

Pastor Wellness among Chinese Churches: A Canadian Study

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Journal of Pastoral Care & Counseling

2019, Vol. 73(3) 169–175

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DOI: 10.1177/1542305019872435

journals.sagepub.com/home/jpcc



Abstract

This article reports the results of a survey of Canadian Chinese pastors ($N = 79$) regarding pastor wellness by using a 10-item questionnaire. The results indicate that 22 (27.84%) have significant concerns and 38 (48.1%) have some concerns, with females slightly more affected. Major areas of concern are marital and/or family satisfaction, physical health, problem dealing with relationships in church, and emotional health. The author discusses the implications of the results and makes some recommendations to the pastors and churches.

Keywords

Clergy or pastor wellness and health, Chinese church, pastor wellness and health

Background

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (see https://www.who.int/healthpromotion/about/HPR%20Glossary_New%20Terms.pdf). It also states this about wellness (WHO, 2000):

wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically and the fulfillment of one's role expectations in the family, community, place of worship, workplace and other settings.

In the last several decades, significant strides have occurred in health and wellness. First, George Engel's (1977) integrated biopsychosocial model of health was expanded to include cultural and spiritual dimensions (Poon, 1995, 2011). Second, the biological general systems theory of Bertalanffy (1968) was extended to the family systems theory and formed the backbone of family therapy (Doherty & Campbell, 1989; Doherty, Baird, & Becker, 1987). As a result, today the medical and counseling fields have adopted the notion that the health and wellness of an individual includes an understanding of the whole person (from intrapsychic development to physical, social,

cultural and spiritual dimensions) and the interpersonal communication and dynamics between the self and others in various contexts and situations.

Literature Review

Most of the literature on the health and wellness of health-care professionals has been focused on burnout (Halbesleben & Demerouti, 2005; Maslach & Jackson, 1981; Skevington, Lotfy, & O'Connell, 2004). For example, the Maslach Burnout Inventory consists of 22 items covering emotional exhaustion (feeling overextended by one's work), depersonalization (unfeelingness towards one's clients or other people), and lack of personal accomplishment (or feelings of competence). Later, Maslach & Jackson (1981) and Leiter (2016) added two additional scales of cynicism (attitude towards one's work) and inefficacy (feelings of competence and achievement towards work).

This study seeks to broaden the scope and shortens the time to complete by using a simple questionnaire to assess the extent and degree of wellness among pastors serving in Chinese churches in Toronto, Canada. While most of the research on clergy burnout is done along denominational

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lines, no research has been done on this topic among Chinese churches in Canada. It is a survey type of quantitative research method that uses self-report measures on a convenience sampling of Chinese pastors attending their monthly fellowship meetings (Converse, 1987; Price, Jhangiani, & Chiang, 2015). The survey was done online and the respondents answered the questions on a 5-point Likert scale, stating if they agreed or disagreed with the various statements. A simple questionnaire is valuable because it increases the response rate and can be used to follow individual progress. However, it is not meant to compare between individuals, as people may respond differently in a given stressful situation.

Rationale for this Study

Vignette

Upon graduation from seminary, a Canadian-born Chinese who had worked in the computer field for 10 years was initially full of enthusiasm in serving as a pastor to the English congregation of a Chinese church in Toronto. But after two years, when he encountered difficult relationships with some leaders, a lack of job satisfaction, and a much lower salary, he dropped out of the pastorate and returned to the secular field.

This type of scenario is not uncommon in the Chinese Church. It appears that the formal seminary training did not prepare him well to adjust and interact with the real world, and not much attention has been given to care for the well-being of the pastors. The Hudson Taylor Centre was formed to augment the ministry of the academic program to serve the Chinese Church at Tyndale University College and Seminary in Toronto. Under the auspices of the Centre, a project was started in late 2018 to promote pastor wellness and health. The first task was to determine the extent of this issue and the awareness of pastor wellness within the Chinese Church. The task group developed a questionnaire for this purpose (Poon, 2019). Instead of using a long instrument to assess the need, we decided to have a 10-item questionnaire based on our model of health and wellness as described earlier. We believed the arbitrary number of 10 would help us to perform statistical analysis more easily and give us a maximum score of 50 (see Appendix). The questions cover the following areas: physical health; marital and/or family satisfaction; emotional health; financial needs; outside interests and social life; job satisfaction and stress as pastor; satisfaction and competence in carrying out the pastoral role; inter-personal relationship problems; burnout; and spirituality in experiencing the presence of God in their lives. In this instrument, we ask respondents whether they agree or disagree with a statement, thus using a qualitative description rather than a quantitative description by asking them how often a condition occurs. We also determine that using the time

