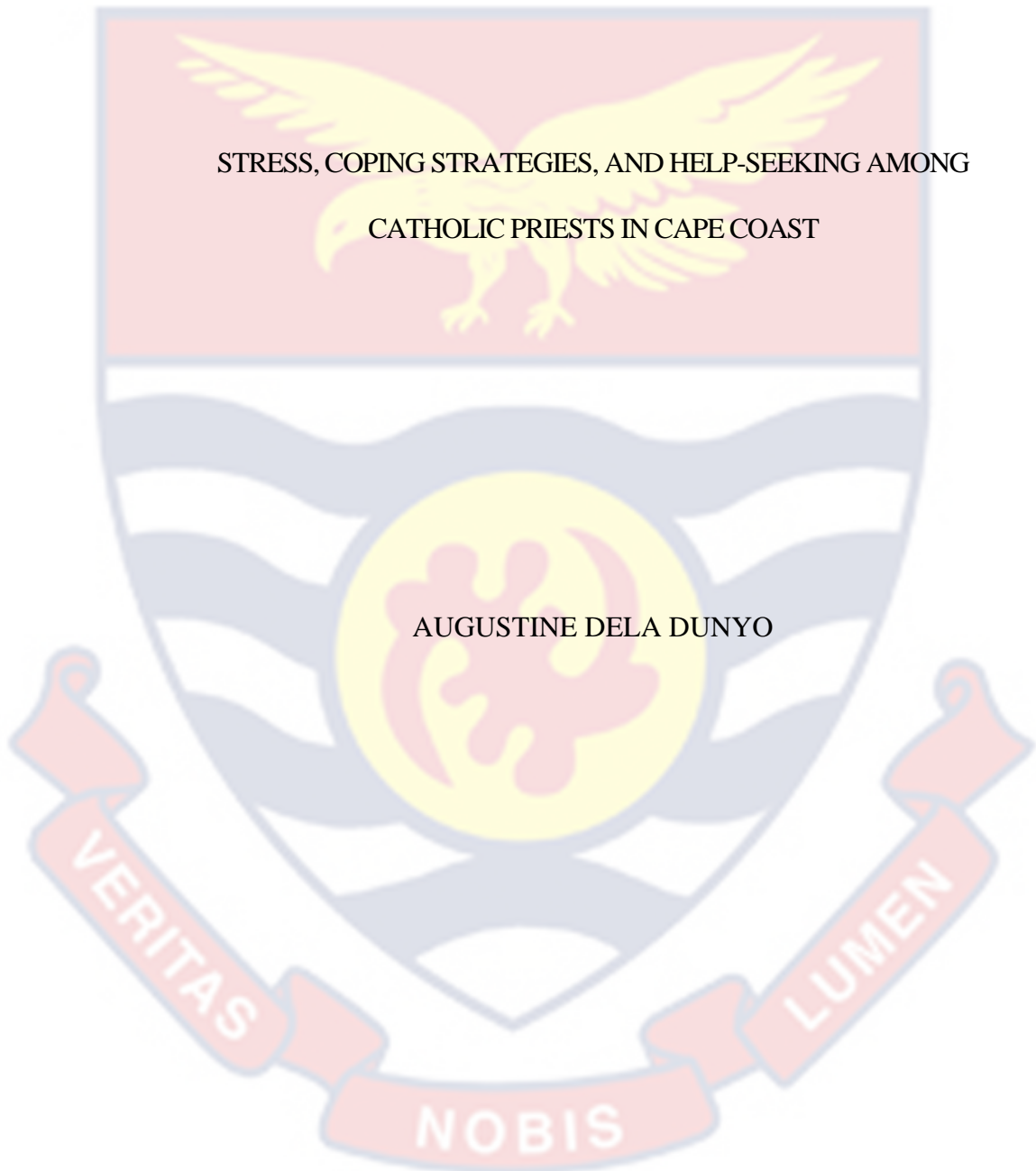


UNIVERSITY OF CAPE COAST



STRESS, COPING STRATEGIES, AND HELP-SEEKING AMONG
CATHOLIC PRIESTS IN CAPE COAST

AUGUSTINE DELA DUNYO

2022

UNIVERSITY OF CAPE COAST

STRESS, COPING STRATEGIES, AND HELP-SEEKING AMONG
CATHOLIC PRIESTS IN CAPE COAST

BY

AUGUSTINE DELA DUNYO

Thesis submitted to the Department of Guidance and Counselling of the
Faculty of Educational Foundations, College of Education Studies,
University of Cape Coast, in partial fulfilment of the requirements for the
award of Master of Philosophy degree in Guidance and Counselling

OCTOBER 2022

NOBIS

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature..... Date.....

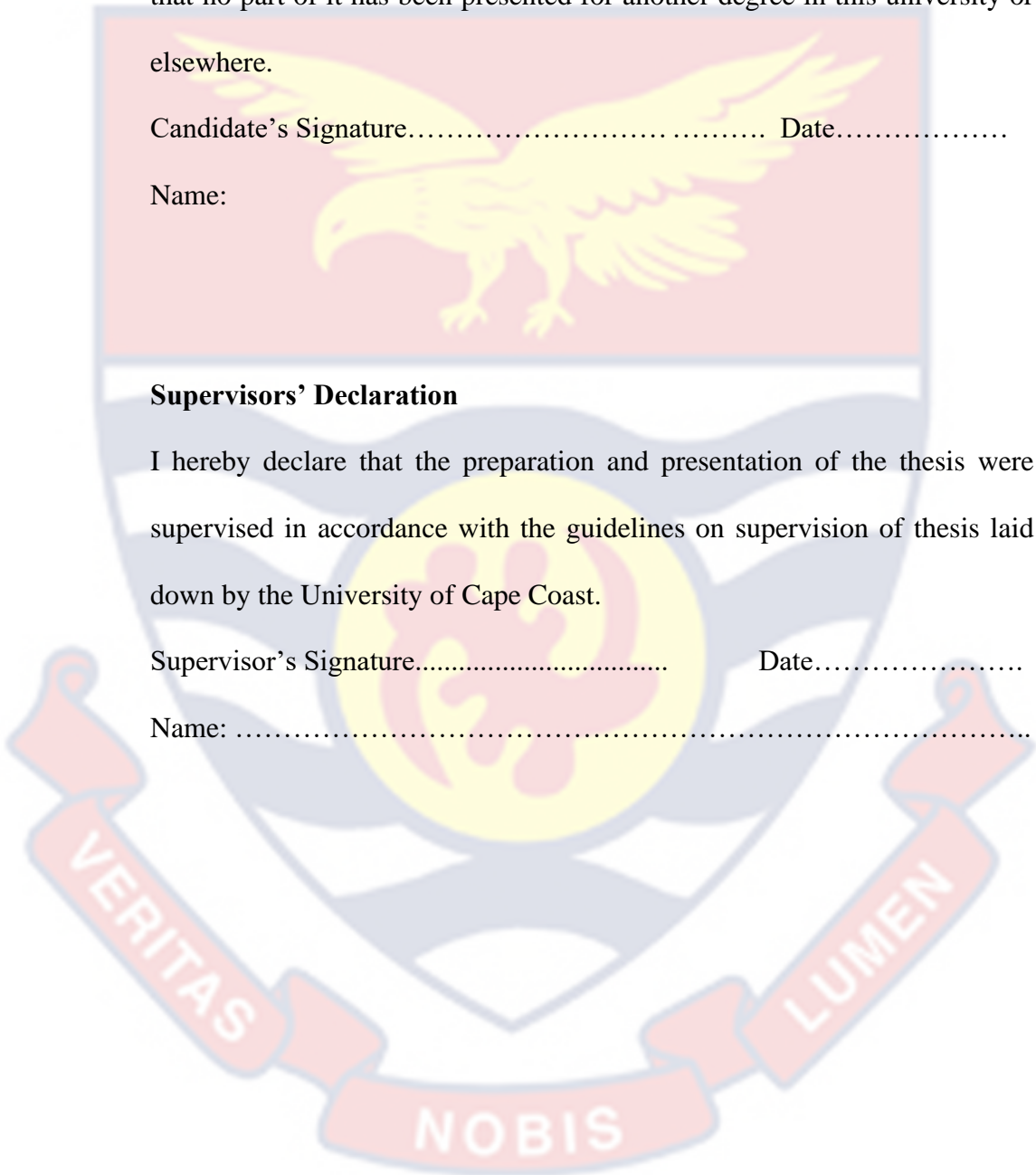
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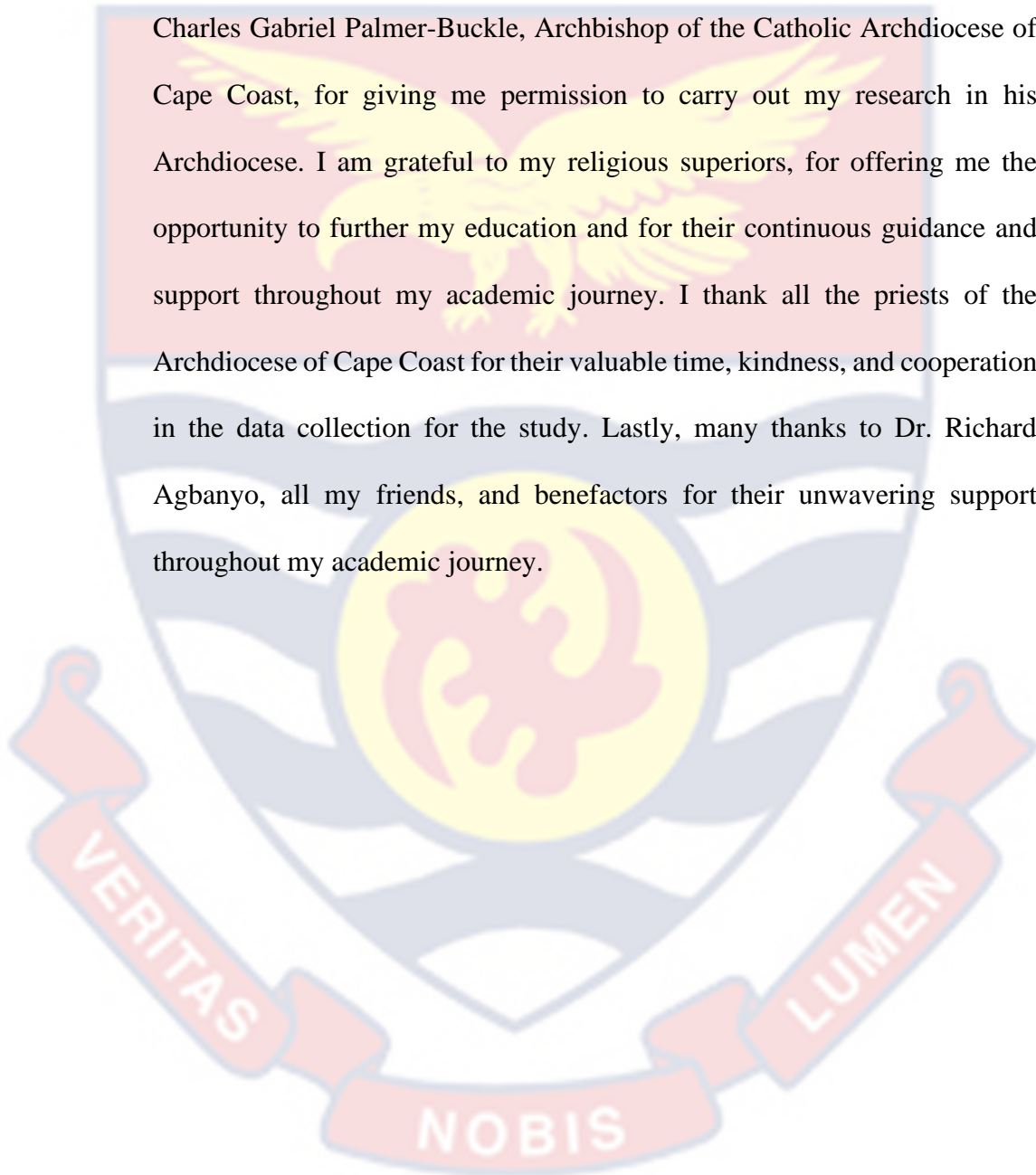


ABSTRACT

The purpose of this study was to identify the sources of stress, coping strategies, and help-seeking among Catholic priests in the Archdiocese of Cape Coast. A descriptive research design and a census sampling technique were adopted. The targeted population for the study was 159 priests; however, 148 responses were obtained. A questionnaire was used to collect the data. Descriptive and inferential statistics (t-test, ANOVA, and Chi-square) were used to analyse the data. Results indicated that the predominant source of stress among the priests was “intrusion.” The study further revealed “religion” as the leading coping mechanism among the priests. A moderate level of stress was found among the priests. This was found to be higher among parish priests than among assistant parish priests and those in other apostolates. It was also found to be higher among the priests who worked in urban areas than among their colleagues in rural areas. Furthermore, the study found that, though levels of stress significantly influence help-seeking, most priests would not seek help for their personal and emotional problems. The study recommended that the Archdiocese of Cape Coast should educate the priests on the need to establish and uphold work boundaries and encourage them to seek psychological help in times of mental and emotional challenges.

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DEDICATION

To the memory of my late mother, Madam Abigail Afi Ayimey, Mr. James-Marshall Lumor, and Rev. Fr. George Abram.



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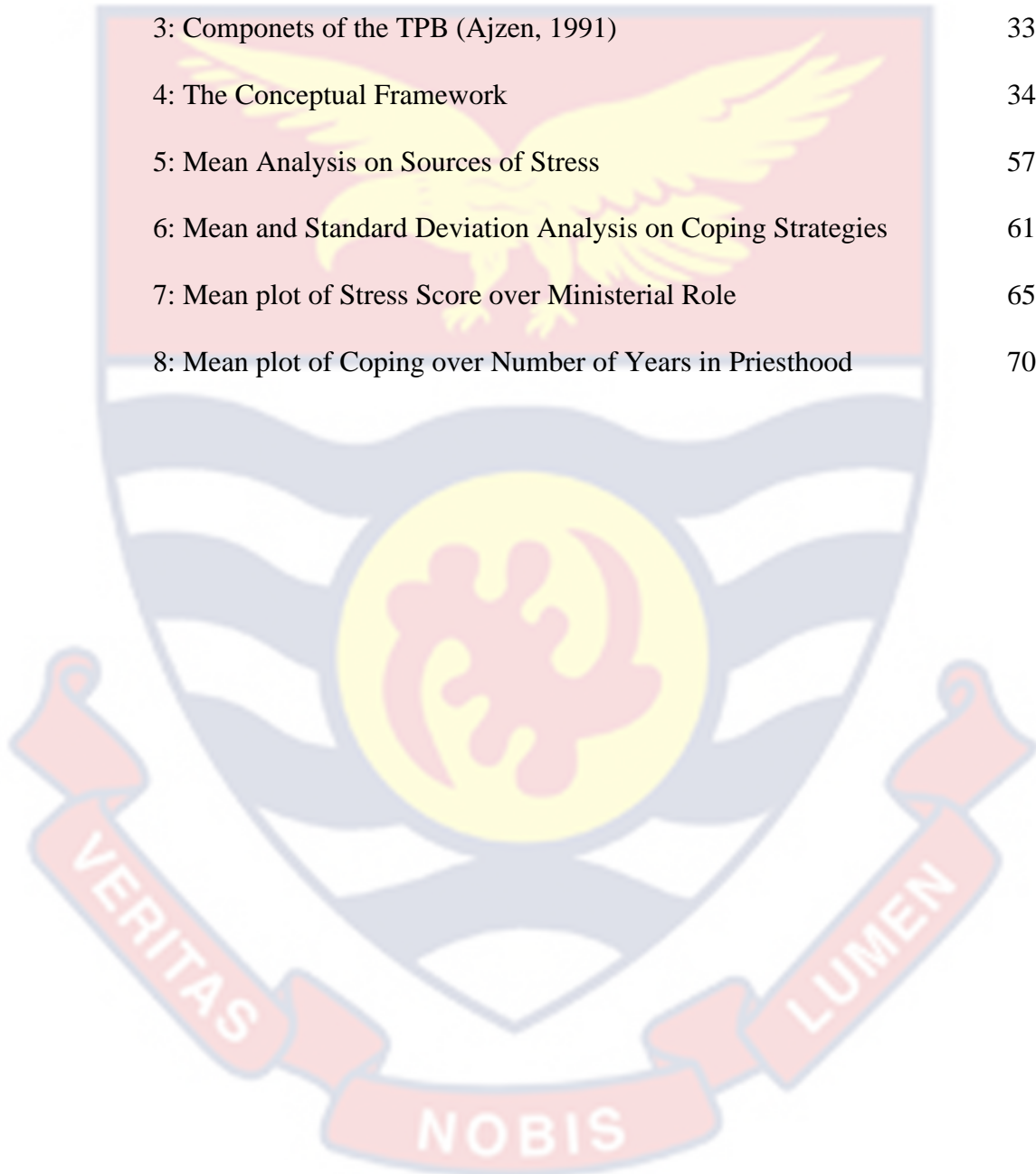
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CHAPTER ONE

INTRODUCTION

Stress is the body's natural response to new or challenging situations. While some levels of stress can be healthy and prompt us to fulfil tasks or address threats, persistent and high levels of stress can significantly impact our physical and mental health (Fink, 2010). The World Health Organisation identified stress as a 21st-century health pandemic due to its association with 90% of medical visits (Akinboye, Akinboye, & Adeyemo, 2002). Furthermore, seven out of the ten leading causes of mortality worldwide have been directly linked to stress (Quick & Cooper, 2003). Thus, stress is often referred to as a "silent killer" (Eliot, 1988).

Work-related stress is a global issue in a variety of occupational situations, including pastoral work. Recent studies have affirmed high rates of occupational distress among the clergy (Shaw et al., 2021; Lockwood, 2020; Shoemaker, 2020; Proeschold-Bell & Byassee, 2018; Adams et al., 2017), leading to a host of undesirable effects on their physical and mental wellbeing (Chan & Chen, 2019; Terry, 2018; Strong, 2017). However, due to the sacredness associated with their vocation, many clergy are unaware of or may underestimate the potentially damaging effects of stress on their health and functioning (Proeschold-Bell et al., 2013). This raises concerns about their general wellbeing and prompts an inquiry into their occupational stress factors, the coping strategies they adopt, and their help-seeking for personal and emotional challenges.

Background to the Study

Various occupational groups have often described their work as stressful. However, pastoral work is one of the several occupations for which stress exists as an integral part of the job. Carroll (2006) argued that, though pastoral work is fulfilling, it is also a demanding profession. Clergy, like those in the helping professions, often experience persistent or unrelenting distress (Adams et al., 2017; Proeschold-Bell & LeGrand, 2012; Lewis, Turton, & Francis, 2007). This has been attributed to various factors associated with pastoral work such as loneliness, role overload, role conflict, time demands, intrusion, frequent moves or transfer, unrealistic expectations, and low social support (Ford et al., 2014; Son, 2019; Wells, 2013a; Wells, 2012; Kay, 2000). In addition, clergy vocation is a “holy call” to serve others by following Jesus Christ who “did not come to be served, but to serve, and to give his life as a ransom for many” (Mark 10:45, NIV). This often leads the clergy to prioritise care for others over self-care, and thus increase their vulnerability to stress and burnout (Doolittle, 2010).

