The Role of Leadership in Burnout for Pastoral Carers

A Supportive Leadership Program produced an improvement in workplace stress hazards for a large Pastoral Care organisation experiencing a time of significant growth.
Researchers have identified an expanded subset of stress hazard areas for Pastoral Care workers. Stress and burnout are pervasive in Pastoral Care organisations. Not for profit (NFP) Pastoral Care settings are notable for the extent of demands in the areas of work-life balance, role confusion, lack of peer support, significant workload pressures, and long hours, a pattern increasingly seen in many Australian workplaces.

There is a large body of research investigating burnout and stress within the NFP sector, particularly focusing on caregiver burnout and compassion fatigue resulting in higher turnover of staff and difficulty in retention of workers. However, limited research exists on the impact of leadership styles on small to medium NFP organisations. There is even less empirical research investigating the Pastoral Care worker’s journey and key developmental events in the context of resiliency and burnout.

Psychosocial Hazards in Pastoral Care

The six key factors influencing organisational health, as identified by the Health and Safety Executive (HSE) studies are: Demands, Control, Support (Manager and Peer), Role Clarity, Relationships and Change. Researchers have identified an expanded subset of stress hazard areas for Pastoral Care workers including:

- the disparity between expectations and hard reality;
- lack of clearly defined boundaries;
- lack of role clarity; role conflict and multiplicity of roles;
- workaholism; work demands and overload; and time management problems;
- inability to produce ‘win/win’ conflict resolutions; difficulty in managing interruptions;
- loneliness and the ambiguity of measuring success.

Utilising the HSE framework, these specific stress hazards would be encapsulated in the areas of Role, Work Demands, Control, Peer Support and Managerial Support. Unlike the business sector, Pastoral Care organisations produce value in relation to the achievement of social goals. Success in relation to resourcing is heavily dependent on building personal relationships to assist with fundraising. There is particular stress on the leader in relation to the intangibility of the achievements of the organisation.

The funding environment, decision making and engagement process is far more complex and ‘delicate’ in diffuse power structures. The management of such an environment is a particularly complex and difficult task, not adequately addressed through current training programs from a ministry perspective and only recently becoming a mainstream part of curriculum in management schools in the tertiary education sector.

Evidence-Based Supportive Leadership for Pastors

This research measured the organisational health outcomes of a customised, evidence-based Supportive Leadership Program, run in a Pastoral Care environment over an initial intensive 18 months period with follow up annually over the following three year period. In this context, ‘Supportive Leadership’ is characterised by Inspiration and Motivation, Honesty and Integrity, Vision and Forward Planning, Competence and
Credibility, Fair mindedness and Equality, Appealing to others’ Hopes and Dreams, and Adding Value.

The goal of the intervention program was to work with the senior leadership team to develop effective leadership skills, ensure clear boundaries within their work, clarify their role within the organisation and refine the mission and purpose of the organisation.

The target group was the staff of a growing Pastoral Care organisation. Participants included the Senior Leadership Team (SLT) initially comprising the Senior Pastor, Executive Pastor, and five Pastors, and all other paid administration and support staff, as well as selected key volunteers. This group was referred for intervention for two reasons:

1. The Pastoral Care organisation had, over the preceding three years, experienced the departures of three members of the Pastoral Team under problematic or health-related circumstances and another Pastor had recently returned to work after treatment for severe burnout. The Senior Pastor sought the intervention to reduce the risk of further work-related stress injury to leaders and employees, and subsequent loss of valuable staff;

2. The Pastoral Care organisation at the time of the study, with approximately 2,500 adherents and limited in growth by accommodation constraints, was preparing to build and move into new premises and this move was predicted to result in significant growth. In preparation for this growth the Pastoral Care organisation had recently undertaken structural changes in the leadership team with the creation of a new position of Executive Pastor answering to the Senior Pastor with responsibility for the oversight and development of the remaining members of the SLT, and changes to the role definition of the Senior Pastor. The Senior Pastor sought assistance to establish and consolidate leadership structures appropriate for the projected growth of the organisation.

An initial workplace assessment showed major challenges in relation to Role Clarity, with concerns also noted in the areas of Manager Support, Peer Support, Change and Demands. This was consistent with the qualitative data showing a distressed leadership team with specific concerns around level of managerial skill, workload and time management, peer support, managing competing demands and role clarity pressures. This data was then integrated into the modules for supportive leadership with a particular emphasis on leadership skill development, management of multiple demands and role clarity particularly in the area of work/life balance and stress management.

Leadership Outcomes I:
Work-Related Stress

Before the program, in the preceding three-year period there were at least two serious incidences per year of work-related stress leave and/or formal performance management and subsequent resignation. Upon commencement of the supportive leadership intervention to improve organisational health and over the following three years there were no cases of work-related stress leave, nor resignation or formal performance management due to work-related issues, indicating the program had significant positive effects in reducing work-related stress and performance problems within the SLT.
Leadership Outcomes II: Expectations

Group discussions as well as qualitative reports from interviews revealed difficulties related to the modelling of a very energetic style by the Senior Pastor and a temptation to replicate that style despite his assurances that this was not expected. Another common issue was the delineation of what was expected as part of each person’s paid employment and what was appropriate voluntary service in an environment where there was a strong belief that voluntary service was a normal part of life. Part of the solution to this was for leaders to monitor staff expectations and understanding of their workloads and clearly define roles for their staff, where necessary imposing and monitoring limits on hours worked in either paid employment or voluntary service. Informal quantitative feedback revealed that SLT members found the process helpful. SLT members readily reported that while they perceived that they had control of their work, they were responsible for their own decisions to engage in an excessive workload. Consequently for the senior leadership the Demand factor remained in the ‘clear need for improvement’ category even at Time 3.