duration of six months would reflect that the situation is significant and not transient or temporary. This criterion is consistent with some of the psychiatric diagnoses in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) (DSM-V; American Psychiatric Association, 2013) (e.g., schizophrenia, agoraphobia, generalized anxiety disorder, various sexual dysfunctions, and paraphilic disorders).

Therefore, the purpose of this study is to use a simple questionnaire that covers the well-being of the whole person to assess the extent and degree of pastor wellness among pastors serving in the Chinese Church. The results will help the Church to address the different areas of need among pastors. The usefulness of this questionnaire can be extended and applied to other healthcare and counseling professionals.

Methods

After deciding on the format of the 10-item questionnaire, we translated that into Chinese. We presented both the English and the Chinese version of the questionnaire to pastors so that they could look at both versions and be able to answer correctly and truthfully. We gave it a special name and called it the “360 Degree Pastor Wellness”, hoping to attract and encourage them to pay attention to the topic and then answer the questionnaire. The “360 Degree” refers to the whole-person approach to wellness.

Our next task was to present this questionnaire to pastors. The Hudson Taylor Center publishes a periodic Chinese newsletter called *Tyndale Link* for the Christian community. We dedicated an entire issue to this topic. The first article is called “360 Degree Pastor Wellness” (Poon, 2019). In the same issue, there are other related articles that touch on “Stress and Crisis in Pastoral Work,” “the Wellness of Pastors – Do we Care?,” and a personal testimony of a pastor who had gone through depression. Our goal was to make both pastors and the churches aware of the need to look at this issue seriously.

Following that, we published the bilingual questionnaire on both sides of one page and circulated it to the monthly meeting of a voluntary group called the Toronto Chinese Evangelical Ministerial Fellowship where pastors and full-time Christian workers meet for fellowship, sharing, prayer, and discussion. On average, there are usually over 100 pastors attending these meetings, of whom about 30% are female. Quite a few of these female pastors serve in Christian organizations rather than in the Church. In their January and February 2019 meetings, a representative of the Centre set up a booth and invited the pastors to participate and answer the questionnaire anonymously via an Internet link. In order to encourage them to answer, and for confidentiality, besides the 10 questions the demographical information was kept to a minimum, namely their sex, their years of pastoral experience, and the size of their church. People could answer the questionnaire in either English or Chinese.

Results

We collected a total of 79 responses, with 59 from male pastors (75.68%) and 20 from female pastors (25.32%). Over 64.5% of our responders have served as pastors for over 10 years, indicating they are experienced and seasoned workers. The church sizes they serve vary and also reflect the picture in the Greater Toronto Area (Table 1).

In tabulating the results, it is worthy of note that the scores in question 2 are reversed, so when a person answers with “5”, indicating that they strongly agree with the statement “I am not experiencing marital and/or family satisfaction,” we would reverse it to be “1”. In this way, the higher the score, the more it indicates concerns and dissatisfaction. The results of the survey are shown in Table 2.

For male pastors, out of a possible maximum score of 50, 15 (25.4%) scored more than 30, 9 (15.25%) scored between 25 and 29, and 35 (59.32%) scored less than 24. For female pastors, 7 (35%) scored more than 30, 7 (35%) scored between 25 and 29, and 6 (30%) scored less than 24. If one uses a score of 25 as the dividing line, then it shows that 40.65% of male pastors and 70% of female pastors have concerns about their wellness, making an average of 48.1% (38 out of 79) of the sample. On the other hand, if one uses a score of more than 30 as the dividing line, then it shows that 25.4% of male pastors and 35% of female pastors have concerns. This amounts to 27.84% (22 out of 79) of the whole sample. The overall average scores for male pastors and female pastors are 2.51 and 2.76 respectively. All these indicate that, overall, female pastors have a higher need for wellness than their male counterparts.

