

6-2019

## COMPASSION FATIGUE, SELF-CARE, AND CLERGY MEMBERS: HOW SOCIAL WORKERS CAN HELP

Tifani-Crystal Enid Hanley

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social and Behavioral Sciences Commons](#)

---

### Recommended Citation

Hanley, Tifani-Crystal Enid, "COMPASSION FATIGUE, SELF-CARE, AND CLERGY MEMBERS: HOW SOCIAL WORKERS CAN HELP" (2019). *Electronic Theses, Projects, and Dissertations*. 820.  
<https://scholarworks.lib.csusb.edu/etd/820>

This Thesis is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

COMPASSION FATIGUE, SELF-CARE, AND CLERGY MEMBERS: HOW  
SOCIAL WORKERS CAN HELP

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Tifani-Crystal Enid Hanley

June 2019

COMPASSION FATIGUE, SELF-CARE, AND CLERGY MEMBERS: HOW  
SOCIAL WORKERS CAN HELP

---

A Project

Presented to the

Faculty of

California State University,

San Bernardino

---

by

Tifani-Crystal Enid Hanley

June 2019

Approved by:

Thomas Davis, Faculty Supervisor, Social Work

Janet C. Chang, Research Coordinator

© 2019 Tifani-Crystal Enid Hanley

## ABSTRACT

The goals of this research study were to determine if clergy members were prone to experiencing compassion fatigue and to identify the self-care methods they currently employ. Compassion fatigue can affect anyone in a helping profession and is considered to be a component of burnout. With the use of qualitative interviews, the views of pastors will be used to explain their understanding of compassion fatigue and their implementation of self-care. Data will also be collected to describe the methods of self-care the clergy members utilize when their levels of compassion fatigue presentation are prominent. Audio information gathered from the interviews, and demographic, compassion satisfaction and self-care surveys will be used, and a thematic and phenomena analysis will be created to analyze the data collected.

This research will contribute to the collaborative efforts of churches and social workers to increase public awareness of compassion fatigue and self-care deficits that pastors are experiencing and that churches are observing within their faith communities. This can be beneficial in helping communities to effect positive change within the community.

## DEDICATION

I dedicate this research project to my Lord and Savior Jesus Christ. It was solely by His grace, love, and kindness that I was able to complete this assignment. This body of work is also dedicated to my late mother who instilled in me the importance of education and following my life passions. My spiritual Mother and late night editor, Dr. Audrey Vance Howard, whenever I ran into a trouble spot or had a question about my research or writing her door was always open. She consistently allowed this paper to be my work but steered me in the right direction whenever she thought I needed it. I would also like to thank my research advisor Dr. Thomas D. Davis and Dr. Deidre Lanesskog of the School of Social Work at California State University, of San Bernardino. From our initial consultations, I knew that this research relationship was going to be a total learning and growth experience.

Thank you to everyone whose path I have crossed along the way, our encounters have assisted in making me the might social worker I am today, and I am forever grateful. It is my sincerest hope to inspire everyone to continue to dream and work towards achieving their dreams. While one may not come into this profession for the monetary gain, it is through our dedication, hard work, and authenticity that we may strive for greatness and be the agents of change our ancestors spoke of.

## TABLE OF CONTENTS

ABSTRACT .....	iii
LIST OF TABLES .....	vii
CHAPTER ONE: INTRODUCTION	
Problem Formulation.....	1
Purpose of the Study .....	3
Significance of the Project for Social Work Practice .....	4
CHAPTER TWO: LITERATURE REVIEW	
Introduction .....	6
Compassion Fatigue .....	7
Self Care.....	9
Gaps in the Literature .....	10
Theories Guiding Conceptualization .....	11
Summary .....	12
CHAPTER THREE: METHODS	
Introduction .....	14
Study Design .....	14
Sampling .....	15
Data Collection and Instruments.....	15
Procedures .....	16
Protection of Human Subjects .....	17
Data Analysis .....	18

## CHAPTER FOUR: RESULTS

Introduction .....	19
Presentation of the Findings .....	19
Demographics .....	19

## CHAPTER FIVE: DISCUSSION

Introduction .....	27
Discussion .....	28
Vacation .....	28
Pastoral Expectation .....	30
Inspirational Reading .....	34
Self-Care .....	36
Stress-Self Report .....	38
Recommendations .....	40
Limitations .....	42
Recommendations for Social Work Practice, Policy, and Research .....	43
Conclusion .....	44

APPENDIX A: INTERVIEW GUIDE .....	46
-----------------------------------	----

APPENDIX B: INFORMED CONSENT .....	48
------------------------------------	----

APPENDIX C: DEBRIEFING STATEMENT .....	51
--	----

APPENDIX D: DEMOGRAPHICS .....	53
--------------------------------	----

REFERENCES .....	5
------------------	---

## LIST OF TABLES

Table 1. Research Category: Places .....	21
Table 2. Research Category: People .....	22
Table 3. Research Category: Things .....	23
Table 4. Research Category: Ideas .....	24
Table 5. Research Category: Ideas .....	25
Table 6. Research Category: Ideas .....	26

## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

Helping professionals, such as nurses, social workers, and clergy, provide support, comfort, counseling, referrals, and a variety of other supportive services to clients in need. This constant focus on helping others may place helping professionals at risk for depleting their capacity to sympathize with and to care for others, including their own family and friends (Figley, 2012). Compassion fatigue can affect anyone in a helping profession; person's whose jobs involve direct contact with individuals that receive social service benefits (e.g., Clergy, nurses, teachers, counselors, social work) (Newsome, Waldo, & Gruszka, 2012) and is considered to be a component of burnout. Burnout is the aspect of compassion fatigue that is characterized by feelings of depression, disconnectedness, and anxiety in the workplace environment (Stamm, 2010).

Research suggests that compassion fatigue among clergy members is increasing (Lewis, Turton, & Francis, 2007). Studies suggest that many in the helping profession experience a form of burnout often accredited to the stress related with occupational expectations. Ministry is a profession where the most significant rewards are the relationships built with members and the clergy member's ability to be trusted and depended on (MacDonald, 2010). However, compassion fatigue in pastoral ministry portrays a kind of spiritual exhaustion that

is associated with high expectations from members and minimal training in clinical theory and mental health practice (Louw, 2015).

The manifestation of compassion fatigue occurs because clergy members are exposed to the pain of tragedy and the trauma experienced by their members and their community (Louw, 2015). Mental health professionals have long recognized the significant role played by clergy on the front lines as mental health workers (Flannelly, Weaver, Figley, 2003). Pastors risk compassion fatigue because of excessive ministerial demands that may impair their overall effectiveness and drain their emotional, cognitive, spiritual, and physical energy reserves (Gross et al., 2017).

After September 11, 2001, coordinated terrorist attacks on the United States, it was found that 90% of Americans shifted to religion as an adapting reaction to the assaults (Flannelly, Weaver, Figley, 2003). Some Americans view their clergy as a “therapist on call” (Meek, McMinn, Brower, Burnett, McRay, Ramey, Swanson, & Villa, 2003). Research has revealed that clergy members who help individuals experiencing traumatic stressors are in danger of triggering in themselves adverse side effects, such as compassion fatigue (Stamm, 2010).

In 2009, President Barack Obama formally recognized faith-based organizations for their emergency preparedness, response, and recovery efforts relative to their members and their community at large (Brown, 2015). Daily, pastors serve individuals, families, and communities, often working with members of their congregations and the community — for example, clergy. For

example, clergy members days are often occupied with preparing their weekly sermons, leading prayer/church meetings, pre-marital counseling, weddings, funerals, and city meetings However, very little research attention has been given to ways in which clergy can maintain resiliency and self-care in the midst of demanding work (Meek et al., 2003).

