

## THESIS ABSTRACT

Master of Public Health

Adventist University of Africa

School of Postgraduate Studies

Title: SOURCES, TYPES OF STRESS, STRESS BURNOUT,  
AND THEIR COPING STRATEGIES AMONG GOSPEL  
MINISTERS IN GHANA

Researcher: Prince Kwasi Amoako

Primary Advisor: Daniel Ganu, DrPH

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Stress is a common issue that affects individuals in various fields, including the clergy. This study aimed to identify the sources and types of stress encountered by gospel ministers in Ghana and their coping strategies. The study used a cross-sectional descriptive research design and a quantitative approach to analyze data collected from a target population of 500 gospel ministers in the Central Region of Ghana. The sample population for the study was 217 ministers selected using the simple random technique and purposeful techniques. The research revealed that gospel ministers face stress from various sources, including meeting schedules, church programs, sermon preparation, church finances, and home and church demands. The study also identified acute stress, episodic stress, and chronic stress as the main types of stress encountered by ministers. While most of the ministers did not visit professionals to be diagnosed, they mentioned the stress they experienced. The study found a positive relationship between age, years of employment, marital status,

and stress burnout. Coping strategies used by ministers included annual leave, reducing daily work schedules, delegating duties, quality sleep, regular physical exercise, religious activities, and seeking help from professionals, friends, and spouses. In conclusion, stress is a significant concern for clergy people and should be appropriately managed to avoid health challenges. The study recommends that ministers should regularly check their health status with medical practitioners to maintain their physical and mental well-being.

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A thesis  
presented in partial fulfillment  
of the requirements for the degree  
Master of Public Health

by  
Prince Kwasi Amoako

February 2023

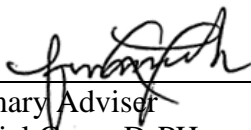



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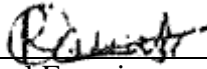
APPROVAL BY THE COMMITTEE

  
\_\_\_\_\_  
Primary Adviser  
Daniel Ganu, DrPH

  
\_\_\_\_\_  
Program Coordinator, MPH  
Janet Odhiambo, DrPH

  
\_\_\_\_\_  
Secondary Adviser  
Janet Odhiambo, DrPH

  
\_\_\_\_\_  
Head of Applied Sciences Department  
Lossan Bonde, PhD

  
\_\_\_\_\_  
External Examiner  
Rosabella Iseme, PhD

\_\_\_\_\_  
Dean, School of Postgraduate Studies  
Lossan Bonde, PhD

Extension Site: AUA Main Campus

Date: February 2023

This work is wholeheartedly dedicated to my Creator and Designer, my dear wife,  
Felicity Akyaah, my sons and daughter, and Prof. Josephine Ganu.

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## LIST OF ACRONYMS

AUA	Adventist University Of Africa
EMDR	Eye Movement Desensitization and Reprocessing
MBSR	Mindfulness-Based Stress Reduction
PTSD	Posttraumatic Stress Disorder
SPSS	Statistical Package for Social Sciences.
SSRIs	Selective Serotonin Reuptake Inhibitors
STS	Secondary Traumatic Stress
USA	United States of America
VRET	Virtual Reality Exposure Therapy
VT	Vicarious Trauma

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## CHAPTER 1

### INTRODUCTION

#### **Background to the Study**

In recent times, studies have shown that modern lives globally and locally have all been impacted by stress (Salari et al., 2020). Stress is a part of the daily routine for human beings and according to Melgosa (2013), only the most effective people can withstand it. Stress is usually caused by a variation of factors. This includes time and work constraints, pressure at work, pressure from opinion leaders, disasters, dating or relationship issues, noise, pollution, financial constraints, and a lack of confidence (Stranks, 2015). Stress can also be a naturally occurring data that is much more difficult to be avoided in normal human life (Stöppler and Dryden-Edwards, 2022).

False charges level against ministers in Ghana, the heavy burdens of church members, abundant responsibilities, large congregations, insufficient rest due to emergency cases, physical attacks from the church leadership and members alike, unsolvable disputes within the church and among the leaders, prolonged church board meetings are all sources of stress among gospel ministers or workers (Amoako, 2021).

Stress burnout is a psychological syndrome of overtiredness, cynicism, and feebleness in the workplace. It is considered to be an individual stress experience embedded in a context of complex social relationships, and it involves the person's conception of both self and others on the job. Unlike unidimensional models of stress, this multidimensional model conceptualizes burnout in terms of its three core

components. Burnout is a cumulative stress reaction to ongoing occupational stressors. With burnout, the emphasis has been more on the process of psychological erosion and the psychological and social outcomes of this chronic exposure, rather than just the physical ones. Because burnout is a prolonged response to chronic interpersonal stressors on the job, it tends to be stable over time (Spencer, Winston, and Bocarnea, 2012).

Stress has had a very great impact on all kinds of men including clergy as well. Globally, more recent studies have shown that about fifty percent of Swedish Non-Lutheran Clergy leave the field of pastoral work even before retirement which has resulted in high percentages of personal, financial, psychological, emotional, spiritual, and social costs due to the stress they go through while feeding the flocks of God (Rosendahl and Rosendahl, 2020). Stress has become a challenge among Clergy and gospel workers in Ghana as well. Because of an individual's response to strain from their surroundings, stress could be both emotional and physical pressure. Tension, impatience, inability to concentrate, irritation, and a variety of body indicators such as headache and a rapid heartbeat are some of the most frequent stress reactions (Sievert and Obermeyer, 2012).

In diverse ways, the term "stress" has been defined. The word "stress" comes from the Latin word "*stringere*," It was first used in the seventeenth century to describe trouble or affliction. It is, however, defined as any type of change that causes physical, emotional, or psychological strain. Stress is one's body's response to whatsoever that requires attention or action (Sievert and Obermeyer, 2012). Stress, according to Parveen (2016), is the process by which the body adapts to a particular challenge and how it progresses to meet difficult situations with increased consciousness, strength, stamina, and attentiveness. Stress can sometimes come from

unusual sources, such as a combination of work responsibilities, marital troubles, and the weight of our children (Parveen, 2016).

According to Anyetey (2018), there are three different types of stress. These are; acute stress, Episodic stress, and Chronic stress, which can all be detected through a variety of symptoms such as illness or absence, disciplinary acts or compliance, a lucky break or incident, seeking help from coworkers or counseling, a low mindset, and esteem for the task, frustration, irritability, and anger. Chronic stress is the most serious of all these types of stress. Ignoring the early signs of the other two types of stress leads to chronic stress.

A stressed system is solemnly a specific connectedness between the person and the environment which is measured by people's assets and poses a risk of threat to the well-being. Personality changes also have an impact on the stress equation because what one person finds overburdening can terrify or frighten another. Nevertheless, since the mid-1950s, stress has been well-established as a working faculty of anxiety. Occupational stress has been identified as a serious health issue in all manner of forms (Jennings, 2008).

According to a study conducted in the United States by Spencer et al. (2012), two key variables stand out as major sources of stress among clergy: vision conflict and compassion fatigue. Spencer et al. (2012), explain vision conflict as "the gap between a minister's optimistic anticipation of his/her contribution to the ministry and the experience itself." Compassion fatigue is a word that is widely used in the context of burnout (Parveen, 2016). Compassion fatigue is a type of burnout that affects persons who work in the healthcare field. In this study, the qualitative approach will be used to determine the actual sources of stress and pragmatic management that occur among gospel ministers in Ghana.

## **Statement of the Problem**

Although many scholars have focused on stress among gospel ministers and their well-being for the past 20 years, the problem and incidence of stress among gospel ministers or workers keep on increasing globally (Buchanan and Preston, 2014). According to Folkman (2008), gospel ministers were depressed most of the time. A little more than 40% did ponder leaving the vocation altogether. According to Stone (2015), some gospel ministers are becoming increasingly tired, despondent, and leaving the ministry completely. The general problem addressed in the research conducted was that stress among gospel ministers remains a major concern in recent times.

It has been noticed that many Ghanaians behave like healthcare seekers, seeking help from pastors, reverend ministers, and other clergy members in difficult times to seek solutions to their troubles and other needs. This put extra strain and demands on the clergies and their usefulness in mental health care is jeopardized (Asamoah, Osafo, and Agyapong, 2014).

Seeking assistance from religious leaders and clergy members for personal and mental health issues is not unique in Ghana; rather, it is a practice that is commonly found in many cultures across the globe. According to Asamoah et al. (2014). In Ghana, this practice places additional strain and demands on clergy and jeopardizes their usefulness in mental health care.

The practice of seeking help from clergy members for mental health issues is often driven by cultural and religious beliefs, as well as a lack of access to formal mental health services. Many Ghanaians believe that spiritual and religious interventions are more effective than conventional medical treatments for mental

health issues. Additionally, some individuals may not have access to mental health services due to financial, geographical, or cultural barriers (Owusu and Hart, 2018).

While seeking help from clergy members can be beneficial for some people, it can also place additional strain and demands on these people, especially if they are not trained or equipped to deal with complex mental health issues. In some cases, clergy members may provide inappropriate or harmful advice or treatment, which can worsen or delay the individual's mental health recovery.

There are quite several stressors experienced by the clergy. These comprise anxiety, emotional labor, stress, and burnout (Staley, Connors, Hall, and Miller, 2018). This, in turn, brings responsibility to the clergy and subsequently subjects them to pressure. This is disturbing because many clergies show a level of low degrees of well-being, high degrees of burnout, and even experience work-family conflict and job satisfaction (Wang et al., 2014). This is because the clergy has no or less knowledge of the issues of stress. The clergy, therefore, needs to be in good mental health to provide help to their congregation. The present study focused on sources, types of stress, and coping strategies among gospel ministers in Ghana.

### **Research Objective**

The main research objective of this thesis was to determine the sources and types of stress and their coping strategies among gospel Ministers in Ghana. The research was focused on ministers in the central region of Ghana.

### **Research Questions**

This research was conducted to address the following questions:

1. What is the demographic profile of the gospel ministers in Ghana?
2. What are the actual sources of stress among gospel ministers in Ghana in terms of the various sources of stress as indicated?

3. What are the types of stress encountered by the gospel ministers in Ghana in terms of acute and chronic stress?
4. Is there a significant relationship between sources of stress and stress burnout among gospel ministers in Ghana?
5. Is there a significant relationship between types of stress and stress burnout among gospel ministers in Ghana?
6. Is there a significant relationship between stress coping strategies and stress burnout among gospel ministers in Ghana?
7. Is the effect of stress burnout among the gospel ministers in Ghana influenced by:
  - a. Age?
  - b. Marital status?
  - c. Years of employment?
8. What are some of the strategies that can be used to manage stress?

### **Null Hypothesis**

Based on the research questions the following hypotheses were formulated:

1. There is no statistically significant relationship between sources of stress and stress burnout among gospel ministers in Ghana.
2. There is no statistically significant relationship between types of stress and stress burnout among gospel ministers in Ghana.
3. There is no statistically significant relationship between stress coping strategies and stress burnout among gospel ministers in Ghana.
4. The effect of stress burnout among gospel ministers in Ghana is not influenced by:
  - a. Age
  - b. Marital status
  - c. Years of employment

### **Conceptual Framework**

Stress in general is said to be the leading influence of many setbacks among humans. The frameworks predict the stages in which stress moves to its final stage. It also includes the types and the sources of which they all fall under the independent

variables. The moderating variables also include age and other factors like years of employment. The final stage includes the dependent variable which is stress burnout. The schematic diagram below illustrates the conceptual framework by clarifying the dependent variable, moderating variables, and the specific independent variables under study.

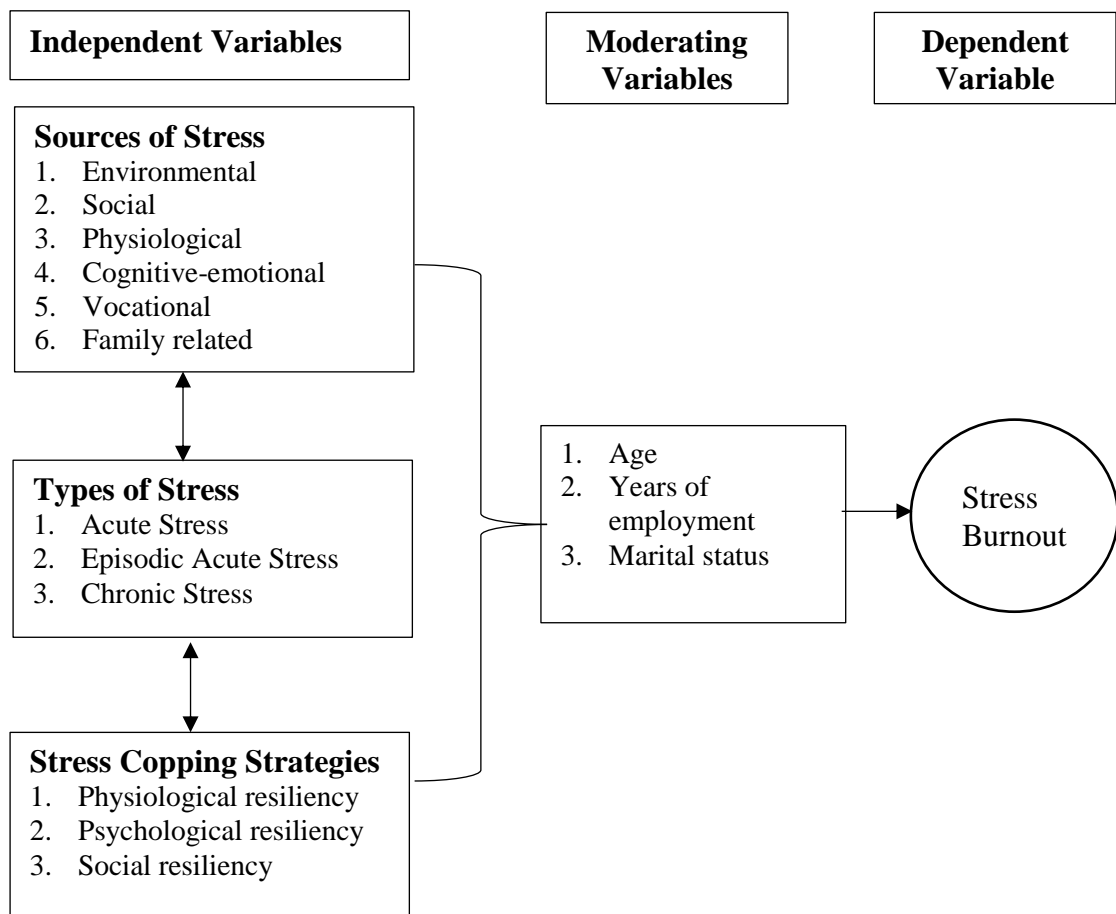


Figure 1. Conceptual Framework

### Significance of the Study

This study focused on the leadership roles of clergy in Ghana and the potential impact of stress and burnout on them. Traditional leadership styles, where pastors are seen as heroes and expected to handle all aspects of church and personal life, are still

prevalent in some churches in Ghana today. As a result, there is a lack of emphasis on delegation and workforce empowerment, which could lead to high demands on pastors and potential burnout (Ward, 2012). Despite the growing trend of stress and burnout among clergy worldwide, the hierarchical structure and leadership model in many churches have remained largely unchanged (Ward, 2012).

According to Huizing (2010), churches in Ghana have failed to critically examine their assumptions about leadership, which may contribute to stress and burnout among the clergy. Chaves et al. (2016) noted that stress and burnout are major concerns in modern-day clergy style. The purpose of this research, therefore, was to identify the sources and types of stress experienced by gospel ministers in Ghana and to examine their coping strategies as well.

This study aimed at contributing to a better understanding of the challenges facing clergy in Ghana and providing recommendations for improving their well-being. By shedding light on the sources and types of stress and their coping strategies, this research was informed by the interventions and support systems for pastors in Ghana.