Research has shown that clergy are more likely susceptible than most people are to stress-induced conditions (Proeschold-Bell & LeGrand, 2010). Long-term exposure to stress results in burnout, cynicism, chronic religious doubts, inefficacy (Ellison et al., 2010; Lee & Frederickson, 2012; Maslach et al., 2001), maladaptive behaviours such as smoking, binge eating and drinking, substance abuse, anger, isolation, and frustration (Heck, Drumm, McBride, & Sedlacek, 2018), and desertion of ministry among clergy populations (Buchanan, 2014). Stress has also been linked to high rates of obesity, depression and other chronic health conditions such as sleep

disorders, arthritis, diabetes, stroke, cardiac problems, and suicide among clergy (Milstein, Hybels, & Proeschold-Bell, 2020; Webb & Chase, 2019; Manister & Gigliotti, 2016; Rosenthal & Alter, 2012; Proeschold-Bell, & LeGrand, 2010). In fact, stress exacts a costly physical, social, emotional, and spiritual toll on not only the clergy, but also their families and the church as an organisation. Therefore, it is important to implement ways of coping that result in healthy outcomes among clergy.

Some studies conducted on clergy stress seem to suggest that clergy generally cope well with stress (Chan & Chen, 2019; Lusambili & Kirimi, 2015; Anyetey, 2018; Asamoah, Osafo & Agyapong, 2014). According to Barnard (2012) and Shin et al. (2014), clergy's positive outlooks appear to be the result of applying successful coping strategies. Among these strategies, turning to "religion" has been documented as the most frequently used in managing stress among clergy (Webb & Chase, 2019; Visker, Rider, & Humphers-Ginther, 2017). Religion aids in stress management through cognitive, emotional, and behavioural responses in ways related to the sacred (Pargament, 2011). It serves various purposes, like achieving meaning, fostering connection with the sacred, self-development, and personal restraint. Religious practises such as prayer, meditations, retreats, sabbaticals, and engaging in other faith-based activities are some of the efforts to master, minimise, or tolerate life stressors.

Trihub, McMinn, Buhrow, and Johnson (2010) reported that clergy prioritise prayer, sabbaticals, and religious support groups over psychological counselling. Consulting psychologists or counsellors is not common among clergy and is only considered when other options, including

religious coping mechanisms, are unsuccessful and the individual becomes powerless (Pietkiewicz & Bachryj, 2016; Isacco et al., 2014; Kansiewicz, Sells, Holland, Lichi, & Newmeyer, 2022). Clergy face challenges in accessing mental health services, such as financial constraints, work-life balance issues, confidentiality concerns, fear of reprisal, shame, and being perceived as dysfunctional (Webb & Mama, 2020). Some clergy believe they can handle their own mental health issues independently, hence, deny the need for help.

In Africa, the multifaceted roles clergy play in assisting individuals, families, churches, and communities cannot be overemphasised. The constant care and giving of themselves could deplete personal resources, resulting in stress and related health conditions. However, this phenomenon has not been extensively studied among clergy populations in African countries, especially Ghana. Most of the existing studies have found that clergy suffer stress and burnout to some degree. For example, Dziwornu, Kwakyi-Nuako, Ampomah, and Anarfi (2022) examined the level of emotional labour and how it affects psychological wellbeing, satisfaction with job and life among clergy in Accra. The results showed above-average emotional labour, which was significantly and positively correlated with psychological distress. Mensah (2020) conducted a study among clergy of the International Gospel Church and found that work-life imbalance was a major stressor among the clergy. Bonsu (2016) explored the lived experiences of Ghanaian Pentecostal clergy and found that the clergy-congregation relationship and clergy self-care greatly predict distress. Most of these studies concluded that the phenomenon of stress among clergy

populations needs further investigations (Dziwornu et al., 2022). In addition, clergy's help-seeking for mental and emotional problems has been largely ignored in literature. The present study is designed to identify the sources of stress, coping strategies, and help-seeking among Catholic priests in the Archdiocese of Cape Coast.

Statement of the Problem

The Catholic priesthood is a unique vocation. It is considered a “sacred call” to self-sacrifice and service. A Catholic priest makes vows of obedience and celibacy and offers himself to serve God's people by being a “Father” to everyone. Priests are expected to provide spiritual and moral standards with perfection requirements. Their duties are unpredictable, unbounded, and extend beyond the Christian community they serve.

The difficulties that Catholic priests encounter in living out the sacred vocation are of various kinds, but those connected with the observance of celibacy and obedience are particularly grave. In an exploratory review of the experience of stress and burnout syndrome among Catholic priests, obedience was identified among the various risk factors (Ruiz-Prada, Fernández-Salineró, García-Ael, & Topa, 2021). Recently, one priest in the Archdiocese of Cape Coast was suspended due to incessant disobedience in relation to his transfer. The lack of firmness in fulfilling these vows, on account of human weakness or insufficient acceptance of the ideals of the vows, could be distressing for many priests.

The Archdiocese of Cape Coast is one of the oldest Catholic dioceses in Ghana. It was erected in 1896 as an Apostolic Vicariate of the Gold Coast and became an Archdiocese in 1950. Recent statistics showed that the

number of Catholics in the Archdiocese is growing geometrically while the population of priests is increasing linearly. There are about 386,588 Catholics and 159 priests in the Archdiocese (Archdiocese of Cape Coast, 2021). Certainly, “the harvest is plentiful, but the labourers are few” (Matthew 9:37, ESV). The current priest to lay ratio of 1:2612, vis-à-vis the demand for their effective and efficient services, entails a lot of pressure on the priests.

Some priests cater for parishes with more than five outstations without an assistant priest. Others have multiple apostolates, which brings an extra amount of workload and difficulties in scheduling and prioritising. In addition, it denies them the much-needed time for self-care and respite, which could result in mental and physical fatigue among the priests. Many priests have repeatedly expressed their tiredness in the face of the conditions under which they work and the volume of work they have to do. In order to sail through the day, most priests ignore some other responsibilities. Consequently, some parishioners have complained about the unavailability of the priests to meet their social and spiritual needs.

Some priests in the Archdiocese have not taken their annual leave in more than four years. Others have worked for a longer period without sabbatical leave. They just kept on working because there was no one to replace them if they went on leave. This may contribute to an unhealthy stage of physical and emotional exhaustion, with its attendant consequences such as loss of ministerial satisfaction, insubordination, withdrawal, irritability, aggression, conflict with parishioners, and mismanagement of parish funds, as could be seen among some of the priests in the Archdiocese. One of the elderly priests in the Archdiocese of Cape Coast noted that, because of

emotional exhaustion, some priests ended up in some form of maladaptive patterns of living and suffered depressive sicknesses. He added that the affected priests were either recommended to take spiritual retreats or transferred from their parish to another parish.

Stress from the demands of pastoral work could considerably impede not only the zeal and fervour of priests but also their health and the longevity of the ministry. In Ghana, and especially in the Archdiocese of Cape Coast, there are cases of priests who have left the priesthood because they could not bear the demands of the ministry. Furthermore, some young and energetic priests in the Archdiocese have died due to heart failure, which may be linked to exhaustion and distress. Studies have provided relevant evidence that psychological stress significantly influences the pathogenesis of sudden cardiac death (Chandola et al., 2008; Vlastelica, 2008; Pignalberi, Ricci, Santini, 2002; Rosch, 1985).

Due to their reverent status and roles in society, seeking help for personal and emotional problems is not common among Catholic priests (Isacco et al., 2014). Most priests hardly share what happens in their personal lives. They have the tendency to conceal distressing personal information, which is linked to anxiety, depression, psychological distress, and suicidal behaviours (D'Agata & Holden, 2018; Friedlander et al., 2012). The highly publicised suicides of two young Ghanaian Catholic priests, the 31-year-old Rev. Fr. Kelvin Abakisi in 2014 and the 28-year-old Rev. Fr. Sebastian Dery, in 2015, highlighted the mental health and general wellbeing concerns among clergy in Ghana.

Clergy stress and wellbeing are psychological health issues that can negatively impact the health and wellbeing of the entire community (Adams et al., 2017; Cunningham 2014). However, limited studies have addressed this issue in Africa, particularly in Ghana (Dziwornu, et al., 2022; Shikanda, Kiptiony, & Ndiso, 2022; Mensah, 2020; Nortey, 2019; Anyetey, 2018; Bonsu, 2016; Laryea, 2016; Lusambili, & Kirimi, 2015). Most of these studies concluded that clergy stress needs further investigation. In addition, where clergy turn to for help during personal and emotional challenges has been largely ignored. Therefore, the purpose of the present study is to examine the sources of stress, coping strategies, and help-seeking among Catholic priests in the Archdiocese of Cape Coast.

Purpose of the Study

The study sought to investigate the sources of stress, coping strategies, and help-seeking among Catholic priests in the Archdiocese of Cape Coast.

Research Objectives

The specific objectives are to:

1. identify the common sources of stress among Catholic priests in the Archdiocese of Cape Coast;
2. identify the common coping strategies among Catholic priests in the Archdiocese of Cape Coast;
3. examine the difference between the levels of stress among Catholic priests on the basis of ministerial role;
4. examine the difference in coping strategies among Catholic priests on the basis of the number of years in priesthood;

5. examine the levels of stress among Catholic priests on the basis of location of apostolate;
6. analyse the relationship between levels of stress and help-seeking among Catholic priests in the Archdiocese of Cape Coast.

Research Questions

To accomplish these objectives, the following research questions were formulated to guide the study:

1. What are the common sources of stress among Catholic priests in the Archdiocese of Cape Coast?
2. What are the common coping strategies among Catholic priests in the Archdiocese of Cape Coast?

Hypotheses

The following hypotheses were generated to guide the study:

- H₀ 1: There is no statistically significant difference in the levels of stress among Catholic priests on the basis of ministerial role.
- H₁: There is a statistically significant difference in the levels of stress among Catholic priests on the basis of ministerial role.
- H₀ 2: There is no statistically significant difference in coping strategies among Catholic priests on the basis of the number of years in priesthood.
- H₁ 2: There is a statistically significant difference in coping strategies among Catholic priests on the basis of the number of years in priesthood.
- H₀ 3: There is no statistically significant difference in the levels of stress among Catholic priests on the basis of location of apostolate.

H₁ 3: There is a statistically significant difference in levels of stress among Catholic priests on the basis of location of apostolate.

H₀ 4: There is no statistically significant relationship between levels of stress and help-seeking among Catholic priests.

H₁ 4: There is a statistically significant relationship between levels of stress and help-seeking among Catholic priests.

Significance of the Study

This study will be beneficial to church leaders as it seeks to create the awareness of stress among clergy and guide them in developing effective stress management programmes to promote clergy health and wellbeing. Priests, seminarians, and clergy of other denominations will benefit from this study by tapping into the existing strengths and resiliencies of Catholic priests. The study will aid in the formation of new priests by preparing seminarians to tackle the challenges of pastoral work. The findings of this study would assist counsellors and psychologists in creating interventions that support Catholic priests in their unique vocation. The study would expand the existing literature on stress, coping strategies, and help-seeking.

Delimitations

Only Catholic priests working within the Archdiocese of Cape Coast were selected for the study. Furthermore, the study was conducted in only one of the twenty Catholic dioceses in Ghana. Therefore, the findings of this study may have generalisability concerns. In addition, the study focused only on Roman Catholic priests, who by nature are exclusively male and celibate. Therefore, the female gender was not represented.

Limitations

A questionnaire was used to collect data for the study. The limitation is that because the responses were fixed, there was less scope for the respondents to supply answers that reflect their deeper feelings on the subject matter. In addition, the questionnaires were administered during an organised meeting. The limitation is that the priests may not take time to think through the items on the questionnaires before responding since they may be in a hurry to move on with other agenda. However, I made sure that ample time was allocated to them to complete the survey in a relaxed atmosphere.

Definition of Terms

Apostolate: Refers to the office or duties assigned to a priest.

Burnout: The feeling of fatigue, depersonalisation, and a lack of sense of personal accomplishment due to prolonged strain.

Clergy: Refers to trained religious leaders of all religious denominations.

Coping strategy: the cognitive and behavioural actions often employed to manage distress.

Help-seeking: A conscious effort to obtain external assistance to deal with personal and emotional problems.

Occupational stress: Demands or pressures resulting from work activities.

Priest: An ordained man in the Catholic Church authorised to perform and celebrate the sacred rites of the church's Sacraments, and proclaim the Word of God.

Stress: What the individual feels when under some form of mental, physical, or emotional discomfort.

Stressor: environmental events or pastoral factors that the individual might consider demanding or threatening.

Organisation of the Study

The study is organised into five chapters. Chapter One introduces the study, giving the background information, the statement of the problem, the purpose of the study, objectives of the study, research questions, and hypotheses, the significance of the study, delimitations, and limitations of the study. Chapter Two presents the definition of concepts and a review of relevant theories. The conceptual framework and empirical findings on clergy stress, coping, and help-seeking are also presented. Chapter Three conveys the research methods. It includes the research design, study area, population, sample and sampling techniques, data collection instrument, pilot testing, the data collection procedure, and data analysis. Chapter Four presents the analysis and discussions of the results. Chapter Five gives a summary of the main findings, conclusions, recommendations for policy and practice, and suggestions for future studies.

CHAPTER TWO

LITERATURE REVIEW

Numerous studies have been conducted on stress, coping, and help-seeking. However, only the literature deemed relevant to the present study is reviewed in the four sections that follow. The first section discusses the relevant concepts, and the second section reviews some prominent theories of occupational stress, coping, and help-seeking. The third section lays out a diagrammatic sketch of the conceptual framework of the studies. The fourth section reviews empirical studies on clergy stress, coping, and help-seeking behaviour.

Conceptual Review

Nature of Stress

Stress is a highly subjective concept, making it difficult to define. Various attempts to define stress have produced different viewpoints. There are three traditions that have guided stress research over the centuries. These are the response-based theorists, the stimulus-based theorists, and the interactionists/transactionists. The response-based theorists argue that stress is a “non-specific response” of the body, marked by physiological arousal and negative emotions (Selye, 1956). Stress, on the other hand, was proposed as a “stimulus” by stimulus-based theorists, that is, a life event or set of circumstances (e.g., job loss or bereavement) that can awaken normal psychological reactions (Holmes, 1978; Holmes & Rahe, 1967). According to the stimulus-based perspective, stress is not a “non-specific response” but rather environmental stimuli.

Lazarus (1966) argued that environmental events or circumstances cannot inherently be called stress. Neither is stress a “non-specific response” of the body, but rather a set of complex “interactions” or “transactions” between the person and their surroundings. The transactionists further argue that it is a personal interpretation of the transaction as threatening that elicits a stress response (Folkman & Lazarus, 1985; Lazarus, 1966). From the transactional perspective, Sohail and Rehman (2015) defined stress as the physical, psychological, or emotional reaction resulting from a response to environmental stimuli that exceeds his or her ability to cope.

The American Psychological Association (APA) classifies three kinds of stress as acute, episodic, and chronic (Tran et al., 2020). Acute stress is a physiological response to a short-term demand or change. It is a relatively common occurrence that often proceeds from transient exposure to a variety of distressing or challenging tasks, such as public speaking, job interviews, examinations, presentations, and distressing movies. The duration depends on the intensity of the exposure. However, acute stress is normally short, helpful in critical thinking, and boosts performance levels (Lazarus, 2000; Tran et al., 2020). Acute stress that occurs frequently or intermittently is denoted as “episodic acute stress” (Colligan & Higgina, 2006). This kind of stress is most common for people with lots of responsibilities, unrealistic goals, short-tempered, and naturally anxious (Colligan & Higgina, 2006). Given its repetitive and frequent nature, episodic stress can have a disturbing impact on physical and mental health (Vrshek-Schallhorn et al., 2015).

Chronic stress (long-term stress), on the other hand, is considered the most harmful of all. It is described as ongoing and constant stress with little

or no opportunity for respite and recovery. Chronic stress is characterised by the build-up of stressors with such frequency or intensity that there is no adequate time for the body's autonomic nervous system to trigger relaxation responses on a regular basis (Schneiderman, Ironson, & Siegel, 2005).

Hence, the body remains in a constant state of physiological arousal, resulting in harmful mental and physical health outcomes (Khan & Khan, 2017). Examples of chronic stress include financial difficulty; family problems including unhappy relationships; long-term illness (Lazarus, 2000); loss of a job or unemployment, and job strain (Warr, 1990).

It is noteworthy that not all stress is harmful. Okafor and Okafor (1998) argued that if stress is desirable, beneficial, and motivates a person to optimum performance, it is deemed *eustress* (good stress). If stress is harmful, in which health and performance deteriorate, it is termed *distress* (bad stress). Therefore, stress is not inherently bad. It is perfectly normal to feel stressed in certain contexts or situations. However, stress becomes problematic when it is persistent and interferes with the ability to function normally.

Consequently, Azumah (2014) defined occupational stress as any aspect of the workplace that jeopardises a personal ability to maintain psychological and physical balance. It is a circumstance or an interaction between employees and factors related to their job that alters their psychological and physical state, causing a deviation in normal functioning (Richardson & Rothstein, 2008). According to Arshadi and Damiri (2013), psychological stress at work is a result of dynamic interactions with the work environment. Lazarus (1991) postulated that the intensity of the stress

response is a result of both factors in the work environment and personal reactions to these factors. Thus, the sensitivity of the individual to specific stimuli affects the level of stress experienced. Therefore, under the same workload, an individual may experience stress while another may not.

Sources of Occupational Stress

The workplace is laden with a countless number of factors that cause stress. MacKay et al. (2004) proposed that these factors could be classified as those aspects that relate to the context and content of the job. Stress emanating from the job content is commonly linked to elements that are intrinsic to the job (e.g., demands, control, and support), whereas those from the job context are associated with the role and responsibility of an individual within the organisation (e.g., roles, relationships, and organisational changes). Panigrahi (2017) also opined that occupational stressors could be categorised into external and internal elements. Examples of the external elements include time-demands, job-control, management style, and security. A person's perception and thoughts represent internal elements. Furthermore, Panigrahi identified employee shortages and work-life imbalance as significant sources of stress.

According to Shahzad, Iqbal, and Gulzar (2013), work overload (qualitative and quantitative), caring for others, career advancement, role conflict, and ambiguity are all common occupational stressors. Michie (2002) classified five groups of workplace stressors: (1) work-related issues (such as workload, job patterns, work environment, and physical hazard); (2) organisational roles (such as conflicting roles, ambiguous roles, care for people, and boundary conflicts); (3) career development (such as

sponsorship, overachievement, and underachievement); (4) work relationships (such as poor relationships and conflict); and (5) organisational structure (such as lack of control).

According to the transactional perspective, the individual's perception of these factors presented by the work environment is generally more predictive of stress than the objective features of the work (Cox, 1993; Lazarus, 1991). Again, it is essential to mention that these stressors, if not properly managed, can cause physical, emotional, and behavioural problems (Akintayo, 2012), such as lateness, absenteeism, poor performance, decreased productivity, anger, and anxiety (Badar, 2011). While low stress may result in boredom and anxiety (Akintayo, 2012), high stress may contribute to minor issues like insomnia, restlessness, headaches, and backaches, as well as potentially fatal conditions like high hypertension, heart disease (Yaribeygi et al., 2017), and mental illness (Michie, 2002). Therefore, employees must understand that workplace stressors pose a serious risk to their health and safety, hence the need to adopt effective stress management strategies.

