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## Burnout among Portuguese pastoral ministers

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### ABSTRACT

Burnout has been recognised as an occupational risk but also an indicator of organisational conditions and adjustment. This paper explores the role of personal, psychological, and professional experience factors in pastoral burnout compared to burnout in other caring professions. Using a set of questionnaires, data were collected from 64 pastoral ministry members, 192 elder care assistants and 258 teachers. Pastoral ministry members showed lower exhaustion and higher satisfaction with future security. Additionally, burnout symptoms were related to depression and stress. When compared with other groups, pastoral ministry members revealed lower levels of burnout. The results are discussed, and suggestions for further studies are presented.

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### KEYWORDS

Burnout; pastoral ministries; well-being; depression; stress

## Introduction

Burnout has attracted the attention of both researchers and public opinion over the last two decades (Maslach & Leiter, 2016). Research fields such as health psychology and work and organisational psychology are evolving their research, resulting in new models and instrument development, as well as research of different professionals and comparisons among those professionals (Demerouti et al., 2003). It is a psychological syndrome that individuals may experience when exposed to stressful working contexts, with demanding tasks and few resources. Freudenberger (1974) first observed symptoms in his free clinic workers, who were in contact with drug addicts. These workers, in addition to various physical symptoms, developed depression and experienced lowered energy and motivation (Freudenberger, 1974). In the late 1970s and particularly since the 1980s Maslach presented significant contributions to the measurement of burnout (Maslach & Jackson, 1981), describing it as a “psychological syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that can occur among individuals who work with other people in some capacity” (Maslach, 1993, p. 19). More recently, the WHO (2022) defines it as a syndrome caused by chronic workplace stress, which is not managed with success. They point to three different dimensions, which may be seen

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also as consequences: a feeling of exhaustion, an increase in the mental distance from the job and reduced professional efficacy.

Burnout may lead to several types of consequences. At the individual level, it includes impaired physical health, reduced quality of life, loss of purpose, emotional problems, loneliness, lowered self-esteem, marital conflict, and loss of closeness in relationships, as well as loss of enjoyment (both personal and professional). Concerning organisational consequences, burnout may lead to impaired job satisfaction, absenteeism, decreased productivity and reduced organisational commitment (e.g., Ayala & Carnero, 2013; Guntupalli et al., 2014; Maslach et al., 1996; Maslach et al., 2001), which can result in high turnover (Maslach et al., 2001). There are also health care consequences since they impact workers' health, thus increasing costs (Ayala & Carnero, 2013; Poghosyan et al., 2010).

The most commonly used instrument to evaluate burnout is the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981). It is based on the concept that burnout is emotional exhaustion, depersonalisation and low achievement syndrome that may occur in working people. Therefore, there are three dimensions in the instrument based on the concept's dimensions. In the last two decades, new research and new measures have been challenging Maslach's theory. Developed in Germany, the Oldenburg Burnout Inventory (OLBI; Demerouti et al., 2003) includes positive and negative items that allow for differentiation between exhaustion and disengagement. Exhaustion can be defined as a consequence of intense physical, affective and cognitive function. It goes beyond the MBI by introducing components of physical and cognitive exhaustion, allowing for the assessment of other occupations where the types of exhaustion are markedly different. In addition, the OLBI does not include professional self-efficacy as a central dimension of burnout (Bakker et al., 2004) but as a possible consequence of it (Koeske & Koeske, 1989). Furthermore, burnout syndrome has been studied in new groups, including teachers, health professionals, security members, students (e.g., Kim et al., 2018; Salvagioni et al., 2017) and unemployed people (Lim et al., 2016). Although it is a syndrome associated with psychophysiological changes and is a highly prevalent disorder in several professional groups, the literature on clergy burnout and volunteers who dedicate their time to ministry activities is scarce (Herrera et al., 2014). In addition, the way that the Church model is perceived may create further conditions for burnout in pastoral ministers. Mager (2013) developed a model which predicts two Church models that differ in their inclusiveness and participation of pastoral ministers which, in turn, may present different demands and different senses of reward, which are connected to burnout.

