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Leading God's People: Perceptions of Influence Among African–American Pastors

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Abstract Religious leaders, particularly African–American pastors, are believed to play a key role in addressing health disparities. Despite the role African–American pastors may play in improving health, there is limited research on pastoral influence. The purpose of this study was to examine African–American pastors' perceptions of their influence in their churches and communities. In-depth interviews were conducted with 30 African–American pastors and analyzed using a grounded theory approach. Three themes emerged: the historical role of the church; influence as contextual, with pastors using comparisons with other pastors to describe their ability to be influential; and a reciprocal relationship existing such that pastors are influenced by factors such as God and their community while these factors also aid them in influencing others. A conceptual model of pastoral influence was created using data from this study and others to highlight factors that influence pastors, potential outcomes and moderators as well as the reciprocal nature of pastoral influence.

Keywords Health disparities · African Americans · Church · Clergy · Conceptual model

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Introduction

African–American (AA) communities are disproportionately affected by chronic disease and poor health outcomes (Centers for Disease Control and Prevention 2009). AAs have increased mortality rates for various health conditions including heart disease, stroke, diabetes, and kidney disease (National Center for Health Statistics 2011). In 2013, the National Institutes of Health highlighted HIV/AIDS, heart disease, cancer, and health education as necessary foci of efforts to reduce health disparities among racial and ethnic minority populations (National Institute of Health 2013). Unfortunately, addressing these health disparities in AA communities has proven difficult due to limited access to health services and resources (Klein et al. 2010; Link and McKinlay 2009) as well as community mistrust in research and traditional medical systems (Armstrong et al. 2008; Matthews et al. 2002). These barriers have led to traditional health promotion programs having limited success in reducing the health disparities affecting AAs in the USA.

Previous studies have suggested that using community-based participatory research (CBPR) approaches to design and implement health promotion programs may prove beneficial in reducing the health disparities affecting AAs (Plescia et al. 2008; Spencer et al. 2011; Two Feathers et al. 2005). CBPR encourages researchers and members of the community to share knowledge and power equitably so that resulting health programs are more effective (Minkler 2003). Given the importance of churches within AA communities and the leadership they provide both spiritually (Taylor and Chatters 1986) as well as secularly (Brown and Brown 2003), many CBPR efforts have partnered with churches to develop and implement health promotion programs (Ammerman et al. 2002; Campbell et al. 1999; Demark-Wahnefried et al. 2000; Markens et al. 2002; Taylor et al. 2000).

Previous research suggests pastor involvement and support are important factors in the successful implementation of health promotion programs, both faith-based programs as well as more general community-based programs placed within churches (Bopp et al. 2013; Campbell et al. 2007; Catanzaro et al. 2007; Taylor et al. 2000). The importance of pastors may be due in part to the influence they exert on both their congregation and community (Collins 2015). Pastoral influence has been shown to play a role in the health of their congregation members (Baruth et al. 2014; Carroll 2006) as well as members of the larger community they serve (Bopp et al. 2013). The willingness of AA pastors, in particular, to become personally engaged in the health-related concerns of their communities, may explain why they are often viewed as leaders both inside and outside the walls of the church (Carroll 2006).

Diffusion of innovations theory provides a framework for how innovations are spread within a group (Glanz et al. 2015). Research suggests group role models or opinion leaders may be best suited for beginning the diffusion of a health behavior or change in behavior through a network of connected individuals (Valente and Davis 1999). Pastors are potentially important promoters of health due to their formal leadership position and their potential to influence their congregation members and the larger public (Baruth et al. 2014; Bopp et al. 2013). However, previous studies indicate pastors rarely participate in health promotion programs (Baruth et al. 2008; Wilcox et al. 2007). This lack of participation may be due, in part, to some pastors not meeting physical activity or diet recommendations (Webb et al. 2013b); therefore, not feeling able to serve as role models for health (Harmon et al. 2013).

While clergy health has become of increasing interest in the literature (Baruth et al. 2014; Bopp et al. 2013; Bopp and Fallon 2011; Bopp et al. 2014; Webb et al. 2013a, b), few studies have asked pastors about their perspective on their ability to influence both

congregation members as well as the larger community they serve. This study aimed to fill this gap by examining the perceptions of AA pastors on their potential influence in their church and community. The goal of this study was to provide guidance to researchers and health practitioners engaging pastors in the diffusion of health practices within communities, especially AA communities.