### Purpose of the Study

Four factors have been identified as contributing to compassion fatigue: poor self-care, previous trauma, stressors, and low occupational satisfaction (Radey, and Figley, 2007). The purpose of this research study is to examine clergy members' perceptions of compassion fatigue and the self-care strategies they use to avoid or to address compassion fatigue. For this research study, the terms "burnout," "vicarious traumatization," "secondary traumatic stress," and "secondary victimization" will be collapsed and relabeled with the term "compassion fatigue." The terms "clergy," "minister," and "pastor" are used interchangeably throughout this study.

The goals of this research study are to determine if pastors are prone to experiencing compassion fatigue and to identify the self-care methods they currently employ. The research questions for this study are as follows: 1. What is your title, and how long have you been in ministry? 2.What is the denomination of the church? 3.What is the size of the congregation? 4.What is the average attendance at a weekend service? 5.What is the number of services held each week? 6.Does the church offer any mental health services through the church? If

so, what kind? 7. Do you make a referral to formal mental health agencies? If so, to what agencies? 8. What problems have you dealt with as a pastor of the church? 9. Can you talk about compassion fatigue among pastors in the ministry? 10. Can you talk about your experience compassion fatigue as a pastor? 11. Can you talk about any strategies you have discovered when dealing with compassion fatigue as a pastor in the ministry? 12. Can you generally talk about self-care techniques that are used among pastors? 13. How do your spiritual beliefs help you cope with stress? 14. We have talked about compassion fatigue among pastors, do you have any insights that you would like to share from your one experience with compassion fatigue to future pastors?

This study uses in-depth, qualitative interviews with experienced clergy to explore their experiences with compassion fatigue and self-care. Thematic and phenomena analysis techniques will be used to analyze the interview data.

#### Significance of the Project for Social Work Practice

Churches are often involved in assisting the most vulnerable populations—including the poor, those sick and shut in, fractured families, and those generally in need (Trihub, McMinn, Buhrow & Johnson, 2010). Practicing within the church will incorporate a mix of clinical theory with a client's religious practices to support the whole person and their well-being. Helping others is part of the mission of the local church. Church members, not just clergy, are reminded that as people struggle with stress, depression, and anxiety, that there is a need for mental health services. Understanding these needs within the

church community allows clinicians to be culturally sensitive to the spiritual and religious beliefs of their clients.

At the macro level, the findings of this research will contribute to the collaborative efforts of churches and social workers to increase public awareness of compassion fatigue and self-care deficits that pastors are experiencing and that churches are observing within their faith communities. This can be beneficial in helping communities to effect positive change within the community. The findings from this study may help to identify common triggers and useful coping strategies for this group, but may also provide valuable insights for the congregations, as well as for other helping professionals who regularly work with and provide support to the clergy. The research questions for this study are as follows:

What are the sources of compassion fatigue among clergy?

What self-care strategies do clergy members use?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The Pew Research Center (2015) reported that Christianity is the most significant religion in the world, comprising 31.4% of the world's total population. Over 120 million Americans that attend church consistently; regardless of the advancements of the welfare state, churches have continuously provided social services throughout our history (Langer, 2003). Christian churches are deliberate in helping and services that connect members. Churches within various communities may be involved in assisting the most vulnerable populations—including the poor, those confined to their home, the sick, fractured families, and those generally in need (Trihub, McMinn, Buhrow & Johnson, 2010). Faith communities are recognized for their potential capacity to provide health services and interventions that address health disparities in the community (Gross, Story, & Harvey, 2017). Clergy members frequently engage in many roles, including counseling, case management, and giving empathy to individuals in conditions that can be exceedingly tedious. Churches play a significant role in the lives of their members as well as in the lives of some of the most vulnerable people in our communities. The clergy is at the heart of this work, which requires a great deal of empathy and compassion, often under challenging circumstances.

Working as a clergy member can be a stressful endeavor (Miner, 2007); and the various stressors associated with responsibilities assumed by clergy

contribute to compassion fatigue (Newell, & McNeill, 2010). Many of the duties associated with pastoring mirror those of mainstream professions where high pressure is normal (Spencer et al., 2004). Therefore, essential to understand compassion fatigue in the clergy as in any other helping profession.

### Compassion Fatigue

Compassion is an essential element in effective ministerial practice (Radey, and Figley, 2007). Given their role, pastors make a significant impact on society. Clergy plays a crucial role in the United States in the delivery of mental health services (Wang, Berglund, & Kessler, 2003). Wang et al. 2003 found that high proportions of church members contacted clergy members more often than they consulted psychiatrists and or medical doctors. Trained professionals will always have a place within the community; however, for many in the community, clergy members are the human resource of choice when faced with a traumatic event (Meek et al., 2003). The church is a trusted organization, and many look to clergy for the help needed to cope with a variety of problems (Smith, Pragament, Brant, & Oliver, 2000).

The Bureau of Justice Statistics (2014) reported that an estimated 1.2 million people experienced at least one severe violent victimization. Researchers found that among 700,000 victims of violent crime, 1 in 5 (20%) sought counsel from a member of the clergy (Flannelly et al., 2005). Wang et al. (2003) reported that among church members who sought treatment for traumas, many chose to pursue such treatment with a clergy member. Hart (1984) was one of the first

people to use the term “compassion fatigue” in conjunction with helping professions such as ministry. Noting the challenges that are caring for the wounded, weak, and weary presented to those working in ministry, he utilized this descriptor when guiding clergy members who were managing despondency that resulted from the impacts of service on individual life (Spencer et al., 2004).

Compassion fatigue has been identified as a real risk factor for pastors in many churches—especially those within the inner city where congregations comprise higher populations of more vulnerable members. For many pastors, the likelihood of this condition is increased as a result of duties they perform that are similar to those in secular occupations where high stress occurs every day or where their duties place them in circumstances where extreme trauma is experienced (Taylor, Weaver, Flannelly & Zucker, 2006). Compassion fatigue is the emotional fee paid for exposure to individuals suffering in the aftermath of traumatic events (Flannelly et al., 2005). The literature suggests that working with vulnerable people who have experienced personal hardships, whether in a church or human service setting, can negatively impact the helping professional.

Pastors across religious denominations face pressures that may precipitate compassion fatigue and threaten ministry satisfaction (Miner, Dowson, & Sterland, 2009). Many clergy members had reported that within the first few years of being in ministry, they discovered that pastoral work is not what they envisioned when they first entered the vocation. A survey conducted by Fuller Institute found that many pastors were negatively affected while working in

ministry, while another measure determined that 50% of the respondents dropped out of full-time ministry within five years (Meek et al., 2003). The Duke Divinity study (2007) reported that clergy engages in many stressful activities—including grief counseling, navigating the demands of members, and delivering weekly sermons.

### Self-Care

The National Association of Social Work's *Social Work Speaks* stated: "The importance of helping professionals utilizing self-care as an essential intervention recommended for best practice" (Lowman, 2009). Richards, Campenni, and Muse-Burke (2010) defined self-care as any activity that one does to feel good and categorized self-care into three areas: physical, spiritual, and support. Self-care has become a growing phenomenon in helping professions; and research has been conducted that reveals the significance of this discussion to the helping professions (Carroll, Gilroy, & Murray, 1999). For example, many current movements are raising awareness regarding self-care—including the Duke Divinity School (2017), which is conducting a massive \$12 million longitudinal study of stress and its effect on the physical and emotional health of pastors. Miner et al. (2009) stated that ministers are recognizing the importance of being purposeful about making adjustments and keeping up firm boundaries in their lives.

