

BURNOUT AND ENGAGEMENT OF REFORMED CHURCH MINISTERS

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Keywords:

well-being; stress; ministers; engagement; commitment

Dates:

Received: 21 Mar. 2009

Accepted: 29 Mar. 2010

Published: 17 June 2010

How to cite this article:

Buys, C., & Rothmann, S. (2010). Burnout and engagement of reformed church ministers. *SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde*, 36(1), Art.# 825, 11 pages. DOI: 10.4102/sajip.v36i1.825

This article is available at:

<http://www.sajip.co.za>

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ABSTRACT

Orientation: The ministry is one occupation where burnout is increasingly considered to be a consequence of the problems with which ministers have to cope. However, few studies focused on the positive antipode of a minister's work.

Research purpose: The objective of this study was to investigate the effects of job-demands and job-resources on ministers' burnout and engagement. Congregational commitment and health were included as possible consequences of burnout and engagement.

Motivation for the study: Ministers' well-being has become an important topic for both researchers and practitioners.

Research design, approach and method: A survey design with a non-probability, purposive voluntary sample of 115 ministers was used. The Job-Demands-Resources Questionnaire, Maslach Burnout Inventory, Work Engagement Scale, General Health Questionnaire, and Congregational Commitment Scale were administered.

Main findings: Regression analysis indicated that the pace, amount of work and emotional demands were indicators of burnout while growth opportunities, social support and job significance were indicators of engagement. Furthermore, it was found that exhaustion predicted somatic symptoms and depression, while mental distance predicted depression. Engagement predicted social functioning and affective commitment.

Practical implications: Interventions should be implemented to help ministers deal more effectively with any burnout symptoms experienced in order to prevent ministers who are already showing signs of burnout from getting sick to increase their engagement and to rehabilitate individuals who are ill as a result of the work place.

Contribution: The study contributes to knowledge regarding the effects of job-demands and resources on the well-being of ministers.

INTRODUCTION

In the last 20 years, many individuals, companies and public health institutions have increasingly been confronted with stress and burnout (Tomic, Tomic & Evers, 2004). Burnout is considered to be a psychological response to chronic work stress (Halbesleben & Demerouti, 2005), a state of mental weariness (Schaufeli & Bakker, 2004) and, most commonly, a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach & Jackson, 1981). Emotional exhaustion refers to the depletion or draining of emotional resources caused by interpersonal demands; depersonalisation refers to an impersonal and dehumanised perception of recipients, characterised by a callous, negative, and detached attitude; finally, lack of personal accomplishment is the tendency to evaluate one's work with recipients negatively. These three components represent the energetic (e.g. feeling used up), attitudinal (e.g. being excessively detached), and self-evaluative (e.g. doubting one's competence) nature of burnout, respectively (Maslach, Schaufeli & Leiter, 2001).

The concept of burnout was later broadened and redefined as a crisis in one's relationship with work in general and not necessarily as a crisis in one's relationship with *people* at work (Maslach *et al.*, 2001). An alternative version of the Maslach Burnout Inventory (MBI) was developed namely the MBI-General Survey (MBI-GS). This instrument was developed to be used outside human service occupations (Schaufeli & Taris, 2005). The core dimensions of burnout are exhaustion and cynicism and/or depersonalisation (Schaufeli & Bakker, 2004). However, it is not clear whether professional efficacy is a personality trait or a dimension of burnout (Tomic *et al.*, 2004).

Research has shown that there is a strong and consistent relationship between burnout and job demands (Schaufeli & Bakker, 2004). Burnout has been found to be a response to quantitative job demands (e.g. too much work for the time available) (Bakker, Demerouti & Verbeke, 2004; Maslach *et al.*, 2001). Studies of qualitative job demands have focused primarily on role conflict and role ambiguity, both of which consistently show a moderate to high correlation with burnout (Maslach *et al.*, 2001). This general notion supports the basic assumptions of the Job-Demands-Resources (JD-R) model. Demerouti, Bakker, Nachreiner and Schaufeli (2001) found that job demands (i.e. physical demands, time pressure, and shift work) are associated with exhaustion. They also went one step further indicating that a lack of job resources (i.e. limited or no performance feedback, job control, participation in decision making and social support) is associated with disengagement.

Another concept that has received attention in recent studies and can be linked to burnout is work engagement. For the purposes of this study, engagement is conceptualised as the harnessing of individuals' selves to their work roles. Therefore, individuals experience engagement when they

employ and express themselves physically, cognitively, and emotionally during role performances (Kahn, 1990). Individuals can use varying degrees of their selves – physically, cognitively and emotionally – in the roles they perform, even as they maintain the integrity of the boundaries between who they are and the roles they occupy (Kahn, 1990). Engagement is important since disengagement, or alienation, is central to the problem of individuals' lack of commitment and motivation (May, Gilson & Harter, 2004). Although few studies have been done and little work exists on Kahn's conceptualisation of the engagement construct, Britt, Adler and Bartone (2001) found that engagement in meaningful work can lead to perceived benefits from the work. Engaged employees have a sense of energetic and effective connection with their work activities and they see themselves as able to deal completely with the demands of their job (Schaufeli, Salanova, Gonzalez-Roma & Bakker, 2002).

The ministry is one occupation where burnout is increasingly considered to be a consequence of the problems with which ministers have to cope (Tomic *et al.*, 2004). Ministers frequently have to attend to parishioners who are seriously, chronically or terminally ill (Redelinghuys & Rothmann, 2005) and have to work with stressors such as pressure of work and time, long working days, role conflict and role ambiguity (Tomic *et al.*, 2004).

In the last few years, ministers' well-being has become an important topic for both researchers and practitioners. Various empirical studies on burnout among ministers have been published (see Evers & Tomic, 2003; Francis, Loudon & Rutledge, 2004; Grosch & Olsen, 2000; Tomic *et al.*, 2004). However, few studies have focused on the positive antipode of a minister's work. A large mail and telephone survey of ministers revealed that 80% of the respondents were at least somewhat satisfied in the ministry (Lee, 1999). A significant majority also reported that serving in their congregation had increased their passion for ministry and that their ministry efforts had been very much worthwhile (Lee, 1999). Consequently, it seems that apart from all the situational factors that ministers experience in the ministry, ministers experience their work as satisfying. This study, therefore, will focus on the positive pole of workers' well-being – engagement (Schaufeli *et al.*, 2002) as well as the important aspect of burnout. Indeed, Reformed church ministers run a great risk of suffering acute burnout, making it impossible for them to exercise their duties effectively (Tomic *et al.*, 2004). Indicators for health impairment and congregational commitment will also be included as possible consequences of burnout and engagement.