Methods

A qualitative approach was used to examine characteristics of pastoral influence from the perspective of AA pastors. Details on the data collection methods and participants in this study have previously been published (Harmon et al. 2013). In brief, 30 AA pastors of churches in South Carolina, USA were recruited between October 2010 and December 2011. Participants completed a demographic survey and participated in a 1-h interview. Of the 30 pastors recruited, 83% were male, 67% identified as Baptist, and 60% had served at their church for 10 years or less (Harmon et al. 2013). Approval by the University of South Carolina Institutional Review Board was given before any study activities began.

All interviews were audio recorded and the transcriptions for each interview were analyzed using NVivo® 10 (NVivo). A grounded theory approach was used in the analysis of data for this study (Charmaz 2006). Through this approach, themes related to pastors' ideologies of influence were allowed to emerge. Credibility and trustworthiness of the codes was achieved by two coders (SS and BEH) through: (1) reviewing transcripts and focusing on new perspectives and problematic interviews; (2) open coding for emergent themes; (3) iterative thematic coding of interviews guided by the aims of the research and review of the literature; (4) bi-weekly peer debriefing on emergent themes, refinement of the codebook, selective coding, and categorization; and (5) interpretation of findings in the context of existing conceptualizations and empirical research. The questions used in this analysis are provided in Table 1.

Table 1 Questions from the semi-structured interview guide related to pastoral influence

1. How does your view of yourself as a pastor compare with other pastors you know? *Probes: How might life as a (Baptist/Methodist/Non-denominational) pastor compare to pastors of other denominations? How might life as an African–American pastor compare to pastors of other backgrounds?*

2. What influence do you have on your congregation?

3. What influence does your congregation have on who you are as a pastor? *Probes: Have you ever had to make changes to who you would like to be to achieve this balance? What type of changes?*

4. What influence do you have on your community? *Probes: How do you define the community you pastor to?*

5. What influence does the larger community have on who you are as a pastor? *Probes: How does your view of yourself fit with how your community views (what they expect) of you?*

6. If you are married, what influence does your wife have on who you are as a pastor? *Probes: How does the rest of your family influence who you are as a pastor? How does your view of yourself fit with how your family views you (what they expect) of you? Have you ever had to make changes to who you would like to be to achieve this balance? What type of changes?*

7. What influence does (fill in with occupation) have on who you are as a pastor? *Probes: How do you deal with (balance) being a (fill in with occupation) and being a pastor?*

Results

When acknowledging their influence and discussing its context, pastors used terms such as "authority," "impact," "leader," and "listener." They also spoke of being "respected" and having a "responsibility" to both their congregations and communities. Three themes related to pastoral influence emerged from the data: role of history, context of influence, influence as a reciprocal relationship. These themes and their subthemes are outlined below with additional quotes presented in Table 2.

Role of History

Pastors who noted the AA church's historical role in their influence ($n = 13$) spoke of the church's influence on the community and on the pastor's role. They also spoke of the historical context of disparities that face AA communities today and that have helped to shape the influence of AA pastors over time.

Pastors noted the history of the AA church continues to influence practices within the church. As one pastor said, "An African–American church is the cornerstone of the African–American culture." Another pastor spoke of the multiple roles the church has played and continues to play in the lives of AAs, "when we look at the [African–American] church's history…They were schools Monday through Friday, and then the same building was used for the church on Sunday…"

Pastors felt this history has a role in the influence of AA pastors today. It was noted that historical displays of respect include congregation and community members not addressing AA pastors by their first name, but rather by their title and last name. In addition, pastors spoke of having a broader role and level of influence due to traditions and cultural norms that have their roots in African tribal practices as well as slavery and the Civil Rights era. "The congregation looked to [pastors] for more. A pastor in an African–American church was far more than…someone who teaches and preaches. If you go back to African culture, you're almost a tribal leader, and so that tradition sort of continues."

Pastors also mentioned their influence in part comes from the great need faced by the communities they serve, which is rooted in historical injustices. These pastors spoke of the high rates of sickness and disease, economic disparities, and social inequalities faced by AAs and reflected in their congregations and communities served. One pastor explained, "So we're bringing in the [health] programs, so we bring the information to where you are and you will find us [African Americans] in church." Another pastor spoke of the economic situation facing the community and "access and availability [to social and wellness networks] as another key component that the church has to take on."