Some information already exists from international research, but particularly in Portugal, there is scarce knowledge about burnout in pastoral ministers. Portugal is a southern Europe country, with many cultural similarities with Spain and Italy, in the way work is perceived and in the way that central faith values are still a wide influence in many regions of the country. Parishes and their central figures, whether they are priests or pastoral ministers, are still a reference for the communities, sought by those who require some kind of help. Priests often accumulate more than one parish, which increases their workload as there is a higher demand for being close and having personal contact with a higher number of individuals. Therefore, pastoral ministers may be at risk of burnout, for the multiple job requests, even if pastoral ministers are volunteering. Given the risk of pastoral burnout having an impact on spiritual renewal (e.g., Chandler, 2009), it is important to explore their associated factors, from remedial but particularly preventive perspectives.

The comparison with other helping professions (e.g., Adams et al., 2017) might allow us to know more about the phenomenon, its associated factors and its implications.

Therefore, in this paper, we explore burnout in members of pastoral ministers, priests and laymen, exploring factors that might contribute to their symptoms. For a broader analysis of their burnout, a comparison with other professional groups will be presented. Given the few existing studies regarding pastoral ministers' burnout, the existing data regarding other professionals can bring new insight into their burnout and associated factors.

### ***Burnout in clergy, priests, and other pastoral ministers***

The pastoral ministry is a recent concept in the ecclesial and social context and has the functions of planning and coordinating from animation to pastoral activities, as well as guiding and accompanying people. It is also expected that pastoral ministers acquire the necessary skills to achieve this. However, although ministers are becoming increasingly important in church life, their roles are not entirely defined, and their professional status is not acknowledged (Ibarra, 2013).

In Portugal, pastoral ministers are not usually professionals (only priests are), which means that they volunteer to work in their parish and that they accumulate their profession with church work. For priests, it is very common to have more than one parish to run (sometimes even more than two), which means a heavy workload. Sometimes these parishes are located miles apart. Loneliness may be an outcome since they may not be able to establish more connected relationships with parishioners because they tend to need to be somewhere else. However, Francis et al. (2013) compared clergy members who have one congregation with those who have more than one, but they did not find significant differences in emotional exhaustion or satisfaction with their ministries. Thus, there may be other variables influencing the heavy workload and the relationships created.

Studies on priests have focused on group-specific characteristics to study differences in the way burnout may be established. Francis and Crea (2015), in their work with 155 Catholic priests in Italy, found that extraverted priests have better levels of work-related psychological health and burnout than introverted priests. It is something expected since the priesthood does have many interpersonal expectations, which are recognised faster by extroverted people. Their relationship with God appears as central in this matter, according to Isacco and colleagues (2016). These researchers also claim that both celibacy and obedience produce positive outcomes (lower stress and better relationships) and negative outcomes (internal conflict and depression/loneliness), but it is not a given that they are increasing burnout.

Another study (Adams et al., 2017), this time with clergy from the USA, points out a few stressors at work, which include work overload and emotional work. They also think that these results may indicate clergy members are a good example of how to deal with burnout because of the many tasks they have. Milstein and colleagues (2005) point out six task categories: preacher, deliverer of rituals and sacraments, pastor, teacher, organiser and administrator, which demand many different skills and, in turn, sum up many stressors such as role ambiguity, role conflict, role overload, boundary violations, emotional triangulation, emotional isolation, exposure to the crisis, interpersonal attack,

parishioners' need for help and administrative demands are all higher in clergy than on counsellors, teachers, nurses and other workers from health care (Foss, 2002). The latter study also found that there is a positive correlation between clergy burnout and interpersonal demands from dependent parishioners, inadequate opportunity to process emotions, administrative overload, criticism and being unable to delegate. Chandler (2010), in a qualitative study with eight church leaders from different churches, identified personal spiritual practices, excessive ministry demands, definitions of ministerial success, gender issues (felt by female pastors), relational support, encouragement, accountability and relationships with spouses and family as factors. Grosch and Olsen (2000) and Barnard and Curry (2012) add to the list excessive schedule demands, low social support, denominational structures and having to always be on call. DeShon (2012) also claims that the constant transition between roles, which sometimes occurs during the same day, potentially creates work overload. Miner et al. (2010) found in Australia that burnout mediates the relation between internal orientation and satisfaction with the ministry.