Coping Strategies

The mechanisms people use to deal with stress are considered to have a significant influence on outcomes, since these mechanisms enable the person to exercise some degree of control over the stressor. Accordingly, coping has been conceptualised as an effort that could assist in the psychosocial adaptation to stressful situations (Bamuhair et al., 2015). It is an active, purposeful, and behavioural attempt made to control or lessen the impact of a stressor (Blum, Brow, & Silver, 2012; Lazarus & Folkman,

1984). This implies that coping is an ongoing, proactive, and dynamic process. According to Schafer (2000), coping is a response that reflects the way an individual thinks and behaves when negotiating stressful experiences. Chukwu, Okoye, Onyeneho, and Okeibunor (2019) defined coping as the ability to alter, accommodate, and overcome a challenge. It implies recognition and awareness of the bodily responses to stressors and contending with or dealing effectively with them. Thus, the central task of coping efforts is to reduce stress and restore balance.

Individuals use a variety of strategies or a range of actions and adaptations in response to unpleasant emotions or situations. Despite the documentation of myriads of coping strategies, researchers differ in their classification (Skinner, Edge, Altman, & Sherwood, 2003). Nonetheless, two primary classifications have been delineated: problem-focused coping and emotion-focused coping (Lazarus & Folkman, 1984). The first is generally viewed as an adaptive response aimed at accommodating, altering, and overcoming a challenge. The second, in contrast, is aimed at regulating the emotional responses to a challenge or threat (Carroll, 2013; Cooper, Katona, & Livingston, 2008).

Folkman and Lazarus (1985) opined that although most stressors draw both types of coping strategies, problem-focused strategies are most adaptive when stressors are amenable. Emotion-focused strategies tend to predominate when the stressors are unchangeable. Zamble and Gekoski (1994) observed that problem-focused strategies frequently improve feelings of control and reduce the negative impact of stress. These strategies include time management, acceptance, taking control of the situation, and seeking

assistance (social support). On the contrary, emotion-focused strategies regulate stressful emotions by changing the way relationships in the environment are considered. These involve positive reframing, turning to religion, humour, emotional distancing, denial, blaming, crying, or yelling (Baker & Berenbaum, 2007; Cooper et al., 2008; Kumanova & Karastoyanov, 2013).

It is important to mention that as coping mechanisms have become more elaborate, research is steadily shifting away from the notion that these strategies can be divided into distinct categories and toward the assumption that coping is a multifaceted process. Furthermore, as Folkman and Moskowitz (2004) observed, the context of stressful events is highly relevant, as in some circumstances, a particular strategy may be effective, but ineffective in other circumstances.

Help-seeking

Most people are confronted with adverse life events and conditions that demand more resources than they alone can provide. One of the most indispensable approaches that can lessen a person's emotional and behavioural reactions to stress is to seek help (Fallon & Bowles, 1999). An interaction with a supportive person about one's distress has proven to be one of the efficient mechanisms for reducing stress. Accordingly, help-seeking is described as a dynamic coping mechanism that relies on other people (i.e., social relationships) and interpersonal skills (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Zartaloudi and Madianos (2010) defined help-seeking as an active pursuit of pertinent resources with the aim of solving an emotional, behavioural, or health problem. According to O'Mahony and Hegarty (2009),

the act of seeking assistance is both a reaction to changes in one's health and a larger process of engaging in health-seeking behaviour. Help-seeking is marked by a reaction to a problem that impinges on personal resources and requires active search for and communication with a third party (Scott & Walter, 2010).

The above definitions suggest that seeking help is an active communication with other people that occurs in reaction to a perceived change in health. Consequently, help-seeking is a process that involves three distinct elements: problem-focused, purposeful action, and interpersonal communication. According to Lee (1997), the prime element of help-seeking is a "problem," and without that, no assistance may be offered. The cognisance of the problem involves the ability to identify and describe symptoms (Rickwood et al., 2005). An intentional action is one that is performed voluntarily and consciously. The decision to act includes the willingness to disclose treatment needs; that is, the person seeking assistance must be willing and able to share their true feelings (Rickwood et al., 2005). Here, social exchange theory is evident, where a person communicates about a problem in exchange for information or resources to solve the problem.

Types of Help-seeking

A central part of the help-seeking process is identifying and considering available sources of help. Help can be sought from a wide variety of sources. Consequently, help-seeking has been broadly delineated into two distinct categories: formal and informal (Rickwood, Thomas, & Bradford, 2012; Rickwood et al., 2005). Formal help-seeking refers to the assistance from professionals who are legitimately recognised to provide the relevant

services (Brown et al., 2014). Formal help includes psychiatrists, psychologists, counsellors, and general practitioners. In contrast, informal help is the assistance provided by informal social networks. It includes sources that are related to the help-seeker personally and not professionally, such as friends, colleagues, and family (Brown et al., 2014; Rickwood et al., 2005). Informal social networks are designated as “natural helpers,” the first place people turn to for assistance, and have the potential to influence whether or not formal assistance will be sought (Hinson & Swanson, 1993).

Another type of help that has received more attention lately is self-help (Cleavenger & Munyon, 2015; Rickwood, 2010). Self-help is defined as assistance obtained from sources other than direct human interaction (Rickwood, 2010), such as mechanisms that use the internet and computers. These options reduce the importance of the interpersonal component involved in seeking assistance. Consequently, there are numerous and growing sources of support that can be divided into formal, informal, and self-help categories (Rickwood et al., 2012). The theoretical review is presented in the following section.

Theoretical Review

This section covers the theories that guided the study. These were the Job Demand-Control Model, Transactional Theory, Cramer’s Model, and the Theory of Planned Behaviour. The theories provided an effective and a common framework in studying stress, coping, and help-seeking among Catholic priests in the Archdiocese of Cape Coast.

Job Demand-Control Model

One of the prominent frameworks that connect job characteristics to employees' health is Karasek's (1979) Job Demand Control Model (JD-C). According to the JD-C model, psychological job demands and job decision latitude or control are the main causes of workplace stress (Karasek, 1979). A psychological job demand describes the characteristics of the job such as heavy workloads, time demands, and mentally taxing job. Decision latitude, describes the degree of control employees retain over their tasks and work behaviour. The elements of control are skill discretion and decision authority (Karasek & Theorell, 1990).

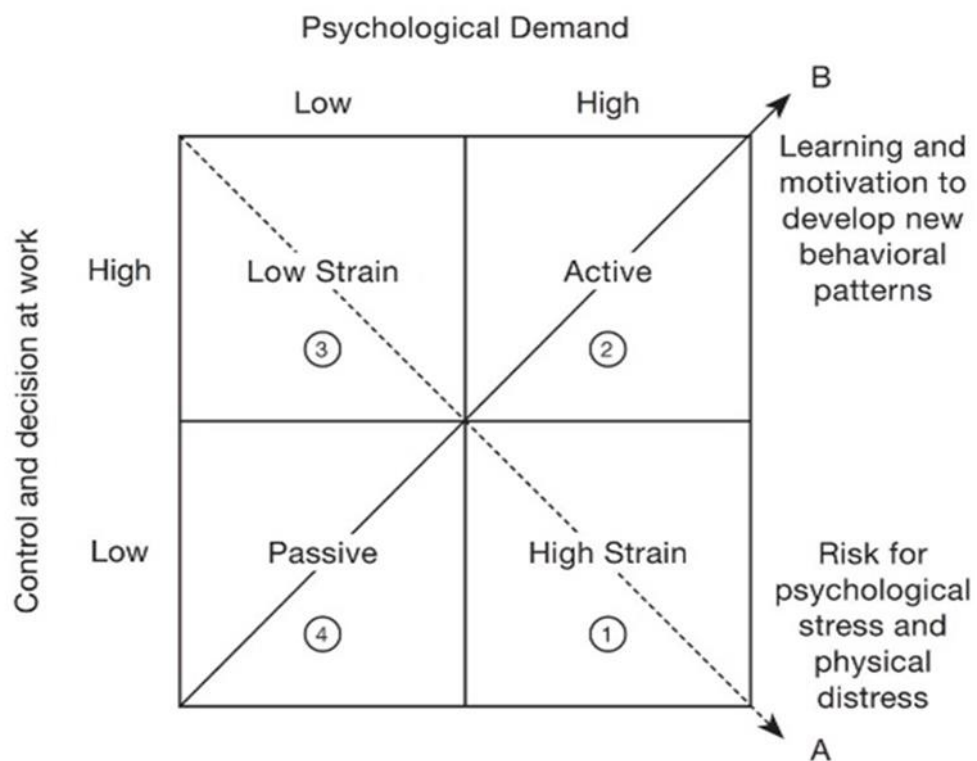


Fig. 1: Job Demand-Control Model (Karasek, 1979)

The JD-C model proposed two central assumptions (See Fig. 1). The first assumption (diagonal A) asserts that the most adverse reactions of strain and illness are characterised particularly by the interplay between high demands and low control (quadrant 1). Such jobs are termed “high-strain

jobs.” Karasek (1979) argued that the level of control a job offers determines how much of an impact job stress has on health and wellbeing. Accordingly, psychological strain is less (quadrant 3) in jobs marked by low demands and high control.

The second assumption (diagonal B) asserts that the highest levels of job satisfaction, learning, and self-development are associated with jobs marked by the interplay between high demands and high control (quadrant 2). These are categorised as “active-learning jobs.” Karasek and Theorell (1990) argued that “active-learning jobs” are extremely challenging for employees. However, those with enough control are required to use whatever techniques they have to enable the adaptation of heightened vigour into action through constructive resolution of problems. On the contrary, jobs marked by low demands and low control (quadrant 4) can trigger stress responses even with moderate demands of work.

The JD-C model suggests that the interactive effect of job demands and control affects two psychological processes. The first (diagonal A) impacts the health of employees, while the second mechanism (diagonal B) impacts employee motivation, satisfaction, and learning. Control buffers any probable harm that high demands may pose to health and wellbeing (Karasek, 1979; Karasek & Theorell, 1990). Thus, the model integrates various predictors of stress and suggests that a decrease in job resources and an increase in job demands are major contributors to the onset of stress and burnout. On the other hand, enough resources will increase job motivation and engagement.

It is argued that job demands and available resources can predict stress among Catholic priests. Pastoral work, as already noted, is loaded with demands such as role conflict, loneliness, unrealistic expectations, and time demands. While available resources may include constructive criticism, appreciation, planning, social support, and acceptance. Stress may arise if the demands of work exceed their available resources. However, an increase in available resources may mitigate stress and promote functioning. Thus, priests with adequate resources are better prepared to deal with the challenges they face on the job.

Due to its adaptability, the JD-C model has found extensive use across a wide range of fields and industries, with each application being modified to meet the specific requirements of the job at hand (Baron, Franklin & Hmieleski, 2016; Sonnentag & Fritz, 2015; Aguinis, Gottfredson, & Culpepper, 2013; Hudek-Knežević, Kalebić Maglica, & Krapić, 2011). Notwithstanding, the theory received criticism for its central tenet that individuals personal and organisational resources can be used to ameliorate the impact of demands, without addressing the possibility that the reverse can be true for demands and resources. Law, Sweeney, and Summers (2008) argued that job resources could be jeopardized by both individual and organisational commitments. Hakanen, Perhoniemi, and Toppinen-Tanne (2008) also criticised the model for assuming causal relationships among job requirements, resources, and performance measures, disregarding the possibility of indirect interactions between job needs and resources.

Johnson and Hall (1988) contended that job control is not the singular factor in managing work demands. They argue that the complexity of the

work environment necessitates not only control but also support in buffering the high demands of work. Accordingly, Johnson and Hall elaborated on the JD-C to include social support. Thus, the Job Demand Control-Support (JDC-S) proposes that most negative job-related strain is predicted in jobs characterised by high demands, low control, and low support. Furthermore, when demands, control, and support are high, opportunities for work motivation, learning, and career advancement may arise (Daniels & Harris, 2005). According to the JDC-S model, both support and control mitigate the adverse impacts of high job strains on health and wellbeing.

In light of the concerns raised about the JD-C model, the study found the need for another theory to supplement the weaknesses highlighted in order to realise the study objectives. Consequently, the Transactional Theory of Stress and Coping was considered.

Transactional Theory

The impact of the Transactional Theory of Stress and Coping (TTSC), proposed by Lazarus and Folkman (1984), is unparalleled and remains a significant foundation in psychological stress and coping research. According to Lazarus and Folkman (1984, p.19), stress is “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing.” Stress emanates not from the individual nor the environment, but from the perception of an imbalance in the transaction between the person and the environment.

The person-environment interaction passes through two important stages, namely, appraisal and coping. As demonstrated in Fig. 2, a recursive

process between appraisal and coping mediates the person-environment transaction (Lazarus, 1990).

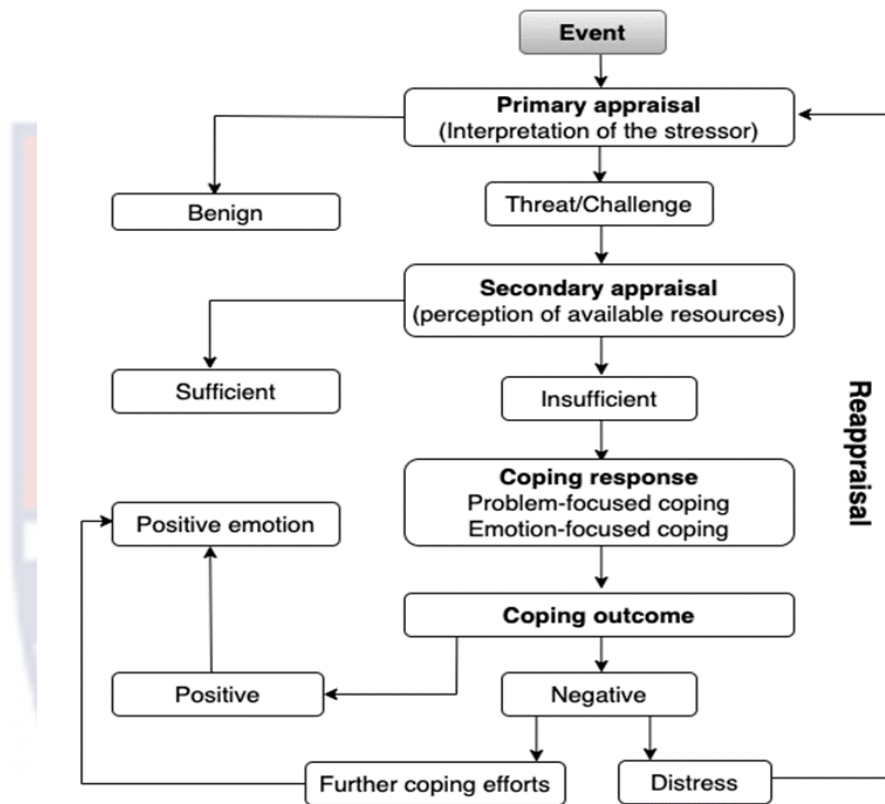


Fig. 2: Components of the TTSC (Lazarus & Folkman, 1984)

An appraisal is a “process of categorising an encounter and its various facets with respect to its significance for wellbeing” (Lazarus & Folkman, 1984, p. 31). Lazarus (1991) asserts that the process of appraisal takes into account two sets of forces: one’s own agenda, which includes values, goals, and beliefs and external variables such as demands and resources. Further, Lazarus holds that the variation in people’s appraisals of the same environmental event is explained by their unique agendas and the environmental circumstances.

Lazarus and Folkman (1984) described two fundamental forms of appraisal: primary and secondary. A primary appraisal regulates the

relevance of the transaction to one's wellbeing, categorising the event as a threat, a challenge, or a loss. Challenge appraisal involves focusing on the potential for personal growth, success, and rewards. Challenge appraisal is marked by positive emotions. In contrary, threat appraisal implies possible danger to one's wellbeing or self-esteem. This is characterised by negative emotions (Brannon & Feist, 2007; Oliver & Brough, 2002; Lazarus, 1991). A secondary appraisal is applied when a particular transaction is considered a threat. It entails a cognitive process whereby the person recognises and assesses their coping resources.

Coping is defined as the "cognitive and behavioural efforts to master, reduce, or tolerate the internal and/or external demands that are created by the stressful transaction" (Folkman, 1984, p. 843). Coping efforts have two main purposes: (1) to control stress-related emotions (emotion-focused coping strategies) and (2) to alter the stressors (problem-focused coping strategies). When an encounter is appraised as controllable, people often employ problem-focused strategies, and when the encounter is judged uncontrollable, emotion-focused strategies are often enacted. Nonetheless, Folkman and Lazarus (1984) found that in an encounter, an individual might use both coping strategies at the same time.

According to Dewe and Cooper (2007), the outcome of a stressful transaction is determined by a dynamic and concurrent interplay between primary and secondary appraisals (as shown in Fig. 2). In any encounter, both processes are highly dependent and operate as the cognitive underpinnings for coping actions (Folkman, 1984). The results of coping mechanisms, combined with additional environmental factors, generate a further process

of assessment known as reappraisal (as shown in Fig. 2). Reappraisal is the cognitive process of reassessing the effectiveness of coping strategies or re-examining whether the event is transformed from a threat to beneficial or insignificant (Lazarus & Folkman, 1984). A successful adaptation may lead to positive affect, but an unsuccessful adaptation may trigger additional coping mechanisms. If these continue to fail, negative emotional and physiological disturbances may set in (Edwards, 1992).

The development of the TTSC represents significant progress in the field of stress and coping research because it enables a better understanding of and ability to predict the range of stress responses that people exhibit when presented with environmental demands. Nevertheless, the TTSC has received criticism for its strong dependence on subjective cognitive processes at the expense of the social context of a person (Guribye, 2011). In addition, the categorisation of problem-focused coping and emotion-focused coping was heavily criticised by many authors as an oversimplified conceptualisation of the complex modes of managing distress (Compas et al., 2001; Skinner et al., 2003). Notwithstanding, research findings support the mediation function of appraisal and coping in the transaction between personal resources, coping, and coping outcomes (Ganster & Rosen, 2013; Haslinda & Tyng, 2016; Kaiseler, Passos, Queirós, & Sousa, 2014; Nicholls, Polman, & Levy, 2012).

Based on the core assumptions of the TTSC, the present study proposes that the pastoral work environment is laden with some factors or demands when appraised by a priest, as exceeding his perceived coping abilities may result in psychosocial distress. What one priest may appraise as being taxing may not be appraised by another as such. Thus, the study holds

that personal appraisal of the demands of pastoral work may significantly affect the emotions and coping efforts of the priests.

Cramer's Model

The number of individuals who experience negative physical and psychological distress but choose not to seek help presents a mandate for counsellors to investigate the factors that facilitate or impede help-seeking. Consequently, Cramer (1999) developed the Willingness to Seek Counselling (WSC) model in which help-seeking is characterised by four variables: attitudes, social support, distress, and self-concealment. The WSC model was developed in an attempt to reconcile certain inconsistencies in the previous regression approaches propounded by Kelly and Achter (1995) and Cepeda-Benito and Short (1998).

Kelly and Achter (1995) and Cepeda-Benito and Short (1998) evaluated the impact of the four psychological factors (i.e., attitudes, social support, distress, and self-concealment) on help-seeking and found that self-concealment and attitudes are the key predictors of help-seeking. Self-concealment is described as the inclination to withhold personally sensitive and private information from others (Cramer, 1999). Kelly and Achter (1995) theorised that people with high levels of self-concealment are more likely to pursue psychological help, taking into account the negative correlation between self-concealment and social support. On the contrary, Cepeda-Benito and Short (1998) contended that even though self-concealment strongly predicts distress, those who are less in self-concealment are more inclined to seeking assistance.