Context of Influence

Pastors often spoke of their influence through the use of personal, social, and environmental comparisons suggesting the influence of AA pastors is contextual. They spoke most often of differences in influence based on one's race ($n = 15$) followed by comparisons with other pastors ($n = 13$), differences by denomination ($n = 12$), including tenure of the pastor ($n = 7$), and age of congregation members ($n = 10$). Pastors also noted their ability to be influential varied based on the church's geographic location (rural vs. urban) ($n = 8$), size ($n = 8$), and a pastor's gender ($n = 5$).

Table 2 Selected quotes illustrating themes

Role of history	"The church in general, but the black church in particular, will always be a strong subject of evidence and proof for healthcare issues"
	"It's an altogether different experience. An African–American church is the cornerstone of the African–American culture"
	"…most of those traditional churches dare not call their Pastor by their first name. And I think that is indicative to where we've come from, to make sure that we get respect…Because it has been taken…from our forefathers in such a way that—and it's been drilled in us that you don't say a first name, it's Pastor this or First Lady that…"
Context of influence	
Differences by race	"When I talk to my white brothers and pastors, yeah things have tightened up, but they're not hurting. But when I talk to my African American brothers or sisters that may be pastoring, when they say it's tough, it's tough just keeping the doors open because the congregation members or congregates have lost jobs and their money has gotten tight."
Differences with other pastors	"I would say some (pastors) that I have encountered since I've been here, ministry's been about them, not about people."
Differences by Denomination	"I see now that being a Baptist has its benefits in the sense that we are an autonomous body meaning that we've still guided by a board of people or deacons but yet we're still able to operate under the influence of the Holy Spirit meaning that we don't necessarily have to report to a bishop or to a priest but we only report to God."
Differences by congregation's age	"I feel like a lot of times—and especially with a lot of the older members that were brought up in a time that you don't argue with the preacher. You don't question the preacher. Whatever the preacher says, you just go along with it, whereas some of the younger people, they're gonna question. They're gonna ask."
Differences by church location (rural vs urban)	"So I wasn't received well because I was considered an outsider even by some of the members in the church that I was pastoring because I was an outsider and what I said didn't matter."
Differences by church size	"And one of the kicks of mega-churches is that they move out of the communities. They move into the suburbs and area so they don't have to deal with all those community problems."
Differences by Gender	"I think female pastors work harder. I think it requires more simply because the older generation kind of feels like you shouldn't be doing that anyway or that's not your place."
Influence as a reciprocal relationship	
Community and congregation	"…being committed to the homeless here in the Columbia area, we're very much into HIV ministry, and to minister to the least among us."
	"When they see how you moved from that church and then to a grocery store and then to that church and then the community resource center and then another church in northeast. And then a whole school, then they don't question the program anymore. They say, "Pastor, what do you need of us?"
	"I've been here so long now that I really don't have to put on any airs for anybody. They know who I am."
God	"…through prayer, do you know it turned totally around. I used that to teach my flock, is that you've gotta be patient and you've gotta wait on the right time for change. Change isn't something that you rush. You cannot change many. Only God can and through prayer the change will come."
	"Eventually, God help me to understand I need to move more towards this is who I really—what I'm called to do as far as a pastor."

Table 2 continued

Stress	"I'm just reading an interesting book now by a pastor from New York who talks about this very—burnout, how sometimes pastors burn out and why. And one thing he talks about is lack of transparency and sometimes we just take on too much"
	"[Family] give me support. My siblings: support. My children: support. Then I have grandchildren, and they're supportive as well."

Pastors spoke of how the influence of AA pastors differs compared to pastors of other racial or ethnic backgrounds. Pastors spoke of needing to speak the "community language" in order to be influential within the church and larger AA community. However, they also spoke of financial hardships within the AA church and community compared to churches and communities of other races/ethnicities. In this, pastors acknowledged the church may not serve the same role in other racial/ethnic groups as it does in AA communities. They also noted AA pastors often must be bi-vocational (i.e., have a job/career outside of pastoring) while White pastors can more often be financially supported by their church. However, several pastors ($n = 4$) noted "people are people" and the "Lord has always been the same no matter what culture you're in." Indicating that while the social and physical environment within which AA pastors practice may differ along racial lines, the fundamental teachings and service of a pastor do not.

