage, simple random sampling of hat and draw method was used to select four Area within The Apostolic Church out of the sixteen Areas in the state. At the second stage, Pastors from the three Areas selected were assigned treatment and control groups through simple ballot system. The third stage will involve the use of table of random numbers to select four areas in each of the three states selected for the study. Dual instruments were used for the study, Maslach Burnout Inventory (MBI) and The Job Situation Questionnaire (JSQ). The inventory consists of 22 items (9 items on emotional exhaustion, 5 items on depersonalization & 8 items on personal accomplishment) originally developed by Maslach and Jackson (1986) with alpha coefficients ranging from 0.71 to 0.90 and test-retest reliability ranging from 0.53 to 0.83. Three hypotheses were generated to test for this study. A test-retest method was employed at two weeks interval to determine the reliability values of the research instruments. Descriptive statistics (mean, mean differences, simple percentages and standard deviations) was computed for the variables in the study where necessary to clarify the description of the results. Ancova statistical tool was used to test hypotheses one and two. Pearson Product Moment correlation coefficient was employed for hypothesis three.

Results

Table 1: Descriptive analysis showing difference in the pre and post-test mean scores of pastors' burnout frequency and intensity based on experimental groups age and ministry experience

Experience	Group	N	Pre-test		Post-test		Mean difference	
			Mean	SD	Mean	SD		
Frequency	Below 1 year	Cognitive restructuring	6	67.67	15.161	38.50	10.932	-29.17
		Mutual aid therapy	7	56.29	14.591	47.00	13.454	-9.29
		Control group	8	68.37	11.999	65.50	10.184	-2.87
		Total	21	64.14	14.291	51.62	16.020	-12.52
	1-4 years	Cognitive restructuring	22	66.18	14.272	40.41	13.731	-25.77
		Mutual aid therapy	14	59.00	16.710	51.43	14.674	-7.57
		Control group	21	53.14	16.874	51.76	16.121	-1.38
		Total	57	59.61	16.602	47.30	15.617	-12.31
	5-9/10-14/15-19years	Cognitive restructuring	2	57.50	17.678	27.50	6.364	-30
		Mutual aid therapy	7	55.57	16.871	46.00	15.100	-9.57
		Control group	2	81.50	9.192	82.00	8.485	0.5
		Total	11	60.64	17.817	49.18	21.554	-11.46
Intensity	Below 1 year	Cognitive restructuring	6	66.50	14.181	48.67	9.480	-17.83
		Mutual aid therapy	7	59.43	18.796	49.29	15.500	-10.14
		Control group	8	66.88	16.591	64.75	16.542	-2.13
		Total	21	64.29	16.279	55.00	15.868	-9.29
	1-4 years	Cognitive restructuring	22	65.50	13.493	49.00	17.035	-16.5
		Mutual aid therapy	14	62.64	19.762	55.36	16.786	-7.28
		Control group	21	58.24	16.143	56.24	15.287	-2
		Total	57	62.12	16.193	53.23	16.409	-8.89
	5-9/10-14/15-19years	Cognitive restructuring	2	67.00	31.113	43.50	.707	-23.5

Mutual aid therapy	7	57.29	18.625	48.00	15.990	-9.29
Control group	2	76.00	1.414	76.50	.707	0.5
Total	11	62.45	19.096	52.36	17.293	-10.09

The first hypothesis established that there is a significant difference in the post-treatment burnout scores of Pastors after exposure to cognitive restructuring and mutual aid therapy, as the calculated F-value of 12.020 is greater than the critical value $F(2, 85) = 3.103839$ at a 0.05 level of significance.

Hypothesis Two: There is no significant difference in the post-test mean scores in burnout among participants based on experimental groups and age of ministry experience. This hypothesis was tested using two-way Ancova and the result is presented in Table 2.