THE JOB-DEMANDS-RESOURCES MODEL

The Job-Demands-Resources (JD-R) model acknowledges that parsimony is an important feature of every research model, but assumes at the same time that individuals in different occupations may encounter various kinds of job demands and job resources (Demerouti *et al.*, 2001). Job demands refer to those physical, social, or psychological (cognitive and emotional) efforts or skills that are associated with certain physiological or psychological costs. Examples are high work pressure, an unfavourable physical environment and emotionally demanding interactions with clients (Janssen, Peeters, De Jong, Houkes & Tummers, 2004). On the other hand, job resources refers to those physical, psychological, social, or organisational aspects of the job that are functional in achieving work goals, reducing job demands and the associated physiological and psychological costs, or stimulating personal growth, learning and development (Janssen *et al.*, 2004).

Job resources may be located at the level of the congregation-at-large (e.g. pay, career opportunities, or job security), interpersonal and social relations (e.g. co-minister support and

church-council relationship), the organisation of work (e.g. role clarity and participation in decision-making), or at the level of the task (e.g. skill variety, task identity, task significance, autonomy, and performance feedback) (Janssen *et al.*, 2004). The latter job resources are the core dimensions included in Hackman and Oldham's (1976) well-known Job Characteristics model. In this model, they argued and showed that these job characteristics have motivational potential because they make employees' work meaningful, hold them responsible for work processes and outcomes and provide them with information about the actual results of their work activities (Hackman & Oldham, 1980). Demerouti *et al.* (2001) showed that job resources (such as job autonomy and feedback) were, in particular, related to job satisfaction, job challenge and job involvement (to be considered as motivational constructs), whereas job demands were primarily related to emotional exhaustion and psychosomatic health complaints (i.e. adverse health outcomes).

BURNOUT AND ENGAGEMENT

Burnout in this study is conceptualised as a psychological syndrome in response to chronic interpersonal stressors on the job. The two key dimensions of this syndrome are an overwhelming exhaustion and feelings of mental distance. Exhaustion is the central quality of burnout and the most obvious manifestation of this complex syndrome (Maslach *et al.*, 2001). The exhaustion component represents the basic individual stress dimension of burnout. It refers to feelings of being overextended and drained of one's emotional and physical resources. But this dimension/component fails to capture the critical aspects of the relationship people have with their work. Exhaustion is not something that is simply experienced; rather, it prompts actions that distance one emotionally and cognitively from one's work, presumably as a way to cope with the work overload. Within the human services, the emotional demands of the work can exhaust an individual's capacity to be involved with, and responsive to, the needs of others (Maslach *et al.*, 2001).

Mental distancing – or psychological withdrawal from the task – can be conceived as an adaptive mechanism to cope with excessive job demands and resultant feelings of exhaustion (Schaufeli, 2003). Mental distance can be explained by two constructs – namely, depersonalisation and cynicism (Salanova, Llorens, Burriel, Bresó & Schaufeli, 2005). Depersonalisation can be seen as the distancing of oneself from people with whom one is in direct contact in the working environment (i.e. members of the congregation and community) and addresses an important issue in occupational health psychology – namely, the role of creating mental distance between oneself and the (emotional) requirements of one's job (i.e. working with people). Therefore, depersonalisation is a distance-creating strategy that can be used when working with people. Cynicism, on the other hand, can be seen as one's psychological withdrawal from the broader context of the job itself and not from the people with whom one is working (Salanova *et al.*, 2005). Although there is a clear difference between depersonalisation and cynicism, they share a common process in that mentally distancing oneself from one's job primarily occurs during work and with respect to the specific work requirements; for example, the member of the congregation is viewed in a depersonalised way and the minister's tasks are accomplished 'mechanically' (Sonnentag, 2005).

Engaged people employ and express themselves physically, cognitively and emotionally during the performance of their roles. Engagement is found to be important for individuals to cultivate, given that disengagement, or alienation, is central to the problem of workers' lack of commitment and motivation (Aktouf, 1992). Meaningless work is often associated with apathy and detachment from one's work (cf. Thomas & Velthouse, 1990). In such conditions, individuals are thought to be alienated

from their selves and restoration of meaning in work is seen as a method to foster an individual's motivation and attachment to work (May *et al.*, 2004). These views demonstrate both the important humanistic and practical reasons for meaningful work – personal fulfilment and motivational qualities of such work. Britt *et al.* (2001) found that engagement in meaningful work could lead to perceived benefits from the work. Therefore, in this study, the engagement of ministers will be considered as the way in which they employ themselves during the performance of their work and their active use of emotions and behaviours, in addition to cognitions.

CONGREGATIONAL COMMITMENT

Organisational commitment can be defined as the relative strength of an individual's identification with, and involvement in, an organisation (Mowday, Porter & Steers, 1979). Organisational commitment is seen as a multidimensional construct of affective, continuous and normative commitment (Allen & Meyer, 1990). Affective commitment is the employee's emotional attachment to, identification with, and involvement in, an organisation. Continuance commitment is based on the costs that an employee associates with leaving the organisation, while normative commitment refers to an employee's sense of obligation to remain with the organisation (Allen & Meyer, 1990). Research has found that the measurement of affective commitment is more reliable and is also the most important explanatory variable. Affective commitment consistently explains more variance in outcome variables than the other two components (for an overview see Allen & Meyer, 1996).

Organisational commitment also plays an important role in the dual process of the JD-R model. In the second motivation-driven process, job resources (i.e. social support, supervisory coaching, performance feedback and time control) are predictors of dedication and organisational commitment, which, in turn, is related to turnover intentions (Bakker & Demerouti, 2006). Bakker, Demerouti, De Boer and Schaufeli (2003) applied the JD-R model to nutrition production employees and used the model to predict future company-registered absenteeism. Results of SEM-analyses showed that job resources are unique predictors of organisational commitment and indirectly of absence spell. Organisational commitment is not only related to most of the physical and psychological outcomes among workers, but also to the moderating effects on the stressor-health relationship (Siu, 2002). Siu (2002) argues that the moderating effect of commitment protects individuals from the negative effect of stress because it enables them to attach direction and meaning to their work.