Pastors spoke of their influence through comparisons with other pastors. These comparisons most often included noting other pastors being more focused on material gain and prestige rather than providing the people of the church and community with their time, love, and care. As one pastor noted, "people give us a platform…what we sometimes do with our egos is stretch the platform…under the guise of we're doing ministry."

Differences between the Methodist tradition of itineracy and the Baptist tradition of churches selecting their pastor was discussed and believed also to impact pastoral influence. Pastors of Baptist churches reported their church's autonomy allows them to remain at one church for a longer period of time providing them with opportunities to "build long lasting relationships." These relationships were believed to further establish their pastoral influence within their church. As one Baptist pastor noted, "The pastor who was here before I got here was here forty years and that's a unique opportunity to have that kind of influence on one particular congregation."

A pastor's ability to relate to the members of their congregation and community based on age also was a factor noted as contributing to pastoral influence. When engaging with younger individuals, pastors spoke of using words that "capture the younger people." Pastors also reported that younger aged individuals are often a more demanding group because they are more likely to question the pastor's teachings and influence compared to older congregation members. Alternatively, pastors spoke of needing to use proper grammar and hold more "traditional worship" services in order to engage and keep older congregation members.

Additional comparisons such as a church's geographic location or size as well as a pastor's gender were also believed to impact pastoral influence, but were mentioned less often. In the case of a church's geographic location, pastors of more rural churches spoke of having to change their pastoral "approach" in order to influence the members of their

church and community. Female pastors spoke of having to "work harder" and "be a little sterner" due to historical, congregational, or community biases against female compared to male pastors.

Influence as a Reciprocal Relationship

Pastors were asked both about how they influence others as well as how they are influenced in return. The responses received showed a reciprocal relationship in which pastors learn about the needs present in their congregations and communities then use their influence to find solutions and resources. In addition, pastors not only spoke of being influenced by God, but also of receiving their influence in part from God. Lastly, pastors spoke of the stress that comes with their position and how that stress influences their management of the position as well as their relationships with family.

Twenty-five pastors spoke of their congregations and communities influencing them. They reported the members of their church motivated them to "work harder" and attempt to "meet their [congregation's] needs." Pastors also spoke of congregation members influencing their understanding of the needs of the community, recognizing pastors do not "know it all" and must rely on members of their congregations to "introduce them to the lifestyle of the community." Pastors often used terms such as "hurting" and "poor" when describing the communities they pastor. These characteristics inspired pastors to use their influence to serve the members of their communities. In one example, a pastor noted, "…I try to give them resources for food. So often I find myself dropping food off to them."

Ten pastors specifically spoke of being a connector to community resources as an essential factor in their being influential. This role included being a hospital board member, having political or government connections, or having the education necessary to bring specific programs to the church. As a connector, pastors bridged the gap between their church and the resources available within their community, often taking on additional responsibilities outside of their church-related tasks. As one pastor stated, "the pastor, the senior leader is not only a spiritual leader, but they're also viewed as political leaders, community leaders by default."

In addition to influencing and being influenced by their churches and communities, pastors spoke of being influenced by God ($n = 7$) as well as their influence being derived from God ($n = 11$). Pastors spoke of decisions being based on the Word of God and guided by their prayers and conversations with God. This divine influence was credited with leading both congregation and community members to follow them. As one pastor said, "my emphasis is to please God and if I please God, then God will make the people's hearts satisfied." While pastors spoke of God influencing their messages and actions, which in turn helped them to influence others, they also spoke of their influence being directly derived from God. As one pastor said, "But there is an authority in your word's decree—I would say, within a position or seat of authority that God has given you."

Despite pastors attributing their position and its divine connection to their being influential, they also spoke of the need to build relationships with their congregations and communities ($n = 18$). As noted above, this is in part done through speaking the language of the community, but also aided by the pastor being both genuine and authentic ($n = 9$). As one pastor noted, "You can't be a dictator. God may have given you the vision, but you've gotta have sense enough to know that you need the help of others to carry it out." Within this context, pastors spoke of the importance of getting to know the individuals they are ministering. Pastors connected taking time to learn about their congregation and community members with building acceptance and trust, which they described as

necessary to being influential. Being "sincere," "straightforward," and "real" were noted as traits pastors need in order to gain the trust and acceptance of their congregation and community. Pastors also spoke of being open and available to their church and community as one way of being authentic and genuine. One pastor described the process of making himself available to his congregation as "allowing people to touch and venture into my comfort zone."

