

Three Essays on the Health of the Workers of the Church

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I. THE HEALTH OF THE WORKERS OF THE CHURCH

Despite perceptions of low morale, a national survey of pastors, mostly Protestants, finds them satisfied, loved by congregations, generally content with salary and benefits, and enjoying family life. In the last five years, “six in ten clergy say that they have never doubted their call to the ministry” and seven in ten “never thought of leaving” the pastoral ministry for secular work, according to researchers at Duke Divinity School.

The preliminary results show that “ministry is not a black hole,” said Becky McMillan, associate director of the Pulpit and Pew research project. The findings were from the National Opinion Research Center in Chicago, which did phone interviews last year with 883 pastors, but project director Jackson Carroll said that another 2,500 written questionnaires showed comparable results. “We take these findings to be good news,” said a recent Pulpit and Pew letter to all of the survey participants. “They run contrary to the gripe and moan sessions that one sometimes experiences when clergy get together!”...

If there was a fly in the ointment—or pudding if you will—it was the finding that while 76 percent of pastors rated their health as excellent or very good, pastors may be considerably heavier than the average American. ...Male clergy...are 79 percent overweight or obese. [This is in contrast to 61 percent of Americans.]

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In a 2001 study sponsored by the InterLutheran Coordinating Committee on Ministerial Health and Wellness and funded by Thrivent, we found comparable results among Lutheran workers of the church—on both of the issues mentioned.

As to satisfaction: Our workers (our data includes deaconesses, clergy, DCEs, early childhood, elementary, and high school educators, and Concordia University system faculty) overwhelmingly express a strong (“agree”—40%) or a very strong (“strongly agree”—39%) positive evaluation of their satisfaction in their current vocational situation. By an even larger amount (“agree”—32%; “strongly agree”—56%) our workers report a commitment to their calling as a worker of the church. And a significant number of our workers plan to remain in their vocation (“agree”—24%; “strongly agree”—54%). While this data should not suppress flash points of discontent and concern, for these are vitally important to hear, the data should give us even more resolve to support our workers in their obvious dedication to, and satisfaction in, their callings.

As to weight: Clearly, as much as overweight has been defined as a major health issue in America, we are now able to define it as a major health issue among workers of the church as well. Overweight (a Body-Mass Index [BMI] greater than 25) or obese (a BMI greater than 30) church workers are part of the larger “heavier” culture of the United States, and also part of a growing trend that not only affects their health but also the costs of health plans that pay for treatment of lifestyle-based diseases. Other risk factors include high blood pressure and blood sugar, tobacco usage, lack of exercise, high cholesterol (LDL). But, as Dr. Gwen Haalas writes, “The CDC states that all adults who have a BMI of 25 or more are considered at risk for premature death and disability as a consequence of overweight and obesity and these health risks increase even more as the severity of an individual’s obesity increases” (*Ministerial Health and Wellness 2002*, p. 14).

The concern for the “heavier” culture, then, does not come from a basic concern about appearance but rather from a fundamental concern about health and the health risks of church workers. There is also a secondary concern about disease-care costs that arise from lifestyle-induced illnesses. There is no question that we have an opportunity to make significant inroads in this regard.

We know that this is possible. While 22% of the population of the United States smoke, only 7% of the workers of the church report doing so. The use of tobacco, a significant lifestyle disease-producer, has been curtailed significantly by risk awareness and by behavioral change among the workers of the church over the past decade or two. What we have done with our use of tobacco we can also do with our nutritional patterns and our weight management. Better health will follow, which is a good thing for the workers of the church and the congregations they serve.

But . . . are there underlying issues that might also affect health and even affect eating habits and weight gain? Our research suggests that there are!

While our workers of the church agree with the levels of satisfaction in their ministry reported by the national Pulpit and Pew studies, they also suggest that there are significant pressure points that affect health. We combined several questions in our research to form a “Health Index”—a general measure of how people perceived their health to be supported by healthy-range responses in a number of crucial areas. Then we asked the data a statistical question: Which items measured by our research correlate the most with the Health Index?

The two items on our test that correlated the most strongly with the Health Index are the following:

1. Agreeing with the statement “Stress has affected my health in the last year” has the strongest correlation, negatively, with our health index.
2. The higher the number of “stress events” listed by the worker the lower the health index. Thus, the two leading correlational items relating to health involve the worker’s perception of the influence of stress on his/her health and the number of events the worker lists as “stress events” experienced during the previous year.