The better-prepared ministers are for their professional assignment, the less probability that they will encounter pressure identified with stress related to

the job. In one study, 45% of clergy emphasized the importance of mentoring within denominations in order to reduce stress and compassion fatigue and to prevent exhaustion within their work (Meek et al., 2003). The Lewis Center for Church Leadership suggested that mentoring is one of the most helpful tools for clergy. As indicated by Meek et al. (2003), deterrence commences at the seminary level by supporting seminaries in their effort to promote an atmosphere of openness in which all aspects of the pastorate are discussed.

By receiving support and understanding, pastors are better able to create the kind of life that promotes their well-being and allows them to contribute to the welfare of others (Puchalski, 2001). Resources for managing stress and practicing self-care for clergy most characteristically come from intrapersonal sources (McMinn, Lish, Trice, Root, Gilbert, & Yao, 2005). With the potential stressors being numerous, clergy members have found ways to manage stress and care for themselves. Research conducted by McMinn et al. (2005) reported that ministers recognized the efficacy of utilizing precise forms of personal self-care—including working out, healthy diet, retreats, and permitting time for self-reflection.

### Gaps in the Literature

Little research has been done regarding self-care strategies employed by pastors. Jacobson, Rothschild, Mirza, & Shapiro, (2013) suggested supporting pastors in maintaining work and non-work life balance through consistent self-reflection and continued self-assessment for the risks of compassion fatigue.

Additional opportunities for research include investigations related to reducing the risk of compassion fatigue and increasing the use of healthy self-care practices among pastors. Pastors could benefit from investigating what their congregations expect from them—particularly as congregational cultures shift over time. Also, a study on pastors' families (i.e., spouse and children) could be beneficial in addressing the impact on those relationships of the strains caused by compassion fatigue and lack of self-care within the home environment.

### Theories Guiding Conceptualization

The theories used to conceptualize the ideas in this study are Adlerian theory and Urie Bronfenbrenner's ecological systems theory. From the Adlerian perspective, pastors demonstrate a significant amount of social interest that often causes them to experience compassion fatigue. The pastor's desire to meet members where they are aligns with Adler's theory of understanding individuals' connectedness as it relates to their relationships with others. Adler's three life tasks propose organizing human behavior by building friendships, contributing to society, and establishing intimacy (Mansager & Gold, 2000). Adlerian followers believe in the interconnectedness of all human beings, which in turn, may cause challenges related to human behavior (Miner et al., 2009).

From the ecological theory, pastors can observe how environmental systems play a part in members' life experiences. The approach used to conceptualize the ideas in the study is the ecological systems theory. This proposal by Urie Bronfenbrenner, rooted in ecological systems, focuses on the

interactions between people and their environments (Turner, 2011). The five ecological systems included are the microsystem, the mesosystem, the ecosystem, the macrosystem, and the chronosystem.

The microsystem incorporates everything that happens to the individual. The theory states that individuals are not just recipients of their social experiences, but they are also active participants in the creation of them. The mesosystem involves the relationship between the microsystems in the individual's life. This includes linkages between family and church. The ecosystem is where there is a linking of formal and informal helping networks (Turner, 2011). The macrosystem is the culture of the individual. The chronosystem includes the transitions and shifts in one's lifespan. The implications of this theory have been conceptualized by Turner (2011) as assembling more strong supporting conditions through different types of ecological supporting and by enhancing the person's capabilities through the instructing of particular fundamental life skills abilities.

### Summary

In summary, individuals entering full-time ministry have been found to experience compassion fatigue, often neglecting to practice self-care and/or to recognize its importance. In the current literature that suggests an increasing awareness of compassion fatigue and the problematic symptoms that it may cause, there are still huge gaps that present opportunities for a focus on clergy members and their profession. Additional research is necessary to assist clergy

members experiencing compassion fatigue and to provide mechanisms for coping, such as self-care. The literature review also affords space for opportunities for intervention implementation.

## CHAPTER THREE

### METHODS

#### Introduction

The goal of this research study was to determine if clergy members across various denominations are prone to experiencing compassion fatigue and to identify the self-care methods they currently employ. This chapter incorporates the highlights of how this research study was conducted. This section provides an overview of the research methods applied to the study, including study design, sampling, data collection, instruments, procedures, and protection of human subjects.

#### Study Design

The purpose of this research study was to explore if clergy members across various denominations experienced compassion fatigue and measured the leading causes of its presentation. Since additional research is needed to assist clergy members experiencing compassion fatigue and provide mechanisms for coping such as self-care, this is an exploratory study. Pastors were used to explaining their understanding of compassion fatigue and their implementation of self-care. Data were collected to describe the methods of self-care the clergy members utilized when their levels of compassion fatigue presentation were prominent.

A strength in utilizing an exploratory and mixed method approach is that clergy members can incorporate their encounters with compassion fatigue to their answers, and not confined to a constrained scope of responses. This qualitative approach used purposeful sampling in the selection of participants and allowed for their lived experiences to be shared. Since is limited research on this topic, this study provides clergy members with an opportunity to share their lived experiences. This approach is limited in that it allows for a limited number of participants and is unlikely to generalize to all clergy across many denominations, congregations, or communities.

### Sampling

This research study used a purposive sample of clergy identified using the researchers own personal and professional networks. This sampling approach allowed the researcher to elicit in-depth, detailed descriptions from clergy related to their experiences with compassion fatigue and self-care. Since newer clergy are less likely to have experienced compassion fatigue, the researcher sought out clergy with a minimum of five years' experience in ministry.

### Data Collection and Instruments

Data was collected using one-on-one, in-depth, qualitative interviews conducted in person, in locations of the interviewee's choosing (e.g., coffee shops, multipurpose room, residence) or over the phone. The researcher conducted interviews with spiritual leaders in English. First, participants were

asked to complete a brief demographic questionnaire, which included questions such as their age, ethnicity, marital status, annual income, and years of service. Second, the researcher asked participants questions from a semi-structured interview guide with fourteen questions developed by the researcher to elicit participants' perceptions and experiences related to compassion fatigue and their use of coping strategies to avoid or to respond to compassion fatigue. The interview guide included questions such as,

1.Can you talk about compassion fatigue among pastors in the ministry?

2.Can you talk about your own experience with compassion fatigue as a pastor?

3.Could you talk about any strategies you have discovered when dealing with compassion fatigue as a pastor in the ministry?

4.Participants were not compensated for their participation in the

interview. The researcher created pseudonyms to maintain confidentiality, and audio recordings were deleted after they were transcribed by a transcription service and checked for accuracy.

### Procedures

Participants were recruited for the study using the researchers personal and professional networks, as well as via snowball sampling in which participants recommended another clergy for participation in the study. Through the use of email, social media, and word of mouth, qualified participants were invited to join in the research study. Interviews took place over the phone or at locations of the

participant's choosing (e.g., office, coffee shop, church). The researcher conducted all of the interviews. Recruitment began in May and interviews began in the middle of November. First, the researcher provided participants were provided with an informed consent form. Second, the researcher asked participants to complete the demographic questionnaire. Third, the researcher conducted a qualitative interview using the interview guide. Fourth, the researcher provided a debriefing statement after the interview.