Leadership Outcomes III: Communication

Initial qualitative data had revealed a desire among the SLT members for better communication within the team and for more support from the managerial level of the Senior Pastor and the Executive Pastor. This issue was addressed initially in the Supportive Leadership intervention with goals set for improved communication between management and the other team members and between team members and the members of their specific ministry teams. Informal feedback showed team members’ appreciation of the impact of the supportive leadership intervention in improved communication and support from management. This strengthened supportive approach appears to have been a pivotal factor in addressing the other issues identified in the initial stage of the intervention. SLT members have reported strengthened teamwork and a greater awareness in the management level of both the aspirations and the problems of SLT members. Some members of the SLT have reported that they now feel ‘heard’ by both management and other team members to an extent that they had previously not experienced, although most members of the team had known each other and worked together for many years. The carriage of the supportive leadership program by the Executive Pastor was reported by staff to be effective.

Summary – Supportive Leadership in Burnout Prevention

The outcomes of this intervention point to the value of developing supportive leadership as a pivotal strategy in addressing a broad spectrum of other issues in a Pastoral Care organisation. Without the benefits of supportive leadership and a strong sense of teamwork, senior leaders reported that it was easy for each person to see themselves as facing unique problems and attempt to deal with these in isolation. The perception of supportive leadership also appears to have provided an environment where staff could work together to develop and implement strategies to deal with other identified issues.

For these reasons we believe that this three-stage intervention with annual input sessions has been successful. There
is still obviously room for improvement; however informal feedback from Pastoral Care management and the SLT indicates that the intervention has been very beneficial. The annual intervention cycle appears to be a critical part of keeping the impetus for change and for developing continuous improvement strategies. Without these repeated interventions it seems doubtful that the same progress would have been possible.

Larger sample sizes, more diverse NFP and Pastoral Care groups and longer follow-up timeframes is necessary to further assess the extent to which the findings of the present research can be fully generalised to the wider NFP/Pastoral Care environment.

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### Key Points for Executives

The results of the present supportive leadership development program and follow-up review for an NFP/Pastoral Care organisation confirm that a supportive leadership program:

- contributes to greater levels of organisational health for Pastoral Care workers;
- significantly lowers the risk of psychosocial hazards such as work-related stress, performance problems, conflict and absenteeism in Pastoral Care managers and supervisors;
- creates generalised organisational health benefits to wider Pastoral Care staff;
- leads to measurable improvements on organisational health in the Pastoral Care sector.

In examining how a supportive leadership development program for Pastoral Care managers and supervisors compared to other staff support, counselling, supervision and religious activities, it was noted that these reactive supports were in existence in the organisation prior to the current intervention. Despite these pre-existing reactive supports, two serious psychosocial incidents were occurring annually within the leadership group in the preceding three years. It is likely that without the current Pastoral Care leadership and organisational health strategies, psychosocial incidents would have been even more severe.

As such, the proactive supportive leadership approach appears to the ‘missing link’ to substantially improve and maintain higher levels of organisational health within Pastoral Care organisations. We strongly recommend Pastoral Care organisations implement leadership programs as part of their ‘standard’ approach to proactively supporting the wellbeing of pastors.

### Further Information:

To find out more about leadership programs for pastoral care organisations, contact the authors at Consortia (www.consortia.net.au) or Head Office on +61 7 3839 4400.

The outcomes from this research have been published in the following journal:

“We strongly recommend Pastoral Care organisations implement leadership programs.”

Dr Danielle Lees
B.Psych (Hons) PhD (Clin.) MAPS MCCP GAICD
Dr Danielle Lees is an Organisational and Clinical Psychologist specialising in organisational health assessments, industrial issues, group based conflict, safety risks, executive coaching and leadership development. Danielle also has extensive training and experience in managing group processes and defusing conflict and helping teams work toward negotiated outcomes, collaborating with a range of stakeholders to implement change. She completed her Honours and PhD at Griffith University, Gold Coast Campus, researching in the areas of stress and coping.
Contact Danielle at daniellel@consortia.net.au or 0409 725 862.

Dr Peter Stebbins
B App Sci (Hons) M Clin Psych PhD MAPS MCCP GAICD
Dr Peter Stebbins is an Organisational and Clinical Psychologist specialising in workplace issues including executive coaching and leadership development, organisational health assessment, change management, conflict resolution, mediation and facilitation, and team development. He completed his Honours Degree at Deakin University and his Masters Degree and PhD at the University of Queensland researching in the area of chronic stress.
Contact Peter at peters@consortia.net.au or 0408 107 586.