In a survey of the research literature examining previous studies of clergy and other religious professions, also sponsored by the InterLutheran Coordinating Committee on Ministerial Health and Wellness, and generously funded by Thrivent, Halaas summarizes: “Related to mental health, researchers studied 250 religious professionals and found that Protestant clergy had the highest overall work-related stress and were next to the lowest in personal resources to cope with the occupational strain” (p. 16) .

This quantitative data gives us three distinct capacities for response:

1. That the overwhelming bulk of the workers of the church indicate that they are satisfied with their vocation and their ministry is something for which to give thanks and to further support. To help our workers strengthen their already-existing satisfaction with their ministry is an important task for worker, congregation, school, agency, district and Synod. We can continue to do this by conversing with our workers concerning what is necessary to increase levels of satisfaction to even higher levels.
2. The increasing physical weight concerns of our workers suggests that body mass is both a general cultural issue as well as one of great stewardship significance to the church as a whole. To help our workers value care and attention given to their bodies is an important goal. We can all help by taking body care with seriousness and intentionality.
3. That stress is such an important correlate of health suggests that we would do well to explore stress management tools in the context of the sanctified life of the Christian. The ideal is, of course, not to have a stress-free life, for that would only create boredom and rust (as well as be impossible in a fallen world). The ideal is to have chosen stress (to choose to exercise, for instance, is the choosing of a stress activity for the benefit of a bodily good) at a level that is healthful and a stress management style that helps deal with unchosen stress effectively (of which there is always considerable amounts).

II. THE HEALTH OF THE WORKERS OF THE CHURCH

Building on the satisfaction felt and recognized by the workers of the church (79% of our workers “agree” or “strongly agree” concerning positive satisfaction in their current vocational situation and 86% “agree” or “strongly agree” concerning a positive commitment to their calling as a worker of the church), the following questions naturally emerge. How can laypersons, church workers, congregational leaders and health plan administrators aid in the support of the health and wellness of all the workers of the church, and of the health and wellbeing of all? And, how can we all support healthy lifestyles of the workers of the church, attending to the major (according to the research) issues of stress, weight and resultant diseases?

The 60th Convention of the LCMS, meeting in July of 1998, passed Resolution 6-09A, a portion of which follows:

Whereas, the Scriptures place emphasis on the integration of spirit, mind and body in the life of a disciple (1 Thess. 5: 23-24; Matt. 22: 37-40; Rom. 6: 12-14) and . . . whereas, such an emphasis leads to an increased awareness of the total stewardship of life; therefore be it resolved, that the LCMS congregations study the broad implications of the disciple's life of spiritual, mental, and physical wellness, and be it further . . . resolved that the Synod celebrate the blessing of God in our historic emphasis on Word and Sacrament, even as we now seek to apply more profoundly that continuing emphasis on the whole person.

The 61st Convention of the LCMS, meeting in July of 2001, revised the charter statement of the Commission on Ministerial Growth and Support (CMGS) to include concerns of wellbeing of the church's workers and their family members. As a result, the mission statement of the Commission on Ministerial Growth and Support now states: "The CMGS exists to provide opportunity for the continuing education and vocational growth of the church's workers; to advocate and facilitate care and counsel for the church's workers in the performance of their duties; and to advocate and facilitate support for the personal wellbeing of the church's workers and their family members."

The InterLutheran Coordinating Committee on Ministerial Health and Wellness, supported by a grant from Thrivent Financial Services for Lutherans, published *A Letter on Peace and Good Health* in 1998. (It is available at www.cmgs.org.) Its focus is on health enhancement and support within the Lutheran community and especially among the workers of the church. In two quite poignant paragraphs, writer James Wind states: "All of the health-giving treasures in our tradition are meant to be put to work in the world. So, dear sisters and brothers in Christ, plunder the treasury. Remember what a gift your body is and put it to good use. Take care of your body by attending to what you eat and drink. Develop a healthy regimen of exercise—whether that be running in marathons or regularly taking a long and vigorous walk. Change those behaviors that are dangerous. Stop smoking. Fasten the seat belt. Find the support groups that can help you overcome addictions to alcohol, sex, and work. Firmly establish healthy and appropriate boundaries. Develop the disciplines that Paul urged upon his followers. Go back to the prophylactic codes of Israel and see how interrelated life before God and healthy living in the world really are. Learn to rest. Take a clue from the Benedictines and order your day around times of prayer and reflection" (p. 33).