In ministry, commitment seems to be of paramount importance. Congregations call on ministers to serve them and therefore expect ministers to do their work as best they can and expect them to be loyal and dedicated to the congregation, whereas ministers expect to be trusted and respected by the congregation. Apart from this, ministers also need to feel a commitment to their occupation because they see their occupation as a calling. Ministers perceive their efforts in facing the demands and challenges of everyday life as worthy of involvement and commitment (Darling, Hill & McWey, 2004). Therefore, commitment in this study will be studied in terms of the commitment of the congregation to the minister, the commitment of the minister to the congregation and the commitment the minister has towards his occupation.

HEALTH

Health is a widely studied concept in most studies. According to Cartwright and Cooper (2002) and the large body of research on which their theories are based, poor employee health can be indicative of excessive workplace pressure and experienced stress. Poor health can be an outcome of stress, which can be

used to ascertain if workplace pressures have positive and motivating or negative and damaging effects. Dysfunctional mental health represents a serious cost for the industry in terms of both human and financial maladaptive consequences. For instance, depression, loss of self-esteem, hypertension, alcoholism and drug consumption have all been shown to be related to dysfunctional mental health (Wright, Bonett & Sweeney, 1993).

However, as with commitment, it must be noted that poor health may not necessarily be indicative of workplace stress. Individuals may, for example, be unwell because they choose not to lead a healthy lifestyle or may be unaware of how to do so (Cartwright & Cooper, 2002). Stressors outside the workplace may also impact upon a person's health. Kornhauser (1965) recognised that the determinants of mental health are found in both work and non-work environments. Studies have investigated such work factors as job involvement, work overload, role conflict and person-environment fit (Cooper & Marshall, 1976; Furnham & Schaeffer, 1984; Gechman & Wiener, 1975).

Warr (1990) has proposed a definition for mental health comprising five major components: affective well-being, competence, autonomy, aspiration and integrated functioning. Warr (1990) extends his analysis by positing a distinction between 'context-free' and 'context-specific' mental health. Mental ill-health can be assessed in terms of many different outcome measures, but one useful distinction is between general measures of mental ill health (e.g. anxiety or depression) and job-related measures of mental ill health (e.g. burnout; see Van Derdoef & Maes, 1999). In the present study, general mental ill-health will be measured by the General Health Questionnaire (GHQ)-28. In general the GHQ-28 focuses on two main classes of phenomena: the inability to carry out one's normal healthy functions and the appearance of new phenomena of a distressing nature (Werneke, Goldberg, Yalcin & Üstün, 2000). The GHQ-28 is based on 28 items derived from a factor analysis of the GHQ-60. It includes a four-dimensional scale assessing somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression (Werneke *et al.*, 2000).

During the past five years, 4% of ministers in the so-called 'sister churches' (Reformed and Dutch Reformed churches) in South Africa left the ministry due to health-related causes (Anon, 2008a; Anon, 2008b). The ministry is one occupation in which one encounters a significant incidence of health-related problems. Therefore, this study on ministers will additionally focus on the effect that ministers' job demands, job resources, burnout and engagement have on their general health levels.

RESEARCH DESIGN

Research approach

A correlational design with a survey as the data-collection technique was used. Correlational designs are appropriate where groups of subjects at various stages of development are studied simultaneously, whereas the survey technique of data collection gathers information from the target population by means of questionnaires (Burns & Grove, 1993).

Research method

Participants

The study population could be defined as a non-probability, purposive voluntary sample of Reformed church ministers in South Africa. The total population of 232 ministers currently in the ministry was targeted (Anon., 2008b). However, six of the ministers did not have an email or a postal address and therefore 226 internet questionnaires were sent out. Questionnaires were completed anonymously on the internet but were identifiable by means of usernames and passwords. This allowed follow-up emails and phone calls to be directed to

TABLE 1
Characteristics of the participants

Item	Category	Frequency	%
Age	18 – 25 years	2	1.7
	26 – 30 years	7	6.1
	31 – 35 years	8	7.0
	36 – 40 years	10	8.7
	41 – 45 years	18	15.7
	46 – 50 years	24	20.9
	51+ years	46	40.0
Qualification	ThB[1]	39	33.9
	Honours	15	13.0
	Master's	31	27.0
	PhD	30	26.1
Marital Status	Single	9	2.6
	Married	106	92.2
	Separated	1	0.9
	Remarried	5	4.3
Ministry Experience	0 – 5 years	17	14.8
	6 – 10 years	11	9.6
	11 – 15 years	12	10.4
	16 – 20 years	23	20.0
	21 – 25 years	20	17.4
	26 – 30 years	13	11.3
	31 – 35 years	14	12.2
	36 + years	5	4.3
Ministry experience in current congregation	0 – 5 years	59	51.9
	6 – 10 years	30	26.1
	11 – 15 years	3	2.6
	16 – 20 years	11	9.6
	21 – 30 years	12	10.4
Congregation size	0 – 150	11	9.6
	151 – 300	37	32.2
	301 – 600	38	33.0
	601 – 900	11	9.6
	901 – 1200	7	6.1
	1201 – 1500	6	5.2
	1501+	5	4.4
Ministers in current congregation	One minister	84	73.0
	Two ministers	17	14.8
	Three or more ministers	14	12.2

[1] ThB: The Theological degree obtained after 6 years of study

ministers who failed to respond. Ten of the ministers were not able to complete the questionnaire due to their workload, while other ministers asked to be excused from the research because of medical reasons. A total of 115 completed the questionnaire, establishing a response rate of 50.88%. Descriptive information of the sample is given in Table 1.

As can be seen in Table 1, the participants were all male (100%). This is because there are no female ministers allowed in the Reformed religion (*Acta 2006*, p. 15–416, art. 54; *Acta 2006*, art. 277, N.62). Most participants were over the age of 46 (60.9%). Regarding marital status, 92.2% of the participants were married and most of the participants had three children (40%). Nearly half of the participants (37.4%) had been in the ministry for 16–25 years. It is interesting to note that 39 (33.9%) of the participants were qualified with a theological degree while 61 (53.1%) of the participants had a master's or doctoral degree. Only 26 (22.6%) of the ministers had been in their current congregations for 11–30 years while 59 (51.9%) and 30 (26.1%) had been in their current congregations for 0–5 and 6–10 years respectively. Most congregations were between the sizes 301–600 (33.0%). Of the 115 participants, 84 (73%) were the only ministers in their congregation.

Measuring battery

The following measuring instruments were used in the empirical study.