### **Significance to Social Change**

Increasing congregants in some countries and cities is one major potential of this research. Normally, Clergy who are paid based on their profession leads congregational passivity, as some church congregants expect the clergy to be responsible for all church activities (Ward, 2012). Changing church power dynamics begins with a better understanding of the cultural assumptions around leadership. This act of total dependency is responsible for preserving the system as it is and frustrates its efforts to become what it can be. According to Ghahramani, Mourkani, and Panahi (2015), giving church organizations insight into the structures that prohibit the

empowerment of the everyday churchgoer, can give them the power to make positive changes and hence also help to relieve the clergy of heavy loads that tends to overburden them leading to stress burnout.

Another implication is that a more rigorous checkup of clergy burnout could hearten pastors to take on more facilitating roles rather than doing so much of the ministry themselves. Elkington (2013) argued that the realities of clergy burnout should not be ignored which is relevant in everyday life activities. The heroic view expectations of church leadership are unhealthy (Ward, 2012). When clergy parts arms of leadership activities, it normally results in less stress on them through their least responsibilities to empower church members. Church leadership for that matter, would serve as organizers and developers, carrying fewer day-to-day responsibilities.

Finally, in this study, the focus of the research is to determine the sources and types of stress and their coping strategies among gospel ministers in Ghana. Empowerment of the congregants to become who they are. On the other hand, it produces possession, which originates people to care about the mission and success of the organization and hence relieves the clergy of stress burnout (Wilder, 2013).

### **Significance to Cultural Change**

Because pastors and or ministers are so important in forming Ghanaian society's culture and traditions, stress among pastors in the country has a substantial impact on cultural change. Pastors are important people in the Christian community and since Ghana is primarily a Christian nation, most people look to them for advice and instructions.

Pastors' capacity to effectively lead their congregation and achieve cultural change can be significantly impacted by stress and mental health issues. For instance, overworked pastors could lack the drive or enthusiasm to champion cultural ideals

that are significant to Ghanaian cultures, such as social justice, gender equality, and community development. This may impede efforts to bring about cultural transformation and move society closer to being just and equal. By enabling pastors to promote positive cultural values and persuade their congregation towards positive cultural change, alleviating pastor stress, on the other hand, can promote cultural change more successfully.

For instance, a Ghanaian study discovered that pastors who received mental health care were better able to manage the rigors of their position, leading to higher work satisfaction and a more optimistic outlook toward cultural transformation (Addo-Atuah, Owusu, Koomson, and Mprah, 2020). Because pastors have a huge influence on forming Ghanaian culture and traditions, stress among pastors in Ghana is important to cultural transformation. Taking care of pastors' stress can result in more effective leadership and the promotion of positive cultural values, which will advance the growth and welfare of Ghanaian society.

### **Significance to the Ministry of Health**

Stress is now a communal problem that people from all walks of life have been affected by one's corporal and psychological health. Therefore, the Ministry of Health must investigate stress since it can help them create efficient interventions and regulations to lessen the burden of illnesses brought on by stress. The Ministry of Health can benefit significantly from stress research in the following ways:

Identifying those at high risk for illnesses caused by stress: By examining stress, researchers can pinpoint populations that are particularly vulnerable to stress-related illnesses, such as those who work in high-stress environments, have a history of mental illness, or are going through life-changing experiences. Recognizing how stress affects health outcomes: Numerous unfavorable health consequences, including

heart disease, mental health issues, and weakened immune systems, have been related to stress. Researchers can develop prevention and treatment techniques by studying stress to better understand how it affects these health outcomes (American Psychological Association, 2017).

Evaluating the efficacy of methods for stress management: There are numerous interventions for managing stress, including mindfulness-based interventions, CBT, and relaxation techniques. Researchers can assist the Ministry of Health in determining the best methods for reducing stress in various populations by researching the efficacy of these interventions.

Creating stress-reduction policies for the workplace: Workplace stress is a serious problem that can cause employee turnover, reduced productivity, and absenteeism. Researchers can assist the Ministry of Health in creating policies to lessen workplace stress and support employee wellbeing by researching workplace stress (Lippman and Moore, 2014).

### **Significance to Health Professionals**

Health practitioners should be concerned about the prevalence of stress among Ghanaian pastors since stress can negatively affect both corporal and psychological health. Pastors in Ghana, according to research in the *Journal of Religion and Health*, endure significant levels of stress because of a variety of issues such as severe workloads, financial challenges, and family demands (Boateng and Amissah, 2017).

The emergence of mental health issues like depression and anxiety is one of the main effects of stress. According to research in the *Journal of Mental Health Counseling*, pastors who are under a lot of stress are more possible candidates (Eskridge and Lane, 2017). Stress can also result in physical health issues like hypertension and cardiovascular disease (Shapiro, 2013).

Furthermore, stressed-out pastors may be more inclined to resort to unhealthy coping mechanisms like substance misuse. In a study that was published in the *Journal of Addictions Nursing* researchers discovered that stressed-out pastors were more possible candidates to abuse alcohol and other drugs (Miller, Miller, Martinez, and Logan, 2018).

### **Significance to Other Researchers**

Stress among Ghanaian clerics is a major source of worry for scholars in numerous ways including psychology, sociology, and religious studies. Researchers can help discover effective measures for increasing the well-being and effectiveness of pastors and their congregations by better understanding the sources and effects of stress among clergymen in Ghana.

Several studies have underlined the importance of stress among Ghanaian priests. A study published in the *International Journal of Stress Management*, for example, discovered that vocational stress was an extravagant predictor of job satisfaction among Ghanaian pastors, emphasizing the importance of addressing vocational stress in promoting job satisfaction and well-being among pastors (Amponsah-Tawiah and Annor, 2016). Another study published in the *European Journal of Business and Management* discovered that role overload was a strong predictor of workplace stress among Ghanaian clergy, emphasizing the need of controlling workload and role expectations in fostering pastor well-being (G. O. Boateng and Agyemang, 2017).

Exploration of cultural and contextual factors that contribute to stress among Ghanaian priests is one area of research that could be particularly beneficial. Cultural views on psychological health and the expected duties of clergy in the community, for example, may influence stress experiences and the effectiveness of interventions

targeted at boosting well-being among pastors. Furthermore, variables such as poverty, social injustice, and political instability may have an impact on pastors' and their communities' stress stages.

Other research has concentrated on the cognitive-emotional and family-related stressors faced by Ghanaian clerics. A published study in the *Journal of Psychology and Theology*, for example, discovered that social support and emotional labor were key predictors of cognitive-emotional distress among Ghanaian pastors (Asumeng and Asante, 2018). Again, another study published in *Mental Health, Religion, and Culture* discovered that while Ghanaian pastors played a vital role in treating mental health concerns, they also encountered major barriers in doing so within their congregations and communities (Osafo, Knizek, and Akotia, 2016).

Further research on stress among clergymen in Ghana can help to identify additional sources of stress and the specific ways in which stress impacts pastors' mental health, physical health, and overall well-being. Researchers can also explore the effectiveness of different interventions and strategies for managing stress among pastors and promoting their overall health and well-being.

To conclude, stress among clergymen in Ghana is a major source of worry for researchers. To make a concrete generalization of these findings, more researches need to be conducted concerning the causes and consequences of stress among pastors, as well as effective stress management and well-being measures in this community.

### **Scope and Limitations**

The goal of the study on stress among Ghanaian pastors was to identify stressors and examine how stress affects pastors' mental health and general well-being. The prevalence of stress among Ghanaian pastors and their coping skills may

potentially be investigated in this study. Research may also look into how social and cultural factors affect stress levels among Ghanaian pastors. A drawback of the study on stress among Ghanaian pastors was the possibility of bias in data collection. Pastors who felt awkward discussing their mental health or stress levels made it difficult for researchers to get honest responses. Moreover, because of variables including geographic area, denomination, and years of experience, the study may not accurately reflect the experiences of all pastors in Ghana.

To mitigate potential bias in data collection, the researcher strived to create a safe and conducive environment for participants to share their experiences. The researcher ensured confidentiality and anonymity in the data collection process, allowing participants to respond truthfully and faithfully without fear of repercussions. Additionally, the researcher used a combination of quantitative and qualitative data collection methods to ensure a comprehensive understanding of the topic. To address the limitations of the study not accurately reflecting the experiences of all pastors in Ghana, the researcher clearly defined the scope and limitations of the study in the report. He acknowledged that the results were limited to the selected geographic area, denominations, and years of experience.

To address the limitation of the study being questionnaire-based and not capturing the full range of experiences, the researcher included open-ended questions in the questionnaire, this allowed participants to share their experiences in their own words. Additionally, he conducted follow-up interviews with a subset of participants to gather more in-depth data.

As a result, even while studies on stress among Ghanaian pastors had the potential to shed light on the mental health of pastors and aid in the creation of useful therapies, it was critical to recognize and deal with the research's limitations.

Potential bias in data collecting, a lack of complete data, and a lack of adequate resources for mental health support are but a few examples of these shortcomings.

Finally, to address the limitation of inadequate resources for mental health support, the researcher highlighted the need for more support for pastors' mental health in Ghana in the report. He also provided recommendations for mental health support for pastors, including training programs for pastors and access to mental health professionals.

### **Operational Definition of Terms**

1. **Burnout:** A syndrome of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment that comes from prolonged exposure to stress.
2. **Cognitive-Emotional:** the ability to recognize and interpret the emotions of others, notably from such cues as facial expression and voice tone, and to interpret one's feelings correctly.
3. **Coping:** having the ability to face responsibilities, problems, or difficulties calmly or adequately.
4. **Environmental:** relating to the natural world and the impact of human activity on its condition.
5. **Family Related:** this is a group of people related by blood.
6. **Physiological resiliency:** the capacity to maintain adequate function and structure at molecular and cellular levels by adapting or changing to specific challenges.
7. **Physiological:** relating to the branch of biology that deals with the normal functions of living organisms and their parts.
8. **Psychological resilience:** refers to the phenomenon that many people can adapt to the challenges of life and maintain mental health despite exposure to adversity.
9. **Social resiliency:** A single fragile flower grows out of dried and cracked earth. A Google picture search for the term "resilience" shows multiple variations of this image.
10. **Social:** relating to society or its organization.
11. **Vocational:** (of education or training) directed at a particular occupation and its skills.

## CHAPTER 2

### LITERATURE REVIEW

This chapter reviews related literature on the subject at hand while focusing on the study's major topics. The following themes are considered in the review: Types of stress, Sources of stress, and Stress coping strategies among ministers of the gospel.

#### **Sources of Stress**

Stress is a multifaceted reaction that influences our physiology, behavior, cognition, and emotions. It occurs when people believe that the demands, they face are greater than their abilities to meet those demands. Different professions have different means of locking themselves under stress. Stress as far as it exists can either have a neutral, negative, or positive effect on the individual.

Apart from the negative impact, significant positive occurrences may also be stressful as they involve changes to which individuals may cope. Stress resulting from negative events is referred to as distress while eustress is stress caused by positive events (Stöppler and Dryden-Edwards, 2022). Christian literature has got numerous stressors that affect their leaders (Ministers of the gospel) in different ways which include the following (Parveen, 2016).

#### **Environmental**

Environmental stress refers to how people or animals respond to the physical, chemical, and biological features of their environment, according to some Christian pieces of literature, stressors come to Christian leaders (Ministers of the gospel) in different ways which include the following (Parveen, 2016).

Environmental sources of stress are stressors that are derived from our physical environment and can affect our psychological and physical well-being. This type of stress is related to the environment and its inhabitants that cause it. Postural stress, emotional stress, dental stress, and nutritional stress are all examples of environmental stress. Their effects limit productivity, reproductive success, and ecosystem development. It impinges upon the five senses and pertains to the faculty of tangibility and concreteness.

Another physiological stressor is the term “pain”. It is a process whereby the body reacts to a noxious agent that attacks its structure (Parveen, 2016). However, it is a big caveat. It would be a mistake to consider this physical illness as a stressor, that is an illness (especially if accompanied by pain) has a way of affecting the mind by producing negative thinking, negative self-appraisal, hopelessness, mental fatigue, and other effects on the person’s spirit, attitude, and worldview (Global Organization for Stress, 2018). Some examples of environmental stress include natural and artificial disasters, noise, and many others. Natural stressors do not always have negative consequences. Some people, populations, and communities may benefit from the effects of natural stress, while others may suffer some harm (Cohen et al., 2013).

However, stressors associated with human activities are becoming the most important influence on species and ecosystems. Anthropogenic stressors are causing significant damage to resources needed to sustain people and economies, as well as to natural biodiversity and ecosystems in far too many cases (Cohen et al., 2013). It is imperative to note that environmental stressors can vary widely based on geographic location and individual circumstances:

1. Natural disasters: Natural disasters such as hurricanes, wildfires, and flooding can have a significant impact on an individual’s physical and psychological well-

being, including PTSD, anxiety, and depression. (Lowe, Rhodes, Zwiebach, and Chan, 2021).

2. Noise pollution: Noise pollution from traffic, industrial equipment, and other sources can disrupt sleep, cause hypertension, and raise stress hormone levels (Birkeland, Heir, Einvik, Skogstad, and Jensen, 2019; WHO, 2011).
3. Air pollution: Air pollution has been linked to respiratory problems, cardiovascular disease, and increased stress hormone levels (Balmes, Eisen, and Christiani, 2019; Gao et al., 2018).
4. Climate change: Climate change and its consequences, such as extreme weather events, rising sea levels, and biodiversity loss, can cause physical and psychological distress, such as anxiety, depression, and PTSD (Cunsolo and Ellis, 2018; Whitmore-Williams, Manning, Krygsman, and Speiser, 2017).
5. Light pollution: Light pollution, or exposure to artificial light at night, can disrupt sleep patterns, suppress melatonin production, and increase the risk of a variety of health problems, including obesity, diabetes, and cancer (Stevens et al., 2011).
6. Crowding: Living in densely populated areas, such as cities or overcrowded housing, can cause stress, anxiety, and social isolation (Aneshensel and Wright, 2019).
7. Green space: Access to green spaces, such as parks and gardens, has been shown to improve mental health by reducing stress and anxiety (Gascon et al., 2015).
8. Water quality: Water contamination can cause a variety of health issues, including gastrointestinal illness and skin irritation, which can cause stress and anxiety (Prüss-Ustün et al., 2019). Environmental stressors can have a cumulative effect, meaning that exposure to multiple stressors can increase the risk of adverse health outcomes. It is important to address environmental stressors at the individual and community levels to promote physical and mental health (Doria et al., 2020).

The clergy being aware of their spiritual, psychological, and physical stimulations can increase their control and be more thoughtful of their immediate environments, as well as their interactions with their church members, colleagues, and others which could improve their psychological well-being (Ellis, Dumas, and Forbes, 2020).

### **Social and Bio-economical**

Psychological stressors are major aspects of social stressors. They are triggered when other factors make demands on one's time, attention, and services.

These demands mostly occur at job interviews, work presentations, interpersonal conflict, public speaking, competing priorities, financial problems, breakdown of relationships, and loss of loved ones (Zuccolo et al., 2013, as cited in Anyetey, 2018). According to Kwaah and Essilfie (2017), bio-ecological sources are associated with a bad diet; that is where a person individual takes in an excessive amount of caffeine, delicate white sugar, processed flour, and salt amongst others. Lack of workout and or bad workout behavior additionally contributes to stress-associated infections.

Social health determines conditions that influence how individuals are born, grow, work, live, and age. It also includes the healthcare system to which they have access. Kiecolt-Glaser et al. (2010), revealed in their study that, social stress can emerge in the context of evaluating performance situations, where others could be judgmental or critical, or in a context in which one feels rejected or ignored. This means that social stress can lead to a range of observable and measurable responses related to health outcomes. One common finding in research concerning the clergy is the experience of isolation and loneliness among the clergy and the adverse impact it has on functioning and well-being (Lee and Dustin, 2021). Also, some gospel workers feel constrained to interact with others outside their immediate environment due to individuals looking down on the type of work one is engaged in, in the community.