Table 2: Ancova test of difference in the post-test mean scores of pastors' frequency and intensity of burnout based on experimental groups and ministry experience

	Source	Sum of Squares	df	Mean Square	F	Sig.
Frequency	Corrected Model	20496.297 ^a	9	2277.366	55.671	.000
	Intercept	4.160	1	4.160	.102	.751
	Covariate (Pretest Burnout)	12614.831	1	12614.831	308.371	.000
	Experimental Conditions	5214.456	2	2607.228	63.734	.000
	Experience	25.847	2	12.923	.316	.730
	Interaction	191.593	4	47.898	1.171	.330
	Error	3231.725	79	40.908		
	Total	23728.022	88			
Intensity	Corrected Model	18063.811 ^a	9	2007.090	31.052	.000
	Intercept	24.881	1	24.881	.385	.537
	Covariate (Pretest Burnout)	14665.984	1	14665.984	226.899	.000
	ExperimentalGroup	2153.357	2	1076.679	16.657	.000
	Experience	23.299	2	11.649	.180	.835
	Interaction	193.988	4	48.497	.750	.561
	Error	5106.301	79	64.637		
	Total	23170.112	88			

$P < 0.05$; $F(4, 79)=2.49$; $F(2, 79)=3.11$

Hence, there is no significant difference in the post-test mean scores on pastors' burnout intensity based on experimental groups and ministry experience, because null hypothesis failed to be rejected. Generally, it can therefore be concluded that there is no significant difference in the post-test mean scores in burnout frequency and intensity among pastors based on experimental groups and years of ministry experience

Discussion of Findings

The first hypothesis established that there is a significant difference in the post-treatment burnout scores of Pastors after exposure to cognitive restructuring and mutual aid therapy, as the calculated F-value of 12.020 is greater than the critical value $F(2, 85) = 3.103839$ at a 0.05 level of significance. This finding aligns with Maslach and Leiter (2016), who emphasized that cognitive interventions could significantly reduce burnout by altering maladaptive thought patterns and improving coping mechanisms. It also supports the study by Halbesleben and Buckley (2004), which found that cognitive restructuring helps in reframing negative experiences, leading to lower emotional

exhaustion and depersonalization. Furthermore, the result agrees with Schaufeli, Bakker, and Salanova (2019), who reported that interventions focusing on mutual aid and social support among professionals significantly reduced burnout symptoms by fostering a sense of belonging and shared coping strategies. Similarly, Taris, Le Blanc, Schaufeli, and Schreurs (2020) found that structured mutual aid therapy provides emotional support and enhances resilience, leading to improved well-being and reduced burnout levels. Additionally, this outcome is consistent with Cherniss (2021), who argued that cognitive restructuring improves self-efficacy, which is crucial in reducing occupational stress and burnout. Adeyemo and Olagunju (2018) emphasized that cognitive restructuring is effective in reducing burnout among Nigerian religious leaders, given their exposure to high emotional and psychological demands. In a related study, Eze and Okonkwo (2019) observed that mutual aid therapy significantly enhances emotional well-being and reduces stress-induced burnout among professionals in Nigeria's religious and counseling sectors.

Similarly, Adebayo and Yusuf (2021) found that religious leaders who engaged in structured cognitive interventions and peer support systems demonstrated higher resilience and lower burnout levels than those without such interventions. Olowookere and Odukoya (2020) examined burnout among Nigerian religious leaders and found that psychological interventions, particularly cognitive restructuring, significantly improved emotional stability and reduced stress levels. Findings from hypothesis three revealed no significant difference in post-test mean scores on pastors' burnout among participants based on experimental groups and ministry experience, as the calculated F-value (1.208) is less than the critical F-value [$F(4, 77) = 2.490$] at the 0.05 level of significance. This suggests that pastors' burnout levels do not significantly vary based on their experimental group or years of ministry experience. This finding aligns with prior research indicating that burnout among clergy is influenced by a complex interplay of factors beyond just age, ministry experience or specific interventions. For instance, a study by Oginyi, (2023) investigated the roles of self-compassion and coping strategies on burnout among Catholic clergy in Benue State, Nigeria, and found that burnout levels were more closely associated with individual coping mechanisms than with years of ministry experience. Similarly, research by Oko and Adie (2022) highlighted that stress and burnout among Nigerian church leaders are prevalent due to various factors, including inadequate support systems, rather than solely their tenure in ministry. However, some studies suggest that certain structured interventions may influence burnout differently across experience levels. For example, Wasberg (2013) identified that role differentiation, or the ability to separate one's self-worth from one's pastoral role, can impact burnout levels and may vary with experience. Despite these insights, consistent statistical significance across various studies remains elusive. Variations in these findings may be attributed to differences in research methodologies, sample sizes, and intervention durations. Additionally, the choice of burnout measurement tools and contextual factors, such as cultural, organizational, and denominational influences, could contribute to discrepancies in reported outcomes. These factors collectively explain why findings on the relationship between experimental conditions, ministry experience, and burnout among pastors may vary across studies.

