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Burnout, Trauma Impacts, and Well-Being Among Clergy and Chaplains: A Systematic Review and Recommendations to Guide Best Practice

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Abstract
Religious leaders (i.e., clergy and chaplains) face unique, ongoing stressors that can increase risks for psychosocial and vocational vulnerabilities. Emerging evidence indicates concerning prevalence rates of distress and attrition among these professionals, particularly since the COVID-19 pandemic. To date, most empirical work has focused on compromised functioning among religious leaders. Utilizing a more holistic approach, this systematic review explores individual, relational, and organizational factors associated with diverse outcomes. Following the PRISMA methodology, we identified 82 empirical articles investigating (a) risk and protective factors related to burnout, trauma impacts, spiritual distress, and other occupational hazards and/or (b) factors associated with well-being and flourishing, over and above distress reduction. We summarize the state of the available evidence, distinguishing between *risk increasers*, *protective factors*, and *well-being enhancers*. Attention is given to three domains: *individual* (e.g., demographics, personality factors, virtue development, coping and formation practices), *relational* (e.g., peer, family, and collegial supports; navigation of conflicts and polarized issues in one's community of care), and *institutional* (e.g., role ambiguity or clarity, resource availability, systemic expectations and demands). We identify notable gaps to be addressed in future research; for example, most studies are cross-sectional, lack diversity in religion, gender, and geography, and operationalize well-being as the absence of symptoms rather than the presence of positive states and functioning. Considering the available evidence, we present best practices to guide psychological practitioners, denominational bodies, and others involved in religious leaders' formation.

Keywords Clergy · Chaplains · Burnout · Trauma · Well-being

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Clergy and chaplains face unique stressors in multiple domains, including at individual (e.g., role ambiguity; Wells, 2013), relational (e.g., congregational differences around polarized issues; Proeschold-Bell et al., 2015), and institutional (e.g., limited resources; Leavell et al., 2012) levels. Some sources of strain are related to personality and motivational factors that are not easily changed (Village & Francis, 2021), yet these aspects may have been foundational to why an individual pursued their vocation. Many feel a pull to their career because of something internal (e.g., sense of call, passion to make a difference, empathy; Klitzman et al., 2022) but experience a significant cumulative toll from providing care and guidance to others amidst suffering, trauma, and crisis. Religious leaders can also be isolated in some contexts with few relationships where they can be fully honest with others who "get" the complexity of their work: clergy must maintain professional boundaries with community members who may be past, current, or future congregants, and chaplains frequently work as the only spiritual care provider on shift while advocating in systems that often have divergent priorities (Cadge & Rambo, 2022).

Such stresses are significantly exacerbated by systemic and institutional challenges (Hotchkiss & Lesher, 2018), which can set the stage for the vocational iteration of Taylor Swift's (2024) "I love you. It's ruining my life." In a study during the COVID-19 pandemic, over 98% of chaplains described their work as deeply meaningful and impactful, yet nearly all (93%) reported trauma exposure and the vast majority (74%) had considered leaving the field (Captari et al., 2023). Questions can be raised as to whether enough has been done to intervene in support of religious leaders' vocational well-being and longevity, particularly given their vital roles in their communities. The leadership and care provided by clergy and chaplains is crucial—sometimes even lifesaving—perhaps especially so in light of the complex issues facing our world. Considering this underserved population, we conducted a systematic literature review to synthesize and elucidate the evidence base and develop recommendations to guide intervention.

A constellation of vulnerabilities

Distress and vocational attrition among religious leaders, particularly since the pandemic (Hamm & Eagle, 2021; Rapp et al., 2021), threatens accessibility to the contributions and compassionate care these professionals provide. Previous reviews have mainly focused on a single risk, such as burnout (Adams et al., 2017; Picornell-Gallar & González-Fraile, 2024). However, to understand the key drivers—and diverse manifestations—of religious leaders' vulnerabilities, it is necessary to consider the broader constellation of psychosocial and vocational risks they face. In this review, we consider the interplay between burnout, trauma impacts, and spiritual/existential distress. To begin, we briefly overview each area below.