Further, "with colleagues in ministry and with members of your congregations, retrieve some of our tradition's great practices and make them central parts of your lives. Make regular use of the means of grace. Keep the Sabbath by carving out at least one day per week for rest and renewal. Build 'mini-Sabbaths' into your daily routines. Learn the practices of compassion for the sick and dying and put them to work in your congregation and in your community. Heal the fragmentation of our world by mastering the art of hospitality. Attend to your family and friends and make sure that those relationships are shaped by the one you have with the Lord of life who created and redeemed you" (pp. 33-34).

This is where we hope the workers of the church will behaviorally be in their daily lives. How is it possible to begin to approach this ideal? Should we all be concerned about such things?

Clearly, there is emergent interest in this area—and well there should be. For too long we have not taken a whole view of the work of Christ, of the person, and of the congregational community as exists in the scriptural witness. (In addition to the aforementioned *Letter on Peace and Good Health*, a wonderful contemporary exposition of this theme is found in Garth Ludwig's *Order Restored: A Biblical Interpretation of Health, Medicine, and Healing* published by CPH in 1999.)

A first step for all of us—laypersons, church workers, congregational leaders and health plan administrators—is to understand the basic scriptural witness to a whole person concern. Bible class study, small group discussion and personal reflection about whole-person themes are central and crucial. It is in this study that we see the proper place and position of any concern for health in the life of the church, and of the specific concern for the health of the workers of the church. Within the context of our congregations we can discuss this witness together. Our clergy can preach it, our clergy, teachers, and laypersons can teach it at all educational levels, and our congregations can study it that all might be well grounded—scripturally and confessionally.

We dare not end with our first step, though. The next steps are to act on what we know. It is not responsible to allow a gap between what we know and what we do to exist. There are many "next steps." Here is one!

Gather a small committee from the congregation to discuss health and wellness issues, concerns, and opportunities as these relate to the workers of the church. On this committee might well be someone from the medical profession, a

parish nurse (if there is one in the congregation), a member of the Board of Elders (or whatever group is involved with the ministry of the pastor), a member of the School Board (if there is a school), a counselor (such as a social worker, psychologist, or marriage and family therapist), and one or two other congregants who are known for their concern for persons. The CMGS has some introductory resources for this group, thanks to the Wisconsin Evangelical Lutheran Synod (WELS) and the Evangelical Lutheran Church in America (ELCA). More will be coming. The point of the group is to begin to consider the health and wellbeing needs of the workers of the church at a particular place, and how the congregation might be helpful in supporting the worker's healthy behavior. This conversation should not be done in isolation from the worker, but rather in ongoing contact. Some means for ongoing input from the worker and ongoing dialogue with the worker is essential.

Consider questions like these: Does our support of our workers include opportunities for preventive care, as in time off for exercise, sabbaticals, rest, and continuing education and financial support of the same, as well as an appropriate-for-the-community salary. Are we a tobacco-free workplace? Do we encourage healthy nutrition at our fellowship hours and congregational suppers? How do we encourage family health? What are the health concerns of our workers? How can we help everyone on staff manage the stressors that inevitably arise? Who is the pastor of the pastor?

On the basis of this discussion make a plan!

III. THE HEALTH OF THE WORKERS OF THE CHURCH

Our research on the health of the workers of the church has yielded some specific findings, some of which have been discussed or mentioned previously. With each finding I will offer one recommendation to congregational leadership and one to the church worker. These recommendations are not exhaustive, but are designed to stimulate thoughtful engagement with the findings to help move toward behavioral change.