The average scores for all the 10 areas are also shown in Table 2. For male pastors, the top three scores above 2.5

are for questions 2, 1, and 8, whereas female pastors scored more than 2.5 in eight questions (questions 2, 4, 1, 8, 3, 5, 6, and 9). If one uses the more stringent cut-off score of 3, then question 2 is important for males and questions 2 and 4 are important for females. Table 3 lists the issues in the different areas of concern for the pastors (with scores over 2.5).

If one looks at the top five areas of concern, four areas are common in both groups. They are marital and/or family satisfaction, physical health, problem dealing with relationships in church, and emotional health. For male pastors, job satisfaction is fifth in their area of concern, whereas financial need is second for female pastors.

Table 1. Demographic profile of pastors.

	Male	Female
Number	59	20
Answered questionnaire in English	36	15
Answered questionnaire in Chinese	23	5
Years of pastoral ministry:		
1–3 years	6	4
4–6 years	5	0
7–10 years	11	2
>10 years	37	14
Church size:		
<50	4	1
51–100	13	2
101–150	6	2
151–200	7	3
201–300	7	5
>300	22	7

Table 2. 360 Degree Pastor Wellness.

Total score	Male N = 59	%	Female N = 20	%
Total score				
>30	15	25.40	7	35.00
25–29	9	15.25	7	35.00
<24	35	59.32	6	30.00
Overall average score	2.51		2.76	
Average score for each question:				
Question 1	2.90		2.95	
Question 2	3.49		4.10	
Question 3	2.47		2.65	
Question 4	2.24		3.20	
Question 5	2.41		2.60	
Question 6	2.47		2.60	
Question 7	1.98		2.35	
Question 8	2.81		2.80	
Question 9	2.37		2.50	
Question 10	1.97		1.85	

Table 3. Top pastor wellness concerns.

Male pastors:
1. Question 2 = marital and/or family satisfaction
2. Question 1 = physical health
3. Question 8 = problem dealing with relationships in church
4. Question 3 = emotional health
5. Question 6 = job satisfaction
Female pastors:
1. Question 2 = marital and/or family satisfaction
2. Question 4 = financial needs
3. Question 1 = physical health
4. Question 8 = problem dealing with relationships in church
5. Question 3 = emotional health
6. Question 5 = outside interest and social life
7. Question 6 = job satisfaction
8. Question 9 = burnout

Discussion

We collected the data at two ministerial fellowship meetings. At such meetings there is normally an attendance of over 100 and about 30% are female. A larger number of female pastors serve in Christian organizations rather than in the Church. There were 79 respondents in our study: 59 males and 20 females. Therefore, a ratio of about 25% female pastors in the sample is a fair representation of the sample of our pastors. In terms of response rate, internal surveys will generally receive a 30–40% response rate on average, compared to an average 10–15% response rate for external surveys. So our response rate of about 75% is a valid representation of the sample of pastors serving in the Chinese Church, as it gives us close to a 5% margin of error and a confidence level of close to 95%.

We did a pilot study with 26 pastors just before we launched this project, and the results we obtained were similar for male pastors. For female pastors, however, outside interests and social life were the second top area of concern besides marital and/or family satisfaction. This further confirms the value of the present study.

This study shows that female pastors scored higher than their male counterparts. One possible explanation could be that more of them are single and lack family support. Future study is needed to look at pastors' marital and family status and compare those serving in the Church or in Christian organizations.

Most of the literature on pastor or clergy wellness focuses on burnout, emotional exhaustion, or the well-being of the person. For example, Doolittle (2010) reported that 18% of pastors suffered from burnout and 45% had emotional exhaustion. However, in our study, the Chinese pastors rank these much lower. One explanation could be that, culturally speaking, this group of people have a more sacrificial attitude in their ministry. Also, as Proeschold-Bell et al. (2015) indicated, they consider themselves as being called by God and are willing to bear more challenges than a person in another vocation. A second possible explanation is that perhaps they would internalize their stresses, and so when one investigates their physical health it is prudent to inquire how their ministry work affects physical wellness.