A demographical questionnaire was developed to gather information regarding the demographical characteristics of the participants. This questionnaire included, gender, age, educational qualification, marital status, number and age of children, years working in the ministry, years working in the current congregation, current congregation size, income and whether or not there was a second minister at their current congregation.

The Job–Demands–Resources Questionnaire (JD–RQ) was developed for the purpose of this study to measure job-demands and job-resources experienced by ministers. In this questionnaire, job-demands were measured by 12 items reflecting on ministers' pace and amount of work (e.g. 'Do you have an excessive amount of work to do?') and emotional demands (e.g. 'Are you confronted in your work with things that affect you personally?'). Job-resources included growth opportunities (nine items, e.g. 'Does your job enable you to grow spiritually?'), instrumental support (seven items, e.g. 'Do you receive sufficient administrative support to complete your tasks?'), congregational support (eight items, e.g. 'Can you ask the church council for advice when you encounter problems at work?'), autonomy (six items, e.g. 'Do you feel that you are not involved in decisions affecting your job?'), social support (four items, e.g. 'Do you receive support from your friends when things get difficult at work?') and job significance (five items, e.g. 'Is your job itself very significant or important to you?'). Each subscale was measured on a 5-point Likert scale ranging from 1 (not at all) to 5 (a great deal). All scales showed acceptable Cronbach's alpha coefficients varying from 0.70 (autonomy) to 0.86 (instrumental support). The reliability of all these scales were higher than the guideline of $\alpha > 0.70$ (Nunnally & Bernstein, 1994), except for job significance ($\alpha = 0.66$).

Burnout was measured by the MBI reflecting ministers' depersonalisation and exhaustion. Depersonalisation and exhaustion were measured by 14 items, the first five items measured the degree to which the minister distances himself from the people with whom he is working (e.g. 'I feel I treat some congregation members as if they are impersonal objects') and the second nine items measured the feelings of exhaustion due to the work that a minister experiences (e.g. 'I feel burned out as a result of my work'). Maslach and Jackson (1981) reported alpha values of 0.77 for depersonalisation and 0.89 for exhaustion, while Evers and Tomic (2003) reported 0.65 for depersonalisation and 0.88 for exhaustion. Another scale was added from the Oldenburg Burnout Inventory (OLBI) (Demerouti, Bakker, Vardakou & Kantas, 2003) reflecting ministers' cynicism. These eight items reflected the degree to which a minister can distance himself from his work (e.g. 'One can become disconnected from this type of work, over a period of time'). These items were measured on a 5-point Likert scale, ranging from 1 (not at all) to 5 (a great deal). Le Roux (2006) reported a Cronbach's alpha coefficient of 0.82 for disengagement (cynicism). Halbesleben and Demerouti (2005) also reported that the internal consistency of the OLBI was acceptable, with all the Cronbach's alpha coefficients being 0.70 and more.

Work engagement was measured according to the Work Engagement Scale (WES). The WES consists of 12 items developed by May *et al.* (2004). These items reflect each of the three components of Kahn's (1990) Work Engagement: cognitive engagement (e.g. 'performing my job is so absorbing that I forget about everything else.'), emotional engagement (e.g. 'I really put my heart into my job.') and physical engagement (e.g. 'I exert a lot of energy performing my job.'). These items were measured on a 5-point Likert scale, ranging from 1 (not at all) to 5 (a great deal). May *et al.* (2004) reported an alpha-coefficient of 0.77.

TABLE 2
Descriptive statistics, alpha coefficients and Pearson correlations

Item	Total		Item		α	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
	Mean	SD	Mean	SD																
1. Pace and Amount of Work	25.37	5.53	3.62	0.77	0.84	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Growth Opportunity	36.05	5.56	4.01	0.62	0.84	-0.27*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Instrumental Support	22.35	6.85	3.19	0.98	0.86	-0.24*	0.42**	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Congregational Support	29.35	5.39	3.67	0.67	0.82	-0.25*	0.61***	0.47**	-	-	-	-	-	-	-	-	-	-	-	-
5. Autonomy	10.45	3.78	1.74	0.63	0.7	0.24*	-0.43**	-0.28*	-0.50***	-	-	-	-	-	-	-	-	-	-	-
6. Social Support	16.1	3.55	4.02	0.89	0.84	-0.19*	0.49**	0.43*	0.51***	-0.31**	-	-	-	-	-	-	-	-	-	-
7. Job Significance	18.3	1.88	4.57	0.47	0.66	0.08	0.40**	0.08	0.31**	-0.21*	0.18*	-	-	-	-	-	-	-	-	-
8. Emotional Demands	15.37	4.22	3.08	0.84	0.79	0.49**	-0.37**	-0.56***	-0.48**	0.39**	-0.33**	0.04	-	-	-	-	-	-	-	-
9. Exhaustion	18.28	7.14	2.03	0.79	0.92	0.55***	-0.51***	-0.25*	0.36**	-0.35**	-0.16	0.45**	-	-	-	-	-	-	-	-
10. Mental Distance	11.96	4.41	1.71	0.63	0.76	0.35**	-0.45**	-0.33**	-0.43**	0.41**	-0.41**	-0.13	0.45**	0.55***	-	-	-	-	-	-
11. Engagement	41.34	5.54	4.13	0.55	0.81	-0.11	0.60***	0.30*	0.45**	-0.33**	0.45**	0.39**	-0.1	-0.40**	-0.45**	-	-	-	-	-
12. Somatic Symptoms	18.63	7.78	1.86	0.78	0.91	0.49**	-0.52***	-0.30**	-0.20*	0.31**	-0.36**	-0.07	0.43**	0.72***	0.42**	-0.36**	-	-	-	-
13. Social Functioning	20.48	3.41	4.1	0.68	0.89	-0.36**	0.65***	0.29*	0.43**	-0.49**	0.45**	0.25*	-0.30**	-0.70***	-0.51***	0.60***	-0.62***	-	-	-
14. Depression	13.37	5.33	1.49	0.59	0.91	0.41**	-0.51***	-0.30**	-0.19*	0.39**	-0.31**	-0.18	0.46**	0.78***	0.57***	-0.36**	0.75***	-0.67***	-	-
15. Affective Commitment	35.2	4.27	4.4	0.53	0.87	-0.28*	0.58***	0.36**	0.75***	-0.49**	0.47**	0.30**	-0.30**	-0.37**	-0.46**	0.66***	-0.25*	0.56***	-0.24*	-