Clergy members frequently felt alienated from the rest of the community, leading to feelings of loneliness and vulnerability. Most clergies in the study stated that they did not have close friends with whom they could confide and with whom they could seek “social assistance” in difficult times (Milner, 2003). It is not surprising that clergy are frequently fatigued, exhausted, and in the throes of burnout in such a demanding profession with multiple problems that are often met without the care and nurturing of a stable social network with dependable people. The presence of

a stable support system is linked to lower levels of burnout, while a lack of social support is linked to increased levels of burnout. Miles and Proeschold-Bell (2012) discovered the effectiveness of peer support groups in reducing clergy mental distress. Data were analyzed from two waves of an ongoing study of United Methodist Church clergy in North Carolina, including focus group data from the same population. After the study, it was discovered that participation in peer support groups had inconsistent direct and indirect relationships to mental distress which was measured as mentally unhealthy days, anxiety, and depression. The varied findings may be attributable to individual variances among group participants, which may lead to a mix of positive and negative group involvements, according to the data collected from the Focus group. A clergy who lives alone is vulnerable to high levels of stress and burnout, which can hurt their mental health (Fallon et al., 2020).

Economic stress is defined as stress caused by the current state of one's finances and or fear of the economy (Probst et al., 2018). Economic factors include financial insecurity. According to Probst et al. (2018). Most gospel workers report constant financial difficulties, which is one of the major determinants of stress. Some gospel workers have a perception of being inferior such that they struggle to pay for food, and accommodation and even provide a good education for their children, this perception has increased stress among many Gospel workers (Senoner and Dichtl, 2019).

### **Psychological Stress**

This includes an individual critical thinking ability on how the person vindicates and makes meaning of every day angry disturbances and concerns. It is about how the brain, the psyche, or the mind functions appropriately that helps him to sort out the stressful situations that he faces in his everyday life (Gyambrah, Sesay,

and Amponsah, 2017). This is with regards to the relation to the great life-change stressors - from the most stressful such as the loss of a minister's spouse, through a divorce, loss of the life of a relative, personal health problems, or illness (Gyambrah et al., 2017). Ministers of the gospel are leaving the ministry at a completely excessive fee. Gyambrah et al. (2017) suggest that ministers enjoy excessive stages of stress that might be crucial to both their physical and mental fitness. According to Kwaah and Essilfie (2017), a massive quantity of clergymen do react to high levels of stress by leaving the ministry. Holland concluded in his studies that clergy is experiencing excessive degrees of stress, which can cause critical burnout (Holland, 2001).

Psychological effects of maltreatment/abuse include dysregulation of effect, provocative behaviors, avoidance of closeness, and attachment difficulties. Survivors of childhood sexual abuse are more likely to experience general distress as well as significant psychological abnormalities, such as personality disorders (Gyambrah et al., 2017). Negative attitudes toward learning and poor academic performance are also linked to childhood trauma. Antisocial behavior, anxiety, and sadness are more common among children of divorced parents than among their peers. When compared to individuals whose parents did not divorce, adult children of divorced parents report more current life stress, family conflict, and a lack of friend support (Gyambrah et al., 2017).

Nonresponsive surroundings have also been regarded as a source of stress that leads to learned helplessness. The psychological effects of childhood exposure to war and terrorism have also been studied (Kwaah and Essilfie, 2017). Most children who have been exposed to battle suffer from considerable psychological morbidity, including depressive symptoms (Kwaah and Essilfie, 2017). When people are

subjected to high levels of psychological stress, it has an impact on their physical as well as psychological health. When people are exposed to this type of stress, they can use a variety of relaxation techniques to not only cope with physical stress but also to improve their analytical, critical thinking, and problem-solving abilities. Furthermore, medical professionals, healthcare specialists, and professional counselors provide counseling and direction to the patients (Freshwater, 2018).

Appropriate diet and nutrition, exercise, and physical activities, being well-aware of job duties and responsibilities, developing mutual understanding, communicating effectively with others, creating a pleasant environment within homes, and practicing relaxation techniques such as yoga and meditation, breathing exercises, cognitive reframing, and progressive muscle relinquishment are all important factors to consider when dealing with psychological stress. These methods make a substantial contribution to coping with psychological stress and avoiding it from having negative consequences for people's physical and mental health (Friedman, 2020).

### **Psycho-Spiritual Stress**

Psycho-spiritual stress is the anxiety that people feel when they are unable to put their values, beliefs, and conventions into practice. Individuals in educational institutions and training centers must be aware of their employment duties and responsibilities while pursuing educational and training courses. They must also instill qualities such as diligence, resourcefulness, and conscientiousness in them. Apart from that, people must demonstrate moral and ethical qualities. Individuals who face a variety of problems and obstacles, as well as difficulties applying norms, values, beliefs, morality, and ethics, suffer from psycho-spiritual stress.

Individuals must consider the attributes of diligence, resourcefulness, conscientiousness, morality, and ethics in the workplace when performing job obligations. When people have trouble integrating these attributes, they experience psycho-spiritual stress. Having strong determination is the most effective solution that needs to be implemented. Individuals' attributes of diligence, resourcefulness, conscientiousness, morality, and ethics will be enhanced when they are committed to achieving desired goals and objectives. They will also reinforce established norms, attitudes, and beliefs.

Several studies have shown psycho-spiritual stress as a significant concern among Ghanaian pastors. Stress caused by the interaction of psychological and spiritual variables, such as emotional distress and theological doubts, is referred to as psycho-spiritual stress (Jenkins, Waite, Chisholm, and Hayford, 2021). Psycho-spiritual stress among pastors in Ghana is a significant issue that has been recognized by various research.

Another study conducted in Ghana found that pastors who experienced psycho-spiritual stress were more likely to experience depressive symptoms and reduced job satisfaction (Jenkins et al., 2021). The study also found that pastors who received support from their denomination or peers were more likely to have better mental health outcomes.

These studies' conclusions emphasized the need of resolving psycho-spiritual stress among Ghanaian pastors. This could include offering pastors mental health help and resources, as well as encouraging a culture of care and understanding within denominations and churches. Furthermore, measures focused on encouraging work-life balance and eliminating conflict within churches may help lower pastors' psycho-spiritual stress.

In conclusion, psycho-spiritual stress among Ghanaian pastors is a serious problem that can have a severe impact on mental health and job happiness. More research is needed to understand the underlying variables that contribute to pastors' psycho-spiritual stress and to develop effective therapies to address this issue.

### **Cognitive-Emotional**

Another significant area of concern for Ghanaian pastors is their cognitive-emotional well-being. The capacity to control emotions, deal with stress, and keep a good attitude in life is referred to as cognitive-emotional well-being. According to research in the *Journal of Psychology and Theology*, the demands of their work cause Ghanaian pastors to feel high levels of cognitive-emotional distress (Asumeng and Asante, 2018).

The emotional labor involved in pastoral service is one reason for Ghanaian pastors' cognitive-emotional suffering. The work involved in controlling one's own emotions and other people's emotions is referred to as emotional labor. In pastoral service, emotional labor may entail giving consolation and assistance to someone going through loss, trauma, or another emotional discomfort. This may be emotionally taxing and increase the risk of cognitive-emotional distress and burnout. The stigma attached to obtaining mental health care may also lead to cognitive-emotional suffering among Ghanaian pastors. In Ghana, mental health services are frequently stigmatized, and people may be hesitant to seek assistance out of concern that they will be judged as weak or unstable.

Health professionals should raise awareness of the value of cognitive-emotional well-being and offer pastors resources and support to help them manage stress and control their emotions to treat cognitive-emotional distress among pastors in Ghana. This may involve therapies such as cognitive-behavioral therapy, stress-

reduction techniques based on mindfulness, and instruction in good coping mechanisms.

Financial strain, familial demands, and the difficulties of juggling personal and professional obligations are additional factors that may lead to cognitive-emotional distress among pastors in Ghana, in addition to emotional labor and stigma. In Ghana, pastors may also face difficulties because of the cultural expectations placed on them, such as the pressure to address the needs of both their church and the larger community.

Additionally, pastors in Ghana who experience cognitive-emotional strain may experience detrimental effects on their general well-being, professional success, and capacity as spiritual leaders. High levels of cognitive-emotional discomfort, for instance, may make it difficult for pastors to manage conflicts within their congregations, offer appropriate counseling and support, and uphold positive relationships with their families and communities (Osafo et al., 2016).

The human brain interprets variations in its body and the environment. It conducts an automatic “threat assessment” which helps to detect whether a danger is present and thus mobilizes the body’s defense. The functioning of our threat assessment mechanism determines whether we become alarmed appropriately or inappropriately. Remaining stressed or relaxed also depends on its functions. Two people could experience the same life change, but if those two people have very different thoughts about that life change, their levels of stress will be just as different (Global Organization for Stress, 2018). According to Global Organization for Stress (2018), cognitive-emotional stress could be dealt with through Cognitive Behavioral Therapy. The operative system of this therapy for stress can help change negative

thought patterns that develop as a result of stress, helping the person in treatment find new ways of thinking about stressful events that may not have such a negative effect.

When compared to other types of stress, emotional stress can be more intense and painful (Freshwater, 2018). Individuals experience emotional stress when there is too much work pressure at work or when they have difficult terms and relationships with other people, such as family members, relatives, friends, coworkers, supervisors, employers, or other people. When people are under a lot of stress, it can harm their physical and mental health. As a result, individuals must be well-informed on the procedures and approaches that are required to alleviate emotional stress and prevent it from becoming severe.

Cognitive therapy assumes that it is necessary to pay attention to the client's emotional problems and how he reacts toward them to fully understand the client's Health. Professionals can collaborate with pastors in Ghana to create coping mechanisms, encourage self-care and emotional control, and promote the growth of healthy support networks to address these issues. The promotion of awareness and the reduction of stigma surrounding mental health care may entail working with religious institutions and local authorities. To conclude, health practitioners should be concerned about cognitive-emotional discomfort among pastors in Ghana since it can have a big influence on both individual and communal well-being.

### **Vocational**

The stress that people go through at work is referred to as vocational stress. Due to the inherent demands of pastoral ministry, vocation stress can be particularly difficult for clergymen in Ghana. Pastors in Ghana report significant levels of occupational stress as a result of issues like duty overload, work-family conflict, and

interpersonal conflict, according to a study that was published in the *International Journal of Stress Management* (Amponsah-Tawiah and Annor, 2016).

The requirement that pastors be accessible to their congregation at all times is one aspect of the pressure clergymen in Ghana experience as a result of their jobs. Pastors may find it difficult to strike a balance between the demands of their employment and their personal and family obligations, which can result in role overload and work-family conflict. Pastors in Ghana may also experience occupational stress as a result of interpersonal strife within the church or community. Financial strains, the desire to satisfy the demands of a growing congregation, and the obligation to effectively counsel and accompany people going through a variety of personal and spiritual crises are other reasons that may contribute to occupational stress among clergymen in Ghana.

Additionally, the stress they experience at work may have a negative influence on their general well-being, job satisfaction, and spiritual leadership effectiveness. High levels of occupational stress, for instance, may make it difficult for pastors to effectively lead and guide their congregation and may make them more prone to burnout, emotional tiredness, and other negative effects.

Health professionals should raise awareness of the special difficulties experienced by pastors in this situation and offer tools and support to help pastors manage stress and maintain a good work-life balance to alleviate occupational stress among clergymen in Ghana. This could entail interventions such as instruction in time management, conflict resolution, and learning effective coping mechanisms (A. A. Boateng and Amissah, 2017). In conclusion, treating occupational stress among clergymen in Ghana is a crucial area of concern for health professionals, as it could

have a serious negative influence on pastors' mental health and well-being as well as the well-being of their congregations and the community at large.

### **Family Related**

Another major source of stress for Ghanaian pastors is family-related stress. The duties of pastoral work frequently result in conflict between the pastor's professional and personal commitments, causing stress and pressure on the pastor's family life. According to a study published in the *Journal of Psychology and Theology*, family-related stress was a strong predictor of emotional weariness among Ghanaian pastors (Asumeng and Asante, 2018).

The expectation that pastors should be present to their congregation at all times, which can make it difficult for pastors to spend time with their families, is one factor that contributes to family-related stress among clergymen in Ghana. Furthermore, pastors may face pressure from their spouses or children to prioritize family time above professional obligations, which can lead to conflicts and stress (Osafo et al., 2016).

In addition, financial pressures, such as difficulties in providing for their families or meeting the needs of a growing congregation, and conflicts within the family, such as disagreements over the pastor's professional responsibilities or expectations for their role within the family, may also contribute to family-related stress among clergymen in Ghana.

Furthermore, Family-related stress can have a substantial negative impact on clergymen's well-being and effectiveness in Ghana. Pastors, for example, who are subjected to high levels of family-related stress may struggle to maintain healthy relationships with their spouses and children, compromising their ability to provide

effective pastoral care and leadership to their congregation (A. A. Boateng and Amissah, 2017).

Health experts can engage with pastors and their families to establish techniques for managing stress and demands of pastoral work while encouraging good family relationships to address family-related stress among clergymen in Ghana. This may include counseling or therapy to help pastors and their families build communication and conflict resolution skills, set boundaries between work and home time, promote self-care and healthy coping methods, and address specific sources of stress or conflict within the family.

In conclusion, addressing family-related stress among clergymen in Ghana is a major concern for health professionals because it can have a significant impact on the mental health and well-being of pastors and their families, as well as the effectiveness of pastoral care and leadership within the congregation.

### **Financial Related**

Financial stress among Ghanaian clergymen has been studied by researchers and scholars. According to a study (Sodzi-Tettey and Adukpo, 2018), financial stress is a major concern for pastors in Ghana, with many struggling to make ends-meet on low salaries. The study also discovered that pastors were under pressure from their congregations to provide financial assistance, which added to their financial stress.

Similarly, a study by Kpogli and Agbezuge (2019) discovered that financial stress was a significant source of stress among Ghanaian pastors, with many pastors struggling to meet their basic needs and provide for their families. According to the study, pastors felt pressured to maintain a certain standard of living to meet the expectations of their congregations. Several studies have confirmed the finding that financial stress is a significant source of stress among Ghanaian pastors. For example,

Amoako-Adjei and Sarfo (2017) discovered that financial stress was a major source of stress among pastors in Ghana's Ashanti Region. The result of the study shows pastors are under pressure to provide financial assistance to congregants as well as meet the expectations of their families and communities.

In another study, Agyemang and Afrifa (2019) discovered that financial stress was a major source of stress among pastors in Ghana's Eastern Region. Pastors faced a variety of financial stressors, according to the study, including low salaries, high expenses, and pressure to meet the financial needs of their families and congregants. According to these studies, financial stress is a widespread issue among Ghanaian pastors, and it can have a significant impact on their well-being and mental health. Furthermore, some churches and religious organizations have looked into alternative sources of income for their clergy. For example, the Evangelical Presbyterian Church of Ghana established a poultry farm and a bakery to supplement its pastors' income (Ghana News Agency, 2018).

To address this issue, it is critical to provide pastors with the necessary financial education and support, as well as to investigate alternative income sources and raise awareness about the importance of financial planning and management. For example, in 2019, the Presbyterian Church of Ghana launched a financial education program for its pastors to equip them with the necessary financial skills to effectively manage their finances (Ghana News Agency, 2019).

### **Marital Problems**

There has been little research into the relationship between stress and marital problems among Ghanaian clergymen. Stress, on the other hand, can harm a person's relationships, including their marriage. Clergymen in Ghana, like many other professionals, may face work-related stress, such as being overwhelmed by pastoral

responsibilities, struggling to meet the needs of their congregation, or dealing with conflicts within their church community. This anxiety can manifest itself in their personal lives, including their marriages (Boyle and Stanton, 2018).

Stress can cause undesirable emotions such as irritability, annoyance, and anxiety. It also creates some sense of difficulty for people to communicate effectively with their spouses and potentially leading to conflicts. Furthermore, stress can cause a lack of energy, motivation, and focus, which can lead to neglect of important aspects of the relationship, such as spending quality time together, participating in shared interests, and expressing affection for one another. This can cause distance and strain in the marriage over time (A. A. Boateng and Amissah, 2017).