Since first introduced by Freudenberger (1970), burnout has been extensively researched. Among religious leaders, prevalence rates range from low to high, presumably depending on intervening factors. Despite varying definitions (e.g., 13 identified by Canu et al., 2021), exhaustion is a core component, and it may include emotional, physical, and/or cognitive depletion. Burnout has been recognized as an occupational hazard in the World Health Organization's (2022) International Classification of Diseases (ICD-11), using Maslach's (2017) tripartite definition of feeling exhausted, disengaged and cynical, and ineffective at work. High job demands combined with low job resources is an apt description of the daily realities that many chaplains and clergy face; that this combination

has been consistently associated with burnout (Demerouti et al., 2021) implicates contextual and structural norms in ministry.

Increasing attention has been given to trauma impacts (or "empathy-based stress"; Rauvola et al., 2019), encapsulating overlapping constructs. Joinson (1992) coined the term *compassion fatigue*, citing exposure to the infinity of human need, a job where "the essential product they deliver is themselves," and shouldering multiple, often conflicting roles (p. 117). Figley (1995) used the term *secondary traumatic stress* to similarly describe "stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7), with symptoms such as hypervigilance, dissociation, avoidance, guilt, and anger. Capturing broader changes, Pearlman and Mac Ian (1995) proposed vicarious traumatization as "the transformation that occurs... as a result of empathic engagement with trauma experiences and their sequelae" (p. 558). This could include an altered experience of oneself and one's call (e.g., feeling helpless *or* idealizing one's contributions) or changed understandings of human nature, religion, or the divine. Chaplains and clergy may also experience direct traumatic stress, whether through sudden occupational changes (e.g., forced termination or reassignment; Tanner et al., 2013) or other life circumstances.

Spiritual, existential, and/or moral distress are often intertwined with burnout and traumatization, given the salience of these domains for religious leaders. Such distress is common; in one study, spiritual crisis was experienced "occasionally" by 40% and "regularly" by 13% of Catholic clergy (Büssing et al., 2013). Having doubts or feeling abandoned or punished by the divine are common spiritual struggles (Pargament & Exline, 2021). Salient existential domains include grappling with morality, injustice, or perceived meaninglessness. When religious leaders face pressure to violate beliefs or be complicit with systemic harm, they may experience moral distress or injury (Griffin et al., 2019). Struggling in these areas often fuels shame and stigma as these professionals are looked to as spiritual and moral exemplars (Crosskey et al., 2015).

Emerging attention to well-being

Our conceptual approach is informed by the growing attention to dual-factor understandings of health (Lomas & VanderWeele, 2023), which distinguish distress and vulnerability from positive psychosocial and vocational functioning. That is, it cannot be presumed that religious leaders scoring low on measures of burnout, traumatization, and spiritual distress are necessarily flourishing in their work. Several reviews to date have explored resilience (Jackson-Jordan, 2013; Sielaff et al., 2021) and spiritual well-being (Edwards et al., 2020). This is vital to help capture chaplains' and clergypersons' dynamic experience, within which suffering and flourishing can exist along related-but-distinct dimensions. We avoid conflating low distress with high well-being as research has shown a variety of profiles when such constructs are differentiated (e.g., Crabtree et al., 2023). As is common in emerging areas, markers of flourishing are not well delineated, with diverse definitions and measurement approaches in the literature. We briefly overview key areas below.

Well-being is a multidimensional construct that includes hedonic (e.g., happiness, quality of life) and eudaimonic (e.g., sense of purpose, self-determination, communal concern) domains (Ryff & Singer, 2008). In our view, flourishing as a religious leader integrates both hedonic and eudaimonic aspects. The language of resilience captures adaptive responses to stress and adversity. Resilience is sometimes described as "bouncing back," that is, resuming stable functioning (Herrman et al., 2011), as well as a dynamic, communal process

involving interactions between "biological, psychological, social, and ecological systems... that help individuals to regain, sustain, or improve their mental well-being" (Ungar & Theron, 2020, p. 441). Going beyond this, posttraumatic growth is characterized by perceived positive changes, including greater appreciation for life, awareness of new possibilities, personal strength, deepened relationships, and spiritual development (Tedeschi & Calhoun, 1996). Given frequent exposure to others' trauma, clergy and chaplains may also be positively affected by their work, experiencing vicarious resilience and/or vicarious posttraumatic growth.