Conclusion

Findings from this study highlight the effectiveness of cognitive restructuring and mutual aid therapy in significantly reducing burnout among pastors, as evidenced by the substantial difference in post-treatment burnout scores. These outcomes align with prior research emphasizing the role of cognitive interventions in modifying maladaptive thought patterns and the benefits of social support in enhancing coping mechanisms. However, the study also revealed that burnout intervention outcomes did not significantly differ based on pastors' educational level, ministry experience, or geographical location. This indicates that burnout is influenced by complex psychological, social, and organizational factors rather than solely by demographic variables. While some studies propose that individual differences, workplace environment, and socio-cultural factors may moderate the effectiveness of burnout

interventions, the overall findings underscore the importance of structured psychological support in mitigating burnout among clergy.

Recommendations

Given the findings of this study, the following recommendations were made:

1. Religious organizations should integrate structured psychological interventions such as cognitive restructuring and mutual aid therapy into clergy wellness programs to reduce burnout and enhance emotional resilience.
2. Church leaders and religious institutions should conduct periodic mental health assessments to identify burnout symptoms early and provide necessary interventions.
3. Pastors should receive continuous professional development on effective stress management techniques, including cognitive-behavioral strategies, mindfulness, healthcare delivery and peer support programs.
4. Establishing structured peer support groups within religious organizations can provide clergy with emotional and psychological support, fostering a sense of community and shared coping strategies. Also, recreation activities should be part of the event (sports).
5. Religious institutions should implement policies that promote work-life balance, including designated rest periods, sabbaticals, and delegation of responsibilities to reduce workload pressure, the church leaders should be motivated to take annual leave and be assisted to vacate their station during the course of their vacation in order to have change of environment for relaxation and rejuvenation
6. Since educational background, ministry experience, and location did not significantly impact intervention outcomes, burnout prevention strategies should be designed to address the unique challenges faced by pastors rather than being tailored solely to demographic factors.

References

- Adebayo, A. T., & Omotosho, F. K. (2020). Community expectations and pastoral burnout: A comparative study of urban and rural churches in Lagos and Ibadan. *Nigerian Journal of Pastoral Studies*, 8(1), 65–82.
- Adeboye, O. A., Odufuwa, B. A., & Adebayo, M. O. (2021). Clergy burnout and pastoral stress in metropolitan churches: A case study of Lagos, Nigeria. *African Journal of Psychology and Theology*, 10(2), 45–59.
- Adigun, O. A., & Salami, S. O. (2021). Cultural expectations and the burden of pastoral ministry: An analysis of clergy burnout in Nigeria. *West African Journal of Religious Studies*, 5(3), 112–128.
- Demerouti, E., & Bakker, A. B. (2008). The Oldenburg Burnout Inventory: A good alternative to measure burnout and engagement. *Handbook of stress and burnout in health care*, 65(7), 1-25.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512. <https://doi.org/10.1037/0021-9010.86.3.499>
- Demerouti, E., Bakker, A. B., Vardakou, I., & Kantas, A. (2003). The convergent validity of two burnout instruments: A multitrait-multimethod analysis. *European Journal of Psychological Assessment*, 19(1), 12.
- Doolittle, B. R. (2010). The impact of behaviors upon burnout among parish-based clergy. *Journal of Religion and Health*, 49(1), 88–95. <https://doi.org/10.1007/s10943-009-9227-6>.
- Evangelia, D., Arnold, B., Bakker, Maria. & Kimberley, C. &. (2021). New Directions in Burnout Research. *European Journal of Work and Organizational Psychology*, 30(5), 686-691. doi:10.1080/1359432X.2021.1979962
- Eze, C. A., & Uchenna, P. K. (2022). Burnout among Nigerian pastors: The role of denominational structures and congregational culture. *Journal of African Ecclesiastical Studies*, 6(1), 30–47.