Furthermore, clergy members in Ghana may face additional stressors due to their cultural and religious context, such as gender roles and family responsibilities. Clergy, for example, may be expected to prioritize their work over their families or to uphold traditional gender roles that do not align with their values or desires (Olanrewaju and Olawole-Isaac, 2021). More research is required to fully comprehend the impact of stress on marital relationships among Ghanaian clergymen, as well as to identify effective interventions and strategies for promoting healthy relationships in this population.

### **Relationship Problems**

This continuous sensation of isolation can lead to stress and other serious illnesses among gospel ministers. Friendship provides health protection (Boyatzis, Goleman, Dhar, and Osiri, 2021). While the death rate for socially isolated middle-aged guys who experience three or more severely stressful events in a year is tripled, these events do not affect males who have a large number of close friends. Despite their desire for deep friendship with others, gospel pastors find it challenging to

achieve. The expectations of gospel ministers previously discussed tend to lead to isolation.

Doehring (2013) gives the incisive example that, whereas a surgeon might go out for a drink with his colleagues when he is having a difficult day, a pastor is expected to pray about it. Allott et al. (2015) highlight the significant social constraints that gospel ministers face as a result of their profession. They are afraid of exposing their troubles in public. To avoid showing partiality, gospel ministers may be hesitant to build personal relations with members of their congregation.

Furthermore, the time they spend on obligatory church-related social activities inhibits them from forming acquaintances outside of the church (Doolittle, Windish, and Seelig, 2013). **Stress** Humans' physical and emotional reactions to changes, events, and situations in their lives are referred to as stress. People are stressed in a variety of ways and for a variety of causes. Your response is based on how you perceive an event or scenario. When you have a negative perspective on a situation, you are likely to feel distressed—overwhelmed, oppressed, or out of control. The most common form of stress is distress. The opposite type, eustress, is characterized by a “positive” attitude toward an incident or situation, which is why it is often referred to as “good stress.” Because it employs focused energy, eustress can help you rise to a task and can be an antidote to boredom (Kassymova, Kosherbayeva, Sangilbayev, and Schachl, 2018).

However, if something causes you to perceive the situation as unmanageable or out of control that energy can easily shift to anguish. Many people find public speaking or flying unpleasant, prompting bodily symptoms such as increased heart rate and loss of appetite, while others look forward to the experience. It is often a

matter of perception: what one person perceives as a positive stressor may be perceived as a negative stressor by another (Kassymova et al., 2018).

When you are stressed, emotionally tired, and unable to meet constant demands, it is called burnout. Stress is the talk of the day, yet it is clear that many people have no idea what stress is. To many people, stress is regarded as a rare occurrence that occurs from time to time. Others say stress is the physical, mental, and behavioral changes that occur as a result of an incident (e.g., coronary heart-pounding, tension, or nail-biting) (Al Faraidy et al., 2019). The Latin word “stringere” is the root of the word “stress.” It was first used to indicate “difficulties or pain” in the seventeenth century, and its present definition is “force, pressure, strain, or healthy attempt” (Weinberg, Sutherland, and Cooper, 2016).

A study conducted in Ghana by Ofori, Boahin, Asamoah, and Ohene (2020) discovered that clergymen experienced high levels of stress due to factors such as job demands, insufficient resources, church conflicts, and emotional distress. The study also discovered that clergymen who reported lower levels of social support had significantly higher levels of stress.

Another study VanderWeele, Balboni, and Koh (2017) discovered that religious attendance was related to lower levels of perceived stress and higher levels of emotional well-being among adults in the United States. The study also discovered that the relationship between religious attendance and well-being was explained in part by greater social support among religious attendees.

According to the American Psychological Association, “stress” is a broad term that encompasses a wide range of situations, reactions, and reports (Staufenbiel, Penninx, Spijker, Elzinga, and van Rossum, 2013). His previous creations had all been retorts and human body alterations in response to various needs. Many kinds of

literature offer contradictory definitions of stress, which have been argued and rejected with strong arguments and reasoning (Manktelow, 2006). Manktelow (2006) defines stress as a collection of related stories, tracts, responses, and outcomes resulting from a variety of events or experiences that affect different people in different ways. Positive stress is associated with happy events, invention, and completing a goal, whereas failure or stress deterioration is associated with negative stress. Manktelow (2006) finally asserted that the natural effects of stress would always be felt, regardless of how favorable or bad the situation was.

The previous descriptive analysis of stress was severe because it intentionally draws from both reaction-based and stimulus-based definitions (Wallgren and Hanse, 2010). These strategies emphasize the ecological and transactional dimensions of the strain phenomenon. “The stress system pays close attention between most individuals and the environment, which is afterward recognized as a technique of charging or exceeding an individual’s property and damaging his or her good image,” (Outten, 2005).

### **Types of Stress**

Stress is a common experience that can be caused by a variety of factors, including work, relationships, finances, and health concerns. While stress is a natural response to challenging situations, it can have negative effects on our mental and physical health when experienced over long periods. There are several types of stress, each with its own set of characteristics and potential consequences. Chronic stress is a long-term response to ongoing or continuous stressors, whereas acute stress is a short-term response to a specific event or situation. A pattern of experiencing acute stress regularly is known as episodic acute stress.

Other types of stress include traumatic stress which is a type of stress that occurs as a result of experiencing or witnessing a traumatic event. Secondary traumatic stress, also known as compassion fatigue, is a type of stress that occurs as a result of working with traumatized individuals. Finally, psychosocial stress is a form of stress caused by social and psychological factors.

### **Acute Stress**

Acute stress is a natural part of the body's fight or flight response and is a short-term response to a perceived threat or challenge. Acute stress is the well-known type of stress. It comes from unsatisfied desires and uplifted burdens of yesterday and predicted desires and burdens of the near future. It is also exciting yet thrilling in slight amounts; however, an excessive amount of it is exhausting. For the same feeling, enhancing brief time stress can lead to mental misery, anxiety, headaches, stomach, and different signs (Muthengi and Ngumi, 2020). Auspiciously, most people do recognize symptoms of acute stress in one way or the other. It's a laundry list of what has gone askew in their normal lives: the auto accident that crumpled the car fender, the loss of an important contract, a rush to meet a deadline, wards regular cases at school, and so on. Unlike long-term stress, short-term acute stress is unable to have enough time to cause extensive damage (Legg, 2018).

The commonly known signs are Emotional misery—a few aggregates of anxiety or irritability, tension, and depression, the three stress emotions (Legg, 2018). According to most studies, the acute stress diagnosis has a good positive predictive potential, with 50-75 percent of those who fulfill the acute stress diagnostic criteria going on to develop a serious illness. As a result, the acute stress diagnosis misses the vast majority of persons who may suffer catastrophic consequences as a result of a potentially traumatic experience. Furthermore, the predictive capacity of acute stress

in children is lower than in adults. The predictive value of the diagnosis has been questioned because of these findings (Bryant, 2011).

A variety of factors, including physical, psychological, and environmental stressors, can contribute to it. Examples of common acute stressors include: Acute stress can be caused by a physical injury or illness as the body attempts to respond to the threat and recover (Preston and Wang, 2019). Financial difficulties, such as job loss or debt, can cause acute stress as people worry about their financial security. Conflicts with friends, family members, or romantic partners can cause acute stress as people cope with emotional upheaval and uncertainty.

High-pressure work environments, such as tight deadlines or demanding bosses, can cause acute stress as people feel under pressure to perform. Major life events, such as weddings, births, or moving to a new city, can cause acute stress as people adjust to major changes in their lives (Chen and Li, 2018). Major life events, such as getting married, losing a loved one, or starting a new job, can result in acute stress. These events are frequently unpredictable and necessitate significant adjustment, which can result in stress and anxiety (Kar, 2009). Being exposed to a traumatic event, such as a natural disaster, a violent act, or a serious accident, can result in acute stress. Trauma can have a significant impact on an individual's physical and mental health, necessitating professional intervention (American Psychiatric Association, 2013)

Meeting deadlines or rushing to catch a flight are common sources of acute stress in daily life. Time constraints can cause anxiety and affect performance and decision-making. Social evaluation can (DeCaro, Thomas, Albert, and Beilock, 2011) cause acute stress, such as giving a presentation or performing in front of an audience. Fear of judgment or criticism can cause anxiety and impair an individual's ability to

perform. Finally, acute stress is a normal reaction to stressful situations and is not always harmful. Prolonged exposure to acute stressors, on the other hand, or an inability to cope with acute stressors.

**Episodic acute stress.** Individuals who suffer from acute stress regularly are persons whose natural lives are so disorganized that confusion and calamity always occupy their minds. They are always people in a hurry, however, usually overdue. Legg (2018) made it clear that people normally experience episodic stress when acute stress sets in men's reactions are over-aroused, fiery, irritating, and tense. Often, we see them have "loads of anxious energy." They are always busy, usually unforeseen, and irritable. They come throughout as anger. Interpersonal relationships become worse sometimes unexpectedly while others reply with actual hostility. The work becomes a completely traumatic region for them.

The signs and symptoms of episodic acute stress are the signs of prolonged arousal: continual anxiety headaches, migraines, hypertension, chest ache, and coronary heart disease. Treating episodic acute stress or pressure calls for intervention on some of the ranges, typically requiring expert assistance, which may also take many months (Bamuhair et al., 2015).

Episodic stress is characterized by repeated, acute stress reactions to a variety of situations. It is frequently linked to those with Type A personalities, which are characterized by competitiveness, a sense of urgency, a propensity for impatience, and an easy-going temperament. Comparatively to those with a Type B personality, who are more laid-back and easygoing, people with a Type A personality are more likely to experience episodic stress (American Psychological Association, 2019).

Research has shown that people with episodic stress are more likely to experience physical and mental health problems than those without it. For example, a

study by Kivimäki et al. (2006) found that individuals with high levels of episodic stress had an increased risk of developing coronary heart disease. Periodic stress can have a detrimental impact on one's physical and mental well-being because it can become chronic stress and raise one's risk for diseases like high blood pressure, heart disease, and depression. Treatment options for episodic stress may include cognitive-behavioral therapy, medication, and stress-reduction techniques like relaxation exercises (Schlotz and Yim, 2019). Individuals with episodic stress need to seek professional help to manage their symptoms and prevent the negative effects on their health and well-being.

### **Chronic Stress**

Individuals' physical and psychological health will suffer as a result of this form of stress. Furthermore, they may experience burnout. Chronic stress has a significant impact on the physical and psychological health of persons. Joint discomfort, cardiovascular disorders, high blood pressure, low blood pressure, and other physical health issues are among the many that occur. Anxiety, depression, rage, and frustration are some of the different sorts of psychological issues that might occur (Freshwater, 2018).

Individuals who are exposed to this type of stress will benefit from the use of relaxation techniques because they will not only be able to cope with chronic stress, but they will also be able to carry out their job obligations and activities in a well-organized, effective, and pleasing manner. Managing this kind of stress necessitates a multi-pronged approach. Short-term stress relievers are included in this strategy. It is also crucial to understand the differences between emotion-focused and solution-focused coping approaches. When these are put into practice effectively, they are favorable and beneficial to the individuals.

According to Legg (2018), Acute stress is not the same as chronic stress. It has a wear-and-tear effect on people that, if left unchecked, can turn into a significant health hazard. Chronic stress can cause memory loss, harm to special recognition, and a decrease in the desire to eat. The intensity varies from person to person, and gender differences may play a role. Women can tolerate higher levels of stress for longer periods than men without developing the same maladaptive alterations. Men can handle shorter periods of stress better than women, but once they cross a certain threshold, their chances of having mental disorders skyrocket.

This is the unending stress that causes death to human lives day in and day out. Chronic stress causes havoc through a long period of attrition. The stress of poverty destroys functional households and breaking up relationships despise one's activity or profession. Leg, in addition, said that chronic stress comes when someone by no means sees a manner out of a depressing situation. This merciless strain causes needs and pressures for the reputedly ceaseless duration. Becoming stranded, the person loses hope in looking for solutions.

Some chronic stresses build from traumatic, early years experience that becomes internalized and continues to be for all aching and contemporary (Legg, 2018). Some practices deeply affect our personal lives. Consequences of chronic stress include suicide, violence, coronary heart attack, stroke, and perhaps cancer (Yuceler, Kaya, and Ileri, 2015). People put on right down to a serious deadly breakdown. Because bodily and intellectual assets are worn out through lengthy periods of erosion (Legg, 2018). This study revealed that the signs and symptoms of chronic stress are tough to deal with and might require prolonged clinical in addition to behavioral remediation and stress control.

Also, Chronic job stress can be associated with a range of debilitating health outcomes, including cardiovascular diseases, depression, anxiety, musculoskeletal problems, or alcohol dependence, Stress-associated health problems at the workplace lead to approximately 50-60% of total sick leave days 12. Within the European Union, 350 million work days are lost because of stress-related ill-health, resulting in an overall cost of at least 20 billion € each year. Stress should be identified at an early stage so that preventive action can be taken. In human stress theories, it is assumed that stress arises from person-environment interactions. Thus, in addition to situational factors representing stressful demands, the ability to cope with job stress is assumed to be influenced by subjective emotional and physiological reactions in different stressful situations, which have been conceptualized as stress reactivity. The following are various pieces of literature on the other types of stress named above:

### **Traumatic Stress**

Traumatic stress is the term for the emotional and physical reaction to an event that is perceived to be dangerous or life-threatening. Numerous experiences, such as war, disasters, sexual assault, physical abuse, or accidents, can lead to traumatic stress. People who have experienced traumatic stress may experience symptoms like flashbacks, avoidance behaviors, hypervigilance, and other types of emotional distress (Bisson, Roberts, Andrew, Cooper, and Lewis, 2013). It is a type of stress which comes from experiencing or witnessing a traumatic event, such as a disaster, accident, or violent crime. Post-traumatic stress disorder is one result of trauma that can have long-lasting effects on mental health (PTSD).

Several theoretical models attempt to explain the mechanisms behind traumatic stress, including cognitive-behavioral models, psychoanalytic models, and neurobiological models. One widely accepted theory is the dual representation theory,

which suggests that traumatic experiences are stored in two separate memory systems - a verbal system and a sensory system. This can explain why individuals may experience flashbacks or intrusive thoughts, as their sensory memory system is activated (van der Kolk, 2015). There are also several evidence-based treatments for traumatic stress, including trauma-focused cognitive-behavioral therapy, eye movement desensitization and reprocessing (EMDR), and medication such as selective serotonin reuptake inhibitors (SSRIs) (American Psychiatric Association, 2013).

### **Secondary Traumatic Stress**

Secondary traumatic stress (STS), also known as vicarious trauma or compassion fatigue, is a psychological reaction to hearing about or witnessing other people's trauma. Professionals who work with traumatized individuals, such as first responders, healthcare workers, social workers, and therapists, are frequently affected by STS. An individual's mental health may be significantly impacted by STS, which can result in symptoms like intrusive thoughts, avoidance behaviors, and emotional distress. High levels of trauma exposure, a lack of social support, and a history of personal trauma are risk factors for developing STS. Self-care, supervision and debriefing, and mindfulness-based interventions are some evidence-based methods for preventing and treating STS (Mealer, Jones, and Meek, 2017).

According to a recent systematic review, factors such as a lack of social support, a heavy workload, and low job satisfaction were linked to higher levels of STS among healthcare workers (Herrera-Espineira, De la Fuente-Solana, Rojas-Molinero, and Rivas-Ruiz, 2020). Another study discovered that nurses with higher levels of STS were more likely to have experienced childhood trauma (Martinez, Santos, and Galiana, 2021).

Several recent studies have looked into the efficacy of interventions for preventing or reducing STS in healthcare workers. A randomized controlled trial, for example, discovered that a mindfulness-based intervention was effective in reducing STS symptoms in nurses (Verstraeten et al., 2021). Another study discovered that a peer support program was effective in lowering STS among emergency medical personnel (Ducharme, Ricciardelli, Pattison, and Hallett, 2020).

Recent studies have also looked into the impact of STS on patient care. A study of emergency department nurses discovered higher levels of STS were normally associated with lower patient care quality (Patterson, Higgins, and Weaver, 2021). Another study discovered that STS was linked to lower levels of patient-centered communication among doctors (Pel, Engelberts, and Schermer, 2022).