#### Protection of Human Subjects

The identity of the clergy member participants was kept confidential from individuals outside of the study. The interviews occurred in meeting spaces chosen by the participants and over the phone. The participants were informed before the interview that the study was confidential and that the researcher would not use participants' names or identify their congregations. Participants were also instructed to refrain from using names of church members and those in leadership positions during the interview to protect their identities, for the study the use of their titles will be noted. Each clergy member read and signed the informed consent form before being interviewed, along with the consent to be recorded. Upon completing the interview, debriefing statements were given to each participant. The audio recordings were kept on a password-protected flash drive and stored in a locked area. Only the researcher has access to the audio recordings and the transcripts of the interviews. Audio recordings were

destroyed once the interviews have been transcribed. The study was approved by the University IRB committee.

### Data Analysis

The researcher analyzed the transcribed interviews. Open coding was used to categorize the statements into broader thematic and phenomena groupings. The analysis confirmed six themes that spiritual leaders experience in ministry: 1) perceptions of compassion fatigue and experience, 2) preparedness, 3) Pastoral, 4) pastoral expectations, 5) self-care methods, and 6) advice to future spiritual leaders.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter presents the information and demographics of the spiritual leaders that were interviewed for this study. Compassion fatigue as a concept experienced as a spiritual leader was challenging to define as prior research within this community was limited. This study aimed to discover the levels of compassion fatigue experienced by clergy members and the self-care methods employed within the ministry. The data revealed the following themes; vacations, inspirational readings, pastoral expectations, self-care methods, self-reported stress, and advice to future spiritual leaders were given by the interviewees when the interviews were conducted. Demographic information of the participants is presented first and then followed by the themes found through the interviews represented by charts listing common findings within the transcription of the interviews.

#### Presentation of the Findings

##### Demographics

From the twelve participants, general demographic information was obtained. Ten of the twelve pastors were Seventh Day Adventist in denomination, 1 pastor was Non-Denomination, and the other Full Gospel. The participants of the study were between the ages of 33 and 72, and most were in

their early 40's. Participants had a minimum of five years and two month of employment as pastors, to as much as 42 years of pastoral experience. Three of the twelve participants were single. The annual salary for the pastors was between 57,000 to 94,000 including their insurance benefits, retirement, and parsonage benefits. All of the participants interviewed also have thier pastoral license and ordination recognition within their denomination.

Tables 1-6 have the research categories organized by places, people, things, and ideas. The categories were created after thoroughly reviewing the interview transcripts. Categories were created after observing a pattern of responses within the transcribed interviews. Quotations around categories were used to represent the actual statements from the participants, to reduce researcher bias and/or misinterpretation of data.

The purpose of this research study is to examine clergy members' perceptions of compassion fatigue and the self-care strategies they use to avoid or to address compassion fatigue. The research questions being addressed for this for this study were: What are the sources of compassion fatigue among clergy? What self-care strategies do clergy members use? This was intended to identify spiritual leaders' perceptions of compassion fatigue, experiences, and the methods of self-care they employ. The data suggest the importance of self-care, pastoral expectations, and stress as elements within the ministry regardless of the congregation, size, the number of years in the ministry, or marital status.

Table 1. Research Category: Places

---

---

Vacation
<ul style="list-style-type: none"><li>• Non-spiritual or religious conferences.</li><li>• Family retreats.</li><li>• Pastor's retreat.</li><li>• Cruises.</li><li>• Seminars.</li><li>• Family camp.</li><li>• Traveling sabbaticals.</li><li>• Huntsville conference.</li><li>• Monthly travels.</li><li>• Quarterly trips.</li></ul>

---

---

Table 2. Research Category: People

---

---

Pastoral Expectation
<ul style="list-style-type: none"><li>• 24/7 mentality</li><li>• Conference</li><li>• Members</li><li>• Community</li><li>• Family</li><li>• Licensed therapist</li><li>• “I find myself feeling helpless that I am not capable of giving my brothers and sisters more assistance.” (Participant #3)</li></ul>

---

---

Table 3. Research Category: Things

---

---

Inspirational Reading

---

---

- “Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God.” Philippians 4:6
  - “Be strong and of good courage; do not be afraid, nor be dismayed, for the LORD your God *is* with you wherever you go.” Joshua 1:9
  - “But seek first his kingdom and his righteousness, and all these things will be given to you as well. “Matthew 6:33
  - Psalm 123
  - 11: Indispensable Relationships You Can't Be Without
  - “It’s impossible to help hurting people, and not be hurt by some of the people you help.”
  - Bible
  - “Casting all your care upon him; for he careth for you.” 1Peter 5:7
  - The race is not to the swift or the battle to the strong, nor does food come to the wise or wealth to the brilliant or favor to the learned; but time and chance happen to them all. Ecclesiastes 9:11
  - Daily devotion
- 
-

Table 4. Research Category: Ideas

---

---

Self-Care

---

---

- Exercise
  - Staying in bed and getting rest
  - Prayer
  - Sports: golf, rugby, basketball
  - Take time off
  - Going on vacations
  - Journaling
  - Disconnect from the ministry
  - Go to the gym
  - Spend time with the Lord in prayer
  - Going on hikes
  - Acupressure
  - Massage
  - Music
- 
-

Table 5. Research Category: Ideas

---

---

Stress Self Report

---

---

- Feeling overwhelmed, drained, exhausted, and powerless.
  - Conflict
  - “The greatest fear I have had is wanting to quit.”
  - Criticism
  - Lack of resources that most members need.
  - “I find myself feeling helpless that I am not capable of giving my brothers and sisters more assistance.”
  - Preparedness
  - " Having resentment in your heart, because no one shows you compassion when your family may be having an issue."
  - “Not being able to please everyone.”
  - I am listening to everyone's issues.
  - Organizational fatigue
  - Burn out
- 
-

Table 6. Research Category: Ideas

---

---

Recommendations
<ul style="list-style-type: none"><li>• Meaningful relationships</li><li>• "Taking time to disconnect from the weight of ministry."</li><li>• "The best thing we can do is listen."</li><li>• " Putting people in place so that you are not the only one."</li><li>• Continue education</li><li>• Refer to a therapist when appropriate.</li><li>• Find comfort in the word of God</li><li>• Utilize the members of the congregation for help</li><li>• "Pursue holiness every day to strive to meet the mark every day, because you are a slave for the Lord." (Participant #10)</li></ul>

---

---

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter will discuss the six themes related to clergy members' compassion fatigue and the self-care methods they employ, along with the implications they hold in the ministry. Additionally, this chapter attempts to review the assumed meaning of each category as a guide to how to watch clergy member experiences within their ministry. The themes being examined come from each of the tables presented in chapter four: vacation, pastoral expectation, inspirational reading, self-care, self-stress report, and recommendations. Finally, recommendations for social work practice, limitations, policies and research will also be emphasized. The conclusion will summarize the main themes of what the study aimed to address and how the discovery should be taken into consideration with spiritual leaders in ministry in regards to mental health services. With the support of current literature, the findings may assist in presenting ways compassion fatigue can be addressed within the various congregations, and collaborations with mental health practitioners; social workers, implicitly.