* Statistically significant; $p \leq 0.05$; * Practically significant correlation (medium effect); $0.30 \leq r \leq 0.49$; ** Practically significant correlation (large effect); $r > 0.50$

Health was assessed using the GHQ-28. Only 26 of the 28 items were used, measuring each of four general health concepts. These scales included: somatic symptoms (e.g. 'Have you recently been feeling in need of a good tonic?'), anxiety and insomnia (e.g. 'Have you recently lost much sleep over worry?'), social functioning (e.g. 'Have you recently been managing to keep yourself busy and occupied?') and severe depression (e.g. 'Have you recently been thinking of yourself as a worthless person?'). These items were measured on a five-point Likert scale, ranging from 1 (not at all) to 5 (a great deal). Rijdsdijk *et al.* (2003) reported alpha coefficients for the subscales as 0.83 for somatic symptoms, 0.88 for anxiety and insomnia, 0.80 for social functioning and 0.91 for severe depression.

The Congregational Commitment Questionnaire (CCQ) was used to measure the commitment of ministers. The CCQ consisted of six self developed items which were divided into two scales: commitment of the congregation to the minister (e.g. 'I feel valued and trusted by my congregation') and commitment of the minister to the congregation (e.g. 'I am committed to my congregation'). Approximately four items were developed to measure a third scale: commitment a minister has towards his occupation (e.g. 'I am enthusiastic about my job'). The measurement of commitment reflected the non-economic reciprocal obligations, which extend between congregation and minister and between minister and his occupation on a 5-point Likert scale ranging, from 1 (not at all) to 5 (a great deal).

Procedure

The internet has been shown to be a valid source of data collection (Bakker, Demerouti & Schaufeli, 2003). A letter concerning information regarding the study with instructions and a link to the questionnaire was sent to all targeted ministers of the Reformed church. The web-based questionnaire comprised 158 questions with drop-down response categories. The ministers were asked to complete the questionnaire on the web. The responses of the participants were automatically sent to the researcher. After a month, the researcher again sent a notice about the study to all ministers. The ministers had a total of three months to complete the questionnaire.

Statistical analysis

The statistical analysis was carried out with the help of the SPSS-program (SPSS, 2003). Exploratory factor analyses and Cronbach's alpha coefficients were used to assess the validity and reliability of the constructs that were measured in this study (Clark & Watson, 1995). Coefficient alpha contains important information regarding the proportion of variance of the items of a scale in terms of the total variance explained by the particular scale.

Descriptive statistics (e.g. means and standard deviations) were used. Pearson product-moment correlations coefficients were used to specify the relationship between the variables. In terms of statistical significance, the value was set at a 95% confidence interval level ($p \leq 0.05$). Effect sizes (Steyn, 1999) were used to decide on the practical significance of the findings. A cut-off point of 0.30 (medium effect, Cohen, 1988) was set for the practical significance of correlation coefficients. Multiple regression analyses were conducted to determine the proportion of variance in the dependent variable that is predicted by the independent variables. The value of R^2 was used to determine the proportion of the total variance of the dependent variable that is explained by the independent variables. The *F*-test was used to test if a significant regression exists between the independent and dependent variables (Tabachnick & Fidell, 2001).

RESULTS

A simple principal component analysis was carried out with the 22 items of the MBI. The results showed that two factors

explained 54.8% of the variance. A principal factor analysis with a direct oblimin rotation was then performed. The results of the principal axis factor analysis with loadings of variables on factors and communalities indicated that only exhaustion and mental distance were reliable factors that could be extracted from the 22 items of the Burnout scale. Exhaustion refers to the degree of exhaustion that ministers experience, while mental distance refers to the degree to which a minister can distance himself from his work and distance himself from the people with whom he is working.

Regarding engagement, a simple principal component analysis was carried out with the 12 items of the WES. An analysis of the eigenvalues (> 1.00) indicated that two factors could be extracted and explained 42.8% of the variance. The results of the principal axis factor analysis with loadings of variables on factors and communalities indicated that items loaded on only one factor, engagement.

Subsequently, a simple principal component analysis was carried out on the 26 items of the GHQ. An analysis of the eigenvalues (> 1.00) indicated that three factors explained 60.5% of the variance. This was confirmed by the scree plot. A principal axis factor analysis with a direct oblimin rotation was then performed. The results showed that items loading on the first factor related to somatic symptoms of ill health. The second factor represented social functioning at work. The third factor related to depression and refers to feelings of worthlessness and depression experienced by ministers.

A simple principal component analysis was carried out with the 10 items of the CCQ. An analysis of the eigenvalues (> 1.00) indicated that two factors explained 58.9% of the variance. However, only one interpretable factor was evident. This factor related to affective commitment towards the congregation and the ministry.

The descriptive statistics, alpha coefficients and Pearson correlations of the MBI, the WES, the GHQ and the CCQ are reported in Table 2.

As can be seen from Table 2, all scales show acceptable reliabilities varying from 0.70 (autonomy) to 0.92 (exhaustion). All these scales reliabilities were higher than the guideline of $\alpha > 0.70$ (Nunnally & Bernstein, 1994), except for job significance ($\alpha = 0.66$).

Inspection of Table 2 indicates a practically significant positive correlation between exhaustion and pace and amount of work (large effect), emotional demands (medium effect) and autonomy (medium effect), but this scale was reversed. A practically significant negative correlation also exists between exhaustion and growth opportunities (large effect) and social support (medium effect). Furthermore, there is a practically significant positive correlation between exhaustion and mental distance, somatic symptoms and depression (all large effects), whereas there is a practically significant negative correlation between the former and engagement (medium effect), social functioning (large effect) and affective commitment (medium effect). There also exists a practically significant positive correlation between mental distance, pace and amount of work and emotional demands (both medium effects), while a practically significant negative correlations exists between the former and somatic symptoms (medium effect) and depression (large effect). Furthermore, a practically significant negative correlation was found between mental distance and engagement (medium effect), social functioning (large effect) and affective commitment (medium effect).

Conversely, Table 2 indicates that there is a practically significant correlation between engagement and all the job resources: growth opportunities (large effect), job significance (medium

effect), instrumental support (medium effect), congregational support (medium effect) and social support (medium effect), whereas a practically significant negative correlation exists between the former and autonomy, but this scale was reversed. Additionally, a practically significant positive correlation exists between engagement and social functioning and affective commitment (both large effects), and a practically significant negative correlation between the former and somatic symptoms and depression (both medium effects).