Other studies show other burnout factors in the clergy. Miner et al. (2010) claim that burnout is a common condition in pastors, as well as in other helping professions, pointing out stress as a major factor. What causes stress may be specific to the group: rigid work schedules, bureaucracy, denominational structures, the conflict between personal needs and congregational needs, conflicted or impoverished personal relationships and high congregational expectations. Chandler (2009) points to three potential factors that may work to prevent emotional exhaustion, which is a stress dimension of burnout, on pastors: spiritual renewal, rest and support system practices.

Other studies have focused on comparing this group with other groups, such as police officers or healthcare professionals. Herrera and colleagues (2014), for instance, found that priests and referred professional groups exhibit the same proportion of burnout overall, but they are significantly lower on the exhaustion dimension (De la Fuente et al., 2013; Grau et al., 2005). Herrera and colleagues (2014) also tie burnout to the addictive consumption of alcohol and smoking. Adams and colleagues (2017) compare clergy with social workers, emergency response professionals, police, counsellors and teachers and note that clergy have average burnout values. Police and emergency response professionals have higher burnout levels, teachers and social workers have similar burnout and counsellors have lower values on burnout. Chirico (2017), comparing religious and lay teachers in Catholic schools found that this second group present a higher level of burnout. It motives to analyze not only the nature of the groups but also the meaning they give to the tasks they are performing. In the same vein, other studies point out the protective role of spirituality in burnout prevention (e.g., Chirico et al., 2020; De Diego-Cordero et al., 2021; Wachholtz & Ragoff, 2013).

In Portugal, there are no studies on priests, pastoral ministers or clergy burnout. There are few studies on other professional groups. Silva and colleagues (2015) studied a sample from the Portuguese northern interior and found that these professionals differ in burnout levels according to gender (men present more depersonalisation than women) and civil status (married professionals show higher levels of emotional exhaustion, which counters other studies on the subject). From the comparison between doctors and nurses, the latter show less emotional exhaustion, and doctors present higher depersonalisation. João Marôco and colleagues (2016), on a nationwide sample, found that there were no differences between nurses and doctors and that 21.6% presented

moderate levels of burnout and 47.8% presented high levels of burnout. Furthermore, the study notes that professionals who have more time on the job have less burnout and that there is no association with workday duration. The best predictor of burnout is poor working conditions, which are associated with regional differences in those conditions.

The Portuguese reality of burnout is still unfolding, but it seems relatively clear that professionals in the services sector are many times at the frontlines of human suffering, which in turn, is related to high levels of stress and helplessness. Pastoral ministers are also on this frontline and are massively understudied in Portugal. We intend to achieve a better understanding of burnout in this group of professionals and volunteers, exploring the role of personal variables (gender, dyad, marital status, academic level), psychosocial variables (well-being, stress, depression and anxiety), and professional and pastoral experience (years of experience and number of hours per week). For a deeper analysis of these data, a comparison of burnout with other professional groups (teachers and elder care technicians) will also be presented. Although this comparison comprises professional groups and voluntary groups, we intend to compare them on their core, which is the service for others. Teachers, elder care assistants and people that are connected to a parish have that dimension in common.

## Method

### Participants

Data were collected from 64 Portuguese pastoral ministers, mostly females (31, 64.1%) aged 22–81 years old ( $M = 48.08$ ,  $SD = 14.07$ ) who were married ( $n = 35$ , 71.5%) and had higher education ( $n = 39$ , 62.9%). On average, they had 21 years of experience in pastoral ministry ( $SD = 13.7$ ) and dedicate 5.9 h per week to pastoral activities ( $SD = 5.3$ ). In addition, this study included a sample of 192 participants working as elder care assistants and 258 teachers, also Portuguese. In the following table, we present the sample according to each group [Table 1](#).