## Discussion

### Vacation

The study identified vacation as an element that comes from the category of 'places,' as a universal theme between the twelve participants. Vacation might mean, that getting away from pastoral responsibilities is key to remaining in the ministry. The act of taking a vacation may symbolize a time for a pastor to refresh their mind and renew their creativity by attending a pastoral retreat, conference or seminar. Taking routine vacations throughout the year could signify the importance a pastor may place on their desire to elevate their mood and catch up on rest outside of their congregation. Many of the participants reported that they would take monthly and quarterly trips away from their respective congregations. A vacation for a pastor and their family may symbolize their need to get together and get away from the church. As one interviewee put it "Going on vacations, stepping away from your environment, getting away with your family, possibly visiting friends, is a technique I use quarterly" (Participant # 2).

The vacation might suggest that "While the church itself supports or gives the pastor what they need, there is still a need to take a mental break from the expectations, and routines of the work in ministry" (Participant # 11). Of the twelve participants, ten were Seventh-day Adventist (SDA) Christians who shared that at one point in their ministry; they have attended, or heard highly of the Pastoral Evangelism Leadership Council (PELC) held every December. As one of the largest and longest running annual conferences for pastors and

church leaders, PELC is frequently seen as a vacation and/or traveling sabbatical and continued education opportunity that many pastors plan into their schedules. It is an opportunity to further their spiritual growth and increase fellowship with pastors around the world. With families and individuals seeking counsel from pastors or church staff, there is an implication that they are not sufficiently trained to handle clinical mental health problems. "Taking vacations, more regularly and taking advantage of some of the resources, and pieces of training that are made available to them through the conference" (Participant #5) suggests the importance of taking advantage of continued education.

A vacation may symbolize more than directly not working, but intentionally relaxing or doing something that refreshes their spirit, this may include but not be limited to cruises, and family camp. During a traveling Sabbatical it is not enough to put work down, (Participant #8) "I think one has to completely detach (or detach as much as is possible in 2019) allowing someone else to handle issues that may come up in the church and living with whatever that may be. "You have to force yourself to take vacations, and you have to force yourself to take time off during your week for yourself and your family, so you have to take at least two days off a week, getting away with your family go and visit friends" (Participant #7). Taking a vacation may imply bringing out another side of the pastor's regular chill factor, pointing to the need for supports well beyond the church. Non-spiritual or religious conferences were also mentioned by participants, which

imply the need for a pastor to sit in another congregation or environment to experience worship, instead of leading it.

“Vacations help a whole lot when you get away from the environment on your vacation” (Participant # 3). A vacation may symbolize the need for spiritual, emotional and physical renewal, and refreshment. A trip to a family camp may suggest that ministry takes a toll on the pastor’s mind and body, and being in nature with their family allows them to decompress from the congregational responsibilities. The idea of taking vacations was more of an anomaly suggesting the importance of them being something like a regular part the pastor’s lifestyle. Vacationing for a pastor may imply them rescheduling their technical tasks, reminding the pastor that s/he is not "everything to the church at large and that ministry will continue to happen while he takes a break" (Participant # 6).

### Pastoral Expectation

The expectation placed on pastors was also highlighted in this research study. Louw (2015) suggests that compassion fatigue in pastoral ministry portrays a kind of spiritual exhaustion that is associated with high expectations from church members and the community. This might mean the occupation places impossible demands on a pastor that cannot be met. A high percentage of church members that seek help from their pastor have a high behavioral health impairment (Wang et al., 2003). This alludes that in order for the pastor to minister to the people, they must interact with the people regularly. Interacting with people may mean the pastor attending planning meetings, community

meetings, and events for the members of the congregation. The pastor should be authentic, genuine, and upright, demonstrating integrity in all the things they do. Interpersonal interaction and fellowship may symbolize loyalty, which also allows for the pastor to provide non-judgmental service to all whom s/he encounters. Many of the interviewees mentioned their congregations' desire of having the pastor being on call twenty-four hours a day seven days a week.

The 24/7 mentality might suggest unhealthy boundaries between pastors and their congregations. The members want access to the pastor at all times, for any situation, causing strains on the pastoral relationship. This may imply, that in order for the pastoral relationship to be effective, members may suggest that the pastor is available twenty-four hours a day, seven days a week to meet the needs of the congregation, and their families. Taylor, Chatters (1986) surveyed several families and identified their use of mental health services or seeking therapy from their pastor; 6 out of 10 reported seeking a pastor instead of mental health professional. Reasons for doing so including their relationship and availability to attend to the member when traumas arise. "I find myself feeling helpless that I am not capable of giving my brothers and sisters more assistance" (Participant # 1). Because people attend church when all is going well, many seek to be recognized for their accomplishments and are seeking tips for self-improvement, this is an implication that pastors are challenged with to make the church fit into the member's worldview and religious practices, instead of being led by conviction.

Along with providing spiritual guidance, pastors hold many responsibilities within the church. On any given day a pastor may be requested to consult with families, offer grief support, visit the sick, mentor children, intervene and provide resources to a member experiencing depression, or anxiety, community support programs, financial advice, assess for spiritual crisis and more commonly offer pre and marital counseling. Wang et al., (2003) found that pastors are contacted at a higher rate than a psychiatrist or general medical doctors. All of the participants shared that if they felt the member was seeking a meeting for a complaint outside of their scope of understanding, they would make recommendations for the member to services offering more specialized supports. The counselor component may imply the need for providing time for the member in need and care for those who call for help. This may mean that the pastor is pulled away from their scheduled plan to accommodate those that request them. In many congregations, the pastor may have a leadership team that may be responsible for meeting with members experiencing the dilemmas as mentioned earlier pending the severity. Pending the severity of the members call to consult, the participants shared that they are knowledgeable of their scope of work, and should they recognize the need for a member to seek professional assistance, the pastor may refer them to a licensed therapist, a resource manual, or the mental health guild members for severe impairments in their mental and behavioral health.

Vision, mission, goal setting, and guiding is another role the pastor is “expected” to direct. In the SDA church, the role of the pastor is to meet and discuss the plans of the church with the local conference (or regional headquarters), therefore compounding the expectations placed on a pastor depending on the size and socioeconomic status of the members. Possessing an interactive relationship as a pastor, with the members of the church may cause emotional distress due to them spreading themselves too thin to please the congregation. Members often support a pastor and church with a clear and communicated mission which suggests the pastor is the director of visions, goals, missions, and must guide the congregation. This expectation also might imply that the pastor must be an agent of change within the church and community.

The participants shared that when they recognize an issue that is out of their scope, they refer them to seek services from a trained/licensed practitioner. Active listening as an expectation for the pastor may mean they are open to hearing the needs of congregants and utilizing discernment. The pastor is believed to have scriptural understanding led by someone with biblical wisdom communicated wisdom from their Bible knowledge. Along with Bible knowledge, the members may also want the pastor to be the vision setter and team leader or builder. The pastor is also expected to grow the flock within the community along with increasing the weekly attendance. There is an implication that the pastor must be a great teacher and storyteller. Delivering messages in practical and applicable ways for all members to understand. Pastors are seen as mediators

and CEO's of the congregation, handling many issues within the church, from meeting times, weekly attendance, baptisms, campus beautification, evangelistic efforts, and programs. The expectations symbolize to the congregation that the pastor is doing work for the church, and the member's spiritual growth and well-being. Research has submitted that pastors play a role in the united states mental health services (Wang et al., 2003) along with their responsibilities pertaining the church, their families, spouse, friends, and community.