Next, multiple regression analyses were performed. Firstly, the contribution to exhaustion and mental distance by the following factors was assessed: emotional demands and pace and amount of work (step 1) and growth opportunities, instrumental support, congregational support, autonomy, social support and job significance (step 2). The results are reported in Table 3.

As can be seen from Table 3, entry of pace and amount of work and emotional demands at the first step of the regression analysis produced a statistically significant model ($F_{(2, 112)} = 29.57; p < 0.00$), accounting for approximately 35% of the variance. More specifically, pace and amount of work ($\beta = 0.44; t = 5.03; p < 0.00$) and emotional demands ($\beta = 0.23; t = 2.64; p < 0.03$) predicted exhaustion. In the second step of the regression analysis, the job resources were entered. The job resources added at this step made a statistically significant contribution to the model ($F_{(8, 106)} = 13.47; p < 0.00$), which explained an additional 15% of the total variance. Taken together, it appears that significant predictors of exhaustion were pace and amount of work ($\beta = 0.39; t = 4.87; p < 0.00$), emotional demands ($\beta = 0.20; t = 2.03; p < 0.05$), lack of growth opportunities ($\beta = -0.36; t = -3.72; p < 0.00$) and lack of congregational support ($\beta = 0.24; t = 2.42; p < 0.02$).

As can be seen from Table 3, in the entry of pace and amount of work and emotional demands at the first step of the regression analysis, only emotional demands predicted mental distance with any statistical significance ($\beta = 0.36; t = 3.83; p < 0.00$). In the second step the job resources were entered. The job resources added at this step made a statistically significant contribution to the model ($F_{(8, 106)} = 7.35; p < 0.00$), which explained an additional 13% of the total variance. However, the regression coefficients of the predictors were not statistically significant ($p > 0.00$).

The results of multiple regression analyses with engagement as dependent variable and growth opportunities, instrumental support, congregational support, autonomy, social support, job significance (step 1), pace and amount of work and emotional demands (step 2), as independent variables are reported in Table 4.

As can be seen from Table 4, the entry of growth opportunities, instrumental support, congregational support, autonomy, social support and job significance at the first step of the regression analysis produced a statistically significant model ($F_{(6, 108)} = 13.07; p < 0.00$), accounting for approximately 42% of the variance. It appears that growth opportunities ($\beta = 0.39; t = 3.78; p < 0.00$), social support ($\beta = 0.18; t = 2.04; p < 0.05$) and job significance ($\beta = 0.19; t = 2.29; p = 0.02$) predicted engagement. In the second step, the regression analysis was not statistically significant ($F_{(8, 106)} = 11.13; p > 0.00$).

The results of multiple regression analyses with general health as dependent variable and mental distance, exhaustion and engagement as independent variables are reported in Table 5.

As can be seen from Table 5, entry of exhaustion and mental distance at the first step of the regression analysis produced a statistically significant model ($F_{(2, 112)} = 61.26; p < 0.00$), accounting for approximately 52% of the variance. More specifically, it appears that exhaustion ($\beta = 0.70; t = 9.01; p < 0.00$) predicted somatic symptoms. In the second step of the regression analysis, engagement was also entered. Engagement at this step did not make a statistically significant contribution to the model.

TABLE 3
Multiple regression analyses with burnout as dependent variable and job demands and resources as independent variables

Model	Unstandardised Coefficients		Standardised Coefficients	t	p	F	R ²	ΔR ²	
	B	SE	Beta						
1	(Constant)	-2.62	2.77	-	-0.95	0.35	29.57*	0.35	0.35*
	Pace and Amount of Work	0.59	0.12	0.44	5.03	0.00*	-	-	-
	Emotional Demands	0.39	0.15	0.23	2.64	0.01*	-	-	-
2	(Constant)	13.49	6.90	-	1.96	0.05	13.47*	0.50	0.15*
	Pace and Amount of Work	0.52	0.11	0.39	4.87	0.00*	-	-	-
	Emotional Demands	0.34	0.17	0.20	2.03	0.05*	-	-	-
	Growth Opportunities	-0.47	0.13	-0.36	-3.72	0.00*	-	-	-
	Instrumental Support	0.10	0.09	0.09	1.03	0.30	-	-	-
	Congregational Support	0.32	0.13	0.24	2.42	0.02*	-	-	-
	Autonomy	0.23	0.16	0.12	1.49	0.14	-	-	-
	Social Support	-0.29	0.17	-0.15	-1.72	0.09	-	-	-
	Job Significance	-0.33	0.30	-0.09	-1.12	0.28	-	-	-
Mental Distance	(Constant)	2.42	1.86	-	1.30	0.20	16.34*	0.23	0.23*
	Pace and Amount of Work	0.15	0.08	0.18	1.86	0.07	-	-	-
	Emotional Demands	0.38	0.10	0.36	3.83	0.00*	-	-	-
2	(Constant)	13.16	4.85	-	2.71	0.01	7.35*	0.36	0.13*
	Pace and Amount of Work	0.11	0.08	0.14	1.5	0.14	-	-	-
	Emotional Demands	0.21	0.12	0.20	1.79	0.08	-	-	-
	Growth Opportunities	-0.13	0.09	-0.17	-1.5	0.14	-	-	-
	Instrumental Support	0.02	0.07	0.03	0.27	0.79	-	-	-
	Congregational Support	-0.04	0.09	-0.04	-0.38	0.70	-	-	-
	Autonomy	0.18	0.11	0.16	1.66	0.10	-	-	-
	Social Support	-0.22	0.12	-0.17	-1.81	0.07	-	-	-
	Job Significance	-0.01	0.21	-0.01	-0.06	0.95	-	-	-

*p < 0.05 – statistically significant

As can be seen from Table 5, entry of exhaustion and mental distance at the first step of the regression analysis produced a statistically significant model ($F_{(2, 112)} = 59.15; p < 0.00$), accounting for approximately 51% of the variance. More specifically, it appears that exhaustion ($\beta = -0.60; t = -7.62; p < 0.00$) and mental distance ($\beta = -0.19; t = -2.35; p < 0.03$) predicted social functioning. In the second step of the regression analysis, engagement was entered. Engagement added at this step made a statistically significant contribution to the model ($F_{(3, 111)} = 59.28; p < 0.00$), which explained an additional 11% of the total variance. Taken together, it appears that significant predictors of social functioning were exhaustion ($\beta = -0.52; t = -7.24; p < 0.00$) and engagement ($\beta = 0.37; t = 5.43; p < 0.00$).