Both studies have several consistent results and some significant variations. For instance, only the direct impact of the four factors on help-seeking was assessed by the regression analysis. Furthermore, self-concealment and help-seeking attitudes are the sole determinants of help-seeking in Kelly and Achter's (1995) study. However, in Cepeda-Benito and Short's (1998) study, the level of distress, help-seeking attitudes, social support, and the interplay between social support and self-concealment are the important determinants of help-seeking.

In the integration of both models, Cramer (1999) assumed the existence of a pathway model that takes into account both the direct and indirect impacts of these psychological factors on help-seeking. Evaluating the most important determinants of help-seeking, Cramer (1999) revealed that self-concealment is positively correlated to distress and a poor predictor of social support. Furthermore, social support was found to negatively predict distress, whereas distress and attitude predict help-seeking intention. Additionally, distress and attitude serve as moderators between social support, self-concealment, and help-seeking intention.

The WSC model argued that self-concealment exacerbates rather than resolves distress and prevents people from getting treatment by lowering their positive perception toward counselling. Furthermore, help-seeking attitudes and distress levels predict inclination to seek counselling (Larson & Chastain, 1990). Accordingly, people with high levels of distress and a positive inclination to counselling are more inclined to seek help. However, people with low social support and higher self-concealment are more prone to higher levels of distress (Tuliao, Velasquez, Bello, & Pinson, 2016). In

addition, people with higher self-concealment are low in social support and have negative attitudes toward help-seeking (Masuda et al., 2017).

Cramer's (1999) model provides practical and comprehensive data on the function of self-concealment and other variables in the help-seeking process. It has been utilised in several studies as a way of helping to identify the relationship between the predictors and willingness to seek counselling (Hao & Liang, 2007; Leech, 2007; Liao et al., 2005; Omori, 2007; Yoo, Goh, & Yoon, 2005). Although Cramer's (1999) findings provide a framework for exploring the help-seeking behaviours of various populations, the support for the model is based on populations of individuals who were not actually experiencing distress, for which counselling would be required.

Studies have shown that help-seeking is not a common phenomenon among priests (Pietkiewicz & Bachryj, 2016). They have the tendency to conceal their distressing issues in order to look strong and cheerful. According to the WSC model, priests who are more inclined to self-conceal may be less willing to seek help for psychological problems, which could become aggravated in the absence of treatment. Furthermore, self-concealment impairs social support and limits coping options, such as help-seeking (Larson & Chastain, 1990; Cepeda-Benito & Short, 1998). Therefore, the Cramer's WSC model provides a framework for understanding help-seeking among Catholic priests.

Theory of Planned Behaviour

The Theory of Planned Behaviour (TPB), developed by Ajzen in 1991, is an elaboration of the Theory of Reasoned Action (TRA), which was deemed necessary by the inadequacies found in TRA in addressing

behaviours over which individuals have limited autonomy and control. According to TRA, intention is a significant predictor of behaviour, and intention in turn is predicated by attitudes and subjective norms (Fishbein & Ajzen, 1975). Furthermore, the TRA argues that the more favourably a person perceives a particular behaviour or action and the significance of that action to significant others (e.g., family, friends, or group), the more likely the person will decide to perform the behaviour (Heller et al., 2013).

Ajzen (1991) nonetheless emphasised the significance of behaviour being under voluntary control, both in shaping the intentions and performing the behaviour. He maintained that actual behaviour may be well predicted by one's intentions (Ajzen, 1991; Ajzen & Fishbein, 1980), which in itself is the outcome of a combination of several variables (Heller et al., 2013). These variables include attitudes, normative beliefs, and behavioural control (Ajzen, 1991; Fishbein, 2002). As shown in Fig. 3, a person initially forms beliefs about the consequences of a certain behaviour (e.g., "if I exercise, I will improve my health and lose some of my excess weight"). These beliefs influence their attitude or appraisal of the consequence of the given behaviour (e.g., "being healthy and slimmer is enjoyable, satisfying, and pleasant for me"). The more positive the attitude towards the behaviour, the greater the intention to perform the actual behaviour (Fishbein & Ajzen, 2011).

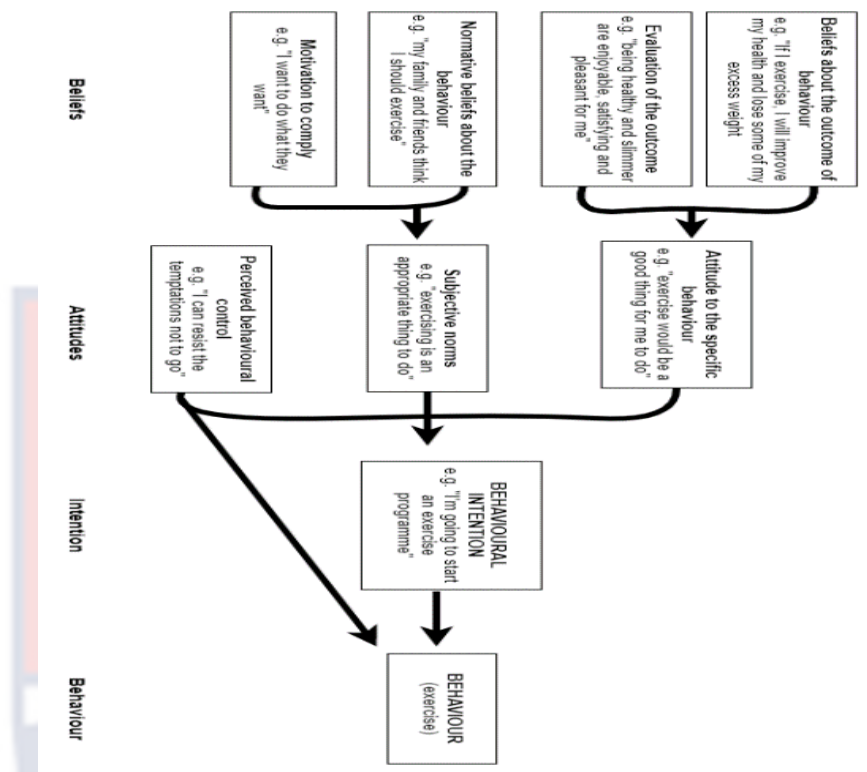


Fig. 3: Components of the TPB (Ajzen, 1991)

According to Fishbein and Ajzen (2009), normative beliefs are a person's sense of what important others expect from them. (e.g., "my family and friends think I should exercise"). Normative beliefs may influence how people perceive social pressure and how they feel encouraged to conform (e.g., "I want to do what they want"). The more forceful the perceived pressure, the stronger the intention to act (Fishbein & Ajzen, 2009). A person develops beliefs regarding the variables that could encourage or hinder the performance of a particular behaviour (e.g., "exercise would be a good thing for me to do"). These beliefs influence how one perceives one's ability to control the behaviour, or how easy or difficult it is to engage in the behaviour. (e.g., "I can resist the temptation not to go"). The higher the perceived behavioural control, the greater the intention and the more likely the individual will engage in the behaviour (Fishbein & Ajzen, 2009).

Although Armitage and Conner (2001) and Hardeman et al. (2002) found weak associations between attitudes, intentions, and behaviour, especially for the interaction between intention and behaviour, Ajzen's (1991) TPB has found empirical support in numerous studies that explored the help-seeking behaviours of diverse groups of people (Aguirre, 2012; Ajzen, 2011; Fishbein & Ajzen, 2009; Hagger et al., 2002). For example, the TPB has been utilised to illustrate how attitudes affect men's intentions to seek counselling (Smith, Tran, & Thompson, 2008). Hence, the TPB as proposed by Ajzen (1991) provides a convenient framework for exploring the help-seeking behaviours of Catholic priests in the Archdiocese of Cape Coast.

Conceptual Framework

The conceptual framework is presented in this section. Fig. 4 presents the conceptual framework of the study.

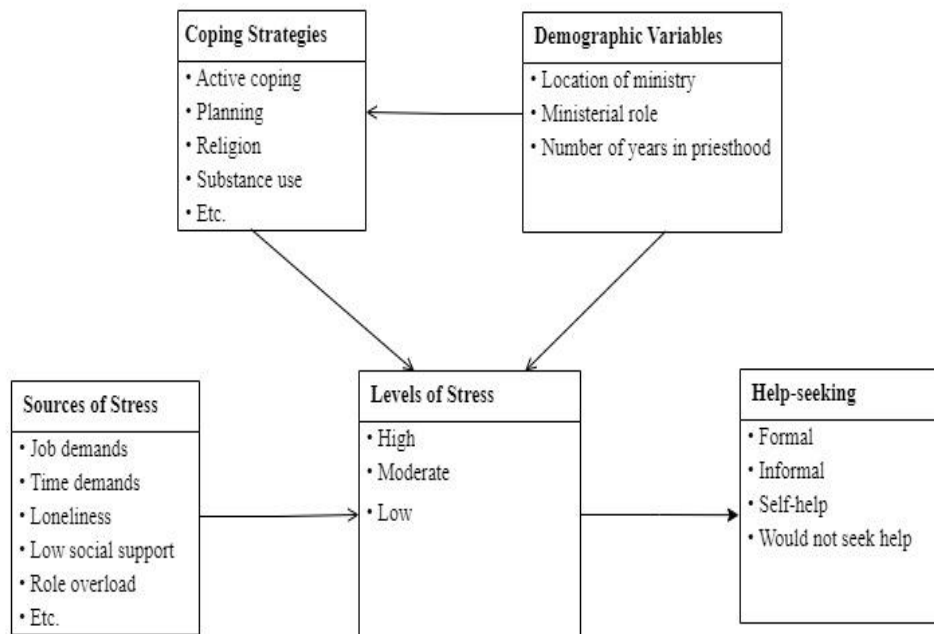


Fig. 4: The Conceptual Framework

Source: Researcher's own Construct (2022)

Fig. 4 is a diagrammatic representation of the conceptual framework, which shows the relationship and links between different variables in the study. As demonstrated in the diagram, the study believes that pastoral work environment is laden with some factors or stressors such as job demands, time demands, loneliness, low social support, and role overload etc. These demands when appraised by a priest as taxing his resources to cope could result in psychological distress (as shown by the direction of the arrow). The study categorised the level of distress experienced by the individual into three: high, moderate, and low.

Furthermore, the study proposes that the levels of stress are influenced by two factors: the individual's coping strategies and socio-demographic factors (as shown by the direction of the arrows). These factors may mitigate or intensify the individual's level of stress. For example, an adaptive coping such as planning may mitigate the levels of stress, while maladaptive coping such as alcohol use may intensify it. On the other hand, the location of ministry may positively or negative influence the levels of stress.

As shown by the arrow, the study believes that some socio-demographic factors could inform coping strategies. For example, experience in ministry could influence the individual's coping efforts and resilience. Thus, socio-demographic factors influence both the coping strategies and the levels of distress the individual may experience.

As demonstrated in the diagram, the study assumed that the levels of stress experienced by the individual priest may inform some form of help-

seeking in terms of a choice between formal, informal, self-help, or not seeking help at all.

Empirical Review

This section examines prior research and its findings with the purpose of providing a concise empirical context for clergy stress, coping strategies, and help-seeking behaviours.

Clergy Stress

Certainly, not all clergy suffer from stress and burnout, but indications are that many are very weary (Lockwood, 2020; Proeschold-Bell & Byassee, 2018; Shoemaker, 2020; Terry & Cunningham, 2020). Johnson (2018) conducted a study in America among African American clergy and found that the daily demands of pastoral ministry leave many of them under tremendous stress. Further, Johnson observed that clergy are expected to discharge their duties with exceptional ability. In addition, the demands of both the ministry and personal life can become so overwhelming that clergy are unable to maintain a healthy lifestyle.

Shaw et al. (2021) revealed that clergy exhibit higher rates of stress than the national average. Stone (2010), on his part in ancillary studies conducted in America, revealed that 67% of clergy experienced emotional stress at least monthly because of the nature of the work they do, and only one third of clergy said the amount of fulfilment they get from their job is right where it should be. According to a study by Francis, Village, and Voas (2018), 23% (n = 1268) of full-time stipendiary Church of England clergy received a score of 3 or less, indicating low levels of stress; 19% received a score of 4 (the midpoint of the scale); and 58% received a score of 5 or more

(with 6% receiving a score of 7 and another 21% receiving a score of 6), indicating higher levels of stress. Therefore, more than half of the respondents provided responses that were above the midpoint, indicating that many of them believed they were under some level of stress.

Kane (2017) explored aging, stress, and self-care among aging Catholic priests. The results indicated an elevated level of stress for most of the respondents. Similarly, a survey among Roman Catholic priests in the United States of America reported that 42% (n =1242) felt exhausted by the volume of work they needed to do (Rossetti & Rhoades, 2013). A survey in Germany among pastoral professionals (n = 8,574), nearly half of whom were priests (4,157), revealed that men (75.1%) had a negative perception of job-related stress. Priests (48% of the total) had the highest perceived stress scores, which had a significant impact on this high score for men (Frick et al., 2016).

Furthermore, Robbins and Hancock (2015) reported high levels of stress and burnout among clergy in Australia. Visker et al. (2017) examined occupational burnout and stress coping strategies among Assemblies of God clergy. The results indicated that more than half (65.4%) of the respondents were either on the verge of burnout or were already burned out to some extent. Similarly, De Lima Dias (2019) investigated burnout among Catholic clergy in Brazil. The study concluded that a significant number of the priests were experiencing clinically significant levels of exhaustion. The documentation of high levels of stress and exhaustion among clergy is a reflection of the current pastoral environment, in which demands on clergy are increasing. This is a serious concern that needs immediate attention.

Clergy and Coping Strategies

Pastoral work, as already noted, can be challenging emotionally, psychologically, and physically. Consequently, clergy need to build resilience and find a consistent source of motivation in order to stay in the ministry. While studies document high levels of stress, they also reveal a diversity of coping strategies or protective factors employed by clergy to minimise, manage, and withstand pastoral stress. In a study among pastors in Cape Coast Metropolis, Anyetey (2018) reported that the majority of the respondents have effective mechanisms in place to deal with their distress. Similarly, in a study in Germany (n = 499), Man-Ging et al. (2018) concluded that most clergy (aged 65 and above) were less likely to experience anxiety, depression, and psychosomatic symptoms because they engage in effective stress-relieving practices.

Contemporary studies indicate that clergy's primary method of coping with stress is turning to religion. Rider and Humphers-Ginther (2015) conducted a survey among Assemblies of God clergy serving within the church located in Minnesota to assess the current degrees of work-related burnout and the extent to which particular stress-reduction techniques are employed. It was found that the most common coping mechanisms were "religious coping" and "planning." Chan and Wong (2018) found that strong spiritual resources and spiritual satisfaction correlate to lower levels of psychological and physiological distress, as well as less compassion fatigue. Prayer, spiritual retreat, meditation, Sabbath observance, scripture reading, and solitude have all been identified as spiritual disciplines that reduce stress

and emotional exhaustion (Fee, 2018; Pietkiewicz & Bachryj, 2016; Staley, McMinn, Gathercoal, & Free, 2013).

Studies have reported that having a strong network of support buffers against stress among clergy. According to Pietkiewicz and Bachryj (2016), clergy have identified for themselves two potential sources of emotional support, namely the lay community (including family and friends) and other clergy (peer groups and spiritual directors). Support from other clergy is particularly healthy since it gives clergy the chance to share concerns and needs with people who have similar experiences in a safe, confidential environment, thus helping to mitigate the common feeling of social isolation (Ferguson et al., 2015; Webb & Chase, 2019). In addition, building support within the family system as well as supportive congregations has been found to enhance the emotional wellbeing of clergy (Proeschold-Bell et al., 2013; Wells, 2013b).

In addition, some clergy have reported adopting positive and helpful self-care activities to cope with stress. A study among Catholic priests revealed the use of self-care strategies with astounding creativity to meliorate their stress (Kane, 2017). Specific aspects of self-care centred on personal prayer, regular medical health assessment, leisure, diet, and regular exercise were revealed. The majority of respondents listed regular exercise (walking or cycling) during the week as their predominant practice. Researchers found that setting aside quality time for self-care has been shown to be an effective buffer against clergy stress (Proeschold-Bell et al., 2013). Some clergy have also reported engaging in counselling as a positive and helpful approach to ameliorating their distress (Isacco et al., 2014; Rossetti, 2011).

Pietkiewicz and Bachryj (2016) found that some clergy use distraction or diversion strategies in dealing with emotional reactions to stressors. Examples of such avoidant strategies include reading or writing a book; watching a favourite TV programme; sleeping; and overindulging in food and alcohol to escape anxiety and present challenges. These strategies temporarily reduce stress by avoiding the situations, thoughts, or feelings that cause or contribute to it. However, they are generally viewed as unhealthy and ineffective. Research indicates that avoidance coping has many unwanted consequences, including low self-esteem, high stress, and poor physical and mental health (Elliot, Thrash, & Murayama, 2011; Taylor & Stanton, 2007).

Thus, literature indicates that many clergy have developed practical methods for coping with their work-related stressors. Nevertheless, the documentation of high levels of stress among clergy populations suggests that, for most clergy, the incessant nature of their stress outweighs the available coping resources. Rather than suggesting a dearth in their coping strategies, this may reflect how pervasive the subject of stress is among clergy. Dadson (2011) cautioned that there would undoubtedly always be a need for counselling because of the interminable pastoral demands clergy face and the challenges to their coping strategies and overall wellbeing. Given that stress has detrimental spiritual and psychological effects, clergy may benefit from psychological therapy as opposed to relying solely on spiritual assistance. (Osei-Tutu et al., 2021).

Clergy and Help-seeking

Many people with personal and emotional challenges often turn to clergy for help (Oti-Boadi, 2017). However, little is known about how clergy themselves seek out help for their personal and emotional challenges. In a survey of a national sample of Catholic priests in America (n = 1148), Rossetti (2011) reported that 46.3% freely sought professional help. Consequently, Rossetti inferred that Catholic priests are not apprehensive about professional counselling. In another study, Isacco et al. (2014) revealed that 60% of Catholic priests received therapy for various conditions, including stress and depression. All the participants nevertheless expressed a willingness to seek professional help.

Contrary to previous findings, a more recent study among Catholic secular clergy revealed that consulting psychologists is not common and is only considered when other options, including religious coping mechanisms, are unsuccessful and the individual becomes powerless (Pietkiewicz & Bachryj, 2016). Pietkiewicz and Bachryj found that most of the priests regarded consulting a psychologist as a poor way of resolving emotional issues. According to Berry et al. (2012), clergy value friends, fellow clergy, spiritual directors, family members, and support groups significantly more than individual or group counselling. According to a prior study among 434 American clergy by Trihub et al. (2010), seeking professional counselling was substantially less common than participating in support groups, taking time off, or praying.

Clergy status does not allow for much self-disclosure since they are supposed to be strong support for their congregants. Therefore, it is not

always clear or easy for many clergy to realise the need to ask for help and seek treatment in times of personal and emotional challenges. In an effort to uphold a favourable perception of their vocation, social and religious status, and the church, clergy reported not discussing personal issues with laypeople (Pietkiewicz & Bachryj, 2016). According to Isacco et al. (2014), clergy noted accessibility, counsellor competence, and confidentiality as the most important obstacles to seeking counselling services. Additionally, Pietkiewicz and Bachryj (2016) found that clergy are generally resistant to help-seeking because of the stigma associated with it.