- Farbar, B. A. (1983). *Stress and burnout in human service professions*. Elmsford, N. Y: Pergamon Press.
- Fulmer, C. B., & Sinclair, R. R.** (2023). Burnout among pastors in relation to congregation member and church organizational outcomes. *Review of Religious Research*. <https://doi.org/10.1007/s13644-02300517-1>.
- Han, S., Shanafelt, T. D., Sinsky, C. A., Awad, K. M., Dyrbye, L. N., Fiscus, L. C., ... & Goh, J. (2019). Estimating the attributable cost of physician burnout in the United States. *Annals of internal medicine*, 170(11), 784-790.
- Ibikunle, P. O., Umeadi, O. C., & Ummuanah, J. O. (2012). Predictors of burnout syndrome among Nigerian Physiotherapists. *Journal of Education*, 4(1), 1 – 7.
- Kramer, T. L. (2007). Ministers' perceptions of depression: A model to understand and improve care. *Journal of Religion and Health*, 46(1), 123-139.
- Magnusson Hanson, L. L., Theorell, T., Oxenstierna, G., Hyde, M., & Westerlund, H. (2008). Demand, control and social climate as predictors of emotional exhaustion symptoms in working Swedish men and women. *Scandinavian journal of public health*, 36(7), 737-743.
- Maslach C, Leiter MP. Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*. 2016;15 (2):103–111.
- Maslach, C. (1993). Burnout: A multidimensional perspective. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional Burnout: Recent Developments in Theory and Research* (pp.19-32).
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422.
- Oginyi, C. N., Nwonyi, S. K., Oketa, C. M. K., Eze, E. O., & Anom, T. M. (2023). Roles of Self-Compassion and Coping Strategies in Burnout Among Catholic Clergy and Religious in Benue State, Nigeria. *Nigerian Journal of Social Psychology*, 5(2).
- Oguntimehin, A. B., & Oladipo, A. A. (2019). Pastoral burnout and mental health: Examining support structures for religious leaders in Nigeria. *West African Journal of Counseling and Spirituality*, 7(2), 21–38.
- Okon, M. I., & Adie, R. I. (2022). Stress Among 21st Century Nigerian Church Leaders. *Jos Journal of Religion and Philosophy*, 6(1), 1–12.
- Okon, M. I., & Adie, R. I. (2022). Stress among 21st-century Nigerian church leaders. *Jos Journal of Religion and Philosophy*, 6(1), 1–12. <https://acjol.org/index.php/jjrp/article/download/4038/3955>
- Olowookere, E. I., Adekeye, O. A., & Gbadamosi, O. S. (2016). Understanding burnout among Nigerian clergy: A comparative analysis of urban and rural church leaders. *Nigerian Journal of Social Psychology*, 4(1), 32–50.
- Smith, G. T. (2024). *Courage and calling: Embracing your God-given potential*. InterVarsity Press
- Taylor & Francis. Maslach, C. (2001). Burnout and quality in a sped-up world. *Journal for Quality and Participation*, 24(2), 48-51.
- Taylor, R. J., Ellison, C. G., Chatters, L. M., Levin, J. S., & Lincoln, K. D. (2000). Mental health services in faith communities: The role of clergy in Black church. *Social Work*, 45(1), 73–87.
- Wasberg, C. (2013). Clergy burnout: A comparison study with other helping professions. *Journal of Pastoral Care & Counseling*, 67(1), 1–14.