### Inspirational Reading

The challenge of pastoring is not for the faint of hearts, and it certainly comes with the requirement of living wholeheartedly and being a lifelong learner. Inspirational reading was another theme alluded to by all participants in both their leisure activities and professional responsibilities. "My spiritual journeys helped me cope with stress as I reflect on the Psalms" (Participant #4). "It is very comforting to believe what the Word of God says" (Participant # 10). His promises help me manage my stress, a lot better (Participant # 5). Inspirational reading symbolizes the importance of religious practices in the lives of pastors. Pastors reporting inspirational reading as a strategy in their ministry may imply the significance of religious traditions. Partaking in this reading implies the commitment to the pastor's personal and professional growth. Reading for inspiration might mean getting in touch with God to remind oneself of who and Whose they are.

I cannot do it alone; The waves run fast and high, And the fogs close chill  
around, And the light goes out in the sky; But I know that We Two shall  
win –in the end: — Jesus and I. I cannot row it myself — The boat on the  
raging sea — But beside me sits Another, who pulls or steers — with me  
And I know that We Two shall come safely into port, –His child and He.  
Coward and wayward and weak, I change with the changing sky; Today,  
so eager and brave, Tomorrow, not caring to try, But He never gives in;  
so, We two shall win! — Jesus and Me. (Anonymous, 2012)

This poem shared by participant # 10 may imply the symbolism of the partnership  
in Christ that the pastor has and attempts to demonstrate to the congregation.

Actively studying for inspiration was found to be a protective measure of a  
pastor's mental health (Varghese, 2008). The majority of pastors recorded the  
following inspirational quotes, biblical scriptures, books, and thoughts during their  
interview, in the research category of things/ inspirational reading: "It is  
impossible to help hurting people, and not be hurt by some of the people you  
help," (Participant #9). "Be anxious for nothing, but in everything by prayer and  
supplication, with thanksgiving, let your requests be made known to God"  
Philippians 4:6. "Be strong and of good courage; do not be afraid, nor be  
dismayed, for the LORD your God *is* with you wherever you go." Joshua 1:9. "But  
seek first his kingdom and his righteousness, and all these things will be given to  
you as well. "Matthew 6:33. The race is not to the swift or the battle to the strong,  
nor does food come to the wise or wealth to the brilliant or favor to the learned;

but time and chance happen to them all. Ecclesiastes 9:11. "Casting all your care upon him; for he careth for you" 1Peter 5:7. The entire Psalm 123. The book; *11: Indispensable Relationships You Can't Be Without*. I am pretty diligent about devotional time, not perfect, but I am diligent, and I spend time every day, whether it is listening to my Bible or reading my Bible and I spend time in silence (Participant # 4). Reading for inspiration may suggest that spending time reading offers an appreciation of religious traditions, assist the pastor in stress management and occupational preparedness.

Unquestionably, incessant reading offers spiritual growth and insight of the text to a pastor to deliver for the congregation. The discipline of reading implies the importance of study habiting whether it is for sermon preparation or intellectual growth. What this may mean to a pastor is that religion does have a place in the pastor's daily life. As an interviewee put it "I think it helps to constantly remind oneself that no matter "how good" this book or article may be, I have no intention of preaching it or sharing it with my congregation, or maybe not sharing it for a set amount of time, maybe a year or so" (Participant # 11). This may mean that the pastor's read differently when it is for pure leisure over sermon delivery. Verghese (2008) reports that inspirational reading is supportive of coping with stresses in life and are beneficial to mental health.

### Self-Care

Across many of the interviews, self-care methods commonly employed by pastors resembled those frequently practiced by the "layperson" as well.

Practicing regular self-care may suggest the need to allow the pastor to reduce the stress of ministry. While the Bible does not talk explicitly about exercise, many of the bible characters adopted physical behaviors modeled by walking, gardening, and herding sheep symbolizing the significance of maintaining their physical temple. From exercise; playing sports, acupuncture, massage, rest, and devotion, to reading their bible or other inspirational works, self-care methods were symbolized through a pastor taking care of their physical, mental, and spiritual body, on a daily, weekly, or monthly basis. This suggests that there is an importance in recognizing the need to discipline one's life with a healthy diet, fitness, rest, and fellowship with others to sustain one's ministry.

The frequency of daily weekly self-care practices might imply that ministry can be stressful at times and pastors have found ways to manage stress and care for themselves. "Reading the Word, fasting and praying helps me to manage and reduce my stress" (Participant # 5). Prayer as an idea of self-care might symbolize the pastor's ability to reflect upon the "Good news," on that "every time I sin, the Lord sends his blood, wherever I fall short God has paid and left a card on file to pay for any offense I may have participated in" (Participant #11). Recognizing that God is an advocate with the father may symbolize that He purifies us from all of our righteousness.

Taking time off was an idea shared as a method of self-care suggesting the importance of getting away, e.g. taking a vacation, before it becomes stressful, which conversely is different from leaving or having an explosive

episode. Disconnecting from church work may symbolize practicing healthy boundaries from the church members. Spending time with friends, colleagues, and family as a method of self-care might imply the importance of interpersonal relationships and recognizing relationships are curative. Obtaining support from peers may imply the feeling of comfortability on sharing their struggles experienced in their congregation, conversing yielding consultation from a licensed therapist when the stress becomes too great to handle on their own. One pastor reported he “consistently takes a Monday, or Friday off myself or, play a lot of video games, or movies or watch sports.” Observing Sabbath or a day of rest does not suggest a day of staying in bed and sleeping, it is simply that a time of rest and an opportunity to commune be one with the Creator. Getting a good night of sleep may symbolize a pastor allowing their circadian rhythms to recalibrate to perform at optimum functioning. Participant #1 shared “I am more inclined now to stay in bed and get my rest, and when I recognize the need to walk away from stressful situation.”

### Stress-Self Report

The theme of stress self-report is in the categories of things and trended as a commonality among all of the pastors interviewed. Many of the pastors alluded to discouragement and stress as it has affected their families. Miner et al. (2009) report pastors across religious denominations experience stress that may threaten their desire to continue in ministry. Stress reported by pastors may suggest that there are hidden consequences that do not disclose how the

ministry will damage their family, body, loved ones, and affect the community of faith they serve. Pastors expressed an 'exhaustion' or 'fatigue' with feeling overwhelmed, drained, exhausted, and or powerless, therefore emphasizing the importance of recognizing their feelings and emotions. "I think I am being pulled in way too many directions at one time and I feel like I cannot measure up" (Participant # 3). I think that every pastor needs to embrace their calling, and believe in their calling and never lose sight of their calling (Participant # 9).

Pastors experience stressors that may cause compassion fatigue and threaten their ministry satisfaction (Miner, 2007). "Were it not for my spiritual beliefs, I would not cope with it; I would be smoking weed or taking some drugs or something" (Participant # 10). "Thinking about what the Lord did on the cross during prayer always reminds me to have an attitude of gratitude and thanksgiving" (Participant # 7). An interviewee shared "I find myself feeling helpless that I am not capable of giving my brothers and sisters more assistance" (participant # 4). "My spiritual beliefs keep me in the trenches do not get me wrong. There are times where, even with my spiritual beliefs I wonder, where is God?" (Participant #8). "Sometimes things become so taxing, and become so stressful, that you feel like you have no recourse, you feel so overwhelmed that you want to walk out the door. My greatest struggle with self is to remember that the race does not go to the swift, but to those who endure to the end. So, I find myself doing everything in my power to stay in the fight. Also, when I can stay in the fight, I am blessed" (Participant # 10). " The greatest fear I have had is

wanting to quit due to criticism and conflict with the religious organization" (Participant # 1)." This element may imply a loss of empathy and engagement preparing the pastor to leave the ministry. As a pastor in the ministry, high are the chances of experience vicarious pain and trauma after communicating with a member in need. This suggests that despite the advancements of the welfare system, churches have continuously provided social services throughout our history.