However, interviewees noted, "the hats that a pastor wears are many besides just pastoring." In making themselves available, being a connector to resources, and God's messenger, pastors greatly increase their stress levels. Fourteen pastors spoke of the stress of their job influencing the way in which they pastor. Pastors spoke of needing to hire staff, learning to delegate, or managing the stress in other ways, but they noted "burn out" as the reason many pastors leave the ministry. One reason for burn out among AA pastors is the need for many to be bi-vocational in order to earn an adequate income and have health benefits. Due to financial hardships in both AA communities as well as AA churches, pastors often have to, "take care of a needy congregation as well as go out and feed their family." While some pastors ($n = 4$) reported they were able to use the skills they acquired from their secular jobs to better serve the members of their church, most pastors spoke of bi-vocationalism as adding to the stress pastors function within.

One outcome of pastors wearing many hats is a reduction in time spent with family. One pastor noted, "Cause one [of] the tragedies with pastors is that they spend so much time in the church that they neglect their very own family." Despite this separation from family, thirteen pastors spoke of their families positively influencing them. Most pastors spoke of their spouse as being a helpmate, source of encouragement, and influence on them in their ministry. As a pastor said of his wife, "She keeps me encouraged. She looks out for my welfare—she protects me [when tired]. She reminds me I'm not Jesus." Pastors also spoke of their children or members of their family who had been in the ministry as helping them to balance the many aspects of their lives.

Nineteen pastors felt their influence has changed both their church and community. While pastors spoke of using their influence for good, they also spoke of their influence as a very "humbling" responsibility. For this reason, pastors believed they should "be very careful and cautious how [they] use influence" as their influence, if used unwisely, could harm instead of help those they serve. As one pastor said, "there is no one who has a greater and more significant captive audience on a weekly basis than the one who resides at the pulpit. And people are very likely to listen to the voice of the pastor, than they—in the African–American community, would listen to anyone else. That's an influence that's scary to me."

Discussion

This study explored how AA pastors view their influence as it relates to both their church and community. Given the potential role for churches in reducing health disparities (Bopp and Fallon 2011; Campbell et al. 2007), it is important for social scientists to understand pastoral influence and its potential to impact health outcomes. Pastors in this study spoke about influence in a highly contextual way. They spoke of the seeds of influence being present due to the history of the church, their denomination, and their position's divine connection, but they also spoke of influence varying based on a pastor's current environment and individual characteristics.

Pastors reported the history of the AA church contributes to the influence of AA pastors, which matches with the current literature on the role of the AA church in AA communities (Campbell et al. 2007; Mamiya 2006; Torrence et al. 2005). The AA church has been noted as a driving force in areas related to political activism (Torrence et al. 2005), education (Barrett 2010; Isaac 2005), and health (Campbell et al. 2007; Torrence et al. 2005). Our findings suggest the historical and current prominence of the AA church elevates pastors, making them important gatekeepers within AA communities. The majority of pastors interviewed felt a pastor's influence differs based on the race/ethnicity of the pastor, with AA pastors having potentially broader influence than White pastors. Findings from a national survey of 255 pastors supports this comparison as AA pastors in the study reported they play more of a leadership role in the social and political arenas for their communities compared to White pastors (Cohall and Cooper 2010).

Serving as a connector to a variety of resources in the community was reported by the AA pastors in this study as well. Connecting congregants and community members to resources they may not otherwise have access to places pastors in an important role as someone who can influence opinion through the programs they bring into their church as well as those they keep out. A previous qualitative study of 24, primarily White, faith leaders found they believed they have influence on issues related to health primarily by increasing awareness and being a role model (Baruth et al. 2014). However, a previous study with the same AA pastors in this study found only a small number of pastors with healthier behaviors identified themselves as role models for their church (Harmon et al. 2013). In addition, pastors report little training in health during seminary (Bopp et al. 2014) and studies have found mixed results on whether denominational doctrine supports the promotion of health in the church (Bopp et al. 2014; Webb et al. 2013a). If we are to harness the influence of pastors, efforts are needed at multiple levels (e.g., denomination, church, personal) to increase knowledge and skills related to health promotion. Efforts such as the Annual Conference for Clergy and Congregational Leaders begun by Church Health and Methodist Le Bonheur Healthcare in Memphis, TN are a start (Church Health 2016). However, training during seminary as well as clergy-focused interventions are needed if pastors are to capitalize on their influence to be the change agents envisioned by CBPR and diffusion of innovations theory (Bopp et al. 2014; Fallon et al. 2012; Harmon et al. 2013; Webb et al. 2013a).