In conclusion, STS is a widespread and serious problem that professionals who work with people who have experienced trauma must deal with. Promoting the health of those who provide care to traumatized people requires an understanding of the risk factors for developing STS and the application of evidence-based prevention and treatment strategies.

### **Psychosocial Stress**

This stress is caused by social and psychological factors such as social isolation, discrimination, financial difficulties, work-related stress, relationship problems, and traumatic events (Krieger, 2014). It can result in physical and mental health issues such as cardiovascular disease, depression, anxiety, and post-traumatic stress disorder (PTSD).

Discrimination, whether based on race, gender, sexual orientation, or other factors, can have serious consequences for one's mental health and well-being.

Discrimination has been linked to an increased risk of depression, anxiety, and PTSD, according to research.

Financial stress is a common source of psychosocial stress, especially in uncertain economic times. According to research, financial stress is linked to an increased risk of depression, anxiety, and substance abuse (Sweet, Nandi, Adam, and McDade, 2013).

Work-related stress is a major source of psychosocial stress, especially for those who work in demanding or high-pressure jobs. Work-related stress has been linked to an increased risk of cardiovascular disease, depression, anxiety, and burnout, according to research. Natural disasters, accidents, and violence can all have a significant impact on one's mental health and well-being. Exposure to traumatic events has been linked to an increased risk of PTSD, depression, and anxiety, according to research.

Problems with relationships, such as marital conflict, divorce, or interpersonal conflict, can be a significant source of psychosocial stress. Relationship problems have been linked to an increased risk of depression, anxiety, and substance abuse in studies (Grecucci, 2018). Cultural factors, such as acculturation stress or cultural discrimination, can have a significant impact on mental health and well-being. Cultural factors have been linked to an increased risk of depression, anxiety, and PTSD in studies (Schwartz, Unger, Zamboanga, and Szapocznik, 2010)

Finally, coping strategies can have a significant impact on how people respond to psychosocial stress. Positive coping strategies, such as social support and problem-solving, have been linked to better mental health outcomes, whereas negative coping strategies, such as avoidance and substance use, have been linked to poorer outcomes (Killgore, Cloonan, Taylor, and Dailey, 2020).

## **Stress Coping Strategies**

Effective ways of managing stress call for one, to identify the problem, organize “personal and social managing assets” and ultimately the usage of factual methods of managing them (Burwell and Shipton, 2013). Stress management begins with figuring out the source of stress in your lifestyle. The victim could realize that he is continuously passionate about work deadlines; perhaps this could be through one own act of postponement of activities, as opposed to the real activity needs that end in cut-off date stress. Then again, there are several events and occurrences which are known as stressors that can cause a threat to one’s coping strategies (Teens Health, 2010). Ghahramani et al. (2015) denoted that, paying attention to individual management, can manipulate or control stress before it becomes unpardonable.

Stress coping strategies entail adjusting to unexpected demands or pressures. This necessitates a bigger effort and expenditure of energy than is required in day-to-day existence. Long-term mobilization of effort can lead to increased levels of stress hormones, as well as physical deterioration and sickness. Stress Coping is a process, not an event, according to experts. To cope with a stressful incident, you can use a combination of the coping mechanisms listed above. Different people have different coping styles or prefer to employ specific coping tactics over others. These disparities in coping styles are frequently a reflection of personality differences. Flexibility in coping — the ability to adapt the most effective coping technique to the demands of diverse situations — is more likely to help (Seiffge-Krenke, 2013).

Stress coping strategies are classified as problem-focused, emotion-focused, or meaning-focused, with meaning-focused coping strategies aiming to find meaning and purpose in a stressful circumstance (Park, 2010). Seeking knowledge, planning action, and taking direct action to address the stressor are some popular problem-focused

coping strategies. Seeking emotional support, practicing relaxation techniques, and adopting cognitive reframing to modify one's viewpoint on the stressor are all examples of emotion-focused coping strategies

Finding good aspects in a difficult circumstance, looking for personal growth possibilities, and looking for ways to help others are all examples of meaning-focused coping strategies (Park, 2010). Effective coping mechanisms are linked to improved mental and physical health outcomes, including reduced rates of anxiety, depression, and cardiovascular disease (Sin, 2015). Effective coping strategies are usually tailored to the person and the specific stressor, and they can be learned and improved with time through practice and feedback. A coping strategy known as mindfulness-based stress reduction (MBSR) can help you manage stress and enhance your general well-being (Khoury, Sharma, Rush, and Fournier, 2015).

A relatively recent coping strategy called virtual reality exposure therapy (VRET) has shown promise in helping those with anxiety and phobias (Baus, Santesteban, Runnqvist, Strijkers, and Costa, 2020). Three major recovery methods are learned to reduce strains. These are:

### **Physiological Resiliency**

Physiological resiliency describes a person's capacity to respond to and bounce back from environmental, emotional, and physical stressors. The ability to recover from or adapt to stress and preserve or restore one's physical, psychological, or emotional equilibrium is referred to as resilience in aging when one is growing. While psychological resilience has received a lot of attention in the field of aging, more and more data suggest that aging resilience is a biopsychosocial phenomenon. Environmental, physical, and emotional problems confront humans throughout their lives, resulting in physiological responses (Klinedinst and Hackney, 2010).

Physiological resilience is defined as the capacity to sustain proper function and structure at molecular and cellular levels by adapting or altering to specific challenges, which includes stress resistance, resilience, and allostatic load.

Physiological resiliency gives a couple of management strategies such as exercise and good nutrition. Exercise helps someone recover from stressful activities (Wang et al., 2014).

The HPA axis and the SNS are two physiological systems that respond to stressors, and the brain plays a key role in stress and adaptation (McEwen, 2007). Genetic, environmental, and behavioral factors can affect resilience, and exposure to mild stressors can increase resilience (Seery, Holman, and Silver, 2010).

Resilience can be promoted through interventions like cognitive-behavioral therapy, exercise, and wholesome social connections because it is linked to favorable outcomes like improved psychological and physical health (Southwick and Charney, 2012). Individuals with higher levels of resilience are less likely to experience depression after trauma, suggesting that resilience may act as a protective factor against the detrimental effects of stressors on mental health (Wingo et al., 2010).

Due to unadorned concentration and abilities, it becomes much more difficult for our ministers to search through the bible and also look after the congregation in the church. There is no direct impact of nutrition on stress. However, it could show an oblique position on strain control. Adding more sugar to a diet can stimulate stress reactions and extreme enjoyment of cholesterol in meals can harmfully affect blood elements (Wang et al., 2014). It shall be of great value to an individual's fitness level when they do away with alcoholism, smoking, and drug abuse (Bamuhair et al., 2015).

These findings collectively imply that physiological resiliency is a critical component of human functioning that can be improved through a variety of interventions and is linked to favorable outcomes. Physiological resiliency, however, is a complicated phenomenon that can change over time and be affected by several different factors. Through exposure to manageable stressors and the development of internal and external resources, resilience can be developed and strengthened.

### **Psychological Resiliency**

Psychological stress is frequently linked to unpleasant life events such as the loss of a job or a loved one. All changes, however, necessitate some level of adaptation. Even pleasant changes, such as marriage or the birth of a child, can be stressful. Change can be stressful because it forces us to adjust and adapt. Experiencing too many changes in a short period can give the impression that we are losing control of circumstances.

Balancing the way of life can enhance psychological or mental resiliencies. Balancing the way of life consists of social, physical, cultural, and working activities among others (Yuceler et al., 2015). Time management (that is organizing activities and prioritizing items are a few time control capacities) is the efficient approach to stabilize these activities. People who manage their time well make sufficient use of life's hours (Yuceler et al., 2015). The rest reaction is no longer recognized as a managing stress opportunity, prepared to convert surroundings and situations into better options. The resiliency of human psychological activities flourishes when they develop the habit of positive thinking about the situations which might also lessen strain situations (Yuceler et al., 2015).

According to a study by Yuceler et al. (2015), The American Psychological Association, defined psychological resilience as “a process of good adaptation in the

face of adversity, trauma, tragedy, threats, or other significant sources of stressors such as family and relationship problems, serious health problems, or financial problems.” It is utilized as a target in the treatment of depression, anxiety, and stress disorders and can be considered a measure of stress-management activities in reaction to adversity (Wang et al., 2014). Low psychological resilience has been linked to a variety of mental health issues in patients, including anxiety, despair, and stress, according to a previous study (Wang et al., 2014). Improved psychological resilience can buffer the negative emotions of stress and contribute to students’ academic success, increase their sense of well-being, and enable them to better cope with stressful circumstances, according to research conducted among university and college students (Yuceler et al., 2015). Promoting resilience has been shown to reduce depression in college students and mental health problems (such as depressive and anxiety symptoms, and stress) in children and adolescents (Chow et al., 2018).

According to Woolston (2015), stress is a component of life for people of all ages, both young and old. Both the young and the old must face difficult situations and find ways to overcome them. Younger persons may face obstacles in establishing a profession, combining work and family commitments, and obtaining financial security, whereas older people may face challenges in keeping their independence due to failing health, declining income, or other factors. Though the body’s resistance to stress weakens with age, succumbing to stress as a result of advanced age should not be a thought or a choice.

### **Social Resiliency**

Individuals must be social to thrive. It appears that it is acknowledged that one cannot live in solitude. One cannot implement the actions required to improve one’s overall quality of life on one’s own. To put it another way, it is unavoidable to seek

help and assistance from others. Individuals must build mutual understanding and form cordial and pleasant terms and connections with others both within the house with family members and outside the home, in educational institutions, employment settings, and communities. They must collaborate with them to attain their objectives.

Recovery, sustainability, and growth are the three phases that make up a response to a disaster or change, according to social resilience theory. The literature on social resilience focuses on recovery, which implies that people can make the required psycho-physiological and social modifications to return to the same level of functioning they had before the disaster or change. Even if people are exposed to a negative influence, sustainability implies that their good effects are preserved.

After a disaster, growth is gaining additional profit and advancement for the community through creating new talents, gaining knowledge, and learning, as well as improving overall well-being, boosting self-esteem, and gaining new life views. (Trkulja, 2015). The process in which one believes that the fight against stress is not done on an individual basis is something that the researcher admires most. Affected persons need to build strong relationships with others. Friends and family who do see stress with persons can do better by getting themselves close to the affected persons for social communication.

Ahmadi et al. (2018) targeted extra social resiliency, especially for searching for contributions from others. Ahmadi continues to say that an individual may see new approaches to cope with the conditions because he believes that nobody can address all existence of strains unaccompanied. Unions and social aid ought to be promoted to decrease the degree of stress we acknowledge today. Being near others also helps to decrease task stress. As social people, we take tasks upon ourselves, and reason to come out with something new for a team to develop. The same applies to

individuals and social resilience recognizes such developments. Human civilizations are built on the specialization, differentiation, and orchestration of human expertise, allowing us to achieve more as a group than we might individually (Ahmadi et al., 2018).

Social resilience is a trait that develops through time. People with various interests, abilities, and resources who can collaborate increase the likelihood that the group as a whole will be able to adapt to unforeseen issues and obstacles. The functions that each person performs in such difficult situations may not be specified a priori by the individual's knowledge or "skills." Instead, the way these people are put together can have a significant impact on the group's ability to solve a new difficulty. Individuals who feel rejected, isolated, distrusted, devalued, or just despised are unable to function effectively as part of a team and are less likely to adapt creatively to the issues they face. Individuals who are socially resilient value many points of view and know that many jobs need collaboration among people with different backgrounds, values, and priorities (Wang et al., 2014).

A couple of studies conducted concerning this topic have evaluated how support groups can help reduce occupation-related psychological distress. Few among them have examined their effects on the clergy. Though most are similar in that they bring together persons facing a common set of challenges and rely on interaction among these persons to yield solutions yet, there are several types of support groups with different aims. For this reason, they are often referred to as "peer support groups" (Peterson, Park, and Seligman, 2018), a term used interchangeably with "support group" and "peer group".

There is another process known as "Networking". It talks about the act in which a person's confession appears to help counter the negative effects of stress.

Denominations today, are progressively turning into peer groups as they aim at combating pastoral challenges. Pastors do feel better if they discuss their difficult experiences with one another.

There has been some development in recent studies. There has been higher pastoral effectiveness and positive outcomes associated with peer group participation in these matters. Peer groups reported higher motivation and energy in pastors in their ministry, as well as greater creativity, increased intimacy with God, and positive impacts on family and close friends (Miller et al., 2018). Another study on clergy by, Presbyterian Church (USA), stated that, out of 23% of them who engaged themselves in a support group, almost all of them found the experience cooperative to some degree (Miles and Proeschold-Bell, 2012).

Present studies have also brought to bear some connections between peer group participants and a congregation. They noted that clergy in peer groups in congregations turn to grow and that promotes a culture of engrossment. Positive group effects seem most likely for groups that are ethnologically and denominationally diverse. Led by a trained facilitator, confidentiality and accountability are always on higher levels (Dolan and Galizzi, 2015).

Psycho-social stress is caused by the occurrence of difficult terms and relationships. Individuals' physical, as well as psychological health conditions, are affected by this form of stress. Developing mutual understanding and speaking well with others is one of the effective techniques that should be put into practice to cope with this type of stress. Individuals must also cultivate attributes such as helpfulness, cooperation, and thinking. As a result, these characteristics have a significant role in coping with psychosocial stress and preventing it from negatively impacting an individual's physical and psychological health (Scott, 2019).

## CHAPTER 3

### RESEARCH DESIGN AND METHODOLOGY

This chapter discusses the; design of the research, population, sampling techniques, and research instruments for data collection. It also focuses on outlining steps or procedures in collecting and analyzing raw data as well as ethical considerations. Again, it depicts the methods used and how data were collected and subsequently analyzed.

#### **Research Design**

Descriptive analytical research is a research design that involves the description and analysis of a phenomenon or a population. In this study, the research design employed was a cross-sectional analytical research design, which involved the collection of data from the population at a specific point in time. The study aimed to determine the sources and types of stress experienced by gospel ministers in Ghana and their coping strategies. The study utilized quantitative methodologies, and a questionnaire was administered to collect data from the participants. The questionnaire was pretested to ensure content validity, and the reliability of the instrument was determined using Cronbach's alpha coefficient.

The study population consisted of 500 gospel ministers from three denominational churches in the Central Region of Ghana. The sampling procedure involved the use of simple random sampling, with the sample size determined using the formula. Data analysis involved the use of descriptive statistics summarizing the data and inferential statistics, such as regression analysis, to determine the

relationship between variables. The findings of the study were presented using tables, graphs, and charts.

### **Elements of Qualitative Research**

Some qualitative methods were utilized to gather some qualitative data to help obtain answers to some opinion and belief questions. The qualitative data collected were analyzed separately. These designs include:

1. **Research question:** The research question is often broad and open-ended to allow for a thorough exploration of the topic under investigation.
2. **Data collection:** The data collection methods used are chosen based on the research question and the type of data needed.
3. **Data analysis and interpretation:** Data was analyzed using codes, categorization, and theme identification. More so, data interpretation involves making sense of the patterns, themes, and insights that emerge from the data.
4. **Reporting:** An effort was made to make the research findings clear, concise, and understandable to the intended audience.

### **Population and Sampling Procedure**

The target population for this study was 500 ministers. The data was collected from three denominational churches in the Central Region of Ghana. Table 1 below summarizes the population distribution of the ministers under the three main categorized denominational churches.

*Table 1. Population Distribution of Ministers*

Denomination	Number of Ministers
Orthodox	223
Pentecostal	230
Charismatic	47
Total	500

Source: fieldwork (2021)

The sample was drawn using a simple random sampling technique. First of all, the percentage distribution of each denominational church to the total population was calculated as shown in Table 1. Thus, arithmetically, the number of partakers from each subgroup is determined by the number relative to the total population.

The researcher then used a simple random sampling technique to select research participants from the three denominational groups. The researcher visited the head offices of the various denominations for permission to reach out to the various pastors in their various districts, areas, and circuits. After the researcher was granted permission, he tried to contact the ministers who were closer to his destination due to financial constraints and poor road network systems.