**Table 1.** Description of the sample.

		Pastoral		Elder care		Teachers	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Sex	Male	23	35.9	7	3.6	52	20.2
	Female	41	64.1	185	96.4	206	79.8
Age	20–29 years old	5	7.8	11	5.7	25	9.7
	30–39 years old	14	21.9	49	25.5	108	41.9
	40–49 years old	18	28.1	83	43.2	81	31.4
	50–59 years old	12	18.8	46	24.0	42	16.3
	60–69 years old	10	15.6	3	1.6	2	.8
	70–79 years old	4	6.3	–	–	–	–
	80 years old or more	1	1.6	–	–	–	–
Civil Status	Single	24	38.1	20	10.4	–	–
	Married	35	55.6	166	86.5	–	–
	Widowed	3	4.8	6	3.1	–	–
	Divorced	1	1.6	–	–	–	–
Education	Primary Education	–	–	29	15.1	–	–
	Basic Education	3	4.8	52	27.1	–	–
	Middle School	3	4.8	85	44.3	–	–
	High School	17	27.4	26	13.5	–	–
	University	39	62.9	–	–	258	100.0

## Measures

A sociodemographic questionnaire was used to collect information about the participants (nationality, gender, age and education). The Portuguese adaptation (Campos et al., 2012) of the Oldenburg Burnout Inventory (Demerouti et al., 2003) was used to measure burnout and the Portuguese version (Pais-Ribeiro & Cummins, 2008) of the Personal Wellbeing Index – Adult (PWI-A; International Wellbeing Group, 2013) was used to measure well-being.

### Oldenburg Burnout Inventory (Demerouti et al., 2003) – Portuguese adaptation (Campos et al., 2012)

This measure consists of 16 items that describe two dimensions of burnout: emotional exhaustion (example: “There are days when I feel tired before I arrive at work”) and disengagement (example: “It happens more and more often that I talk about my work negatively”). The participants should indicate to what extent they agree with each of the statements regarding feelings and attitudes during work between 1 (*strongly agree*) and 4 (*strongly disagree*). Particularly to the group of pastoral ministries, instructions were given to consider items related to their pastoral work. The instrument was adapted for the Portuguese population with good psychometric properties after eliminating two items, one in each dimension (Campos et al., 2012). In the present sample, the total alpha was .813, ranging from .676 in the disengagement dimension to .802 in the exhaustion dimension.

### Personal Wellbeing Index – Adult (PWI-A; International Wellbeing Group, 2013) – Portuguese adaptation (Pais-Ribeiro & Cummins, 2008)

The PWI is a nine-item measure of subjective well-being in life, with an item regarding global life satisfaction and seven specific domain items, namely, the standard of living, personal health, life achievement, personal relationships, personal safety, community connectedness, future security and an optional item about spirituality or religion. All items are answered using an 11-point end-defined rating scale ranging from 0 (no satisfaction at all) to 10 (completely satisfied). This measure was developed in Australia with good validity and reliability (International Wellbeing Group, 2013) and has been adapted to several countries, such as Portugal, with good psychometric properties (Pais-Ribeiro & Cummins, 2008). Reliability in the present sample was that  $\alpha = .871$ .

### Scales of Anxiety, Depression and Stress (DASS-21; S. Lovibond & P. Lovibond, 1995) – Portuguese adaptation (Pais-Ribeiro et al., 2004)

The instrument aims to evaluate symptoms of stress, anxiety and depression, with seven items each: a) depression, which includes dysphoria, discouragement, devaluation of life, self-deprecation, lack of interest or involvement, anhedonia and inertia; b) anxiety, including autonomic system arousal, musculoskeletal effects, situational anxiety, and subjective anxiety experiences; and c) stress, which includes difficulty relaxing, nervous excitement, easily agitated/upset, irritable/exaggerated reaction and impatience. Each item is rated on a four-point scale between 1 – “nothing applied to me” and 4 – “applied to me most of the time”. The scales were validated for the Portuguese population, with good psychometric properties in terms of both validity and reliability (Pais-Ribeiro et al., 2004). In the present sample, reliability was  $\alpha = .902$  on the scales of anxiety, depression and stress, ranging from .757 in anxiety to .825 in depression.