The notion of the transfer of pain or trauma suggests that the pastor may not be able to please everyone. Listening to everyone's issues may also cause a decrease in the pastor's ability to provide services. The manifestation of stress changes over times, which means there is no cookie cutter solution. "I have dealt with compassion fatigue, locally first started our church some years ago, as we were moving to a new building, and my wife and I lost our baby. Also, we had to deal with that emotionally. However, at the same time, I still had to meet the needs of my congregation. Our congregants or the people around you the people that you serve, you find yourself in that same place. No one has compassion on you" (Participant # 9).

### Recommendations

Looking into the future of pastors in the ministry, the element of recommendations emerged. Interviewees mentioned recommendations and sights to encourage and support future pastors. This means that current pastors recognize the need to understand their theological responsibilities and refer

members to a licensed mental health therapist when their needs are beyond the scope of the pastor. This element may suggest the importance of the support system and collaboration outside of the church when dealing with the mental health needs of the members. These supports may also look like utilizing mental health professionals in the church to assist the members and community with locating assistance. “Just based on my observations and experience, I thought that some of my members would do better, being that a clinician will potentially refer the member for medication, or talk therapy that would help them with their situation.” (Participant # 10). Making a recommendation for a member to seek therapy suggests the pastor recognizes that the needs may be outside of his scope of practice. This collaboration will assist in building a therapeutic alliance, along with creating a space for people to reflect on their beliefs to gain more in-depth insight into how their own spiritual beliefs inform their thoughts on mental health. Another nationwide study measured three dimensions of spiritual support, and the relationship between spiritual support and religious coping skills (Krause, Ellison, Shaw, Marcum, & Boardman, 2001), this welcomes the idea of the need for the collaboration.

“Recognize that you are one person and that you cannot do everything, and you cannot service every person that calls” (Participant #5). This indicates the need to utilize other church members to assist with activities throughout the congregation that a pastor may agree to let another leader assist the member. This allows the church members to hear the message from a different

perspective within the ministry team. This suggests that all members can be used to assist and meet the needs of the congregation.

“The best thing a pastor can do is listen, basically keep their mouths shut, and hope that they do not cause greater damage by whatever spiritual counsel is given, meaning active listening is a big component to be a relevant and successful pastor. Do not let people get to you, and learn how to step away” (Participant #10). “Don’t take yourself too seriously, and always recognize that we are also called to forgive” (Participant #3). “Try not to allow your job to be your identity” (Participant #1). “Stay in the presence of God on a consistent daily basis, make sure you are connected to Him because He is your source” (Participant #5). This element suggests that the best thing a pastor can do is listen, to both the member and the voice of God for wisdom, before offering assistance. “Pursue holiness every day to strive to meet the mark every day, because you are a slave for the Lord” (Participant # 2). Finally, the recommendation to continue education symbolizes the importance of ministry and the difficulties encountered while engaging with the members and community.

### Limitations

The limitations of this qualitative study were distinct and should be considered for future research. This study included a sample size of eleven pastors from various geographic locations, from California to Georgia. All of the pastors were African American and men, limiting gender and racial diversity.

While the churches pastored represented several races and ethnic diversity, there is a need to have other churches and congregations to come together to unite in the cause of compassion fatigue and self-care implication. With the lack of female and racial representation, it was not possible to generalize the findings. Viewpoints from all religious affiliations and denominations were not thoroughly represented. Another limitation of this research study was the lack of diversity of religious affiliations and denominations. Nine Seventh Day Adventists, one non-denomination, and one Full Gospel Baptist captured the representation.

#### Recommendations for Social Work Practice, Policy, and Research

According to the outcomes of this research study, pastors seek to explore ways to support their congregations and have a balance in their personal lives. The themes examined to identify how compassion fatigue was experienced and the self-care methods employed by pastors take can be interdenominational. Religion and mental health can collaborate together in an effort to enhance the well-being of a member, congregation and community at large. While the need is there for a mental health and church collaboration, one has not been made yet the value of recognizing the social and psychological strengths of the church is needed, along with further discussed of collaboration. Another recommendation to be considered is the importance of continued education for the pastors. Unfortunately, will many of the pastors recognized when a meeting with a member may yield services or needs beyond the scope of the pastor, continual pieces of training or support from the conference was not provided or mandatory

to assist in pastoral support or in the dignity of care and consistency for the members.

### Conclusion

The results of these interviews reveal the need for collaboration between churches and mental health providers. With a high rate of members seeking assistance from the church, this suggests that additional supports may help the pastors in their ministry. Pastors shared their congregational strengths, supports, and plans for handling mental health issues within the church and for themselves. All of the pastors expressed the ways various self-care methods have assisted them within and outside of their respective congregations. This research hopes to assist pastors who are interested in discovering more about collaboration opportunities with social workers for themselves and their members and give recommendations as to how pastors can utilize self-care to reduce the stress.

Churches often assist their members and have been noted for their charitable acts. This collaboration will embrace the client's religious diversity when mental health service is sought. Working exclusively within churches will encourage church members to notice the significance of how their spiritual beliefs relate to their thoughts on their mental health and well-being. The Bible encourages believers to practice the "golden rule" of treating others as they would themselves, also the importance of caring for those less fortunate, being

kind to others, and visiting those who are sick. Charity and giving back to the community are foundational in the church.

APPENDIX A  
INTERVIEW GUIDE

## INTERVIEW GUIDE

1. What is your title, and how long have you been in ministry?
2. What is the denomination of the church?
3. What is the size of the congregation?
4. What is the average attendance at a weekend service?
5. What is the number of services held each week?
6. Does the church offer any mental health services through the church? If so, what kind?
7. Do you make a referral to formal mental health agencies? If so, to what agencies?
8. What problems have you dealt with as a pastor of the church?
9. Can you talk about compassion fatigue among pastors in the ministry?
10. Can you talk about your experience compassion fatigue as a pastor?
11. Can you talk about any strategies you have discovered when dealing with compassion fatigue as a pastor in the ministry?
12. Can you generally talk about self-care techniques that are used among pastors?
13. How do your spiritual beliefs help you cope with stress?
14. We have talked about compassion fatigue among pastors, do you have any insights that you would like to share from your one experience with compassion fatigue to future pastors?

Developed By: Tifani-Crystal Enid Hanley

APPENDIX B  
INFORMED CONSENT



California State University, San Bernardino  
Social Work Institutional Review Board Sub-Committee  
APPROVED 5/23/2018/VOID AFTER 5/22/2019  
IRB# SW1861 CHAIR *Jane...*

College of Social and Behavioral Sciences  
School of Social Work  
INFORMED CONSENT

The study in which you are being asked to participate in is designed to explore clergy members understanding of compassion fatigue and discover the self-care methods they employ. The study is being conducted by Tifani-Crystal Hanley, a graduate student, under the supervision of Dr. Thomas D. Davis, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The Institutional Review Board Social Work Sub-Committee at CSUSB has approved the study.

**PURPOSE:** The purpose of this study is to identify compassion fatigue experienced by clergy members within various denominations, and to identify the self-care methods they utilize.

**DESCRIPTION:** Participants will be asked to complete survey questions about their demographics, self care, and quality of life. The participants will also participate in a brief interview about compassion fatigue.

**PARTICIPATION:** Your participation in the study is voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will be anonymous and data will be reported in group form only.