Trihub et al. (2010) have also identified some organisational factors, including limited time off and finance, as barriers to accessing professional help among clergy. These barriers speak to the need for further research and more interaction between the church and the field of psychology. Berry et al. (2012) observed that only a couple of churches have institutional processes in place to address the psychological needs of clergy.

Chapter Summary

This chapter discussed the conceptual, theoretical, and empirical review of related literature. The conceptual review presented definitions of the related concepts. The theoretical review presented four theories: Job Demand-Control (Karasek, 1979), Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984), Willingness to Seek Counselling (Cramer, 1999), and Theory of Planned Behaviour (Ajzen, 1991). The conceptual framework for the study was also presented. Finally, the empirical review presented evidence of stress among clergy. Despite their resilience, the incessant nature of their distress is more than many clergy can effectively

manage on their own. However, research on clergy help-seeking in times of personal and emotional trouble has produced mixed results. The next chapter presents the research methodologies.



CHAPTER THREE

RESEARCH METHODS

The purpose of the study was to investigate the sources of stress, coping strategies, and help-seeking behaviours among Catholic priests in the Archdiocese of Cape Coast. This chapter presents the research methodologies. These include the research design, the study area, the population, the sampling process, the data collection instruments, the validity and reliability of the instruments, the recruiting and training of field assistants, the procedure for gathering the data, ethical considerations, and data processing and analysis.

Research Design

The study adopted a quantitative descriptive research design, which has its root in the positivist philosophy. Thus, the study believes that the measurement of the individual's level of stress, coping strategies, and the estimates of help seeking need to be external, objective, and independent of social actors. Positivism was adopted to ensure the objective and value-free-judgement in the measurement of variables in the study and to ensure quantifiable observations that lead to statistical analysis.

The study was also cross-sectional in nature. With cross-sectional analysis, the study has the advantage of avoiding various complicating aspects of the use of data drawn from various points in time, such as serial correlation. It also has the advantage that the data analysis itself does not need an assumption that the nature of the relationships between variables is stable over time as in time series and panel data analysis (Saunders, Lewis, &

Thornhill, 2019; Cohen, Manion, & Morrison, 2007; Fraenkel & Wallen, 2006).

The quantitative design was adopted for this study due to its advantages in research. The quantitative approach has generalisability power of the results obtained compared to qualitative studies (Choy, 2014; Uxmatters, 2012). The approach makes use of large sample size and hence provides a representative set of data to enable objective analysis and generalisation of findings over a population. Quantitative methods allow the researcher to summarise vast sources of information and facilitate comparisons across categories and over time (Kruger, 2003). Other advantages include its objectivity, accuracy, validity, and reliability of results. Generally, quantitative methods are designed to employ prescribed procedures to ensure valid and reliable results. Similarly, quantitative studies employ standardised approaches that permit the study to be replicated in different areas or over time, with the production of comparable findings.

Despite these advantages of quantitative research, the design has some weaknesses. One of its key shortcomings is that it fails to provide an in-depth interpretation or description of the experience and feelings of people (Uxmatters, 2012). Nonetheless, the design remains an excellent tool in identifying the sources of stress, coping strategies, and help-seeking of Catholic priests in the Archdiocese of Cape Coast.

Study Area

This research was carried out in the Catholic Archdiocese of Cape Coast, which covers the entire Central Region of Ghana. It was erected in 1896 as an Apostolic Vicariate of the Gold Coast and became an Archdiocese

in 1950. It covers an area of 117km Sq. and shares boundaries with the Archdiocese of Accra to the east, the Secondi-Takoradi diocese to the west, to the north is the Archdiocese of Kumasi, and to the south is the Gulf of Guinea. The Archdiocese of Cape Coast has fifty-five (55) parishes and twenty-eight (28) missions, categorised into six (6) deaneries, namely, Cape Coast, Elmina, Saltpond, Agona Swedru, Fosu, and Dunkwa-On-Offin. The Archdiocese of Cape Coast was selected for this study because of its historicity in the Catholic Church in Ghana. The Archdiocese of Cape Coast could be considered the mother of the other catholic dioceses, and as such could serve as a model for them. The region is also noted for its strong religious activities.

Population

The total population for this study was all 159 priests serving in the Archdiocese of Cape Coast. Most of them were in parishes and the others in institutions. For the purpose of this study, those who serve in parishes were categorised as “Parish Priests” and their assistants as “Assistant parish priests.” Those who serve in institutions such as schools, formation houses, hospitals, and secretariats were classified as “Others.”

Sampling Procedure

The study adopted census sampling technique. A census entails observing every member of the population, which leads to more accurate results and better predicting power (Lavrakas, 2008). Therefore, all the 159 priests working in the Archdiocese of Cape Coast were targeted for the study. This technique proved to be effect for this study because it gave every priest the opportunity to provide information about the subject of the study. Thus,

the technique gives a better representation of the priests in the Archdiocese of Cape Coast.

Data Collection Instruments

A questionnaire was used to collect data for the study. A questionnaire was deemed best for the study because it provided a safe and non-judgmental environment for the priests to express their thoughts and opinions. It also enabled me to gather data from all the priests in a quick and easy manner. The use of a questionnaire comes with some challenges. Notable among these is that the respondents may only respond to items on the questionnaire and not express themselves further on the subject being studied. However, the choice of a questionnaire for this study enable me to uncover insights and identify patterns of stress, coping, and help-seeking among the priests, and to make informed decisions based on the numerical representation of the data.

The questionnaire for this study consisted of four parts. The first part (A) sought to identify pastoral stressors among Catholic priests. The study adapted the Clergy Stress Survey designed by Kayler (2011). The original instrument consisted of two sections. The first section measured work-related stressors and the second section measured stress-relieving practices. Only the first section of the original instrument was adapted for this study. The second section of the original instrument was left out in favour of another instrument to assess coping strategies among clergy.

Adapting the Clergy Stress Survey, eight scales were generated with 32 items (4 on each scale) measured on a 4-point Likert scale (1 = “strongly disagree” to 4 = “strongly agree”). The scales with their item numbers are as

follows: role overload (8, 13, 20, 32), role conflict (6, 17, 23, 25), time demands (5, 12, 21, 29), unrealistic expectations (3, 15, 22, 28), intrusion (2, 9, 16, 27), frequent moves (4, 11, 18, 26), low social support (1, 10, 19, 30), and loneliness (7, 14, 24, 31). The overall stress score ranged from 32 to 128.

For the purposes of this study, each respondent was assigned to one of the three categories on the basis of their overall scores as follows: low stress (32–64), moderate stress (65–96), and high stress (97–128). The Clergy Stress Survey demonstrated content validity (Heck et al., 2018; Kayler, 2011).

The second part (B) of the instrument assessed coping strategies among Catholic priests. The Brief-COPE inventory designed by Carver (1997) was adopted. It consists of 28 items that measure 14 specific strategies on a 4-point Likert scale (1 = “I have not been doing this at all” to 4 = “I have been doing this a lot”). The specific strategies with their items are as follows: self-distraction (1 & 19), active coping (2 & 7), denial (3 & 8), substance use (4 & 11), use of emotional support (5 & 15), use of instrumental support (10 & 23), behavioural disengagement (6 & 16), venting (9 & 21), positive reframing (12 & 17), planning (14 & 25), humour (18 & 28), acceptance (20 & 24), religion (22 & 27), and self-blame (13 & 26). The scale was scored by summing the items on each scale. The total score for each scale ranges from 2 (minimum) to 8 (maximum). Higher scores showed greater use of that particular coping strategy. According to Nunnally and Bernstein (1994), the reliability coefficient (Cronbach’s) for the Brief-COPE exceeds 0.60.

The third part (C) of the instrument ascertained help-seeking among the priests. The General Help Seeking Questionnaire (GHSQ) designed by Wilson, Deane, Ciarrochi, and Rickwood (2005) was adapted. The GHSQ

uses a 7-point Likert scale to assess the likelihood of getting assistance from professional or lay potential sources for personal or emotional problems and suicidal ideations. Higher scores indicated a stronger intention to seek a specific type of help. The GHSQ has strong reliability and validity. For the personal-emotional problems, the Cronbach's α and test-retest scores were 0.70 and 0.86, respectively (Wilson et al., 2005).

Within the current study, the question was asked: "If you were having prolonged and unrelenting distress, from which of the following people are you most likely to seek help?" There are three types of help sources available: formal (counsellors and psychologists), informal (family members, parishioners, and a priest), and self-help (internet and social media). A priest is included in the informal type because, although he is philosophically and theologically equipped, professional clinical training and licensure are uncommon. Literature suggests that a complete assessment of help-seeking behaviour should typically include "would not seek help" (Wilson et al., 2005). Therefore, the measure asked the respondents to state their intention of seeking help from any one of the three targeted sources, including "would not seek help."

The final part (D) of the instrument collected demographic variables of the priests. It asked the priests to provide some basic information, such as their ministerial role (parish priest, assistant, or other), age, and number of years in the priesthood.

Validity and Reliability of the Instrument

Every research instrument aims to obtain relevant data in the most accurate and valid manner. The instrument's validity and reliability are

essential in ensuring that they produce comparable data when utilised by an independent researcher. In order to ensure the reliability of the instruments, a pilot study was conducted in the Sekondi-Takoradi diocese before the actual data collection exercise. The Sekondi-Takoradi diocese was chosen because it shares many similarities with the Archdiocese of Cape Coast and was originally a part of it. Thirty (30) priests participated in the pilot study. The internal consistency of the instrument was tested using Cronbach's α and a coefficient of 0.77 was obtained. Hinton, Brownlow, McMurray, and Cozens (2004) proposed reliability cut-off points of excellent reliability (0.90 and above), high reliability (0.70-0.90), moderate reliability (0.50-0.70), and low reliability (0.50 and below). The instrument for this study demonstrates high reliability and thus, could be relied upon for the actual study.

Recruitment and Training of Field Assistants

Two field assistants were recruited and trained to assist in the data collection. I thoroughly explained to them the aim of the research, the items on the questionnaire and the data collection procedures. Furthermore, ethical issues of confidentiality and anonymity in research were explained to them before signing the consent forms.

Data Collection Procedures

Data were collected with the help of two trained field assistants. Due to the large geographical size of the Archdiocese, the questionnaires were administered during one of the Priests Association meetings in Cape Coast. The meeting accorded me the opportunity to reach the targeted population with ease. Furthermore, administering the questionnaires at the meeting enhanced the ethical principles of confidentiality and anonymity, since I did

not visit each priest in his place of work. This enabled the priests to give accurate responses to the items on the questionnaire, knowing that they would not be tagged or victimised by their responses.

Participation in the survey was voluntary. The priests indicated they had read the consent form and consented to participate by selecting “yes” on the form and signing it. The survey was estimated to last 20 to 30 minutes. The completed questionnaires were picked up on the same day since they were administered during an organised meeting, ensuring a high response rate.

Ethical Considerations

Ethical considerations are critical in ensuring that the benefits and risks to participants and researchers are carefully weighed in order to maintain good research practice. Hence, prior to the data collection, I obtained an introductory letter from the Department of Guidance and Counselling at the University of Cape Coast (UCC) and an ethical clearance from the University of Cape Coast Institutional Review Board (UCC-IRB). Thereafter, the respondents were contacted through the priests’ WhatsApp platforms. The priests were informed about the purpose of the study, and I guaranteed their absolute anonymity and confidentiality. I made it clear to the respondents that the study was deemed to be of no risk to them. Furthermore, I ensured that the consent of the participants was sought prior to the collection of data.

Data Processing and Analysis

The Statistical Package for the Social Sciences (SPSS) version 24 aided in the analysis of the data. Frequencies and percentages were used to

analyse the demographic data. Research questions 1 and 2 were answered using descriptive statistics (means and standard deviations).

Hypotheses 1 and 2 were tested using analysis of variance (ANOVA) at 0.05 significance level. The one-way ANOVA is used to determine whether there are any statistically significant differences between the means of three or more independent (unrelated) groups. The dependent variable in hypotheses 1 and 2 was the levels of stress. The independent variable in hypothesis 1 was ministerial role categorised as parish priest, assistant parish priest and others. The independent variable in hypothesis 2 was the number of years in the priesthood categorised as 1-10, 11-20, 21-30, and 31 and above. The one-way ANOVA was appropriate to determine whether there are relationships between the dependent and independent variables.

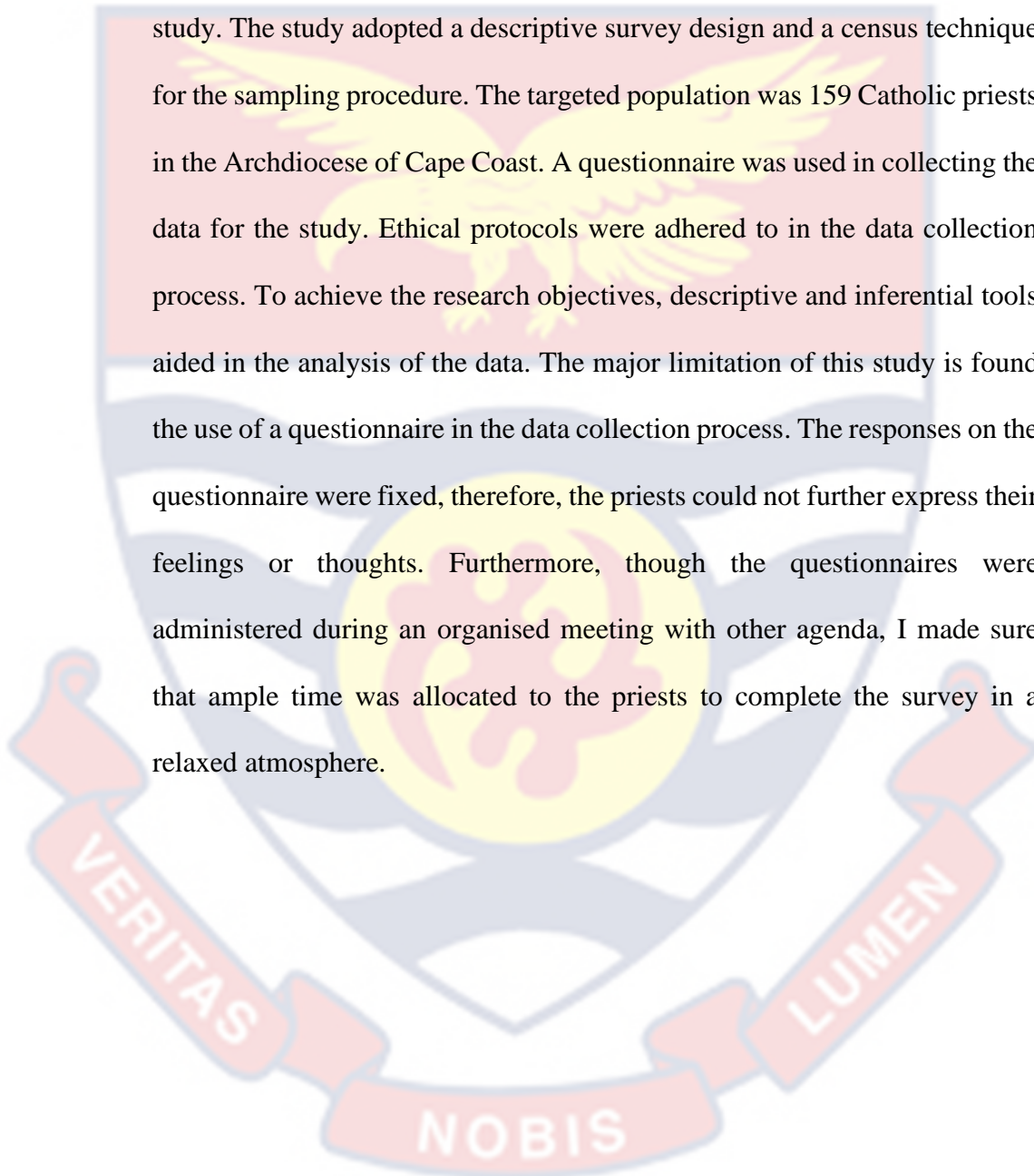
Hypothesis 3 was tested using a t-test. A t-test is used to determine if there is a significant difference between the means of two groups and how they are related. The independent samples t-test was appropriate because there were two independent variables namely urban and rural. The dependent variable (levels of stress) was a continuous variable. The Independent samples t-test was used to test if any significant difference existed between the means of the two independent groups.

Hypothesis 4 was tested using chi-square analysis of independence. The chi-square analysis of independence is used to determine if there is a significant relationship between two nominal (categorical) variables. The independent variable is levels of stress categorised as high, medium, and low. The dependent variable in the analysis is the choice of a help provider also categorised as formal, informal, self-help, and no help. Hence, chi square

analysis of independence is appropriate to ascertain the relationship between levels of stress and help seeking among the priests.

Chapter Summary

This chapter addressed the suitability of the research methods for this study. The study adopted a descriptive survey design and a census technique for the sampling procedure. The targeted population was 159 Catholic priests in the Archdiocese of Cape Coast. A questionnaire was used in collecting the data for the study. Ethical protocols were adhered to in the data collection process. To achieve the research objectives, descriptive and inferential tools aided in the analysis of the data. The major limitation of this study is found the use of a questionnaire in the data collection process. The responses on the questionnaire were fixed, therefore, the priests could not further express their feelings or thoughts. Furthermore, though the questionnaires were administered during an organised meeting with other agenda, I made sure that ample time was allocated to the priests to complete the survey in a relaxed atmosphere.



CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter presents the results and discussions. The purpose of the study was to investigate the sources of stress, coping strategies, and help-seeking among Catholic priests in the Archdiocese of Cape Coast. To achieve this, two research questions and four hypotheses were generated to guide the study. The analysis of the data is presented in two sections. The first section presents the socio-demographic background of the respondents, and the second section presents the results and discussions of the data collected.

Socio-Demographic Background of the Respondents

This section presents the socio-demographic data. The targeted population for the study was all the 159 priests working in the Archdiocese of Cape Coast. One hundred and forty-eight (148) responses were obtained, representing about 93.0% response rate. In terms of age, 59 (39.9%) were between the ages of 49 and 59, 45 (30.4%) were between the ages of 38 and 48, 30 (20.3%) were between the ages of 27 and 37, and 14 (9.5%) were between the ages of 60 or older. It is safe to assume that the priests in the Archdiocese of Cape Coast are relatively young and should be energetic.

The location of the apostolate, ministerial role, and number of years in the priesthood were used to classify the responders as illustrated in Tables 1, 2, and 3. This was investigated to better understand the demographic information of the respondents and to see if these variables were predictive of their stress levels and coping strategies.

Distribution of Priests on the Basis of Location of Apostolate

The distribution of priests on the basis of location of apostolate is displayed in Table 1.

Table 1: Distribution of Priests on the Basis of Location of Apostolate

Location type	Frequency	Percentage
Urban	85	57.4
Rural	63	42.6
Total	148	100.0

Source: Field Survey, 2022

Table 1 shows that out of the 148 priests who participated in the survey, 85 (57.4%) worked in urban areas and 63 (42.6%) worked in rural areas. Thus, it is safe to assume that there are more priests working in the urban areas than in the rural areas.

Distribution of Priests on the Basis of Ministerial Role

The distribution of priests on the basis of ministerial role is displayed in Table 2.