Our study clearly identifies that marital and/or family satisfaction is of vital importance to a pastor's wellness, while Jackson-Jordan (2013) and others such as Seligman (2011) indirectly touch on this area. From our whole-person approach and systemic model of health and wellness, it is easy to understand the inter-connectedness of how different dimensions of health influence each other. For the Chinese pastors, it may imply that when they serve the church, they may often have a tendency to neglect giving time (both quantity and quality) to their own families. Those who are married need to remind themselves that their spouses and children also need them. Single female pastors may need some kind of

family support. It behooves the church lay leadership to be mindful of these needs. Pastors should remind themselves to have regular physical and ministry checkups. One recommendation from our study is that they would use the 360 degree questionnaire to assess themselves twice a year. If they find there are areas of need, they should seek appropriate help such as medical advice and family and marriage counseling as soon as possible. The church lay leadership can also benefit from using this questionnaire during their ministry review with pastors.

This study also shows that pastors have problems dealing with relationships in the church. The author has first-hand experience of this need among Chinese pastors. They have difficulty in providing pastoral counseling for relationship problems in the church (Poon, Cheng, & Chan, 2003). In addition, they need help themselves in dealing with different relationships and difficult people in the church. This may be a reflection of their lack of training and education in this area. Seminary training of pastors mainly focuses on providing biblical knowledge and theories, and seldom deals with the actual practical pastoral issues. We suggest that different aspects of actual pastoring should be included in their curriculum. Another possibility is continuing education and support networking for pastors in the field. In professional disciplines such as medicine and counseling, formal continuing professional education is mandatory for practitioners to keep up to date in the field; perhaps pastors should do likewise.

While both male and female pastors share common areas of concern about their wellness, female pastors have three additional unique needs. They are financial needs, outside interests and social life, and burnout possibilities. One possible explanation is that some of these pastors are single and do not have a spouse. As a result, without two incomes in the family, they are more prone to financial need in a metropolitan city like Toronto where the cost of living accommodation is very high. Also, without additional family member support, a good circle of friends and a social life are important for these pastors. When these stresses occur, they increase the chance of burnout.

One area this study did not address is how pastors use their time. The author's personal experience suggests that, traditionally, Chinese churches in general are fairly rigid about seeing their pastors come to work at church premises on time. But this does not mean that they use their time effectively. Trihub, McMinn, Buhrow, and Johnson (2010) found that pastors valued receiving support in giving them time off, time for prayer support groups, and clergy retreats. These supports help them cope with job stress, emotional turmoil, and burnout. Similarly, Gallagher (2019) suggested a need for Sabbath rest for ministers.

The Chinese Church is unique in that it has three different congregations: Cantonese, English, and Mandarin. Each congregation has its own language or dialect in the service. Future research to identify how pastors in the

three congregations compare in terms of their wellness will be interesting.

Implications for Other Healthcare and Counseling Professionals

Most of the literature on the wellbeing of professionals focuses on burnout (Flannelly, Roberts, & Weaver, 2005; Shanafelt, Dyrbye, & West, 2017; Shanafelt, Goh, & Sinsky, 2017; Wallace, Lemaire, & Ghali, 2009). Freudenberger and Richelson (1980) defined it as a “state of mental and physical exhaustion caused by one’s professional life.” But most of the assessment tools are detailed and long. We propose that this questionnaire should be adopted and used by various healthcare and counseling professionals. It is simple and takes only a few minutes to complete. A similar example is the use of the 7-item Hamilton Depression Rating Scale (HAMD-7; McIntyre, Bagby, Bakish, & Kennedy, 2002) and the Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001) to assess depression among clients in clinical practice. Healthcare providers find them handy and easy to administer and the responses give them a good assessment of the state of mind of their clients.

To accommodate such use, slight wording modifications can be made in questions 6 to 10 of the questionnaire by changing words like “pastor” or “pastoral” into words related to other professions. The wording in question 8 deals with relationships in the “church” but can be changed to relationships in the “workplace.” The word “God” in question 10 can be substituted by “god or higher spiritual power.”

We wish to promote the wellness and health of all types of helping professionals. This 360 degree wellness questionnaire can be used widely by these care givers as a screening assessment tool of their own overall health every six months. It would be reassuring if their answers show they are in good health. However, if there are areas of concern, it would help them to seek appropriate means to overcome these obstacles to wellness. This assessment tool can be one way to contribute to the wellbeing of all healthcare professionals. In addition, reassessing every few months will provide a means to see if there is progress in the various concerned areas of concern as well as in overall wellness.