**DURATION:** It will take no more than 25-35 minutes to complete the survey and interview.

**RISKS:** There are no foreseeable risks associated with this study. Participating in this study is unlikely to bring about any uncomfortable feelings or emotions.

**BENEFITS:** There will not be any direct benefits to the participants.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Thomas D. Davis (909) 537-3839.

**RESULTS:** Results can be obtained from the CSUSB Scholar Works database (<http://scholarworks.lib.csusb.edu/>) after June 2019.

.....  
I agree to be tape-recorded:  YES  NO

This is to certify that I read the above and I am 18 years or older.

Place an X mark here: \_\_\_\_\_ Date: \_\_\_\_\_

909.537.5501 · 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University · Bakersfield · Channel Islands · Chico · Dominguez Hills · East Bay · Fresno · Fullerton · Humboldt · Long Beach · Los Angeles · Maritime Academy · Monterey Bay · Northridge · Pomona · Sacramento · San Bernardino · San Diego · San Francisco · San Jose · San Luis Obispo · San Marcos · Sonoma · Stanislaus



APPENDIX C  
DEBRIEFING STATEMENT

## DEBRIEFING STATEMENT

This study you have just completed was designed to investigate clergy members experiences and feelings surrounding compassion fatigue, and exploring the self-care methods they employ. The study will help clergy members understand compassion fatigue and the importance of utilizing self-care practices when they experience it. Ultimately, the results of the study will help clergy members recognize the thematic representation of compassion fatigue and frequently used self-care practices.

Thank you for your time and participation. If you have any question, comments, or concerns due to participating in this study, please feel free to contact Dr. Thomas D. Davis at (909) 537-3839. If you would like to obtain a copy of the results of this study, please visit the CSUSB Scholar Works database (<http://scholarworks.lib.csusb.edu/>) after June 2019.

APPENDIX D  
DEMOGRAPHICS

## DEMOGRAPHICS

1. What is your gender?

Male

Female

2. What is your age?

21-30

31-35

36-40

41-45

46-50

51-55

56-60

61-65

Other (please specify)

3. What is your ethnicity?

American Indian or Alaskan Native

Asian or Pacific Islander

Hispanic or Latino

White/Caucasian

Black/African American

Prefer not to answer

4. What is your approximate average household income?

\$0-\$24,999

\$25,000-\$49,000

\$50,000-\$74,999

\$75,000 and Over

5. Is religion or spirituality part of your daily life?

All the time

Sometimes

Never

6. What is your marital status?

Single

Married

Never Married

Divorced

Separated

## REFERENCES

- Carroll, L., Gilroy, P., & Murray, J. (1999). The moral imperative: Selfcare for women psychotherapists. *Women & Therapy* 22(2):133-143.
- Duke Divinity School. (2017). *Initiatives clergy health initiative*. Retrieved from: <https://divinity.duke.edu/initiatives/clergy-health-initiative>
- Figley, C. R. (2002). *Introduction: Treating compassion fatigue*. (Ed.). New York, NY: Brunner-Routledge.
- Flannelly, K. J., Roberts, S. B., & Weaver, A.J. (2003). Correlates of compassion fatigue and burnout in chaplains and other clergy who responded to the September 11<sup>th</sup> attacks in New York City. *Journal of Pastoral Care & Counseling* 59(3): 213-224.
- Gross, T.T., Story, C.R., Harvey, I.S. et al. *Journal of Racial and Ethnic Health Disparities* (2017). <https://doi.org/10.1007/s40615-017-0401-x>
- Hart, A. (1984). *Coping with depression in the ministry and other helping Professions*. Waco, TX: Word Books Publisher.
- Jacobson, J. M., Rothschild, A., Mirza, F., Shapiro, M. (2013). Risk for burnout and compassion fatigue and potential for compassion satisfaction among clergy: Implications for social work and religious organizations. *Journal of Social Service Research*.

- Lewis, C., Turton, D. W., & Francis, L. J., (2007). Clergy work-related psychological health, stress, and burnout: An introduction to this special issue of *Mental Health, Religion & Culture*. *Mental Health, Religion & Culture*.
- Lowman, S. (Ed.). (2009). Professional Self-Care and Social Work. *Social work speaks national association of social workers policy statement 2009-2012*, p. 268. Baltimore, MD: Victor Graphics, Inc.
- Mansager, E., & Gold, L. (2000). Three life tasks or five? *Journal of Individual Psychology*.
- McMinn, M. R., Lish, R. A., Trice, P. D., Root, A. M., Gilbert, N., & Yao, A. (2005). Care for pastors: Learning from clergy and their spouses. *Pastoral Psychology*.
- Meek, K., McMinn, M.R., Brower, C.M., Burnett, T.D., McRay, B. W., Ramey, M. L., Swanson, D., & Villa, D.D. (2003). Maintaining personal resiliency; lessons learned from evangelical protestant clergy. *Journal of Psychology & Theology*.
- Miner, M. H. (2007) Burnout in the first year of ministry: Personality and belief style as important predictors. *Mental Health, Religion & Culture*.
- Miner, M., Dowson, M., & Sterland, S. (2009). "Burnout and work satisfaction in Australian church leaders. *InPsych*. August 2009. Retrieved December 20, 2017, from <https://www.psychology.org.au/inpsych/burnout>

- Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health: An International Journal* 6(2): 57-68.
- Newsome, S., Waldo, M., & Gruszka, C. (2012). Mindfulness group work: Preventing stress and increasing self-compassion among helping professionals in training. *The Journal for Specialists in Group Work*, 37(4), 297-311.
- Puchalski, C. M. (2001). The role of spirituality in healthcare. *Proceedings (Baylor University. Medical Center)* 14(4):352–357.
- Radey, M. & Figley, C. R. (2007). The social psychology of compassion. *Clinical Social Work Journal* 35:207-214.
- Richards, K. C., Campenni, E. C., Muse-Burke, J. L. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness, and mindfulness. *Journal of Mental Health Counseling* 7(1):118.
- Smith, B.W., Pargament, K.I., Brant, C., Oliver, J.M. (2000). Noah revisited: religious coping of church members and the impact of the 1993 Midwear flood. *Journal of Community Psychology*.
- Stamm, B. H. (2010). The concise ProQOL manual. Retrieved from [http://proqol.org/uploads/ProQOL\\_Concise\\_2ndEd\\_12-2010.pdf](http://proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf)

- Taylor, B. E., Weaver, A. J., Flannelly, K. J., & Zucker, D. J. (2006).  
Compassion fatigue and burnout among rabbis working as chaplains.  
*Journal of Pastoral Care & Counseling* 60(1-2):35-42.
- The future of world religion: population growth projections, 2010-2050  
Retrieved from <http://www.pewforum.org/2015/04/02/religious-projections-2010-2050/>
- Trihub, B. L., McMinn, M. R., Buhrow, J. C., & Johnson, T. F. (2010).  
Denominational support for clergy mental health. *Journal of Psychology &  
Theology*, 38(2), 101-110.
- Turner, F. (2017). *Social work treatment: Interlocking theoretical approaches*  
(Sixth ed.).
- Verghese A. (2008). Spirituality and mental health. *Indian journal of  
psychiatry*, 50(4), 233-7.
- Wang, P. S., Berglund, P. A., & Kessler, R. C. (2003). Patterns and  
Correlates of Contacting Clergy for Mental Disorders in the United  
States. *Health Services Research* 38(2):647–673.  
<http://doi.org/10.1111/1475-6773.00138>