As can be seen from Table 5, Exhaustion ($\beta = 0.67; t = 9.77; p < 0.00$) and mental distance ($\beta = 0.20; t = 2.98; p < 0.00$) predicted depression. In the second step of the regression analysis, engagement was also entered. It seems that engagement at this step did not make a statistically significant contribution to the model.

The results of multiple regression analyses with affective commitment as dependent variable and engagement, exhaustion and mental distance as independent variables are reported in Table 6.

As can be seen from Table 6, entry of engagement at the first step of the regression analysis produced a statistically significant model ($F_{(1, 113)} = 87.07; p < 0.00$), accounting for approximately 44% of the variance. It appears that engagement ($\beta = 0.66; t = 9.33; p < 0.00$) predicted affective commitment. In the second step of the regression analysis, exhaustion and mental distance were entered. This step made a statistically significant contribution to the model ($F_{(3, 111)} = 32.79; p < 0.03$), which explained an additional 3% of the total variance. Taken together, it seems that significant predictors of affective commitment were

engagement ($\beta = 0.56; t = 7.06; p = 0.00$) and mental distance ($\beta = -0.18; t = -2.06; p < 0.05$).

Therefore, exhaustion was best predicted by pace and amount of work and a lack of growth opportunities and to a lesser extent by emotional demands and a lack of congregational support. Mental distance was best predicted by emotional demands and engagement by growth opportunities, social support and job significance. As for health, somatic symptoms were best predicted by exhaustion. Depression also appears to have been predicted by exhaustion and to a lesser extent by mental distance. Social functioning on the other hand appeared to have been predicted by exhaustion and mental distance as well as engagement. Affective commitment was predicted to a great extent by engagement and to a lesser extent by mental distance.

DISCUSSION

The aim of this study was to test a model of work wellness for Reformed church ministers, comprising of job demands, job resources, burnout, engagement, health and congregational commitment. The results of this study indicated that when ministers had more job resources, they experienced more engagement and affective commitment and improved social functioning. Additionally, high job demands led to burnout, which in turn led to more ill health complaints. Engagement appeared to lead to better social functioning and more affective commitment towards the congregation and the ministry.

The results of this study indicated that exhaustion was best predicted by pace and amount of work and a lack of growth opportunities in the job and to a lesser extent by emotional demands and a lack of congregational support. A positive correlation was also found between exhaustion and pace and

TABLE 4
Multiple regression analyses with engagement as dependent variable and job demands and resources as independent variables

Model	Unstandardised Coefficients		Standardised Coefficients	t	p	F	R ²	ΔR ²
	B	SE	Beta					
1						13.07*	0.42	0.42*
	(Constant)	12.60	5.17	-	2.44	0.02	-	-
	Growth Opportunities	0.39	0.10	0.39	3.78	0.00*	-	-
	Instrumental Support	0.01	0.07	0.01	0.09	0.93	-	-
	Congregational Support	0.03	0.11	0.03	0.29	0.78	-	-
	Autonomy	-0.08	0.13	-0.06	-0.64	0.52	-	-
	Social Support	0.29	0.14	0.18	2.04	0.04*	-	-
	Job Significance	0.55	0.24	0.19	2.29	0.02*	-	-
2						11.13*	0.46	0.04*
	(Constant)	7.56	5.60	-	1.35	0.18	-	-
	Growth Opportunities	0.40	0.10	0.40	3.91	0.00*	-	-
	Instrumental Support	0.09	0.08	0.11	1.16	0.25	-	-
	Congregational Support	0.09	0.11	0.09	0.82	0.41	-	-
	Autonomy	-0.15	0.13	-0.10	-1.17	0.25	-	-
	Social Support	0.28	0.14	0.18	2.05	0.04*	-	-
	Job Significance	0.41	0.24	0.14	1.70	0.09	-	-
	Pace and Amount of Work	-0.04	0.09	-0.04	-0.49	0.68	-	-
	Emotional Demands	0.35	0.13	0.26	2.58	0.01*	-	-

*p < 0.05 – statistically significant

amount of work and emotional demands whereas a negative correlation was found between the former and growth opportunities. Therefore, when ministers' pace and amount of work increase and they experience less variety in their work and fewer opportunities in which they can learn and accomplish something in their careers, they become exhausted. Maslach *et al.* (2001) stated that burnout is the response to overload particularly in the exhaustion dimension. Mental distance was best predicted by emotional demands. Ministers' tendency to distance themselves mentally can be seen as a way of protecting themselves from intense emotional arousal (experienced in emotionally demanding situations) that could interfere with functioning effectively on the job (Maslach *et al.*, 2001). The findings regarding job-demands supports an assumption of the JD-R model that states that work characteristics may elicit an energetic process of wearing out in which high job-demands (in this study it was pace and amount of work and emotional demands) exhaust the individual's energy and lead to feelings of exhaustion and mental distance (Demerouti *et al.*, 2001).

Engagement was positively related to growth opportunities, social support and job significance. Ministers felt more engaged when they experienced variety in their work and a sense of significance and were given opportunities in which they could learn and accomplish and were given support from their friends and colleagues. Therefore, the job resources (in this study, growth opportunities, social support and job significance) formed part of a motivational process allowing individuals to be more engaged (Demerouti *et al.*, 2001). Maslach *et al.* (2001) also indicate in this regard that burnout is particularly related to job demands (e.g. work overload and emotional demands) and engagement is particularly related to job resources (e.g. job control, availability of feedback and learning opportunities).

As for health, somatic symptoms were best predicted by exhaustion, while depression was predicted by exhaustion and mental distance. Exhaustion and mental distance were also found to correlate positively with somatic symptoms and depression. When ministers experienced exhaustion, they experienced symptoms of physical ill health and feelings of depression. Furthermore, when they experienced mental distance they also experienced feelings of worthlessness and depression. Research indicates that the individual who suffers from burnout is likely to experience stress-related health problems since burnout is frequently linked with illness (see Lee & Ashforth, 1990). These findings confirm the results of

previous studies which showed that job demands are associated with burnout (feelings of exhaustion and mental distance) (Schaufeli & Bakker, 2004) and ill health (somatic symptoms and depression) (Maslach & Jackson, 1981).