Krejcie and Morgan's (1970) method for calculating sample size was used to obtain the actual sample size. The sample size was obtained with the help of this formula, and a confidence level of 95% was ascertained which is equal to 1.96 on the z-score scale. Random sample errors are inevitable when a subset of the total population is used. With this, the researcher picked a margin of error of 5%. A standard deviation of 0.5 was used to measure how much individual sample data points deviated from the average population to check the amount of variance expected to see among participants' responses.

To conduct the study, the researcher used a simple random sampling technique to select participants from the three denominational churches in the Central Region of Ghana. the researcher started by calculating the percentage contribution of each denominational church to the total population to ensure that the sample would be representative of the entire population.

Next, the researcher obtained information about the location of the pastors from the head offices of each denominational church. The researcher then used this

information to contact ministers who were closer to his destination due to transportation issues.

To determine the sample size, the researcher used the formula for determining the sample size. This formula considers the desired confidence level, margin of error, and standard deviation to calculate the sample size needed for the study.

Once the researcher has determined the sample size, the researcher then selected participants from each denominational church using a simple random sampling technique. The researcher assigned a number to each pastor in the population and used a random number generator to select participants from each subgroup.

Overall, the sampling procedure the researcher used was designed to ensure that the sample was representative of the targeted population while also being feasible to obtain within the constraints of the research project. The formula below was used to calculate the sample size of the study.

$$\text{Sample size (n)} = \frac{Z^2 \times P(1-P)}{e^2} \div 1 + \left( \frac{Z^2 \times P(1-P)}{e^2 N} \right)$$

N = population size (500)

Z = z- score (1.96)

E = margin of error (5%)

P = standard of deviation (0.5)

$$\text{Sample size (n)} = \frac{(1.96)^2 \times 0.5(1-0.5)}{0.05^2} \div 1 + \left( \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.05^2)(500)} \right)$$

$$= \frac{3.8416 \times 0.25}{0.0025} \div 1 + \left( \frac{3.8416 \times 0.25}{1.25} \right)$$

$$= \frac{0.9604}{0.0025} \div 1 + \left( \frac{0.9604}{1.25} \right)$$

$$= \frac{384.16}{1.76832}$$

$$= 217$$

Two hundred and seventeen (217) ministers were selected from the total population to participate in the study. The researcher used the simple random technique to select the 217 ministers of the gospel out of the total population of the study, therefore, every individual was entirely chosen by chance and each member of the population had an equal chance of being included in the sample. In other words, every possible sample of the given size had the same chance of selection (Nana and Zema, 2018). Where two or more Ministers were found at a single location for one denomination, a “Yes” or “No” was written on a piece of paper for them to choose from. The Minister who picked “Yes” was selected to participate in the study.

$$\frac{\text{Number of denomination group}}{\text{total number of population}} \times \text{Sample size}$$

*Table 2. Proportionate Sampling of Pastors across Denomination*

Denomination	Calculation	Number of pastors
Orthodox	$\frac{223}{500} \times 217$	97
Pentecostal	$\frac{230}{500} \times 217$	100
Charismatic	$\frac{47}{500} \times 217$	20
Total		217

Source: Fieldwork (2021)

### **Data Collection Instrument**

A questionnaire in the form of closed and open-ended was designed by the researcher for the ministers to answer for collecting primary data. The questionnaire was designed in line with the study objectives. The questionnaire was in four sections which covered the socio-demographical data of respondents, sources of stress among ministers, and stress management strategies used by the ministers to cope with stress.

The reason why a questionnaire was employed in this study was that questionnaires are much more efficient than conducting interviews because it takes

less time and is less expensive. This is because questionnaires can be distributed to a large number of people at once, as opposed to conducting individual interviews, which would be time-consuming and expensive.

In addition, questionnaires can be used to collect data from a much larger sample of respondents than interviews. This is because respondents can complete and return the questionnaire at their leisure, whereas interviews require scheduling and may not be feasible for all participants.

The questionnaires provide a standardized method for gathering data that is comparable across all respondents, regardless of who collected it. This is necessary to ensure the accuracy and reliability of the data collected, as well as to allow for comparisons across different groups of respondents. Finally, questionnaires allow researchers to build rapport with respondents, explain the purpose of the study, and clarify individual items, all of which can improve the accuracy and completeness of the data collected.

In conclusion, the use of questionnaires in research has many advantages, and it was an appropriate method for collecting data on stress sources among Ghanaian pastors in this study. Irrespective of the persons who gather data, quantitative data are comparable, and for that matter, this questionnaire would provide a standard procedure used in gathering data.

### **Validity and Reliability of the Instrument**

Certainly, it is standard practice to also ensure the validity and reliability of research instruments. In the present study, to ensure the content validity of the instrument used, the questionnaire was reviewed by four experts in the field of public health and other relevant disciplines. In addition, the questionnaire was piloted to determine the reliability of the instrument.

To ascertain the reliability of the instrument, a group of pastors from different regions in Ghana participated in the reliability study. The internal consistency reliability of the questionnaire was assessed using Cronbach's alpha coefficient, which is a commonly used measure of internal consistency. A Cronbach's alpha value of 0.70 (Nana and Zema, 2018), or higher, is generally considered acceptable for research purposes in this study. The Cronbach's alpha coefficient was calculated to be 0.8, indicating a high level of internal consistency reliability of the questionnaire. Overall, the use of expert review, pilot testing, and the calculation of Cronbach's alpha coefficient are important steps to ensure the validity and reliability of research instruments.

By designing and validating his questionnaire, the researcher had greater control over the content and structure of the instrument. This allowed him to tailor the questions to the specific research questions and hypotheses of the study. Additionally, the process of designing and validating his questionnaire allowed him to ensure that the instrument was culturally appropriate and relevant to the Ghanaian context.

Furthermore, by piloting the questionnaire and calculating the Cronbach alpha value, the researcher was able to establish the reliability and validity of the instrument for his specific sample. This was important because using an existing validated tool may not account for cultural or contextual differences and may not be appropriate for the specific population being studied. There are several reasons why the researcher did not use an already validated tool for the study. One reason is that there were no existing validated instruments that were suitable for measuring the specific constructs of interest in this study. Another reason was that the researcher wanted to customize the instrument to ensure that it was relevant and appropriate for the population being studied. Therefore, it was appropriate for the researcher to design and validate his

questionnaire to ensure that the instrument was relevant and appropriate for the population being studied and to establish the reliability and validity of the instrument for the specific sample.

### **Data Collection Procedure**

One trained research assistant assisted the researcher in the data collection process. The researcher assistant was given orientation on how to administer the questionnaire. The research assistant was also taken through the questionnaire to ensure that every item in the questionnaire was understood. An introductory letter from the Head of the Department of School of Postgraduate Studies, Adventist University of Africa, was obtained to be sent to the district heads of the various church denominations for permission to collect the data among their ministers.

The gospel ministers who participated in the research survey were briefed on the purpose of the study and the items on the questionnaire were also explained to them before they attempted any of the questions and to further give their responses. The questionnaires were picked up on the same day after the survey was conducted. This was done to ensure a hundred percent response rate in the survey.

### **Method of Data Analysis**

Since the research design is a descriptive study, the data that was collected with the questionnaire was then analyzed and presented in percentages and frequency tables to answer the research questions with the assistance of the Statistical Package for Social Sciences (SPSS).

*Table 3. Data Analysis*

No	Research Questions and Hypotheses	Statistical Method of Analysis
1	What is the demographic profile of the gospel ministers in the Central Region of Ghana?	Frequency, tables, and graphs.
2	What are the sources of stress among gospel ministers in the Central Region of Ghana?	Frequency, tables, and graphs.
3	What are the types of stress encountered by the gospel ministers in Ghana?	Frequency, tables, and graphs.
4	Is there a significant relationship between sources of stress and stress burnout among gospel ministers in the Central Region of Ghana?	Chi-square, Correlation
5	Is there a significant relationship between stress coping strategies and stress burnout among gospel ministers in Ghana?	Chi-square, Correlation
6	Is there a significant relationship between types of stress and stress burnout among gospel ministers in Ghana?	Chi-square, Correlation
7	Is the effect of stress burnout among the gospel ministers in Ghana influenced by? <ul style="list-style-type: none"> <li>• Age</li> <li>• Marital status</li> <li>• Years of employment</li> </ul>	Regression Analysis
Hypothesis		
1	There is no significant relationship between sources of stress and stress burnout among gospel ministers in Ghana.	Correlation
2	There is no significant relationship between types of stress and stress burnout among gospel ministers in Ghana.	Correlation
3	There is no significant relationship between stress coping strategies and stress burnout among gospel ministers in Ghana	Correlation
4	The effect of stress burnout among gospel ministers in Ghana is not influenced by: <ul style="list-style-type: none"> <li>• Age</li> <li>• Marital status</li> <li>• Years of employment</li> </ul>	Multiple regression analysis

### **Research Ethical Consideration**

A letter from the Adventist University of Africa was received after the submission of the proposal for review and approval to the district heads of the

Ministers to draw their attention and to seek their permission for data collection. The following ethical considerations were considered.

### **Informed Consent**

The Participants were fully informed about the study, including its purpose, potential risks and benefits, and how their information will be used. Participants informed consent was obtained without coercion or undue influence by researchers.

**Confidentiality and Privacy:** The participants' confidentiality and privacy were protected by keeping their identities anonymous and their personal information secure. Participants were also able to complete the questionnaire in a private setting free of interruptions and distractions.

### **Cultural Sensitivity**

Cultural sensitivity was much paramount and respect for the participants' beliefs and values was also taken into consideration. This was to ensure that the questionnaire was culturally appropriate and relevant to the participants.

**Fairness:** The data collection process was fair and did not favor any one group or individual in any way. Participants were chosen using objective criteria, and the questionnaire was administered fairly and objectively.

### **Avoiding Harm**

Precautions were taken to reduce any potential harm that may result from participation in the study, such as providing participants with access to support services if they experience distress or discomfort during the data collection process.

**Voluntary Participation:** The Participants were free to withdraw from the study at any time without penalty or repercussions, and they were not also coerced or pressured into participating.

**Respect for Autonomy**

There was respect for participants' autonomy in a way that they were fully informed about the study and could make their own participation decisions.

Participants were also able to ask questions and got clarification on any aspect of the study when the need arose.

**Data Accuracy and Integrity**

Validated questionnaires were used to conduct the survey. Also, it was ensured that the data was entered and analyzed correctly. Steps were taken to prevent data fabrication or manipulation to maintain the accuracy, reliability, and trustworthiness of the data collected.

## CHAPTER 4

### RESULTS AND DISCUSSION

The research was conducted in the central region of Ghana. This region is located in the southern part of Ghana. The Central region is renowned for its many elite higher education institutions and an economy based on an abundance of industrial minerals and tourism. The Central region attains many tourist attractions such as castles, forts, and beaches that stretch along the Central region's coastline. According to the 2021 population census, The Central Region of Ghana has a population of 2,859,821, which makes it one of the averagely populated regions in Ghana.



Figure 2. Map of the Central Region of Ghana

### **Study Area Setting**

This section presents the results of the study that seeks to determine the sources of stress and the types of stress among gospel ministers in the central region of Ghana. The results that were presented are the effect of stress burnout as influenced by Age, Marital status, years of employment, strategies for coping with stress, the relationship between strategies used and stress burnout, and how stress could be properly managed by ministers of the gospel in the central region of Ghana.

The consistent analysis that ties back to the research questions and demographics of the population of 217 pastors from different churches in the central region of Ghana was shown. The Chi-square, Correlation, Regression Analysis, and Multiple regression analysis were the tools used for the analysis. The research was conducted based on Fee's (2018) claims about leadership roles and their possible effects on clergy stress burnout.

### **Response Rate**

In the central region of Ghana, there are 217 ministers of the gospel from various denominations, and they all participated in the study. Thus, a hundred percent response rate was achieved at the end of the research survey.

### **Demographic Characteristics of Respondents**

Table 4 shows the socio-demographic characteristics of the study participants. A total of 217 participants were involved in the study. The participant's ages ranged from 18 to 60+ years. The respondents were ministers from different denominations. Included were 100 Pentecostal ministers forming 46%, 97 orthodox ministers representing 45%, and 20 charismatic ministers representing 9%. This was done on purpose so that responses are distributed to the Christian fraternity.

Age can influence stress, which can obscure any research findings if the age is not properly selected. According to Lavretsky and Newhouse (2012). The results showed that 35% of the participants were 41-50 years, 28% were between the age ranges of 30-40 years, and 28% were above 50 years, 20% of the participants were below 30 years.

From the study, 68.2% were married, 27.6% were single, 3.2% were widowed and 0.9% were divorced. In the course of the study, it was identified that the single ministers were made up of both male and female priests.

The majority of the ministers (31.3%) have had their postgraduate, 60 respondents were graduates representing 27.6%, 23 respondents making up 10% were ministers with undergraduate, and 52 were diploma holders representing 24%. It was also noticed that 6.4% of the ministers had academic qualifications below a diploma. In the ministry, the highest level was a diploma with a total number of 91 representing 41.9 % and the least was postgraduate.

This study also showed that most of the participants were full-time ministers (88.9%) whiles (11.1%), were part-time. More so, 14.7% were interns, 10.6% were licensed and the remaining 74% were ordained. This is to say that the study captured all the possible classes of ministers so that there would be a fair distribution of the respondents. It was noticed that 34.1% of the respondents have been working for 1-5 years, 20.3% have work experience between 10-16years, 18.9% have had experience between 11-15years and the final group of 16.6% had served 20 years and above.

*Table 4. Socio-Demographic Characteristics of Study Participants*

Variables	Response Option	Frequency	Percent
Denomination	Pentecostal	100	46%
	Orthodox	97	45%
	Charismatic	20	9%
Age	41-50 years	76	35%
	30-40 Years	61	28.1%
	Above 50 Years Below	61	28.1%
	30 years	20	8.8%
Marital Status	Married	148	68.2%
	Single	60	27.6%
	Windowed	7	3.2%
	Divorce	2	0.9%
Educational Level	Postgraduate	68	31.3%
	undergraduate	23	10.6%
	Diploma	52	24.0%
	Graduate	60	27.6%
	Any Other	14	6.5%
Ministerial Level	Diploma	91	41.9%
	Undergraduate	88	40.6%
	Graduate	19	8.8%
	Postgraduate	2	0.9%
	Any Other	17	7.8%
Type of Ministry	Full-Time	193	88.9%
	Part-Time	24	11.1%
Rank	Ordained	162	74.7%
	Intern	32	14.7%
	License Minister	23	10.6%
Number of Years in Ministry	1-5years	74	34.1%
	6-10years	44	20.3%
	11-15years	41	18.9%
	Above 20 years	36	16.6%
	16-20years	22	10.1%

Source: Field Survey, 2022

### **Research Question 1: Sources of Stress among Gospel Ministers in the Central Region of Ghana**

The knowledge of the sources of stress of the study participants was assessed using Parveen's (2016) examples of sources of stress. In the literature of Parveen

(2016), some of the sources include the following: Environmental, socio, and bio-economical, Psychological, Psycho-spiritual Stress, Cognitive-emotional, Vocational, Family Related, Financial related problems, marital problems (Parveen, 2016). The findings are presented in Table 5. In the table below the scale of strongly disagree, disagree, agree, and strongly agree are used to show the level at which these sources affect the ministers in the central region of Ghana.