## **Procedure**

Data were collected from a group of participants in advanced training for pastoral ministers in northern Portugal. This advanced training was promoted by the Diocese in the north of Portugal and was only directed to pastoral ministers already performing their pastoral activities to deepen and refresh pastoral procedures. In the first training session, the researchers took the opportunity to present the study and research goals and ask the pastoral ministers to voluntarily participate in this study. The administration was in paper and pencil format after the presentation of the objectives of the questionnaire and informed consent. We clarify during this procedure that only the researchers would have access to the data, the participants would be able to quit the study anytime without giving a justification, and we guarantee the anonymity of the answers (i.e., no personal information – name, address, contacts – was collected). This study followed the principles of the Declaration of Helsinki.

Given this study is enclosed in a wider project, which has as the main goal study the psychosocial risks in distinct professions, the answers of the pastoral ministers were later compared with existing databases the research team previously collected from elder care technicians and teachers. In both cases, data were collected in a non-probabilistic sample for geographical proximity at the authorisation of the institutions and schools of the region. The instruments were delivered in institutions distributed by the collaborators, accompanied by envelopes to guarantee the anonymous character of the participants' answers.

## **Data analysis**

The collected data were coded in IBM® SPSS Statistics 23 and used to obtain descriptive and inferential statistics.

To attend to the specific goals of the study, adequate statistical procedures were performed. We used Pearson's correlation to explore the dependency between two interval variables, as pastoral ministry well-being, stress, anxiety, depression and burnout were related to age and the number of years and hours in the week dedicated to professional and pastoral activities. It was also used to explore the relationship between burnout, stress, anxiety and depression with well-being. The association of burnout, stress, anxiety and depression with an academic degree was tested with the Spearman coefficient. To analyze the differences between groups, Student's t-test was used to compare differences according to gender, and ANOVA was used to evaluate burnout according to marital status or comparing pastoral agent burnout with that of elder care technicians and teachers, with the Tamhane post hoc test for multiple comparisons. Partial eta square was used to evaluate effect size (Cohen, 1988).

## **Results**

### ***Pastoral ministry well-being, stress, anxiety, depression and burnout with personal variables***

Comparing participants' responses about well-being, stress, anxiety, depression and burnout, we did not find any significant difference according to gender ( $p > .05$ ) or marital status ( $p > .05$ ) or a correlation with age ( $p > .05$ ).

### **Well-being, stress, anxiety, depression and burnout with education and professional and pastoral activity**

When we considered the role of education, experience and time dedicated to pastoral activities and professional issues, education was positively correlated with stress ( $r_s = .283, p < .05$ ) and negatively correlated with personal relationships ( $r_s = -.340, p < .01$ ). Despite the lack of correlation between the measures and time dedicated to professional activities ( $p > .05$ ), experience in pastoral activities was related to satisfaction with community connectedness ( $r = .346, p < .01$ ) and satisfaction with spirituality/religion ( $r = .366, p < .01$ ). Hours dedicated to pastoral activities were positively correlated with future security ( $r = .277, p < .05$ ) and exhaustion ( $r = -.313, p < .05$ ) but negatively related to satisfaction with personal health ( $r = -.280, p < .01$ ). A synthesis is presented in Table 2.

