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# Life Stress, Coping, and Health in Eastern Orthodox Clergy

Athina-Eleni Goudanas Mavroudis  
Walden University, amavroudis@hchc.edu

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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.

## Purpose

The purpose of this correlational study was to examine the relative influence of stress, coping, and perceived health on actual health outcomes (chronic disease) in Eastern Orthodox clergy residing in the United States.

## Significance

Research on predictor variables' influence on actual health outcomes in relation to stress and coping in clerical populations is limited, despite having effects on parishioners.

There was a gap in social science research on how stress, coping, and health perceptions influence health outcomes (chronic disease) in clergy.

## Social Change Implications

Society members view organized religion as having a positive effect on society, so the overall health of the clergy supports that assertion, These clergy provide significant value to their clergy families and parishioners

Clerical policy development and increased societal awareness of challenges and expected perceptions of clergy behavior by society and parishioners.

## 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, literacy 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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