*Table 5. Sources of Stress*

Variables	Response Options	Frequency	Percentage
Meeting Schedule	Strongly Disagree	17	7.8%
	Disagree	46	21.2%
	Agree	126	58.1%
	Strongly Agree	28	12.9%
Church Programs	Strongly Disagree	8	3.7%
	Disagree	43	19.8%
	Agree	124	57.1%
	Strongly Agree	42	19.4%
Preparing Sermons	Strongly Disagree	19	8.8%
	Disagree	58	26.7%
	Agree	89	41.0%
	Strongly Agree	51	23.5%
Lack of Support from Church Leaders	Strongly Disagree	23	10.6%
	Disagree	35	16.1%
	Agree	75	34.6%
	Strongly Agree	84	38.7%
Little Support from Congregation	Strongly Disagree	7	3.2%
	Disagree	33	15.2%
	Agree	134	61.8%
	Strongly Agree	43	19.8%
Church Finances	Strongly Disagree	11	5.1%
	Disagree	34	15.7%
	Agree	127	58.5%
	Strongly Agree	45	20.7%
Church Projects	Strongly Disagree	2	0.9%
	Disagree	27	12.4%
	Agree	131	60.4%
	Strongly Agree	57	26.3%
Home and Church Demands	Strongly Disagree	19	8.8%

Variables	Response Options	Frequency	Percentage
	Disagree	61	28.1%
	Agree	104	47.9%
	Strongly Agree	33	15.2%
Insufficient Resources	Strongly Disagree	19	8.8%
	Disagree	29	13.4%
	Agree	104	47.9%
	Strongly Agree	65	30.0%
Meeting of Church Demands	Strongly Disagree	4	1.8%
	Disagree	59	27.2%
	Agree	120	55.3%
	Strongly Agree	34	15.7%
Lack of Growth of Church	Strongly Disagree	10	4.6%
	Disagree	26	12.0%
	Agree	121	55.8%
	Strongly Agree	60	27.6%
Low Baptismal	Strongly Disagree	25	11.5%
	Disagree	75	34.6%
	Agree	92	42.4%
	Strongly Agree	25	11.5%
Financial Demand from Head Office	Strongly Disagree	43	19.8%
	Disagree	14	6.5%
	Agree	93	42.9%
	Strongly Agree	67	30.9%
Inadequate Financial Support from Church members	Strongly Disagree	30	13.8%
	Disagree	16	7.4%
	Agree	117	53.9%
	Strongly Agree	54	24.9%
Marital Issues	Strongly Disagree	21	9.7%
	Disagree	72	33.2%
	Agree	77	35.5%
	Strongly Agree	47	21.7%
Too Much Workload	Strongly Disagree	17	7.8%
	Disagree	57	26.3%
	Agree	110	50.7%
	Strongly Agree	33	15.2%
Life Crisis	Strongly Disagree	28	12.9%
	Disagree	64	29.5%
	Agree	59	27.2%
	Strongly Agree	66	30.4%
My Health Conditions	Strongly Disagree	16	7.4%
	Disagree	58	26.7%
	Agree	103	47.5%

Variables	Response Options	Frequency	Percentage
	Strongly Agree	39	18.0%

Source: Field Survey, 2022.

Table 5 reveals that about 77% of the respondents generally agree that church programs were a significant source of stress for them that most of the respondents, (71%) support the claim that meeting schedules can cause stress. The results also showed that 41% of the respondents generally agree, 26% disagree 23.5% strongly agree and 8.8% strongly disagree. This means more respondents agree than disagree. From table 5, most of the respondents (61.8%) agree that when there is little support from the congregation, they become stressed. The same response was given for church finances.

The respondents (58%) claimed that, when the finances of the church are low, it puts some pressure on them and causes them to be stressed. The same light was seen for church projects, where 60% of the respondents agreed. In the same vein, 47% of the respondents agreed that home and church demands alongside insufficient resources could cause one to be stressed. Another source of stress was captured in the study meeting as lack of growth and low baptismal with 55%, 55.8%, and 42. % respectively of the participants agreed that as a source of stress in the ministry work. Inadequate financial support 53.9% agreed and many others also agreed to the fact that too much workload, life crises, and health conditions are some of the sources of stress.

All these sources of stress were confirmed by Zuccolo et al. (2013) when they stipulated that, stressors include psychological stressors triggered when demands are made on our time and attention, work presentations, interpersonal conflict, competing priorities, financial problems, and loss of relationships and loved ones. Another

concrete stance that this study supports was as stipulated by Gyambrah et al. (2017) with regards to the great life-change stressors - from the most stressful such as the loss of a minister's spouse, loss of life of a relative, personal health problems, or illness in the same lights.

Ajaganandam, Rajan, and Ravichandran (2013) argued that Environmental stressors include several social and technical influencing factors, such as “technological change, family demands and obligations, economic and financial conditions, race, caste, class, ethnic identity, relocation, and transfer. The above results also confirm the assertion of Anyetey (2018), that the sense of not being able to stay comfortable, as well as the weight of assisting others financially, are major sources of stress in our daily lives which on the other hand Lee and Dustin (2021), make it clear that financial stability brings about freedom from stress.

### **Research Question 2: Types of Stress Encountered by Gospel Ministers in the Central Region of Ghana**

Table 6 shows the results of three types of stresses that gospel ministers in the central region of Ghana face. The list of stressors enumerated is acute stress, episodic stress, and chronic stress as stated (Legg, 2018). He further explained acute stress, episodic stress as the type of stress which takes place when long exposure to acute stress, and chronic stress, which exposes Individuals' physical and psychological health to suffer. The table below indicates which type of stress the gospel ministers go through more often.

*Table 6. Types of Stress*

Variables	Frequency	Percentage
Acute Stress	136	62.7
Episodic Stress	69	31.8
Chronic Stress	12	5.5
Total	217	100.0

Source: Field survey 2022

The results from the table above show that most (62.7%) of the respondents experienced acute stress also known as everyday stress. It happens through the daily dealings of people and does not harm the person suffering from it. This agrees with Legg (2018) on the terms that acute stress has a short-term impact on an individual. People suffering from this type of stress do not experience the extensive damage that is associated with long-term chronic stress. Some signs and symptoms mentioned by the participants include a few aggregates of anger or irritability, tension, and depression which are the three stress emotions suggested by (Legg, 2018).

The next type of stress recorded is episodic stress with 31.2% of the participants suffering from it. This is a more serious version of acute stress. Most people do not experience this type of stress. That means not all who experience acute stress are affected by this stress. An individual only reaches this point if he/she does not take care of the early stages of acute stress (Biron, Karanika-Murray, and Cooper, 2012). Some of the signs of this stress Biron et al. (2012) as agreed in this study are continual anxiety, headaches, migraines, hypertension, and chest ache.

The last type of stress identified by respondents is chronic stress. From table 6, only 5.5% of the respondents suffer from this type of stress. Respondents further explained that some of the symptoms of this type of stress include anxiety, depression, rage, and frustration, as confirmed by Freshwater (2018).

*Table 7. How Do You Identify Stress?*

Variables	Frequency	Percent
Personal identification	176	81.1
Through medical check-up	31	14.3
Public health advisor	10	4.6
Total	217	100.0

Sources: Field survey 2022

Most of the ministers (81.1%) reported that even though they did not have any special skill or training on stress, they recognized or knew when they were undergoing stress. Also, 14.3% took this diagnosis from a health professional and 4.6% got their diagnosis from public health advisors. This effect means many people do not visit professionals but do a personal check.

**Research Question 3: Influence of Age,  
Marital Status and Years of Employment  
on the Effect of Stress Burnout on the Gospel  
Ministers in Ghana**

Table 8 shows the results of multiple regression of the relationship between stress burnout and the ages, marital status, and number of years in service. The hypothesis made on this question is that the effect of stress burnout among gospel ministers in Ghana is not influenced by: Age, marital status, and the number of years of employment. For this assumption to be true then ( $p > 0.05$ ) or the significant value should be more than 0.05. However, if it was not, then it made this assumption null. Below are the results of the findings.

Regarding the use of regression analysis, it was a statistical method commonly used to analyze the relationship between one or more independent variables and a dependent variable which are commonly used to measure attitudes or perceptions. Then regression analysis could be an appropriate statistical method to analyze the relationship between the different types of stress and the Likert scale responses.

Regression analysis can help identify the factors that are most strongly associated with higher levels of stress among gospel ministers in Ghana, and provide insight into potential interventions or coping strategies that could help address these issues. However, the appropriateness of using regression analysis would ultimately depend on the specific research question, study design, and the characteristics of the data being analyzed.

*Table 8. Influence of Age, Marital Status, and Years of Employment on Level of Stress Burnout*

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	T	
		Std. Error	Beta		
(Constant)	642	104		6157	.
Number of Years in Ministry	.038	.026	.102	1.463	.145
Age	-.016	.048	-.019	-.332	.741
Marital Status	.312	.039	.568	8.022	.000

Sources: Field survey 2022

The results of the regression indicated that the three variables, that is the number of years in ministry, age, and marital status predicted a significant relationship with stress following  $p < .01$ ,  $\beta = .56$  from the table the value for p is 0.0 which makes the model significant. This means that the assumption that there is no relationship between age, number of years of work, and marital status are not matching. Woolston (2015), supports this claim when he stipulated that, stress is a component of life for people of all ages, both young and old. Table 8 shows a 0.038 relationship between the number of years in the ministry and stress burnout. This means there is a positive relationship between years of work and stress burnout. This is to show that the more years you work the greater the stress burnout. This is confirmed by Wu et al. (2020) when they stipulated that long-serving ministers are likely to have high levels of stress.

In the same way, there is a relationship between age and stress burnout. From the table, it can be noticed that the type of relationship between age and stress burnout is a negative one. This is represented as - 0.016. This means that for every one-year increase in age, there is a decrease of 0.016 units in stress burnout and vice versa. This claim is strongly supported by Carney, Graf, Hudson, and Wilson (2021) who suggested that younger adults are more detrimentally affected due to work and other disruptions, showing increased stress and negative effects. As agreed by Isoard-Gauthier, Ginoux, Gerber, and Sarrazin (2019), age has a negative relationship with stress. As we grow, we can do less work and therefore reduce the levels of stress burnout.

The table further reports on the effects of the marital status of the ministers and stress burnout. The study concludes that there is a positive relationship between stress burnout and the marital status of the ministers of God. Reporting a coefficient of 0.312 means that if you are married you are likely to have your stress burnout increased by 0.312 units. On the other hand, single ministers will have a reduction of 0.312 units of stress burnout. As stipulated by Lee and Dustin (2021), there is mostly a lack of life satisfaction among clergy and their families, as well as unhappiness with family functioning. This is related to the burden on the ministers to settle family issues as much as challenges in the ministry. The study of Hill, Moss, Sykes-Muskett, Conner, and O'Connor (2018) also confirms this as he argues that there is no privacy for the clergyman and their families as they frequently have work-related phone calls, unannounced visits to their homes, and unplanned meetings with church members in public settings which intrude on their time.

**Research Question 4: Strategies Employed  
to Cope with Stress by Gospel Ministers  
in the Central Region of Ghana**

Table 9 is focused on the strategies that can be employed in dealing with stress. Chronic stress may impair long-term memory by generating aberrant changes in basal cortisol levels and diurnal rhythms, resulting in decreased hippocampus volume and cell death so it is very important to manage it. According to Park (2010). Therefore Burwell and Shipton (2013) suggested that effective ways of managing stress include identifying the problem, organizing personal and social managing assets, and ultimately the usage of factual methods of managing them. In this study, a 4-point Likert scale of strongly disagree, disagree, agree, and strongly agree is used to determine the strategies the respondents use in their daily lives to deal with stress.

*Table 9. Strategies to Cope with Stress*

Variables	Response options	Frequency	Percentage
Annual Leave	Strongly Disagree	16	7.3%
	Disagree	50	22.%
	Agree	97	44.%
	Strongly Agree	54	24.%
Reducing Daily Work Schedule	Strongly Disagree	2	0.9%
	Disagree	35	16.%
	Agree	158	72.%
	Strongly Agree	22	10.%
Delegation of Duties	Strongly Disagree	2	0.9%
	Disagree	37	17.%
	Agree	114	52.%
	Strongly Agree	64	29.%
Quality Sleep	Strongly Disagree	2	0.9%
	Disagree	16	7.3%
	Agree	152	69.%
	Strongly Agree	47	21.%
Exercising Regularly	Strongly Disagree	2	0.9%
	Disagree	35	16.%
	Agree	123	56.%
	Strongly Agree	57	26.%
Reading the Bible	Strongly Disagree	2	0.9%

Variables	Response options	Frequency	Percentage
	Disagree	14	6.4%
	Agree	132	60.0%
	Strongly Agree	69	31.0%
Singing of songs	Strongly Disagree	2	0.9%
	Disagree	29	13.0%
	Agree	116	53.0%
	Strongly Agree	70	32.0%
Dancing	Strongly Disagree	16	7.3%
	Disagree	63	28.0%
	Agree	124	56.0%
	Strongly Agree	14	6.4%
Praying	Strongly Disagree	5	2.3%
	Disagree	18	8.3%
	Agree	114	52.0%
	Strongly Agree	80	36.0%
Confidence in Friends	Strongly Disagree	27	12.0%
	Disagree	67	30.0%
	Agree	107	49.0%
	Strongly Agree	16	7.3%
Consulting Colleague Minister	Strongly Disagree	12	5.5%
	Disagree	41	18.0%
	Agree	144	66.0%
	Strongly Agree	20	9.2%
Availability of Resources	Strongly Disagree	14	6.4%
	Disagree	37	17.0%
	Agree	142	65.0%
	Strongly Agree	24	11.0%
Attending Stress Management Seminars	Strongly Disagree	13	6.0%
	Disagree	35	16.0%
	Agree	149	68.0%
	Strongly Agree	20	9.2%
Time Management	Strongly Disagree	2	0.9%
	Disagree	25	11.0%
	Agree	142	65.0%
	Strongly Agree	48	22.0%
Counseling from Professionals	Strongly Disagree	10	4.6%
	Disagree	29	13.0%
	Agree	137	62.0%
	Strongly Agree	41	18.0%
Confidence in My Spouse	Strongly Disagree	10	4.6%
	Disagree	18	8.3%
	Agree	138	63.0%

Variables	Response options	Frequency	Percentage
	Strongly Agree	40	18.%

Source: Field survey 2022

In Table 9 above the following results were presented as general strategies used by the ministers to deal with stress. In research question 4, 30% disagree while about 70% agree that annual leave is an important strategy for coping with stress. These results support Kwaah and Essilfie's (2017), findings that a very high number of participants (ministers) are resorting to these high heights of stress by either going on leave or leaving the ministry where there are no breaks. Another strategy that swept away many points is “reducing daily work schedule” with this, 16.1% disagreed however it was noticed that 72.5% of the respondents agreed. Wu et al. (2020) believe that when there is too much work on the minister there won't be enough time to rest, and this will cause the individual to have stress. Also, most of the participants agree that delegation of duty, having quality sleep, and having regular physical exercising are ways of coping with stress with percentages of 52.3%, 69.7 and 56.4% respectively.

As shown in table 9, the participants also agreed to some religious activities like reading the Bible, singing, dancing, and praying with percentages of 60.6%, 53.2%, 56.9% 52.3%, and on other hand 6.4%, 13.3%, 28.9%, and 8.3% respectively did not agree to this claim. In the same table, 49% of the participants agreed that coincidence in friends can be used to cope with stress while 30% disagreed.

In the table, 66.1%, 65.1%, 65.1%, 62.8%, and 63.3% of the participants agreed that availability of resources, attending stress management seminars, time management, counseling, professionals, and confidence in spouses respectively are other coping strategies for stress. Like the above, Yuceler et al. (2015) believe that

balancing the way of life can enhance psychological or mental stability. They believe that balancing your life consists of social, physical, cultural, and other ways in order to gain stability. As the respondents agreed to the fact that, time management is an approach used to stabilize these activities to cope with stress most efficiently. People who manage their time well can plan for leave and spread their workload over time to prevent work overload (Yuceler et al., 2015).

For Ahmadi et al. (2018), trusted persons may see new approaches to cope with another person's stress because he believes that nobody can address all existence of strains unaccompanied. He also believes that social support groups' aid ought to be promoted to decrease the degree of stress. Being near others can help to decrease task stress.

As social people, we take tasks upon ourselves, and reason to come out with something new for a team to develop. The same applies to individuals and social resilience recognizes such developments. Human civilizations are built on the specialization, differentiation, and orchestration of human expertise, allowing us to achieve more as a group than we might individually (Ahmadi et al., 2018). This supports the fact that to be able to cope with stress, one may need others.

