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Life Stress, Coping, Perceived Health, and Health Outcomes Among Eastern Orthodox Clergy

Athina-Eleni G. Mavroudis, PhD

Problem
Members of the clergy report higher chronic conditions, such as diabetes, cardiovascular disease, obesity, anxiety, and depression (amongst many others) and fatality compared to their non-clergy counterparts, when controlled for age.

Clergy chronic health conditions negatively impacts parishioners and clergy families.

Theory or Framework
Self-Regulation Theory or SRT (Muraven & Baumeister, 2000; Vohs & Ciarocco, 2004) has been extensively used to study health outcomes. SRT is a system of conscious personal management that involves the process of guiding one’s own thoughts, behaviors, and feelings to reach goals.

Relevant Scholarship
Stress and coping may impact health in clerical populations (Proeschold-Bell & LeGrand, 2012) and may pose a threat to their effectiveness in meeting parish needs (Wells, 2007).

Health perceptions and actual health outcomes (chronic disease) are over or under-reported in clergy (Cutts, Gunderson, Proeschold-Bell & Swift, 2012)

Clergy exhibit higher stress and mortality rates in relation to non-clergy counterparts (Doolittle, 2007 & Wells, 2007).

According to Doolittle (2007), extensive research has been conducted on burnout, life stress, and empathy fatigue but limited social science research on other aspects of clerical stress, such as stress resiliency and coping styles.

Research Questions

RQ1: To what extent does life stress relate to actual health outcomes?
RQ2: To what extent does positive coping relate to health outcomes?
RQ3: To what extent does negative coping relate to health outcomes?
RQ4: To what extent does religious coping relate to health outcomes?
RQ5: To what extent does health perception relate to health outcomes?
RQ6: To what extent does age relate to health outcomes?
RQ7: To what extent does time in ministry relate to health outcomes?

Participants
A convenience sample of 129 Eastern Orthodox clergy were drawn from a target population consisting of married Eastern Orthodox clergy residing in the United States with parish sizes between 250 to 300 parish families, literate in English, working in ministry for at least 5 years and living in the US for at least 5 years.

Only participants who met the inclusion criteria above were asked to participate in the survey.

Procedures
An online survey was distributed and included:
- Social Readjustment Rating Scale (Holmes & Rahe, 1967)
- Brief COPE Inventory (Carver, 1997)
- Brief Religious COPE Inventory (Pargament, Koenig, & Perez, 2000)
- 12-Item Short Form Health Survey (Ware, Kosinski, & Keller, 1996)
- Chronic Disease Self-Report Measure (Schry et al., 2015)

Analysis
An ordinal logistic regression was used to understand the predictive relationships in this study. The analysis controlled for alpha inflation ($p < .007$).

Findings
Negative coping ($p = .003$) and age ($p < .001$) were predictive of chronic health problems. As negative coping and age increased, chronic disease reports increased as well.

Life Stress, positive coping, religious coping, health perceptions, and years in ministry were not predictive of chronic health problems ($p > .05$).

Interpretation
The results align with the SRT in that, as individuals employ negative coping styles, self-regulation begins to decrease and leads to higher rates of chronic disease. In addition, as age increases, self-regulations decreases.

It is interesting that some expected predictors did not predict the outcome of chronic conditions, which is contradictory to previous research findings.

Limitations
Possible limitations include
- Sampling method
- Response bias (working with clergy)
- Lack of ability to identify causality
- Potential confound variables
- First time this population has been studied.

Recommendations
Increase variability in ethnicity and relationship status of participants.

Conduct additional research identifying potential mediating factors, such as stress resiliency.

Collect qualitative data through interviews and case studies to understand the lived experience of individuals who chose this occupation.

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