Table 2: Distribution of Priests on the Basis of Ministerial Role

Ministerial Role	Frequency	Percentage
Assistant Parish priest	71	48.0
Others	41	27.7
Parish priest	36	24.3
Total	148	100.0

Source: Field Survey, 2022

Table 2 reveals that among the priests who participated in the survey, 71 (48.0 %) were assistant parish priest, 41 (27.7%) were in other apostolates;

and 36 (24.3%) were parish priests. Thus, the majority of the priests in the study were assistant parish priests.

Distribution of Priests on the Basis of Number of Years in Priesthood

The distribution of priests on the basis of number of years in the priesthood is shown in Table 3.

Table 3: Distribution of Priests on the Basis of Number of Years in Priesthood

Years in Priesthood	Frequency	Percent
1 – 10 years	67	45.3
11 – 20 years	37	25.0
21 – 30 years	25	16.9
31 years and above	19	12.8
Total	148	100.0

Source: Field Survey, 2022

Table 3 reveals that 67 (45.3%) of the priests were between 1 and 10 years, 37 (25.0%) were between 11 and 20 years, 25 (16.9%) were between 21 and 30 years, and 19 (12.8%) were 31 years or more. It is safe to conclude that the majority of the priests in the study were in their prime of ministry.

Research Question One

What are the common sources of stress among Catholic priests in the Archdiocese of Cape Coast?

The purpose of research question one was to find out the common sources of stress among Catholic priests in the Archdiocese of Cape Coast. The priests were requested to respond to thirty-two (32) items. A four-point likert scale, (4) strongly agree, (3) agree, (2) disagree, and (1) strongly disagree, was associated with the items outlined on the questionnaire. Mean

and standard deviation scores were used to analyse the data, and the results are displayed in Table 4 and Fig. 5.

Table 4: Mean and Standard Deviation Analysis on Sources of Stress (N = 148)

Source of stress	Mean	Std. Deviation	Rank
Intrusion	2.951	0.810	1 st
Low Social Support	2.747	0.688	2 nd
Time Demands	2.740	0.755	3 rd
Unrealistic Expectation	2.630	0.771	4 th
Role overload	2.605	0.877	5 th
Role conflict	2.367	0.797	6 th
Loneliness	2.242	0.810	7 th
Frequent moves	2.172	0.872	8 th

Source: Field Survey, 2022

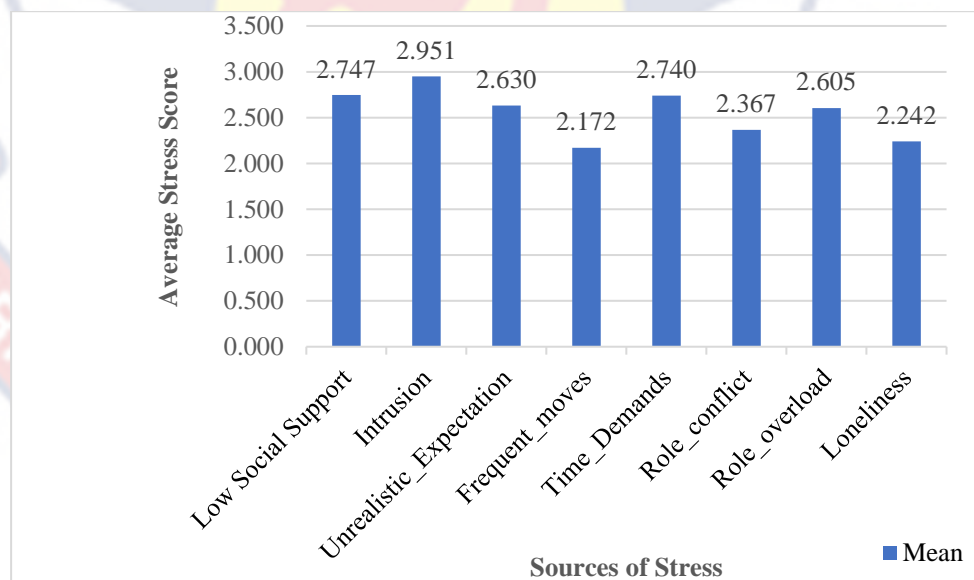


Fig. 5: Mean Analysis on Sources of Stress

According to Table 4 and Fig. 5, the priests reported each of the variables as a potent stressor, given that each variable received a score of at

least 2 on the 4-point scale. However, “Intrusion” ($M = 2.951$, $SD = 0.810$), “Low Social Support” ($M = 2.747$, $SD = 0.688$), and “Time Demands” ($M = 2.740$, $SD = 0.755$) are addressed in this discussion because of their high mean scores.

The most commonly reported stressor among the priests was “Intrusion” ($M = 2.951$, $SD = 0.810$). This finding confirms earlier research of Hill, Darling, and Raimondi (2003). Intrusion in clergy life often occurs in the form of unexpected parishioner visits to the mission house, work-related calls at inconvenient hours (e.g., during meals, private prayer time, deep in the night) and unforeseen ministerial duties. Intrusion of clergy boundaries is a normal occurrence in the life of clergy, but it is also an indicator of their over-involvement and loose boundaries (Campbell, 2010).

This finding suggests that there are serious issues with the creation and enforcement of boundaries among the priests in the Archdiocese of Cape Coast. The majority of the priests reside in parish houses that are erected in proximity to the church. Hence, there seems to be no separation between work environment and personal residence. Therefore, the parishioners approach their priests anytime for one service or another, and the priests must be found readily available. Most parishes do not have secretaries, and so calls and requests go directly to the priests. These make the priests’ privacy and autonomy violated on regular basis.

The second commonly reported stressor among the priests was “Low Social Support.” This result confirms previous findings (Büssing et al., 2017; Heck et al., 2018; Knox, Virginia, & Lombardo, 2002). Social support may take the form of material or financial aid, emotional comfort and

encouragement, acceptance, and counsel. This finding suggests that the priests may not have built or developed strong friendship with members of their congregation, those in the community, families, or their colleagues. Recognising the need for friendship and support from others is crucial to maintaining the wellbeing of the priests. However, many do not bond with their parishioners for fear of a dual relationship, which could be scandalous to the individual priests and the entire church. Priests are posted to live and work far away from their homes and families, which over time might weaken family bonds and support. In addition, their frequent transfers from one parish to another may contribute to their lack of establishing strong social supporting systems that could assist in times of distress.

The third-ranked source of stress was “Time Demands.” This finding confirms the research of Kayler (2011). Heavy workloads and multiple roles with insufficient time to complete tasks contribute considerably to the overall level of stress among clergy (Berry et al., 2012). The tendency to labour non-stop is common among priests. This may be due to two reasons. First, most of the priestly functions cannot be delegated to the lay people. Functions like celebrating the Mass, anointing the sick or blessing homes of the faithful cannot be delegated to the lay people. That notwithstanding, other roles like record keeping, supervising, and catechesis could be delegated to the lay people. Secondly, priests face unrealistic expectations, both from their congregations and from themselves. Therefore, they are constantly in preparation or execution gear, thus affecting the quality of their private time and rest.

Time demands of ministry may often prevent priests from pursuing stress-relieving practices such as retreats, Sabbath, hobbies, or support group participation. However, they need time for rest and renewal. The priests should learn and follow in the footsteps of Jesus Christ, who took time away from the crowds to pray and rest in private places (see Mark 1:35-39; Luke 5:16, ESV). The effectiveness of the priests in assisting others may suffer if they do not make time for their own needs.

The other sources of stress reported include the following: “Unrealistic Expectations” (M = 2.630, SD = 0.771) ranked 4th; “Role Overload” (M = 2.605, SD = 0.877) ranked 5th; “Role Conflict” (M = 2.367, SD = 0.797) ranked 6th; “Loneliness” (M = 2.242, SD = 0.810) ranked 7th and; “Frequent Moves” (M = 2.172, SD = 0.872) ranked 8th.

Research Question Two

What are the common coping strategies among Catholic priests in the Archdiocese of Cape Coast?

The purpose of research question two was to find out the stress management strategies among Catholic priests in the Archdiocese of Cape Coast. Respondents were requested to respond to twenty-eight (28) items. A four-point likert scale, (4) I have been doing this a lot, (3) I have been doing this a medium amount, (2) I have been doing this a little bit, and (1) I haven't been doing this at all, was associated with the items outlined on the questionnaire. Mean and standard deviation scores were used to analyse the data. The results are presented in Table 5 and Fig. 6.

Table 5: Mean and Standard Deviation Analysis on Coping Strategies (N = 148)

Coping strategies	Mean	Std. Deviation	Rank
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Religion	3.500	0.787	1 st
Acceptance	3.125	0.903	2 nd
Positive reframing	3.030	0.975	3 rd
Planning	2.990	0.939	4 th
Instrumental support	2.892	0.813	5 th
Active coping	2.730	0.912	6 th
Emotional support	2.503	0.781	7 th
Venting	2.490	0.862	8 th
Self-distraction	2.402	0.888	9 th
Humour	2.085	0.957	10 th
Self-blame	1.787	0.920	11 th
Behavioural disengagement	1.764	0.982	12 th
Denial	1.750	0.934	13 th
Substance use	1.000	0.000	14 th

Source: Field Survey, 2022

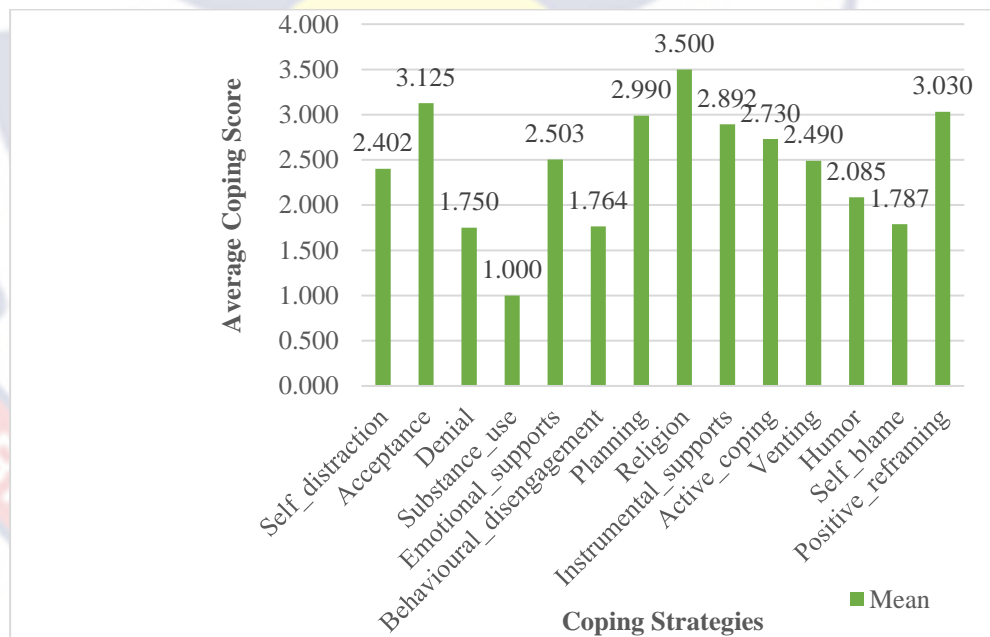


Fig. 6: Mean and Standard Deviation Analysis on Coping Strategies

Source: Field Survey, 2022

Table 5 and Fig. 6 reveal that the most commonly reported stress coping strategy was turning to “Religion” (M = 3.500, SD = 0.787). This finding is not intriguing since priests are leaders in religion and spirituality.

Many studies have shown that clergy's preferred method of coping with stress is through spiritual resources (Chan & Wong, 2018; Visker et al., 2017; Proeschold-Bell et al., 2013). These spiritual resources include retreats, prayer, sabbaticals, scriptural studies, meditation, journaling, and fasting, among others. Religious coping is typically related to more positive outcomes to stressful events (Chan & Wong, 2018). Thus, daily spiritual practises not only enhance general health, but may also serve as a stress reliever. Furthermore, strong spiritual resources and spiritual satisfaction are correlated with lower levels of physical and mental distress and less compassion fatigue. The finding may suggest a high level of spirituality among the priests. Spiritual discipline is import for the priests to keep a closer union with God and to be able to offer spiritual guidance to their congregations.

The second most common way of managing stress, as reported by the priests, was through "Acceptance" ($M = 3.125$, $SD = 0.903$). This finding confirms the study of Doolittle (2007). Acceptance is a type of accommodative coping used when a situation is neither amenable nor manageable. It involves the individual accepting and experiencing the emotion fully, without attempting to alter, avoid, or control it (Brandtstädter, Wentura, & Rothermund, 1999). This finding reflects the assumption that priests are docile, uncomplaining, non-aggressive, and must "turn the other cheek." They accept the challenges of pastoral work without attempting to alter, avoid, or control them. Furthermore, this finding suggests that the priests exert control over their emotions in order to manage the demands of their work. Applying "acceptance" coping strategy agrees with the words of

Jesus: “If anyone desires to come after me, let him deny himself, and take up his cross, and follow me” (Mt 16:24, NIV). The daily struggles and demands of pastoral ministry may be described by the priests as “the cross” they have to bear without complaining.

Other commonly used strategies in coping with stress as reported by the priests include “Positive Reframing” (M = 3.030, SD = 0.975); “Planning” (M = 2.990, SD = 0.939); “Instrumental Support” (M = 2.892, SD = 0.813); “Active Coping” (M = 2.730, SD = 0.912); “Emotional Support” (M = 2.503, SD = 0.781); “Venting” (M = 2.490, SD = 0.862); “Self-distraction” (M = 2.402, SD = 0.888); “Humour” (M = 2.085, SD = 0.957); “Self-blame” (M = 1.787, SD = 0.920); “Behavioural Disengagement” (M = 1.764, SD = 0.982); and “Denial” (M = 1.750, SD = 0.903). None of the priests reported “Substance Use” (M = 1.000, SD = 0.000) as a form of coping mechanism.

Hypothesis One

H₀: There is no statistically significant difference in the levels of stress among Catholic priests on the basis of ministerial role.

H₁: There is a statistically significant difference in the levels of stress among Catholic priests on the basis of ministerial role.

The purpose of research hypothesis one was to find out the significant difference that existed in the levels of stress among Catholic priests on the basis of ministerial role. First, the levels of stress among the priests were determined. Each respondent was assigned one of the three categories on the basis of their overall scores, as follows: low stress (32–64); moderate stress

(65–96); and high stress (97–128). Frequencies and percentages were used to analyse the data. The results are presented in Table 6.

Table 6: Levels of Stress among the Priests

Level of stress	Frequency	Percent
Moderate	97	65.5
Low	22	14.9
High	29	19.6
Total	148	100.0

Source: Field Survey, 2022

Table 6 reveals that out of the 148 priests who participated in the study, 97 (65.5%) experienced moderate stress, 22 (14.9%) had low stress, while 29 (19.6%) of them experienced high stress. Thus, the result demonstrates that the majority of the priests experience moderate stress. This finding is inconsistent with the research of Shaw et al. (2021) who found that clergy in Florida exhibited higher rates of occupational distress than the national average. The present finding may suggest that the priests in the Archdiocese of Cape Coast generally cope well with the demands of pastoral work. Based on this finding, it is safe to assume that there is a high performance and productivity among them, since moderate stress is linked to high performance and improved health (Shabbir, Naqvi, & Jinnah, 2017).

Secondly, the distribution of stress scores among the priests on the basis of ministerial role was performed. The results are shown in Table 7 and Fig. 7.

Table 7: Distribution of Stress Scores on the Basis of Ministerial Role

	N	Mean	Std. Deviation	Std. Error	95% CI for			
					Mean	Min	Max	
Parish priest	36	92.194	16.958	2.826	86.4565	97.9324	71.00	124.00
Assistant Parish Priest	71	82.451	21.138	2.509	77.4475	87.4539	32.00	124.00
Others	41	71.585	24.489	3.825	63.8554	79.3153	32.00	124.00

Source: Field Survey, 2022

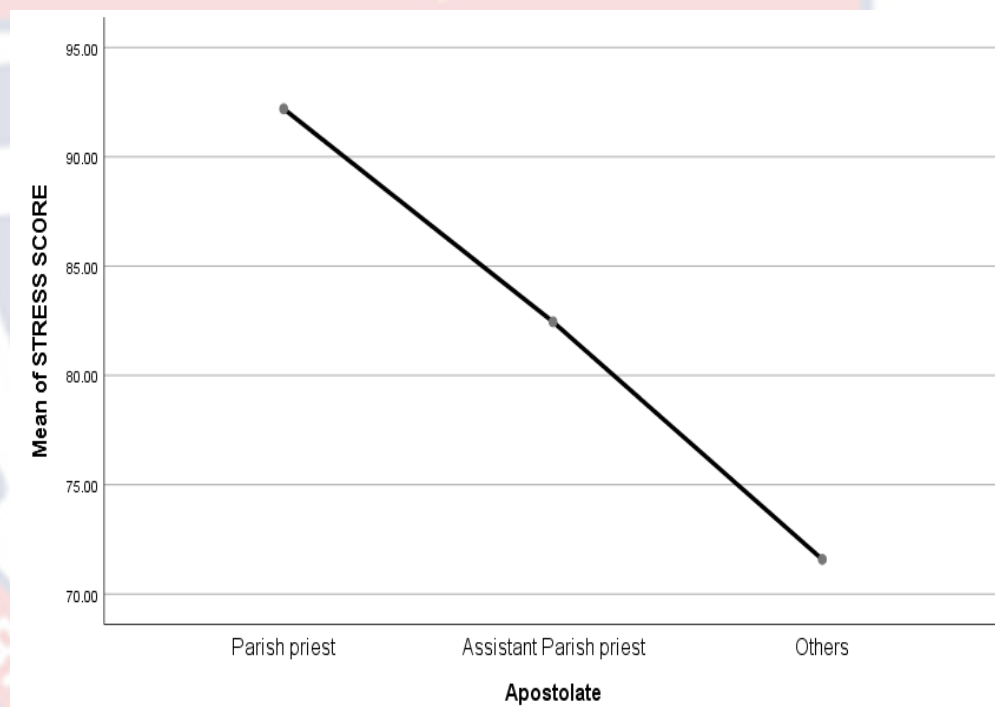


Fig. 7: Mean plot of Stress Score over Ministerial Role

Source: Field Survey, 2022

Table 7 and Fig. 7 reveal that the levels of stress seem high for the priests who assume the position of a parish priest ($M = 92.1944$, $SD = 16.958$), followed by their assistants ($M = 82.4207$, $SD = 21.138$), and finally other priests ($M = 71.5854$, $SD = 24.489$). This finding is inconsistent with

Cafferata (2017) and Hoge, Shields, and Soroka (1993), who found that stress is significantly greater for clergy serving as assistants than those serving as parish priests. The present finding may be due to the fact that in Ghana, most parish priests bear extra responsibilities of performing administrative duties such as preparation and management of parish financial accounts and parish estates and serving as local managers of Catholic schools in the parish. Furthermore, as already discussed, in most parishes there are no secretaries or accountants and so these responsibilities fall to the parish priests.

The levels of stress among Catholic priests in the Archdiocese of Cape Coast can be described based on their ministerial role (see Table 7). However, to avoid possible Type I error, a test of homogeneity of variances was conducted. The results are presented in Table 8. The null hypothesis is either accepted or rejected by comparing the significance value of the 'Based on Median' row of Levene test statistics with a 5% margin of error (see Table 8). As shown in Table 8, the null hypothesis is accepted, indicating a homogeneity of variance ($\text{sig} > 0.05$).