The history of the church and a pastor's ability to connect to resources provides an initial framework for pastoral influence. However, participants in this study also noted needing to speak the community's language, connect with the needs of their congregation and community, and be genuine and authentic in these efforts in order to build trust and thereby influence. In their interviews, pastors detailed the time and work necessary to build trust and influence. While pastors can provide a gateway to communities for programs they endorse, researchers should not rely just on pastoral influence for program success. Instead, given the contextual nature of influence, researchers should engage with pastors in their community to understand the steps needed to acquire a congregation and community's trust such that they, too, are trusted sources prior to implementing a faith-based health program (Ammerman et al. 2003; Campbell et al. 2007; Demark-Wahnefried et al. 2000).

Additionally, researchers should be cognizant of the stress most pastors work under. The multiple responsibilities associated with being a pastor can lead to negative physical and mental health outcomes (Chandler 2009; Hall 1997; Lee 2007). Pastors in this study and other studies (Meek et al. 2003) note the importance of family support in reducing their stress and helping them with work-life balance. Clergy health programs have recently begun to be developed (Proeschold-Bell et al. 2013; Wallace et al. 2012). However, only

one program to-date has reported outcome evaluation data indicating that although a clergy health program improved markers of physical health (e.g., metabolic syndrome), it was not effective at improving self-reported stress or depression scores among clergy (Proeschold-Bell et al. 2017). Much more work is needed to better understand stress (and depression) among clergy in order to develop more effective clergy health programs.

Conceptual Model

A conceptual model was constructed based on findings from this study, previous studies of pastors (Baruth et al. 2014; Bopp et al. 2013; Carroll 2006; Harmon et al. 2013; Webb et al. 2013a), and faith-based health programs (Bopp and Fallon 2011; Campbell et al. 2007; Fallon et al. 2012; Lewis et al. 2007; Proeschold-Bell et al. 2011; Resnicow et al. 2004; Williams et al. 2012; Yeary 2011). The components of the conceptual model also are grounded in the socio-ecological framework (Glanz et al. 2015) (see Fig. 1). We conceptualize pastoral influence as incorporating factors that influence pastors as well as outcomes related to a pastor's influence, which are moderated by personal, social, and environmental factors. Influencing factors occur at the individual-level (or pastoral level) as well as the church, community, and spiritual levels (Bopp and Fallon 2011; Fallon et al. 2012; Harmon et al. 2013; Lewis et al. 2007; Proeschold-Bell et al. 2011; Webb et al. 2013a; Williams et al. 2012; Yeary 2011). We also conceptualize how outcomes related to pastoral influence can occur at the pastoral, church, and community levels. As found in this study, outcomes of a pastor's influence are contextual. Therefore, there are potential moderators of the associations between a pastor and outcomes related to individual stress (Chandler 2009; Ferguson et al. 2015; Forney 2010; Irwin and Roller 2000; McMinn et al. 2005; Wells et al. 2012), congregational health (Baruth et al. 2008, 2014; Bopp and Webb 2012; Dunn et al. 2012; Fallon et al. 2012; Greenberg 2000; Kegler et al. 2010; Quinn and McNabb 2001; Stewart 2015), and a pastor's ability to reduce health disparities at the community level (Aaron et al. 2003; Ammerman et al. 2002; Baruth et al. 2008; Campbell et al. 2007; Harmon et al. 2012; Quinn and McNabb 2001; Resnicow et al. 2004; Stewart 2015). An arrow connects the outcomes of pastoral influence to influences on the pastor to acknowledge the reciprocal relationship that our participants described as existing between the two sides of pastoral influence.

