



Center for Health

Contact: M. Colette Nies
Managing Director, Communications
Phone #: (847) 866-4296
E-mail: cnies@gbophb.org

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Church Systems Task Force on Clergy Health Multi-Phase Research Update

Evanston, IL—The 17-member Church Systems Task Force (CSTF), jointly convened by the General Board of Pension and Health Benefits (GBPHB) and the General Board of Higher Education and Ministry (GBHEM), met in Chicago IL, October 22-23, to review the results of a year-long research process, identifying a number of factors that impact clergy health.

Bishop Hope Morgan Ward (Mississippi Annual Conference) serves as chair of this initiative. General Conference 2008 directed the denomination to study the effects Church systems have on the health of clergy—physical, emotional, spiritual, social and financial health, as they enter and progress in ministry—by reviewing the employment systems and structures of the Church and their impact on clergy health, and to bring its findings and possible recommendations to General Conference 2012.

Multi-Phased Research Approach

Initial research included an analysis of existing UMC data from the 2006 Church Benefits Association cross-denominational survey of clergy and laity: *Health, Well-Being, Spirituality and Job Characteristics* conducted by Duke University. Secondary research included a clergy health literature review completed by the Lewis Center for Church Leadership of the Wesley Theological Seminary, Washington D.C. More than 20 studies and articles were reviewed and distilled, as well as the shared clergy wellness reports from the Evangelical Lutheran Church in America (ECLA) and the Episcopal Church.

The multi-phased research approach began in 2008 and concluded in September 2009. The CSTF supplemented its investigation by contracting with Richard Day Research (RDR) to conduct a four-phased research process:

- Phase I—Internal Clergy Data Analysis (November 2008-January 2009)
- Phase II—Focus Groups (January 2009-March 2009)
- Phase III—Quantitative Survey (March 2009-June 2009)
- Phase IV—In-Depth Qualitative Interviews (June 2009-September 2009)



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Following the Phase I—Analysis, focus groups surfaced ideas and hypotheses about church systems and factors that may adversely affect clergy health. These factors were then tested in an online quantitative survey of 1,006 UMC clergy to identify the strongest predictors of health from among a wide range of potential variables.

Survey respondents answered 150 questions about their personal health, background, spiritual practices, appointment history, career trajectory, congregational context and fit, work stresses, outlook on life, living and working conditions, and personal finances.

Clergy Health Factors

The survey results identified thirteen key factors that are highly correlated with health and that differentiate those who are healthy from those who are unhealthy. The *absence* of these factors indicated a *positive* association with health:

- **Personal centeredness**—feeling a lack of control over one’s life; ruminating about the past; difficulty experiencing the presence of God
- **Eating habits with work that often involves food**—struggling to maintain a healthy diet with food available at church meetings, social gatherings and house calls
- **Work-life balance**—having difficulty balancing multiple roles; feeling guilty taking time to exercise; avoiding healthcare because of time demands; struggling to achieve overall work-life balance
- **Job satisfaction**—feeling dissatisfied with one’s appointments; feeling isolated at work; feeling disappointed with ministry; wishing for a way to exit the system
- **Personal finances**—high debt; low income; few assets; little to no personal savings
- **Outside interests, social life and friends**—a lack of hobbies, outside interests and/or participation in group activities for personal renewal; having few friends or people with whom one can share personal issues; feeling detached from one’s community
- **Relationship with congregation**—feeling judged rather than supported; feeling the congregation’s expectations are too high or do not match one’s own beliefs about the appropriate pastoral role; feeling the congregation desires a pastor with a different leadership style; avoiding relationships with congregation members so as to avoid improprieties; avoiding healthcare for fear that parishioners might find out
- **Stressors of the appointment process**—feeling stressed by the appointment process; feeling reluctant to talk to one’s DS because of the power he or she holds over appointments; feeling resentful about being paid less than non-clergy in similar professions
- **Marital and family satisfaction**—low marital satisfaction, among clergy with families; low appointment satisfaction among spouses and/or children
- **Existential burdens of ministry**—feeling obligated to carry the weight of others’ emotional and spiritual burdens; being overwhelmed by the needs of others and the sheer importance of the issues to be addressed in ministry; feeling expected to solve unsolvable mysteries
- **Living authentically**—feeling unable to be one’s “authentic self”; failing to live according to deeply-held personal values and beliefs
- **Education and preparation for ministry**—feeling unprepared by seminary for the everyday responsibilities of ministry; feeling one lacks the skills and training necessary to excel at pastoral duties
- **Appointment changes and relocation**—more frequent appointment changes; more frequent long-distance moves

During the October CSTF meeting, RDR presented the overall findings and recommendations of the research which concluded with in-depth qualitative phone interviews of 50 clergy survey participants in September. These interviews probed the survey findings for nuance and clarity. The 13 factors were explored for their influence on clergy health with consideration for ways to improve it. Context-setting discussions were led by Duke on “Toxic Churches” and GBPHB with a “Comparison of Occupational Stressors” across similar professions.

Next Steps

In the coming months, the CSTF begins a critical assessment of potential modifications to the employment systems and culture of the Church to support clergy health. Guidelines for sustaining a healthy work/life balance will be concentrated in four specific areas:

- Clergy Support and Examination of DS Responsibilities
- Longer-Tenure and Use of Interim Pastors for Healthy Transitions
- Exit Process including Streamlining the Process
- SPRC/DS/Clergy Education including Families and Spouses

A report of the CSTF work—including any recommendations for improving the health of clergy—will be presented to General Conference 2012.

“The work of this Church Systems Task Force, when combined with the other investigations of Church systems and practices, will provide one of the most comprehensive evaluations ever undertaken by our denomination. Our work comes at a critical time in our history—we need healthy pastoral leaders for vital congregational life and mission as we move into the future God is giving us,” commented Bishop Ward.

The work of the CSTF is one of a number of Church-wide investigations underway, including the GBHEM Ministry Study.

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About the General Board of Pension and Health Benefits

The General Board of Pension and Health Benefits (GBPHB) is a not-for-profit administrative agency of The United Methodist Church, responsible for the general supervision and administration of the retirement, health and welfare benefit plans, programs and funds for more than 74,000 clergy and lay employees of the Church. The Center for Health initiative and the Central Conference Pension Initiative are established and managed under the auspices of GBPHB.

GBPHB is the largest faith-based pension fund in the United States and ranks among the top 100 pension funds in the country. As a socially responsible investor, GBPHB is actively involved in shareholder advocacy, proxy voting, portfolio screening and community investing. In 2008, the agency celebrated 100 years of caring for those who serve the Church.

About the General Board of Higher Education and Ministry

The General Board of Higher Education and Ministry (GBHEM) provides training and support in the Wesleyan tradition for those called into professional ministry, as well as access to Church-related higher education for all who desire it. Created by The United Methodist Church to address concern for those areas of common life of clergy, GBHEM prepares and assists those whose ministry in Christ is exercised through ordination or the diaconate and provides general oversight and care for United Methodist institutions of higher education.

In response to the gospel's commission to "go ye therefore and teach," American Methodism has founded more than 1,200 institutions of higher education, among them some of the country's great colleges, universities and theological seminaries. GBHEM, located in Nashville TN, is organized into two program divisions (Higher Education and Ordained Ministry) and three offices (Interpretation, Loans and Scholarships, and Administration).