Exploring the relationships between well-being, stress, anxiety and depression with burnout, as presented in the following table (Table 3), we can understand the negative correlations, especially with the disengagement dimension. Correlations were moderated with depression ( $r = .483, p < .01$ ), satisfaction with personal safety ( $r = -.397, p < .01$ ) and standard of living ( $r = .389, p < .01$ ). Fewer dimensions were correlated with exhaustion and with lower intensity. However, a significant correlation was found with personal health ( $r = -.261, p < .05$ ), depression ( $r = .402, p < .01$ ) and stress ( $r = .345, p < .01$ ).

### **Compare pastoral ministry burnout with other professional groups (eldercare professionals and teachers)**

When we compared burnout scores between pastoral ministers and other professional groups (Table 4), including elder care technicians and teachers, we found significant differences between groups in disengagement ( $F = 41.734, p < .01$ ) and exhaustion ( $F = 17.900, p < .01$ ) and the total score ( $F = 30.785, p < .01$ ). Pastoral ministers presented

**Table 2.** Wellbeing, stress, anxiety, depression and burnout with education, professional and pastoral activity.

	Education	Dedication to professional activity	Experience in pastoral activity	Dedication to pastoral activity
Global Life Satisfaction	-.119	-.009	.150	.026
Standard of Living	-.084	-.024	.009	.213
Personal Health	.053	-.102	-.189	-.280*
Achieving in Life	-.138	-.001	.045	.119
Personal Relationships	-.340**	-.059	.020	-.127
Personal Safety	-.183	.137	.206	.098
Community-Connectedness	-.095	.205	.346**	.064
Future Security	.015	.001	.241	.277*
Spirituality or Religion	-.207	.098	.366**	.063
Depression	.036	-.178	.175	-.031
Anxiety	.093	-.023	.024	-.037
Stress	.283*	-.090	.075	-.002
Burnout	.027	.026	.198	.219
Disengagement	-.066	-.076	.160	.048
Exhaustion	.011	.040	.225	.313*

Note: \*  $p < .05$ ; \*\*  $p < .01$

**Table 3.** Wellbeing, stress, anxiety, depression and burnout.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Global Life Satisfaction	1														
2. Standard of Living	.807**	1													
3. Personal Health	.365**	.382**	1												
4. Achieving in Life	.761**	.827**	.519**	1											
5. Personal Relationships	.525**	.472**	.205	.451**	1										
6. Personal Safety	.714**	.644**	.229	.661**	.584**	1									
7. Community-Connectedness	.339**	.334**	-.049	.283*	.454**	.457**	1								
8. Future Security	.626**	.662**	.313*	.687**	.391**	.754**	.427**	1							
9. Spirituality or Religion	.568**	.478**	.087	.510**	.458**	.576**	.521**	.472**	1						
10. Depression	-.371**	-.352**	-.314*	-.418**	-.365**	-.572**	-.382**	-.347**	-.259	1					
11. Anxiety	-.282*	-.192	-.171	-.206	-.250	-.305*	-.095	-.290*	-.105	.371**	1				
12. Stress	-.324*	-.202	-.127	-.268*	-.337**	-.462**	-.258	-.216	-.261*	.599**	.574**	1			
13. Burnout	-.261*	-.248	-.208	-.253	-.374**	-.313*	-.219	-.013	-.252	.453**	.125	.350**	1		
14. Disengagement	-.366**	-.389**	-.148	-.291*	-.375**	-.397**	-.289*	-.127	-.289*	.483**	.130	.271*	.867**	1	
15. Exhaustion	-.075	.020	-.261*	-.090	-.226	-.142	-.064	.088	-.082	.402**	.097	.345**	.860**	.542**	1

Note: \*  $p < .05$ ; \*\*  $p < .01$

lower scores in all dimensions. The multiple comparison test of Tamhane allowed us to find differences between pastoral ministers with elder care ( $MD = -.389, p < .01$ ) and teachers ( $MD = -.471, p < .01$ ) in exhaustion. Between elder care and teachers, no differences were found ( $p > .05$ ). In disengagement, there were differences in the dimension of pastoral ministers with elder care ( $MD = -.284, p < .01$ ) and teachers ( $MD = -.678, p < .01$ ) and between elder care and teachers ( $MD = -.394, p < .01$ ). In burnout, differences were found between pastoral ministers with elder care ( $MD = -.800, p < .01$ ) and teachers ( $MD = -.958, p < .01$ ). Partial eta squared ( $\eta^2$ ) values ranged from .066, .090 to .090, that can be considered a medium size effect.