This study is the first to interview AA pastors and ask them about their influence more globally versus pertaining to a subset of their position (e.g., congregation, physical health, mental health) (Baruth et al. 2014; Leavey et al. 2007; Webb et al. 2013a). In addition, this is the first study to build a conceptual model based on the current literature related to pastoral influence. Findings from this study included only AA pastors who pastored Christian churches in South Carolina, USA. However, much of the research on clergy health has included primarily White clergy so findings from this study expand our understanding of pastoral influence to another racial group. In addition, the conceptual model incorporated literature that included a variety of racial/ethnic groups, pastor-focused literature, as well as findings from faith-based interventions that reported outcomes related to pastoral influence. Additional work is needed to examine whether the factors noted as contributing to a pastor's influence remain valid in other countries and with faith leaders outside Christianity.

This study found AA pastors' influence is rooted in higher levels of influence such as the historical context of the AA church, their denomination, and the divine nature of their position. AA pastors then build upon this foundation by developing relationships and trust with their congregation and community members. Despite their influence and important
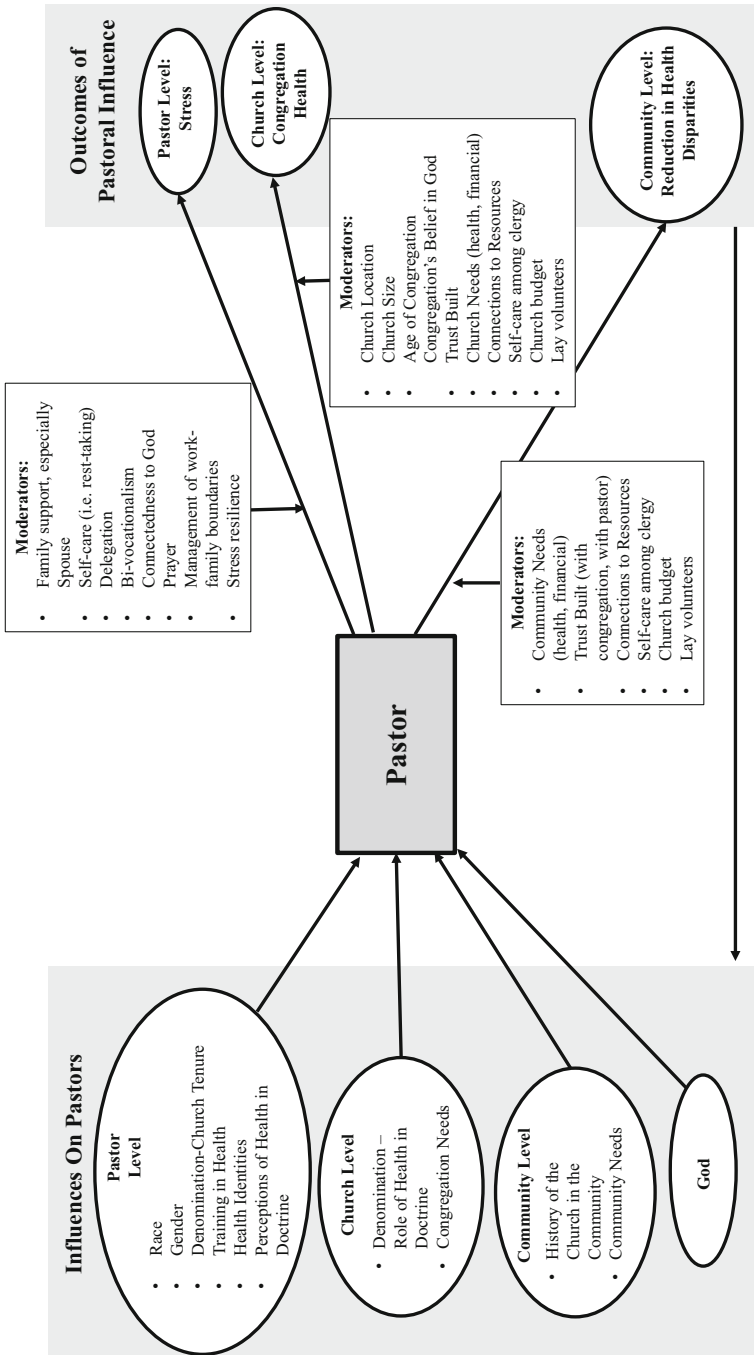
Fig. 1 Conceptual model of pastoral influence

role, pastors may still need assistance incorporating health as a focus for their church and community work as well as self-care.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no competing interests.

Ethical Approval All procedures performed involving human participants were in accordance with the ethical standards of the institutional Internal Review Board and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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