Table 8: Test of Homogeneity of Variances of Stress Score

	Levene			
	Statistic	df1	df2	Sig.
Based on Mean	.866	2	145	.423
Based on Median	1.127	2	145	.327
Based on Median and with adjusted df	1.127	2	138.855	.327
Based on trimmed mean	.938	2	145	.394

Source: Field Survey, 2022

Table 9 presents estimates of the ANOVA model with stress level scores as the dependent variable and the ministerial role of priests in the Archdiocese of Cape Coast as the independent variable.

Table 9: Variation in Stress due to Ministerial Role - ANOVA Results

Stress Score	Sum of			Mean	F/stat ^a	Sig.
	Squares	df1	df2	Square		
Between Groups	8197.535	2		4098.768	9.097	.000
Within Groups	65331.168	145		450.560		
Total	73528.703	147				
Welch		2	82.227		9.577	.000
Brown-Forsythe		2	114.411		9.276	.000

Note: a. Asymptotically F distributed.

Source: Field Survey, 2022

The test decision is based on the significant values for the between-group estimates (see Table 7). Therefore, the null hypothesis is rejected, given that the significant value for the between-groups estimates is less than 0.05, confirming that ministerial role matters in explaining the stress levels of the priests in the Archdiocese of Cape Coast ($F = 9.097$, $\text{sig} = 0.000$). The robustness of the test is consolidated by the significance level of the Welch and Brown-Forsythe tests statistics ($\text{sig} < 0.05$).

To determine whether this is true for each pair of ministerial groups, the Post Hoc test for Multiple Comparisons, which is a post-diagnostic test for ANOVA, was conducted (see Table 10). It is evident from Table 10 that the difference in stress level scores of 9.74374 between parish priests and their assistants is statistically significant at 5%. Also, the difference between the stress level scores of parish priests and other priests, which is 20.610, is statistically significant at 1%. Compared to the two mean differences, it shows a relatively higher stress level difference between parish priests and other priests than between parish priests and their assistants.

Table 10: Post Hoc (Games-Howell) Tests for Multiple Comparisons

(I) Apostolate	(J) Apostolate	Mean Difference	Std. Err	Sig.	95% Conf Int
Parish priest	Assistant Parish priest	9.744**	3.77908	.031	.730 18.758
	Others	20.610***	4.756	.000	9.226 31.992
Assistant Parish priest	Parish priest	-9.743**	3.779	.031	-18.758 -.730
	Others	10.865*	4.574	.052	-.074 21.805
Others	Parish priest	-20.609***	4.756	.000	-31.99 -9.226
	Assistant Parish priest	-10.865*	4.574	.052	-21.805 .0745

*, **, ***: Significant at the 0.1, 0.05 and 0.01 levels respectively.

Source: Field Survey, 2022

Given that stress is found, in this study, to vary across the roles of the priests, it was necessary to approximation the size of the effect of the ministerial role on levels of stress. The results (See Table 11) indicated that the ministerial role of the priests has a statistically significant effect ($F = 9.097, P = 0.000$) on their stress. Specifically, about 11.1% of the variability in stress is due to the ministerial role of the priests.

Table 11: Effects of Ministerial Role on Stress

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	8197.535 ^a	2	4098.768	9.097	.000	.111
Intercept	915126.825	1	915126.825	2031.089	.000	.933
BIO2	8197.535	2	4098.768	9.097	.000	.111
Error	65331.168	145	450.560			
Total	1064094.000	148				
Corrected Total	73528.703	147				

Note: a. R Squared = .111 (Adjusted R Squared = .099)

Source: Field Survey, 2022

Hypothesis Two

H₀: There is no statistically significant difference in coping strategies among Catholic priests on the basis of the number of years in priesthood.

H₁: There is a statistically significant difference in coping strategies among Catholic priests on the basis of the number of years in priesthood.

The purpose of research hypothesis two was to test whether there is significant difference in coping strategies among Catholic priests on the basis of the number of years in priesthood. The mean distribution of stress coping scores by the number of years in the priesthood is presented in Table 12 and Fig. 8.

Table 12: Mean Distribution of Coping Scores

Years in priesthood	N	Mean	Std. Deviation	Std. Error	95% C I for		Minimum	Maximum
					Mean			
1-10	67	63.761	13.714	1.675	60.416	67.106	32.00	90.00
11-20	37	64.270	14.845	2.440	59.321	69.220	32.00	104.00
21-30	25	71.640	14.124	2.825	65.810	77.470	39.00	104.00
31 and above	19	86.105	20.404	4.681	76.271	95.940	52.00	104.00
Total	148	68.088	16.681	1.371	65.378	70.798	32.00	104.00

Source: Field Survey, 2022

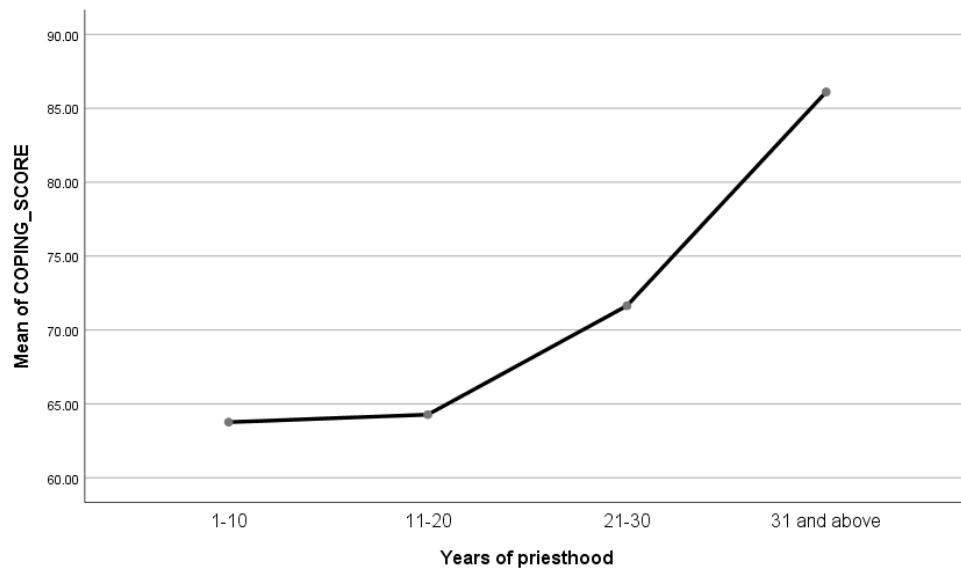


Fig. 8: Mean plot of Coping over Number of Years in Priesthood

Source: Field Survey, 2022

It is evident from Table 12 and Fig. 8 that the longer the experience in the priesthood, the higher the mean of the stress coping score. This implies that the ability to cope with stress increases with the years in ministry. Priests who worked for 10 years or less had an average coping score of 63.761, while those who served for more than 30 years had an average score of 86.105. Again, while the coping score ranges from 32 to 90 among the 1–10 year group, it ranges from 52 to 104 among those who have worked for more than 30 years. This finding confirms the research of Wells (2013a) who found that clergy with extended ministry experience tend to have better coping skills and overall health outcomes compared to younger clergy. This finding suggests that priests who have been engaged in ministry for many years have had more time to develop good coping skills and resilience.

A test of the homogeneity of variances was performed to determine whether the variations in the means of the stress coping strategy are statistically significant. The result is shown in Table 13. The null hypothesis

of the homogeneity test is that the variance of the stress coping scores is homogeneous for the groups. The test decision is taken by comparing the significance value of the Levene statistics test with a 5% margin of error for the 'Based on Median' row (see Table 13). The null hypothesis is accepted given that the significance value is greater than the margin of error ($\text{sig} > 0.05$), indicating that variance is homogeneous.

Table 13: Test of Homogeneity of Variances of Coping Scores

	Levene			
	Statistic	df1	df2	Sig.
Based on Mean	4.849	3	144	.003
Based on Median	2.530	3	144	.060
Based on Median and with adjusted df	2.530	3	91.470	.062
Based on trimmed mean	4.802	3	144	.003

Source: Field Survey, 2022

Table 14 presents estimates of the ANOVA results. The dependent variable for the model is stress coping strategies scores, with years in priesthood as the independent variable. The test decision is based on the significant values for between-group estimates (observed in Table 12). The results show a statistically significant difference among the year groups, given an F -statistic of 12.177 and a P -value of $0.000 < 0.05$. The robustness of this finding is confirmed with the Welch test ($F = 7.900, P = 0.000 < 0.05$) and Brown-Forsythe test ($F = 10.387, P = 0.000 < 0.05$).

Table 14: Variation in Coping Strategies on the basis of Number of Years in Priesthood - ANOVA Results

Coping score	Sum of Squares	df1	df2	Mean Square	F/ Stat ^a	Sig.
Between Groups	8276.832	3		2758.944	12.177	.000

Within Groups	32627.026	144	226.577
Total	40903.858	147	
Welch		3	52.041
			7.900 .000
Brown-Forsythe		3	67.697
			10.387 .000

Note: a. Asymptotically F distributed.

Source: Field Survey, 2022

A post-diagnostic test for ANOVA called the Post Hoc Test for Multiple Comparisons was used to ascertain whether this was true for each individual group of the number of years in the priesthood. The results are presented in Table 15. Table 15 shows that in the majority of the groupings by number of years spent in priesthood, the result demonstrates a statistically significant difference. For example, on average, priests who have worked for more than 30 years have 22.344 ($P = 0.001$), 21.835 ($P = 0.002$), and 14.465 ($P = 0.058$) stress coping score points higher than those in the 1–10 years, 11–20 years, and 21–30 years groups, respectively. The difference was successively higher between groups of priests who have been in the priesthood for a longer duration than those who joined later.

Table 15: Post Hoc (Games-Howell) Test for Multiple Comparisons

(I) Years in priesthood	(J) Years in priesthood	Mean Difference (I-J)	Std. Error	Sig.	95% Conf. Int
1-10	11-20	-.509	2.960	.998	-8.301 7.283
	21-30	-7.879*	3.284	.093	- 0.907 16.664
	31 and above	-22.344***	4.972	.001	- 8.577 36.111
11-20	1-10	.509	2.960	.998	-7.283 8.301
	21-30	-7.370	3.733	.211	- 2.530 17.269

	31 and above	-21.835*	5.279	.002	-	-7.424
					36.246	
21-30	1-10	7.879*	3.284	.093	-0.907	16.664
	11-20	7.370	3.733	.211	-2.530	17.269
	31 and above	-14.465*	5.467	.058	-	0.388
					29.318	
31 and above	1-10	22.344***	4.972	.001	8.577	36.111
	11-20	21.835***	5.279	.002	7.424	36.246
	21-30	14.465*	5.467	.058	-0.388	29.318

*, **, ***: significant at the 0.1, 0.05 and 0.01 levels respectively.

Source: Field Survey, 2022

Given that coping strategies are found to vary across the number of years in priesthood, it was necessary to estimate the size of the effect of experience on coping strategies. The results are displayed in Table 16. Table 16 indicates that the number of years in the priesthood has a statistically significant effect ($F = 12.177, P = 0.000 < 0.05$) on stress coping strategies. Specifically, about 20.2% of the variability in coping is due to the experience of the priests. This suggests that the likelihood of acquiring some stress coping mechanisms increases with the length of experience in the priesthood.

Table 16: Effects of Number of Years in Priesthood on Coping

Source	Type III Sum of Squares	df	Mean Square	F	Partial Sig.	Eta Squared
Corrected Model	8276.832 ^a	3	2758.944	12.177	.000	.202
Intercept	606820.652	1	606820.652	2678.215	.000	.949
BIO4	8276.832	3	2758.944	12.177	.000	.202
Error	32627.026	144	226.577			
Total	727025.000	148				

Corrected 40903.858 147

Total

Note: a. R Squared = .202 (Adjusted R Squared = .186)

Source: Field Survey, 2022

Hypothesis Three

H₀: There is no statistically significant difference in the levels of stress among Catholic priests on the basis of location of apostolate.

H₁: There is a statistically significant difference in levels of stress among Catholic priests on the basis of location of apostolate.

The purpose of research hypothesis three was to test the significant difference in the levels of stress among Catholic priests on the basis of location of apostolate. The results are shown in Tables 17 and 18.

Table 17: Distribution of Stress Score on the Basis of Location of Apostolate

Location	N	Mean	Std. Deviation	Std. Error
				Mean
Urban	85	86.7176	22.58297	2.44947
Rural	63	75.1905	20.43152	2.57413

Source: Field Survey, 2022

Table 17 revealed that priests in urban areas are more stressed (M = 86.7176, SD = 22.58297) than their colleagues in rural areas (M = 75.1905, SD = 20.43152). This observation is intuitive since those in urban areas serve larger congregations. Also, these congregations are made up of people of different cultures and educational backgrounds. Adams et al. (2017) argued that leading organisations composed of people with diverse cultures, education, priorities, histories, and personalities can indeed be stressful.

An independent t-test was performed to determine if the observation that stress levels are higher for priests working in urban areas is statistically significant. Table 18 shows the Independent t-test results.

Table 18: Independent Samples t-test for Equality of Means of Levels of Stress on the Basis of Location of Apostolate

Assumption	t	df	Sig. (2- tailed)	Mean Diff	Std. Error Diff	95% C I	
						Lower	Upper
Equal variances assumed	3.196***	146	.002	11.527	3.606	4.398	18.655
Equal variances not assumed	3.244	140.244	.001	11.527	3.553	4.502	18.552

*** Significant at the 0.01 level

Source: Field Survey, 2022

The Levene test of equality of variance was used to ascertain whether equal variance is assumed in the analysis or not. Confidence is placed on the Independent t-test results with equal variances in data estimates. The estimate of the t-value for the assumption of equal variance is significant. This implies that there is a strong association between stress levels and the locations of apostolates among the priests in the Archdiocese of Cape Coast. The assumption of equal variance means that the results are robust.

Hypothesis Four

H₀: There is no statistically significant relationship between levels of stress and help-seeking among Catholic priests in Cape Coast Archdiocese.

H₁: There is a statistically significant relationship between levels of stress and help-seeking among Catholic priests in Cape Coast Archdiocese.

The purpose of this hypothesis was to test the correlation between levels of stress and help-seeking among Catholic priests in Cape Coast Archdiocese. As already noted (see Table 6), the study revealed that 65.5% of the priests experienced moderate stress, 14.9% had low stress, while 19.6% experienced high stress. The frequency distribution of the types of help sought by the priests is presented in Table 19.

Table 19: Types of Help

Types of help	Frequency	Percent
Would not seek help	57	38.5
Informal	34	23.0
Formal	29	19.6
Self – help	28	18.9
Total	148	100.0

Source: Field Survey, 2022

Table 19 shows that among the respondents, 57, constituting 38.5%, would not seek help at all in stressful situations; 34 constituting 23% would seek informal help; 29 constituting 19.6% would seek help from formal help and; 28 constituting 18.9% would engage in self-help. This implies that the majority of the priests (57.4%) keep their stressful situations to themselves and may either engage in self-help or attempt no help at all.

Men often avoid seeking help for mental health issues due to traditional masculine norms, emphasising strength, success, control, and capability, and avoiding emotions. For the Catholic priests, not only masculine norms but also the sacredness attached to their vocation may greatly influence their help-seeking. Priests may avoid revealing their

personal challenges to others in order to uphold a favourable perception of themselves and the Church.

A bivariate analysis of stress levels and help sources among the priests gives an indication of some link between the two variables. Table 20 presents the results.

Table 20: Cross Tabulation of Stress Levels and Types of Help

Stress Level		Types of help-seeking				Total
		No help	Informal	Formal	Self-help	
Low	Count	7	4	3	8	22
	% within stress level	31.8%	18.2%	13.6%	36.4%	100.0%
	Adjusted Residual	-.7	-.6	-.8	2.3	
Moderate	Count	50	28	11	8	97
	% within stress level	51.5%	28.9%	11.3%	8.2%	100.0%
	Adjusted Residual	4.5	2.4	-3.5	-4.6	
High	Count	0	2	15	12	29
	% within stress level	0.0%	6.9%	51.7%	41.4%	100.0%
	Adjusted Residual	-4.8	-2.3	4.9	3.4	
Total	Count	57	34	29	28	148
	% within stress level	38.5%	23.0%	19.6%	18.9%	100.0%

Source: Field Survey, 2022

Table 20 reveals that the level of stress largely informs help-seeking. It is evident that priests with low stress mostly do not seek help at all or adopt self-help methods. Those with moderate stress also, most of the time, do not

seek help. However, the proportion of priests who seek some form of help (i.e., informal or formal) is higher for those with moderate stress than for those with low stress. In the case of those who go through high levels of stress, the source of help to manage their stress is mostly formal. However, a significant number of the priests with high stress levels also choose to manage it themselves. This result may imply that the priests are more likely to delay seeking assistance until their distress becomes noticeably severe.

Using the Pearson chi-square test, the statistical significance of the correlation between stress levels and help-seeking was determined. The results are presented in Table 21.

Table 21: Chi-Square tests for the Relationship between Levels of Stress and Types of Help

	Value	df	Significance (2-sided)
Pearson Chi-Square	56.812 ^a	6	.000
Likelihood Ratio	63.443	6	.000
Linear-by-Linear Association	9.925	1	.002
N of Valid Cases	148		
Phi	.620		.000
Cramer's V	.438		.000

Note: a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 4.16.