## Discussion

This study aimed to explore pastoral burnout, analyzing the role of personal, psychological, and professional experience and comparing reported burnout with other professional groups. Given the lack of research within the pastoral group (Herrera et al., 2014), mainly constituted by volunteers who dedicate some of their free time to these activities (Ibarra, 2013), potential implications for the understanding of the impact of these activities on this group but also on burnout could be explored.

First, we analyzed participants' well-being, stress, anxiety, depression and burnout in the sample of pastoral agents. We did not find differences in these variables according to gender, civil status or age. This may indicate some homogeneity within the group of different origins and backgrounds, but a common view of their life and a strong relationship with their church and with God makes this service part of their mission and their sense of living (Isacco et al., 2016; Siew, 2013; Webb et al., 2013). Studies that focused on youth who regularly participate in church and religious groups presented similar findings (Michaelson et al., 2014), suggesting a protective role of their involvement in health and well-being, behaviours and prosocial choices.

Despite these personal similarities, the results allow us to understand some differences regarding education, with pastoral ministers with higher education presenting lower satisfaction with their health and higher stress. These results are consistent with the literature, supporting higher levels of stress among white-collar professionals eventually due to the nature of the tasks as well as their acknowledgement of stressors (e.g., Von Bonsdorff et al., 2012) contributing to lower satisfaction with personal health. A higher degree of education is often associated with jobs with higher requirements or associated with a higher demand on the person himself. Another factor that may explain this dissatisfaction among participants with the highest education according to Mager's (2013) research, is the awareness of two conflicting church models. There is a more classical model in which nonclerical pastoral ministers have neither space

**Table 4.** Pastoral ministries burnout with other professional groups.

Dimension	Pastoral (64)		Elder care (192)		Teachers (258)		Statistical Inference	
	M	SD	M	SD	M	SD	F	p
Burnout	4.023	.837	4.695	.698	5.171	1.376	30.785	.000
Disengagement	1.887	.423	2.170	.402	2.564	.769	41.734	.000
Exhaustion	2.136	.531	2.525	.386	2.607	.673	17.900	.000

nor voice; only the execution of previously defined tasks is requested. Their participation is in clear conflict with the most current vision the church has of itself: participatory, inclusive, and more rewarding for all its members. Otherwise, quite possibly there will be a greater demand on oneself and greater awareness of labour demands and representations.

A positive correlation between connectedness to community and spirituality/religion seems to highlight the protective role of spiritual beliefs and dedication to pastoral ministers in burnout (Isacco et al., 2016). As Maslach and Leiter (2016) found, the sense of the meaning of work and values are important predictors or protective factors of burnout; even despite lower satisfaction with personal health, pastoral ministers relate lower exhaustion and positive satisfaction with future security. Additionally, in previous studies (Chandler, 2009), the literature relates lower exhaustion to spiritual renewal, rest and support system practices with pastoral activities assuming a central role in people's lives. And research in different professional fields highlights the protective role of spirituality in burnout prevention (e.g., De Diego-Cordero et al., 2021; Wachholtz & Ragoff, 2013).

When we analyzed correlations between burnout and well-being, depression, anxiety and stress, stronger and more consistent correlations were found with depression and stress. These results are consistent with the literature and reflect correlations with health conditions (Ayala & Carnero, 2013; Poghosyan et al., 2010). Some symptoms of burnout are similar to depression and stress, and it is well-documented how this persistent stress can lead to burnout and depression (Salvagioni et al., 2017). In fact, a recent meta-analysis suggests a relationship between constructs, but there is no conclusive evidence that they are the same or overlapping construct (Koutsimani et al., 2019). Given their nature, burnout-associated occupation-specific factors are distinct from anxiety and depression (Maslach et al., 2001). In fact, the limits of these frameworks still feed ongoing theoretical debates (Bianchi et al., 2014; Koutsimani et al., 2019; Schonfeld et al., 2018). Burnout also correlates negatively with well-being, with stronger correlations between disengagement and global life satisfaction, the standard of living, personal relationships and personal safety.