1. The overwhelming majority of all workers of the church in all categories of vocation report significant satisfaction with their present vocational situation. While not without concerns and stresses, only 7.5% of all our responders reported significant levels of dissatisfaction with their present vocational situation. This is quite good news. Recommendation: We seek active ways in the LCMS to identify the joys of active ministry in this the 21st century, and talk more directly about such good news. While it is important to focus on those things that are problematic, it is also important to underline and support things that are helpful and healthful. As we identify things that help make ministry satisfying, we can strengthen those characteristics in our congregations. *Congregational leaders:* Ask church workers you know what makes them satisfied and excited about their ministry, and get behind them positively in support and encouragement. *Church workers:* Inventory those things needed in your life to maintain this positive momentum and develop strategies to maintain and strengthen them.
2. While there were small areas of life dissatisfaction, almost 22% of our sample reflect concern about their personal devotional life. This points to a reality that has been confirmed over the 10 year research conducted by the CMGS that has tracked continuing education opportunities and challenges: one's spiritual and devotional life may be vulnerable when one is a church worker. This may be because, in part, our workers are generally using the Word in service to others and may not be in positions of personal application to their own spiritual life. *Church workers:* Find a person or persons who can be a spiritual guide or brother/sister in Christ with whom you can and will discuss your spiritual life. *Congregational leaders:* Ask your worker(s) how their spiritual lives are going . . . and be prepared to listen to the answer(s). By your interest, concern, and inquiry you are communicating clearly that the spiritual health of your church worker(s) is important and central.
3. Seven factors in our research help predict the report of positive health. a) Disagreeing with the question in the research, "Stress has affected my health in the last year." b) Low Body Mass Index (neither obese nor overweight). c) Low number of stressor events experienced in the last year. d) Low blood pressure (not hypertensive). d) Eating an adequate number of fruits and vegetables per day regularly. f) Exercising aerobically at least 3 times per week. g) Less eating of servings of high fat foods. *Congregational leaders:* Inquire with your church workers, in a safe environment and an attitude of personal concern and care, if any of these seven are of concern and, if so, how can the congregational leadership help. *Church workers:* Choose one of the seven that needs work. Consult with someone reputable in the field. Find an accountability partner. Develop a strategy. Go for it!

4. Our research stress index correlates negatively with life, job, devotional life and vocational situation satisfaction. Thus, the greater the stress reported the less satisfaction is reported in many areas of life.
5. Our research health index correlates positively with life, job, devotional life and vocational situation satisfaction. Thus, the greater the health reported the more satisfaction is reported in many areas of life. These last two findings tend to confirm the legitimacy of a wholistic model of the person and of life itself. Compartmentalization of aspects of a person's life as if one part did not matter is defensive and unrealistic. The experience of high stress brings down satisfaction across all levels of life, and the experience of positive health strengthens satisfaction across all levels of life. *Church workers:* Do an overall behavioral lifestyle review. What is going on in your life that is likely to make you sick? Consult with someone reputable in the field about it. Find an accountability partner. Develop a strategy. Go for it! What is going on in your life that is likely to support your health? Using the same sequence as above, strengthen it. *Congregational leaders:* Talk with each of your workers about how congregational leaders and governance can be helpful in managing stressors.
6. In general, church workers who are already doing "well" behaviorally are more willing to change and do even more than workers who are caught up in disease-oriented behaviors. *Congregational leaders:* If your worker(s) is already doing some healthy things, support them. If your worker is caught up in some disease-enhancing lifestyle behaviors, begin the process of conversation in a safe environment encircled by concern and prayer. *Church workers:* Reinforce those positive things you are doing to maintain health and wellness. If in a disease-enhancing behavior mode, talk about it with someone who knows how to help and who can have this conversation in a safe environment.
7. Stress management is the least important area about which to learn and do something in the attitudes of our workers. Thus, one of the top health issues has not yet connected in the minds and hearts of our workers to actual health and wellness experience. The connection should be made. Stressors cause the individual to experience stress. Stress experiences do create physiological body changes, and also press on interpersonal relationships. The experience of stress is not a phenomenon that has no effect on the rest of a person's life. *Church workers:* Put a seminar on stress and stress management into your continuing education plan for the next year. *Congregational leaders:* In your conversations with your workers about developing a continuing education plan, encourage them to consider placing a stress management workshop into that plan.

We can be very proactive about health and wellness issues in our midst-among our workers and also, of course, among congregational members and in our communities. It is both a responsibility and a joy to do so-in the name of our Lord Jesus Christ whose life, death and resurrection gives us new life in Him.