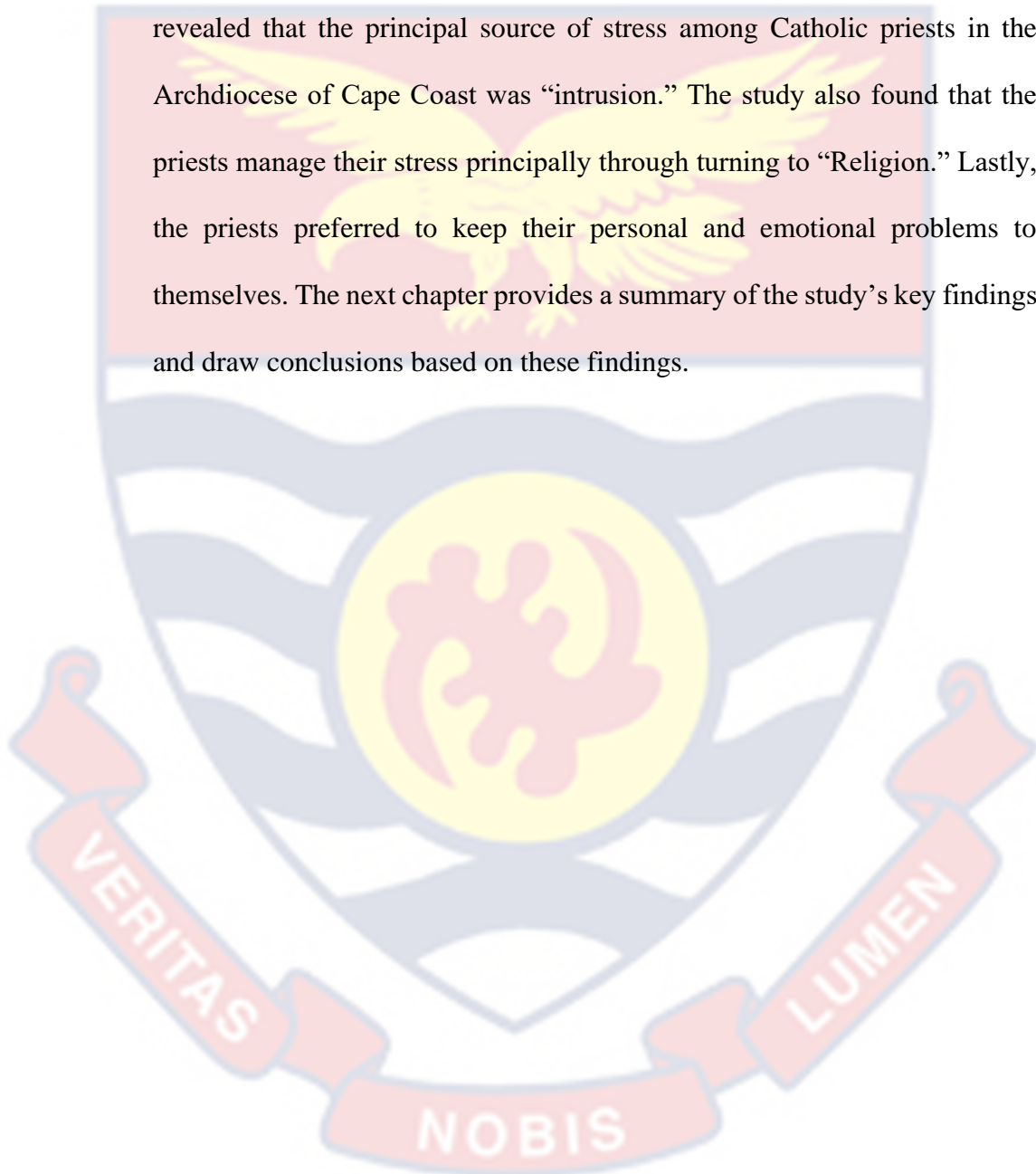
Source: Field Survey, 2022

The null hypothesis of the Chi-square test is that there is no significant relation between levels of stress and help-seeking among Catholic priests in the Archdiocese of Cape Coast. Given that the Pearson Chi-Square significant value is less than 0.05 (Value = 56.812, sig=0.000), the null

hypothesis is rejected, and the conclusion is that there is a statistical correlation between the two variables.

Chapter Summary

This chapter presented and discussed the research findings. The study revealed that the principal source of stress among Catholic priests in the Archdiocese of Cape Coast was “intrusion.” The study also found that the priests manage their stress principally through turning to “Religion.” Lastly, the priests preferred to keep their personal and emotional problems to themselves. The next chapter provides a summary of the study’s key findings and draw conclusions based on these findings.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This section highlights the key findings of the study. It also offers some recommendations for the consideration of the priests, the Archdiocese of Cape Coast and other stakeholders in the pastoral profession. In addition, some implications for counselling practise and future research are also proposed.

Summary

Overview of the Study

The study investigated the sources of stress, coping strategies, and help-seeking among Catholic priests in the Archdiocese of Cape Coast. To achieve this objective, two research questions and four hypotheses were generated to guide the study. The study adopted quantitative and descriptive research methods and a census sampling technique. The study population was 159 Catholic priests working in the Archdiocese of Cape Coast. A questionnaire was used for the data collection. One hundred and forty-eight responses were obtained. The Statistical Package for the Social Sciences (SPSS) version 24 was used to analyse the data. Research questions 1 and 2 were analysed using mean and standard deviation scores. Hypotheses 1 and 2 were tested using the analysis of variance (ANOVA). Hypothesis 3 was tested using the independent sample t-test. Hypothesis 4 was tested using a chi-square analysis of independence. The next section presents the key findings of the study.

Key Findings

1. The study identified “Intrusion” as the principal source of stress among Catholic priests in the Archdiocese of Cape Coast.
2. The study revealed “Religion” as the most common coping strategy among Catholic priests in the Archdiocese of Cape Coast.
3. Statistically significant differences were found in these areas:
 - a) The levels of stress among Catholic priests in the Archdiocese of Cape Coast on the basis of ministerial role.
 - b) Coping strategies among Catholic priests in the Archdiocese of Cape Coast on the basis of the number of years in the priesthood.
 - c) The levels of stress among Catholic priests in the Archdiocese of Cape Coast on the basis of location of apostolate.
 - d) The correlation between levels of stress and help-seeking among Catholic priests in the Archdiocese of Cape Coast.

Conclusion

Stress is felt by people in all occupations, but some occupations have specific sources and levels of stress. Pastoral ministry is particularly stressful due to its unique set of pressures and demands. The present study identified some of these unique stressors, coping strategies, and help-seeking among Catholic priests in the Archdiocese of Cape Coast. The results indicated that among other stressors of pastoral ministry, “Intrusion” ranked first, followed by “Low Social Support” and “Time Demands.” Among the coping strategies, turning to “Religion” was reported as the dominant coping resource among the priests. This was followed by “Acceptance.”

The study found a moderate level of stress was noted among the priests. This was found to be higher among parish priests than among assistant parish priests and those in other apostolates. Similarly, it was found to be higher among the priests who worked in urban areas than among their colleagues in rural areas. The results further showed that priests who are in the ministry for a longer period have better coping skills than their younger colleagues. It was found that though stress levels significantly influence help-seeking, the majority of priests in the Archdiocese of Cape Coast chose to keep their personal and emotional struggles to themselves.

The study concludes that the moderate levels of stress found among the priests in the Archdiocese of Cape Coast suggest that they generally cope well and may be models for study. However, the Archdiocese of Cape Coast should conduct periodic stress checks for the priests and encourage those with mental or emotional challenges to seek professional help. Religious coping may have significantly mediated the impact of work stress on the priests in the Archdiocese of Cape Coast, suggesting that any intervention in this group should include consideration of religious coping.

Recommendations

The study made the following recommendations.

1. The study found that “Intrusion” ranked first among the common stressors of priests in the Archdiocese of Cape Coast. The Archdiocese should educate priests on the need to establish and uphold work-related boundaries in their ministry.
2. The study found that turning to “Religion” was the most common coping strategies among the Catholic priests in the Archdiocese of

Cape Coast. The Archdiocese should organise frequent retreats, seminars, workshops and other spiritual recreational activities for the priests. Any intervention in this group should include consideration of religious coping.

3. The study revealed that the levels of stress among parish priests were higher compared to the assistant parish priests and those in other apostolates. The Archdiocese should encourage parish priests to delegate some of their responsibilities to their assistants, and foster collaborative ministry.
4. The study found that though levels of stress significantly impact help-seeking, most priests chose to keep their stressful situations to themselves. The Archdiocese of Cape Coast should encourage the priests to seek psychological help for their mental and emotional problems.
5. The Archdiocese of Cape Coast should consider giving professional training to some priests in counselling or psychology to help their colleagues in mental or emotional distress.
6. Seminaries, religious formation houses, and other theological institutes should include guidance and counselling in the programmes to enhance help-seeking among the future priests.

Implication for Counselling

The following have been raised as implications for counselling practice:

1. The study highlights the occupational stressors, coping strategies, and help-seeking among Catholic priests in the Archdiocese of Cape

Coast. The implication is that the counsellors should educate the priests on stress management to prevent them from burning out.

2. This study affirmed that pastoral work is indeed stressful. The implication is that counsellors should educate priesthood aspirants on the stressors of pastoral work before entering the seminary.
3. Seminaries and other theological institutes should consider the introduction of guidance and counselling in their formation programmes to facilitate help-seeking among the clergy.
4. The Archdiocese of Cape Coast and Counsellors should collaborate in providing professional support for the priests. Interventions should include consideration of religious coping to meet the uniqueness of those in the pastoral vocation.
5. The Archdiocese of Cape Coast and Counsellors should offer periodic stress screening exercises for the priests. The modified Clergy Stress Survey could be a handy tool.

Suggestions for Further Research

The following recommendations have been proposed.

1. The study was conducted among Catholic priests in the Archdiocese of Cape Coast. A similar study could be conducted in other dioceses and among the clergies of other denominations.
2. The study adopted the quantitative method. Future studies may employ both quantitative and qualitative methods.
3. The study revealed moderate levels of stress among the priests in the Archdiocese of Cape Coast. A follow-up study may assess the impact of the levels of stress on their job performance and general wellbeing.

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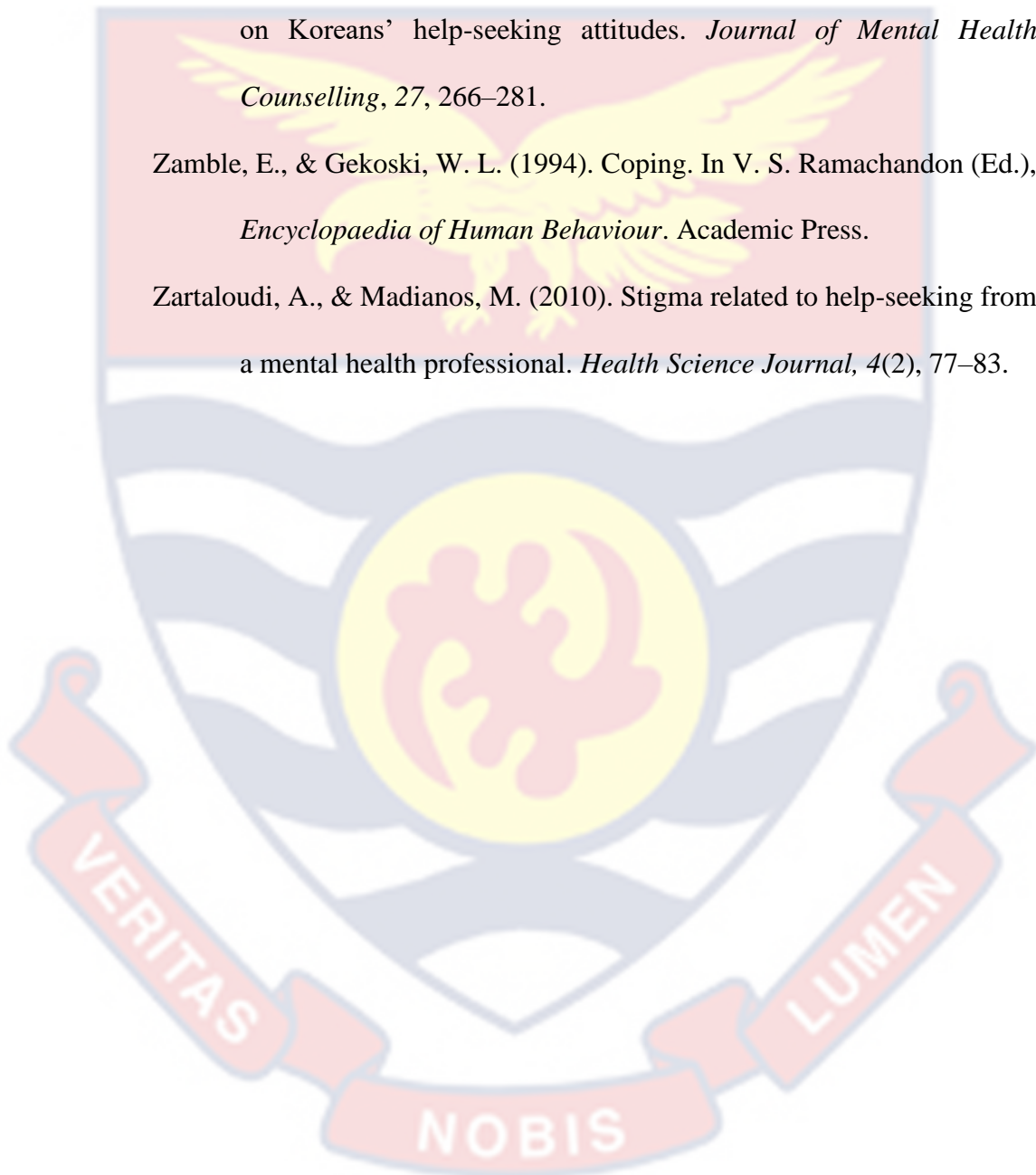
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APPENDICES

APPENDIX A

CLERGY STRESS SURVEY

The purpose of this survey is to identify work-related stressors, stress-relieving practices, and help-seeking among Catholic priests in the Archdiocese of Cape Coast. You have been selected as the respondents for this study because of the uniqueness of your vocation and pastoral work. The survey consists primarily of multiple-choice questions. Kindly tick (✓) the appropriate responses that is most true for you. The survey may take somewhere between 20 and 30 minutes to complete. **This is purely an academic study and I assure you that your responses will be treated with utmost confidentiality and anonymity.** Thank you for your fraternal support.

Part A: Work-related Stressors

The following items have to do with aspects of ministry that can be appraised as stressful. After each statement, please tick (✓) the one response that is most true for you.

1= strongly disagree 2= disagree 3= agree 4= strongly agree.

1 2 3 4

1	Because of my role as a minister, there are only a very few people with whom I feel comfortable sharing my true feelings.				
2	Parishioners often come to the parish house without prior notice.				
3	I have concerns about what the church members expect me to be.				
4	Moving from one appointment to another has been hard on me.				

5	I am pressured to work long hours.				
6	I feel caught between conflicting demands placed on me by parishioners.				
7	I feel lonely or isolated in my work.				
8	I have experienced stress related to having too much to do in my ministry.				
9	I often get ministry-related calls at inopportune times (during meals, late at night, etc.).				
10	I lack close, supportive friends in my parish.				
11	It is difficult for me to move to a new parish.				
12	The time demands of my ministry are overwhelming.				
13	I have to neglect some tasks because I have too much to do.				
14	I often feel disconnected from others when I am under pressure at work.				
15	I have experienced stress because I am not allowed to express certain emotions (e.g., anger).				
16	Times I expect to spend alone in prayer, having leisure, or with friends are often interrupted by ministry-related calls.				
17	Parishioners make too many demands that are hard to combine.				
18	The possibility that I might have to move to a different parish is stress for me.				
19	I have very few people I can confide in about important matters in my life.				
20	I feel as if I will never get all my work done.				
21	Because of ministry demands, I have little time for personal prayer and study.				
22	Parishioners in my congregation made too many demands on me				
23	I often do not know what is expected of me at work.				
24	I find ministry to be a lonely profession.				
25	I have to deal with competing demands at work.				

26	I have experienced stress because of a recent move or unexpected move.				
27	Unexpected ministry demands often interfere with my personal plans.				
28	I place a lot of pressure on myself to succeed at everything I do.				
29	There is not enough time to accomplish everything I am supposed to do.				
30	My colleagues are not willing to listen to my work-related problems.				
31	I have few to no close friends with whom I can spend time without having to be “the minister.”				
32	Too many responsibilities in my ministry are weighing me down.				

Part B: Coping Strategies

The following items have to do with personal practices that can relieve stress.

Please tick (✓) the one response that is most true for you.

1= I haven't been doing this at all. **2**= I have been doing this a little bit. **3**= I have been doing this a medium amount. **4**= I have been doing this a lot.

1 2 3 4

1	I have been turning to work or other activities to take my mind off things.				
2	I have been concentrating my efforts on doing something about the situation I am in.				
3	I have been saying to myself, “is not real.”				
4	I have been using alcohol or other drugs to make myself feel better.				
5	I have been getting emotional support from others.				
6	I have been giving up trying to deal with it.				
7	I have been taking action to try to make the situation better.				

8	I have been refusing to believe that it has happened.				
9	I have been saying things to let my unpleasant feelings escape.				
10	I have been getting help and advice from other people.				
11	I have been using alcohol or other drugs to help me get through it.				
12	I have been trying to see it in a different light, to make it seem more positive.				
13	I have been criticising myself.				
14	I have been trying to come up with a strategy about what to do.				
15	I have been getting comfort and understanding from someone.				
16	I have been giving up the attempt to cope.				
17	I have been looking for something good in what is happening.				
18	I have been making jokes about it.				
19	I have been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.				
20	I have been accepting the reality of the fact that it has happened.				
21	I have been expressing my negative feelings.				
22	I have been trying to find comfort in my religion or spiritual beliefs.				
23	I have been trying to get advice or help from other people about what to do.				
24	I have been learning to live with it.				
25	I have been thinking hard about what steps to take.				
26	I have been blaming myself for things that happened.				
27	I have been praying or meditating.				
28	I have been making fun of the situation.				

APPENDIX B

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST

INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0558093143 / 0508878309
E-MAIL: irb@ucc.edu.gh
OUR REF: UCC/IRB/A/2016/1462
YOUR REF:
OMB NO: 0990-0279
JORG #: IORG0009096

2ND AUGUST, 2022

Mr. Augustine Dela Dunyo
Department of Guidance and Counselling
University of Cape Coast

Dear Mr. Dunyo,

ETHICAL CLEARANCE – ID (UCCIRB/CES/2022/50)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted Provisional Approval for the implementation of your research **Sources of Stress, Coping Strategies, and Help-Seeking Behaviours of Catholic Clergy in the Cape Coast Archdiocese**. This approval is valid from 2nd August, 2022 to 3rd August, 2023. You may apply for a renewal subject to submission of all the required documents that will be prescribed by the UCCIRB.

Please note that any modification to the project must be submitted to the UCCIRB for review and approval before its implementation. You are required to submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

Samuel Asiedu Owusu, PhD
UCCIRB Administrator

ADMINISTRATOR
INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF CAPE COAST

NOBIS

APPENDIX C

INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF EDUCATIONAL FOUNDATIONS
DEPARTMENT OF GUIDANCE AND COUNSELLING

Telephone: 0332091854
E-mail: dgc@ucc.edu.gh



UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref:
Your Ref: DGC/L.2/VOL.1/179

30th March, 2022

TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

We introduce to you, Augustine Dela Donyo a student pursuing an M.Phil. Programme in Guidance and Counselling at the Department of Guidance and Counselling of the University of Cape Coast. As a requirement, he is to submit a Thesis on the topic: "*Sources of Stress, Coping Strategies, and Help-seeking Behaviours of Catholic Clergy in the Cape Coast Archdiocese*". We are by this letter affirming that, the information he will obtain from your Institution will be solely used for academic purposes.

We would be most grateful if you could provide him the necessary assistance.

Thank you.

Dr. Stephen Doh Fia
HEAD OF DEPARTMENT

NOBIS

APPENDIX D

PERMISSION LETTER

Catholic Archdiocese Of Cape Coast
OFFICE OF THE VICAR GENERAL

Ref No.

Wednesday, May 25, 2022

ALL PRIESTS & RELIGIOUS
Archdiocese of Cape Coast
Cape Coast.

Dear Confreres,

I bring you warm greetings in the Lord from the Archdiocesan Secretariat!

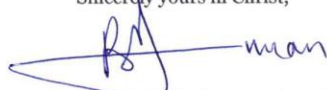
PERMISSION TO CONDUCT RESEARCH ON THE TOPIC:
"CLERGY STRESS AND COPING STRATEGIES"

Rev. Friar Dela Dunyo, ofm Conv., a Franciscan Friar, currently offering pastoral ministry in our Archdiocese at St. Francis of Assisi Parish, SSNIT Flats, Elmina, is conducting research on the topic: *Clergy Stress and Coping Strategies*.

I should be grateful if you could share with him your experience on the topic if he contacts you.

Thank you for your co-operation. I remain

Sincerely yours in Christ,



Very Rev. Fr. Bonaventure Annan
Vicar General
Archdiocese of Cape Coast



CATHOLIC ARCHDIOCESAN SECRETARIAT, P. O. BOX 112, CAPE COAST, GHANA WEST AFRICA

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