In group comparisons, the sample of pastoral ministers presented lower levels of burnout, both in disengagement and exhaustion, as in the measure's total score. As presented in the literature review, there are some inconsistent comparisons, whether finding a lower exhaustion dimension (De la Fuente et al., 2013; Grau et al., 2005; Herrera et al., 2014) or similar comparisons to teachers and social workers (Adams et al., 2017). According to the literature, high job demands and low possibility of exerting control in tasks are key issues in burnout (Aronsson et al., 2017). We might acknowledge that, given the nature of these tasks, the volunteer character, use of leisure time, and especially adjustment to personal values, a possible explanation might be attributed to the meaning of these tasks by pastoral ministers (Maslach & Leiter, 2016). Involvement in church activities and appraisals from priests and the community might be protective against exhaustion and disengagement that characterise burnout. Additionally, the adjustment of demands, involvement in scheduling and activities, and the possibility to participate and exert control might have an important place in the level of burnout of pastoral agents. At a time when pastoral ministers are being called for an increasing number of important activities in church life, it is important to be

aware of their difficulties and stress to maintain their health and well-being in the fulfilment of their mission.

## Conclusion

The present study led to three main conclusions. First, pastoral ministers' burnout appeared to be independent of gender, age, civil status, education, number of hours dedicated to professional activities and experience with pastoral activities. Second, burnout in pastoral ministers was not correlated with education, time dedicated to professional activity or experience with the pastoral activity. Only weekly dedication to pastoral activities was positively correlated with exhaustion. Third, burnout in pastoral ministers was positively correlated with stress and depression and negatively correlated with well-being. Exhaustion was only related to a higher number of hours dedicated per week to pastoral activities, and burnout was negatively associated with global life satisfaction, satisfaction with personal relationships and personal safety. Finally, there were lower levels of burnout among pastoral ministers than among teachers and elderly caregivers.

Apart from these contributions, we must consider some limitations of the study. First and most important, there was a small number of participants, particularly the pastoral ministers' sample. We used parametric tests that are robust, but a second study with a higher number of participants would be important to validate the conclusions. Additionally, participants in the study were pastoral ministers in the Portuguese context, and therefore it compromises the possibility of generalisation of the findings. Future studies with a higher sample size and diversity in demographic characteristics could be important to observe if the same pattern of results is replicated and broaden the findings of this research. In the future, considering qualitative data collection or other measures of activity demands and characteristics of pastoral organisation might allow us to obtain a deeper understanding of burnout in this population.

Although burnout levels are lower in pastoral ministers, when compared to elder care technicians and teachers, the Church's policymakers should understand that burnout is a reality in this context. Therefore, we consider that burnout, specifically, and mental health in a broader sense, should be acknowledged as a reality that may catch up on pastoral ministers. Especially in the case of priests, whose formation is directly dependent on the Church, there should be an effort to deconstruct the notion, culturally embedded, that mental health will never be an issue among the group and develop the needed sensitivity to accept this condition in oneself and others. Another idea that seems to be culturally embedded and needs to be deconstructed is that consecrated vocations are superior and that, therefore, there is no room for what is often confused with weakness, tiredness and doubt. Besides, this, priests are usually known to be lonely figures. The Church organisation should encourage them to find support both in other priests and in parishioners with whom priests may develop a closer relationship. A culture of responsibility from each one to each other may help to recognise when something is not right and the right support, to get the needed help. Finally, the promotion of lifelong learning activities might be intentionally developed as a preventive strategy for these groups, to prevent risks and promote health. It might allow priests and pastoral ministers to create and strengthen new social networks and allow reflection and spiritual growth.

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