In fact, the same questionnaire can be used by pastors and other healthcare professionals in their normal counseling of clients as a screening test for their wellness. Based on their responses, counselors can then offer help in dealing with the areas of need. In the same way, clients can also complete the test periodically, and counselors can follow up on how they are progressing in their respective areas of wellness.

Limitations of this Study

There are limitations in this study. First, not all Chinese Church pastors join the Chinese Ministerial Fellowship and

so our results may not be truly representative of all the churches.

Second, as it was a voluntary participation study, our sample may be biased in that only those interested in the topic may have chosen to participate. This may produce inaccurate results due to non-response bias. One way to minimize this bias is to survey as many of these pastors as possible by using other ways and incentives. Our hope is that once pastors are aware of such an instrument, and see its value, they will be more likely to use it regularly in their ministry.

Third, it is a survey of pastors serving in the Chinese Church. We know that within the Chinese Church there are three different congregations, the English, Cantonese and Mandarin, each congregation using their own language or dialect in the service. Future research can be done to identify how pastors fare in terms of wellness among these different congregations.

Fourth, this study deals only with Chinese Church pastors, and one cannot directly apply it to all the other ethnic and mainline churches. It would be interesting if future research could be done in these churches.

Fifth, this questionnaire needs to correlate with other established instruments such as the Maslach Burnout Inventory, the World Health Organization’s abbreviated quality of life assessments, and the Oldenburg Burnout Inventory (Demerouti, Bakker, Vardakou, & Kantas, 2003), to establish its reliability and validity.

Sixth, we recognize that more work needs to be done in finding differences between male and female responses, marital status and having children, size of the church, and years of service.

Finally, future research might utilize a grounded approach by conducting one-to-one interviews of respondents about how they answer each of the dimensions of the questionnaire. Such a study would give a more in-depth understanding of the various dimensions of wellness.

Conclusion

This study contributes to a growing literature that deals with pastor wellness by focusing on a Canadian Chinese Church setting. We have demonstrated a significant need among these pastors. We hope this study will bring to the awareness of pastors and the church leadership to work together towards pastors’ health and wellness. The questionnaire can be used by individuals to assess, as well as to follow the progress of, the various dimensions of wellness. Other healthcare professionals may also benefit from using this questionnaire for their own wellbeing as well as that of their clients.

Acknowledgements

The study was done under the auspices of the Hudson Taylor Centre for Chinese Ministries, Tyndale Seminary, Toronto. Kit Ming Koo, Kevin Han, and Matthew Chiu contributed to the

development of the Questionnaire, and made comments and suggestions. Nelly Chau helped in the promotion and distribution and collection of the Questionnaire. Kelvin Fung helped in data analysis.

Declaration of Conflicting Interests

The author declares that there is no conflict of interest.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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Appendix

Pastor wellness 360 degree Questionnaire

Male Female

Years of serving as a pastor: 1 – 3 years ; 4 – 6 years ; 7 – 10 years ; more than 10 years

Size of your church congregation: <50 ; 51-100 ; 101-150 ; 151-200 ; 201- 300 ; >300

Please rate the following questions according to the scale below:

1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree

Over the last 6 months, there has been occasions where:

1. I worry about my personal physical health.
2. I am not experiencing marital and/or family satisfaction.
3. I am not happy with my emotional health (e.g. feeling depressed, down, or hopeless; feeling angry, irritated, grouchy and easily annoyed; feeling anxious, fearful, worried, and tense; and has little interest or pleasure in doing things)
4. I have concerns about financial needs.
5. I have concern that I do not have any outside interests and social life.
6. I am not having job satisfaction, or I have experienced significant stress in my role as a pastor in the church.
7. I feel that I am not well prepared in carrying out my pastoral duties. I am thinking about quitting the pastorate.
8. I have problem dealing with some relationships in the church.
9. I have concern that I might be facing or already faced burning out.
10. I feel I am not living according to my personal values and beliefs and so have trouble in experiencing the presence of God.