Poor social functioning was predicted by exhaustion, mental distance, and low engagement. It was found that social functioning was negatively related to exhaustion and mental distance whereas a positive correlation existed between the former and engagement. Therefore, when ministers experienced less exhaustion and mental distancing and more engagement they also experienced better social functioning. Schaufeli and Bakker (2004) indicate that there could be cross-links between job demands and engagement and between engagement and health and in this case also between burnout and health.

Affective commitment was best predicted by engagement and low mental distance. It was also found that a positive correlation existed between affective commitment and engagement and a negative correlation between the former and mental distance. It can therefore be seen that engagement was a useful indicator of affective commitment in the study. Ministers who were able to express themselves cognitively, emotionally and physically were also able to be more committed to their congregation and the ministry. Again, it appears that the relationship between affective commitment and engagement was motivational in nature (described by the JD-R model) whereas job resources led to engagement and engagement in turn led to affective commitment (Bakker & Demerouti, 2006; Schaufeli & Bakker, 2004). Ministers that experienced mental distance were less committed towards their congregation and the ministry. Individuals with perceptions of low job security are more likely to engage in work withdrawal behaviours and report reduced organisational commitment (Buitendach & De Witte, 2005). Commitment enables individuals to attach direction and meaning to their work, which may protect them from psychological ill health (Siu, 2002).

Overall, these findings confirm some, but not all, results of previous studies. Ministers, like other professionals, are subjected to occupational-related stressors that can place heavy strains and demands on their resources, can inhibit growth and the development of supportive relationships, as well as lead to their experiencing more feelings of burnout and ill-health. Conversely, it can be seen that when ministers had more resources, ministers experienced more engagement, affective commitment and social functioning. Additionally, burnout

TABLE 5
Multiple regression analyses with general health as dependent variable and mental distance, exhaustion and engagement as independent variables

Model	Unstandardised Coefficients		Standardised Coefficients	t	p	F	R ²	ΔR ²
	B	SE	Beta					
Somatic Functioning								
1						61.26*	0.52	0.52*
	(Constant)	3.87	-	2.40	0.02	-	-	-
	Exhaustion	0.76	-	9.01	0.00*	-	-	-
	Mental Distance	0.07	-	0.49	0.63	-	-	-
2						41.27*	0.53	0.01
	(Constant)	9.38	5.43	1.73	0.09	-	-	-
	Exhaustion	0.75	0.09	8.60	0.00*	-	-	-
	Mental Distance	0.02	0.14	0.14	0.89	-	-	-
	Engagement	-0.11	0.11	-1.06	0.29	-	-	-
Social Functioning								
1						59.15*	0.51	0.51*
	(Constant)	27.43	0.71	38.53	0.00	-	-	-
	Exhaustion	-0.29	0.04	-7.62	0.00*	-	-	-
	Mental Distance	-0.14	0.06	-2.35	0.02*	-	-	-
2						59.28*	59.28*	59.28*
	(Constant)	16.29	2.15	7.59	0.00*	-	-	-
	Exhaustion	-0.25	0.03	-7.24	0.00*	-	-	-
	Mental Distance	-0.05	0.06	-0.87	0.39	-	-	-
	Engagement	0.23	0.04	5.43	0.00*	-	-	-
Depression								
1						96.84*	0.63	0.63*
	(Constant)	1.33	0.97	1.38	0.17	-	-	-
	Exhaustion	0.50	0.05	9.77	0.00*	-	-	-
	Mental Distance	0.25	0.08	2.98	0.00*	-	-	-
2						63.99*	0.63	0.00
	(Constant)	1.38	3.27	0.42	0.67	-	-	-
	Exhaustion	0.50	0.05	9.52	0.00*	-	-	-
	Mental Distance	0.25	0.09	2.82	0.01*	-	-	-
	Engagement	-0.00	0.06	-0.02	0.99	-	-	-

*p < 0.05 – statistically significant

TABLE 6
Multiple regression analyses with affective commitment as dependent variable and engagement, exhaustion and mental distance as independent variables

Model	Unstandardised Coefficients		Standardised Coefficients	t	p	F	R ²	ΔR ²
	B	SE	Beta					
1						87.07*	0.44	0.44*
	(Constant)	14.17	2.27	6.23	0.0	-	-	-
	Engagement	0.51	0.06	9.33	0.00*	-	-	-
2						32.79*	0.47	0.03*
	(Constant)	20.06	3.15	6.36	0.00*	-	-	-
	Engagement	0.43	0.06	7.06	0.00*	-	-	-
	Exhaustion	-0.03	0.05	-0.64	0.53	-	-	-
	Mental Distance	-0.17	0.08	-2.06	0.04*	-	-	-

*p < 0.05 – statistically significant

symptoms led to ill health complaints while engagement led to more social functioning and affective commitment. Therefore job demands led to an energy depletion process where job demands exhausted ministers and led to health problems whereas job resources had a motivational nature where job resources led to engagement and in turn to affective commitment.

It is recommended that interventions be implemented: i.e. a work-oriented intervention aimed at teaching ministers to deal more effectively with experienced burnout symptoms. Secondary interventions can be implemented to prevent ministers who are already showing signs of burnout from getting sick, and to increase their engagement. Tertiary-level interventions are concerned with the rehabilitation of individuals who have suffered ill health or reduced well-being as a result of strain in the work place.

Although this study showed promising results, it is also important to note some limitations. The first limitation

relates to the sample size. There were only 232 ministers in the Reformed church of South Africa during the time period of this study. In addition, some of the participants could not complete the questionnaire due to their pressing workload during this time period. Furthermore, some of the ministers cited medical reasons for not completing the questionnaire. The second limitation was that the study was only done on one denomination and therefore conclusions about this study can only be drawn within the confines of the Reformed church and cannot be generalised to apply to all ministers in South Africa. Furthermore, the research design was cross-sectional which implies that causal inferences cannot be made. In future studies longitudinal designs should be used. A further limitation of this study was its sole reliance on self-reported measures.

It is recommended that different congregations are looked at more closely because they may demand different things from a minister. Kriel, Wilders, Strydom and Breytenbach (2005) found in their study that congregation size, second ministership and

years in the ministry had a strong effect on the joy ministers experienced in their life. It is also recommended to include other denominations in future research. This will enable a closer comparison between denominations and make it possible to draw conclusions regarding ministers in general. Furthermore, it is recommended that the mediating relationships of burnout and engagement in the relationship between job demands, job resources and organisational commitment and ill health be researched.

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