#### **Research Question 5: Relationship between Strategies for Coping with Stress and Stress Burnout Symptoms**

Table 10 shows the results of the relationship between the strategies for coping with stress and stress burnout. The strategies used for coping with stress are tested to determine their effectiveness, and whether they can deal with stress burnout. Pearson's correlation test is conducted to determine the relationship between burnout and coping strategies. A group of five strategies are tested with burnout to determine their effectiveness.

*Table 10. Relationship between Annual Leave and Stress Burnout*

		Symptoms	Annual Leave
Symptoms	Pearson Correlation	1	-.307**
	Sig. (2-Tailed)		.000
	N	163	163
Annual Leave	Pearson Correlation	-.307**	1
	Sig. (2-Tailed)	.000	
	N	163	217

\*\* . Correlation Is Significant At The 0.01 Level (2-Tailed).

From table 10 above, the results show that there is a significant relationship between annual leave and the symptoms shown when one has stress. The significance level was placed at 0.01, which makes any value below this significant. The p-value is very negligible making the correlation significant. Also, it can be determined that there is a negative (-0.307) relationship between stress burnout and the strategy used. This means that any time one increases the level of the strategy used in coping with the stress one is likely to experience less stress and vice versa.

*Table 11. Relationship between Reducing Daily Work Schedule and Stress Burnout*

		Symptoms	Reducing Daily Work Schedule
Symptoms	Pearson Correlation	1	-.171*
	Sig. (2-Tailed)		.029
	N	163	163
Reducing Daily Work Schedule	Pearson Correlation	-.171*	1
	Sig. (2-Tailed)	.029	
	N	163	217

\*. Correlation Is Significant At The 0.05 Level (2-Tailed).

From table 11 above, the results show that there is a significant relationship between reducing daily work and the symptoms shown when one has stress. The significance level was placed at 0.05, which makes any value below this value

significant. The p-value of this test is 0.029 which makes the correlation significant. Also, it can be determined that there is a negative (-0.171) relationship between the symptoms and the strategy used. This means that any time one increases the level of the strategy used in coping with the stress one experiences less stress and vice versa.

*Table 12. Relationship between Regular Exercise and Stress Burnout*

		Symptoms	Exercising Regularly
Symptoms	Pearson Correlation	1	-.207**
	Sig. (2-Tailed)		.008
	N	163	163
Exercising Regularly	Pearson Correlation	-.207**	1
	Sig. (2-Tailed)	.008	
	N	163	217

\*\* . Correlation Is Significant At The 0.01 Level (2-Tailed).

From table 12 above, the results show that there is a significant relationship between exercising regularly and the symptoms shown when one has stressed. The significance level was placed at 0.01, which makes any value below this value significant. The p-value of this test is 0.008 which makes the correlation significant. It can also be determined that there is a negative (-0.207) relationship between the symptoms and the strategy used. This means that any time there is an increase in the level of the strategy used in coping with stress there would be less stress burnout symptoms and vice versa.

*Table 13. Relationship Confidence in Friends and Stress Burnout*

		Symptoms	Confidence In Friends
Symptoms	Pearson Correlation	1	-.241**
	Sig. (2-Tailed)		.002
	N	163	163
Confidence In Friends	Pearson Correlation	-.241**	1
	Sig. (2-Tailed)	.002	
	N	163	217

\*\* . Correlation Is Significant At The 0.01 Level (2-Tailed).

Table 13 above shows that there is a significant relationship between the strategy of having confidence in friends and stress burnout symptoms. The Significance level was placed at 0.01, which makes any value below this value significant. The p-value of this test is 0.002 which makes the correlation significant. Also, it can be determined that there is a negative (-0.241) relationship between the symptoms and the strategy used. This means that any time one increases the level of the strategy used in coping with the stress one will experience less stress and vice versa.

*Table 14. Relationship between the Availability of Resources and Stress Burnout*

		Symptoms	Availability Of Resources
Symptoms	Pearson Correlation	1	-.221**
	Sig. (2-Tailed)		.005
	N	163	163
Availability Of Resources	Pearson Correlation	-.221**	1
	Sig. (2-Tailed)	.005	
	N	163	217

\*\* . Correlation Is Significant At The 0.01 Level (2-Tailed).

Table 14 above shows that there is a significant relationship between the availability of resources and stress burnout symptoms. The Significance level was placed at 0.01, which makes any value below this value significant. The p-value of

this test is 0.005 which makes the correlation significant. Also, it can be determined that there is a negative (-0.221) relationship between the symptoms and the strategy used. This means that when there is an increase or adequate resources for the gospel minister, the stress levels decrease and consequently stress burnout and vice versa.

The above results confirm the stance of many works of literature which indicate that when stress is properly managed its effects will be minimized or managed (Burwell and Shipton, 2013), that, the tables above have shown a clear picture of the fact that stress coping strategies are necessary for others to reduce the effects and symptoms of stress burnout.

#### **Research Question 6: Proper Stress Management for Ministers of the Gospel in the Central Region of Ghana**

For this question in general, most of the participants (70%) believed that as much as we work as men of God, pastors need to take some time to rest from their routine activities. A proper leave structure should be made out to be given to the ministers so that we can have some time off work. Many believed that Pastors and other men of God need to go for regular checkups. This is a very important aspect of human life.

Most pastors become too busy with the ministry work and neglect their health issues. This goes a long way to affect them. The majority believed that pastors must rely on God. God is our father and trusting and believing in Him can take us from the hands of the evil one. Stress cannot be eradicated, but it can be solved by only God. Pastors should also have a social life. They must not be too religious and refuse to be involved in some of the activities that go on in society. They should have friends whom they can talk to and seek advice anytime they want. They should not assume the position of public figures and therefore not have interactions with others.

Notwithstanding, everybody needs exercise to be healthy. Pastors are not exceptions; they need to be involved in daily exercise sessions so that they can stay strong and free-minded. It is on the right path if they do this as pastors. From the questionnaire majority of the respondents also believed that pastors need to delegate some of their work to others as and when necessary. The workload is much and one person cannot do all of them. Pastors need to delegate some of our duties to people who have the ability and knowledge to do it.

Whilst Time management is a very important tool that many people overlook. When time is properly looked at concerning activities all pastors will be able to manage themselves in a perfect way that will be free of stress. It is very important as a pastor to check your plans concerning the time available to you. There should be education on stress for ministers of God. Many think that God is always available for us so we do not have to do the necessary physical things that can keep us safe. Finally, pastors need to visit a therapist to find out what is wrong with them. Most pastors apart from the gospel work are involved in other businesses also, so, there is a need to make sure that their life plans include medical professionals.

The research continues to confirm that different people have different coping styles or prefer to employ specific coping tactics differently from others. These disparities in coping styles are frequently a reflection of personality differences. Flexibility in coping which is the ability to adapt the most effective coping technique to the demands of diverse situations is more likely to help (Seiffge-Krenke, 2013). According to Ahmadi et al. (2018), an individual may see new approaches to cope with the conditions because he has learned to know that nobody can address all existence of strains unaccompanied. Yuceler et al. (2015) Balancing the way of life consists of social, physical, cultural, and others. She believes time management is an

approach used to stabilize these activities to cope with stress most efficiently. People who manage their time well make sufficient use of their days on earth. In the same way, they think there are different ways of managing stress. All you need to do is to adjust to proper schedules.

## CHAPTER 5

### SUMMARY, CONCLUSION & RECOMMENDATIONS

This chapter presents a summary of the study, conclusions, and recommendations of the study following the study's objectives.

#### **Summary**

This research was primarily aimed at understanding stress in the deeper sense as it was related to ministers of the gospel in the central region of Ghana and how it can be dealt with. 217 ministers were sampled for the study. These included ministers from the orthodox, Pentecostal, and charismatic denominations. These pastors were from the ages of 18 to 60 years. A cross-sectional descriptive research design was used to conduct the study using quantitative research methods for data collection.

The following research questions were addressed: the sources of stress among gospel ministers in the central region, the types of stress encountered by the gospel ministers in the central region of Ghana, the effect of stress burnout among the gospel ministers as influenced by their age, marital status, and years of employment, the strategies used to cope with stress by ministers of the gospel in the central region of Ghana, the relationship between strategies used and stress burnout and how stress can be properly managed by ministers of the gospel in the central region of Ghana.

The study revealed that most of the sources of stress included activities that are both occupational and non-occupational. Some of these sources are meeting schedules, church programs, preparing sermons, lack of support from church leaders, little support from the congregation, church finances, church projects, home, and

church demands, insufficient resources, meeting of church demands, lack of growth of the church, low baptisms, financial demand from headquarters, inadequate financial sustenance from church members, marital issues, too much workload, life crisis, and health conditions.

The study showed that there are three main types of stress among gospel ministers in the central region of Ghana. These are acute, episodic, and chronic types of stress. The result showed that age has a negative relationship with stress. This means that the level of stress goes down as age increases. Marital status and the number of years of work each have a positive relationship with stress. This means that marriage increases the stress level among gospel workers, and the number of years of work in ministry also contributes to stress among gospel workers.

The study results also showed that ministers use the following strategies to manage them. They are annual leave, reducing daily work schedule, delegation of duties, exercising regularly, reading the bible, singing religious songs, dancing, Praying, having confidence in friends, consulting colleague ministers, attending stress management seminars, time management, counseling from professionals, and confidence in a spouse.

### **Conclusion**

Based on the results of the study, the sources of stress of ministers in the central region are both occupational and non-occupational. Occupational stress deals with the work-related stress of the ministers, while non-occupational stress is the other source of stress. Though there are relationships between stress and age, marital status, and the number of years of work, when the right strategies are employed, the ministers in the central region can properly manage and control the adverse effects of stress. Again, there was a relationship between the three main types of stress, that is

acute, episodic, and chronic stress. From the research, it was shown that many participants experienced acute and episodic stress more than chronic stress. Chronic stress is the peak of it all and it is extremely dangerous to human life.

### **Recommendations**

Below are some of the recommendations to consider:

1. It is recommended according to the findings in research question 1 since the majority of the respondents agreed to the fact that increased church activities are a result of stress, it is therefore very important that in the future church activities among workers of the gospel be reduced to help reduce stress among them.
2. Regarding the findings in research question 2, it is recommended that early signs of stress be reported to any health center for early assessment so that it does not surge up to be chronic, since most of them fell within the acute stress level of stress.
3. Another recommendation is that in the future, the number of working years among gospel ministers should be reduced so that long years in the ministry will not affect them and hence allow them to work in their comfort and peace.
4. Balancing a lifestyle that is social and cultural among gospel workers in ministry is highly recommended according to the research findings in question 4. Gospel ministers should not be allowed to leave a sole life, but to be in harmony with all to build a good and healthy social and cultural life.

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## APPENDICES

APPENDIX A  
QUESTIONNAIRE

ADVENTIST UNIVERSITY OF AFRICA  
SCHOOL OF POSTGRADUATE STUDIES  
DEPARTMENT OF PUBLIC HEALTH  
QUESTIONNAIRE ON SOURCES, TYPES OF STRESS, AND THEIR COPING STRATEGIES AMONG GOSPEL MINISTERS IN GHANA.

**Introduction:** Dear participant, I am a student at the Department of Public Health at the Adventist University of Africa, Nairobi Kenya. For my MPH thesis, I am working on the above-stated topic.

I am inviting you to participate in this study by completing this survey. It will roughly take you 10-15 minutes. If you choose to participate in this study, please answer all questions as honestly as possible and returned the completed questionnaire to me. All information provided will be treated with **confidentiality, and anonymity** and **used for research purposes only**. Your cooperation will be highly appreciated.

Thank you for taking the time to assist me in this endeavor.

**Instruction:** Respondents are to **tick (√)** where necessary.

SECTION A [SOCIO-BIOGRAPHICAL DATA OF RESPONDANT]

1. Which of the following denomination group do you belong to?

- a) Orthodox [ ]
- b) Pentecostal [ ]
- c) Charismatic [ ]

1. Name of your denomination

2. **Age:** (a) Below 30 [ ]

(b) 30-40 years [ ]

(c) 41-50 years [ ]

(d) Above 50 years [ ]

3. **Marital status:** (a) Single [ ]

(b) Married [ ]

(c) Divorced [ ]

(d) Widowed [ ]

4. Number of Children:

(a) 1 – 3 [ ]

(b) 4 – 6 [ ]

(c) More than 6 [ ]

5. Highest level of education

(a) Diploma [ ]

(b) Undergraduate [ ]

(c) Graduate [ ]

(d) Postgraduate [ ]

(e) Any other (Please, indicate) .....

6. Your highest level of ministerial training is:

(a) Diploma in Theology [ ]

- (b) Degree in Theology [ ]
- (c) Masters [ ]
- (d) Doctorate [ ]
- (e) Others [ ]
- (Please, indicate) .....
- 7. Type of ministerial engagement: (a) Full-time [ ]
- (b) Part-time [ ]
- 8. **Rank in Ministry:** (a) Intern [ ]
- (b) License Minister [ ]
- (c) Ordained Minister [ ]
- 9. Number of Years in Ministry:
- (a) 1-5 yrs. [ ]
- (b) 6-10 yrs. [ ]
- (c) 11-15 yrs. [ ]
- (d) 16 -20 yrs. [ ]
- (e) Above 20 yrs. [ ]

**SECTION B [SOURCES OF STRESS AMONG MINISTERS OF THE GOSPEL]**

In this section, please respond to each item by ticking (√) according to whether you **Strongly Disagree (SD), Disagree (D), Neutral (N), Agree (A), or Strongly Agree (SA)**, to show your level of agreement to each of the following statements as they relate to stress.

S/No.	Source of Stress	SD	D	N	A	SA
11	My meeting schedules					
12	Organizing church programs					
13	Preparing for sermons					
14	Not getting the required support from my church leaders					
15	Having only little support from my congregation					
16	Managing my church's finances					
17	Managing the church projects					
18	The conflict between home and work demands					
19	Insufficient resources: (e.g. tools, technology, or funds).					
20	Little or no performance feedback.					
21	Meeting expectations of the congregation.					
22	Congregation not growing					
23	Not getting new candidate for baptism					
24	Financial demand from the church head office					
25	Inadequate financial support from the congregation					
26	Problems with my spouse					
27	Inappropriate workload (whether too much or too little)					
28	Life crises put stress on me					
29	My unhealthiness					

Any further explanation for your choices? (Why have you made the above selections?)

**SECTION C [TYPE OF STRESS MINISTERS OF THE GOSPEL EXPERIENCE]**

30. What type of stress do you think is your experience?

(a) Acute stress

(b) Episodic stress

(c) Chronic stress

31. Do you suffer from everyday stress?

(a) YES  (b) NO

32. Is your stress on and off?

(a) YES  (b) NO

33. Do you find it difficult to manage the type of stress you experience?

(a) YES  (b) NO

Explain your choice briefly:

34. Do you experience any physical symptoms? If YES briefly state it.

35. How do you identify the type of stress you experience?

(a) Personal identification

(b) Through medical check-ups

(c) Public health advisor

**SECTION D [STRESS MANAGEMENT STRATEGIES BY MINISTERS OF THE GOSPEL]**

In this section, please respond to each item by ticking (√) according to whether you **Strongly Disagree (SD), Disagree (D), Neutral (N), Agree (A), or Strongly Agree (SA)** to each of the following statements to show your level of agreement.

S/No.	As a minister, I manage my stress by:	SS D	DD	N	A	SS A
36.	Taking my annual leave					
37.	Reducing my daily schedule of work					
38.	Having quality sleep every day					
39.	Exercising regularly					
40.	Delegating duties to others.					
41.	Reading the Bible					
42.	Singing songs of praise					
43.	Dancing					
44.	Praying					
45.	Confiding in friends					
46.	Using good leadership skills					
47.	Ensuring that adequate resources are available					
48.	Attending stress management seminars					
49.	Employing good time management strategies.					
50.	Seeking counseling from professional counselors					
51.	Confiding in my spouse					

52. Any further explanation for your choices? (Why have you made the above selections?)

53. In your own opinion what can be the best way(s) to prevent stress among Gospel Ministers in Ghana?