The present study

This systematic review compiles and analyzes the available research (including both quantitative and qualitative evidence) concerning religious leaders' psychosocial and vocational functioning. An individual chaplain or clergyperson cannot sustainably manage or control the severity of their work stressors in isolation. Researchers have called for empirical work elucidating key drivers of psychosocial and vocational distress, including (a) moving beyond the individual to measure contextual and organizational factors and (b) prioritizing prevention and intervention (Demerouti et al., 2021). In response, we use a holistic, multisystemic framework to consider the individual, relational, and organizational factors that impact religious leaders.

While previous reviews have reported prevalence rates, attended mainly to individual factors, focused on a single adverse outcome, and/or been denominationally bound, the present study expands on this by explicating (a) both risk and protective factors related to a constellation of vulnerabilities, including burnout, trauma impacts, and spiritual distress, as well as (b) factors associated with resilience, well-being, and flourishing, over and above distress reduction. Given the interplay between markers of psychosocial and vocational distress, as well as differing and at times overlapping definitions (Rauvola et al., 2019), this review helps elucidate the larger picture concerning various forms of struggle that religious leaders may experience. Building on this, we discuss recommendations for developing spiritually integrated and culturally responsive prevention and intervention. This is vital, given that many religious leaders are reluctant to seek psychological treatment due to perceived cultural and worldview differences as well as fear that doing so could undermine their employer's perceptions of their job fitness.

Method

Eligibility criteria

Empirical studies published in English with full text available were eligible for inclusion, including quantitative, qualitative, and mixed method designs. We did not limit by publication date. Eligible studies examined at least one factor associated with professional religious leaders' (i.e., not seminary students or volunteers) holistic psychosocial and vocational functioning. To maintain a reasonable scope in line with our research question, studies were not eligible that focused on clinical diagnoses (e.g., mental health and substance use disorders) or physical illness (e.g., heart disease). Detailed inclusion and exclusion criteria are listed in Online Resource Table 1.

Data sources and search strategy

Following the PRISMA framework and guidelines, we conducted systematic searches of eight databases: Psychology and Behavioral Sciences Collection, Academic Search Premier, APA PsycArticles, APA PsycBooks, APA PsycInfo, Atla Religion Database with AtlaSerials PLUS, Christian Periodical Index, and Social Sciences Full Text. We sought to identify published articles examining factors that (a) contribute to or protect against vulnerabilities and/or (b) contribute to flourishing. We employed a multifaceted search strategy, using a variety of title and subject terms (i.e., chaplain*, clergy, minister, pastor, religious leader, spiritual leader, ministry leader). We included title and subject terms characterizing vulnerabilities (i.e., burnout, compassion fatigue, trauma, secondary trauma*, vicarious trauma*, moral distress, moral injury) and/or psychosocial and vocational health (i.e., well-being, flourish*, resilience, thriv*, vital*). Searches accounted for spelling differences, used asterisks to capture term variations, and implemented Boolean operators (i.e., AND, OR) to identify relevant studies.

Screening and data extraction

Searches yielded 536 articles to screen after removing 118 duplicates (see Fig. 1 for PRISMA flowchart). We used the web-based software Covidence to structure our screening process. At both stages of screening, the first and second authors independently reviewed each entry and then reached consensus on inclusion or exclusion. First, we reviewed all abstracts to exclude obviously irrelevant studies, eliminating 334 articles. Of the remaining 202 studies, five were excluded due to lack of full text availability. Next, we conducted a full-text review of the remaining 197 studies using an established rubric. We only included (a) quantitative designs using at least one previously validated measure and (b) qualitative designs of more than nominal sample size (≥ 5). In line with our research question, we excluded (a) mixed samples consisting of seminary students or other helping professionals (unless analyses were parsed out) as well as (b) those primarily examining mental and physical health outcomes (e.g., depression, cancer) as beyond the scope of this study. Through this process, an additional 115 studies were excluded, resulting in a final dataset of 82 studies. Finally, we extracted key data from each study, including sample size and description, study design, validated measures, and main findings as related to our research question (see Online Resource Table 2).

Results

Review of methodology

Research design Of the 82 studies, the vast majority were quantitative, including 53 (65%) cross-sectional and three (4%) longitudinal. Four studies (5%) examined potential interventions to address this population's needs, utilizing either longitudinal quantitative or longitudinal mixed method designs. The remaining studies were all cross-sectional,

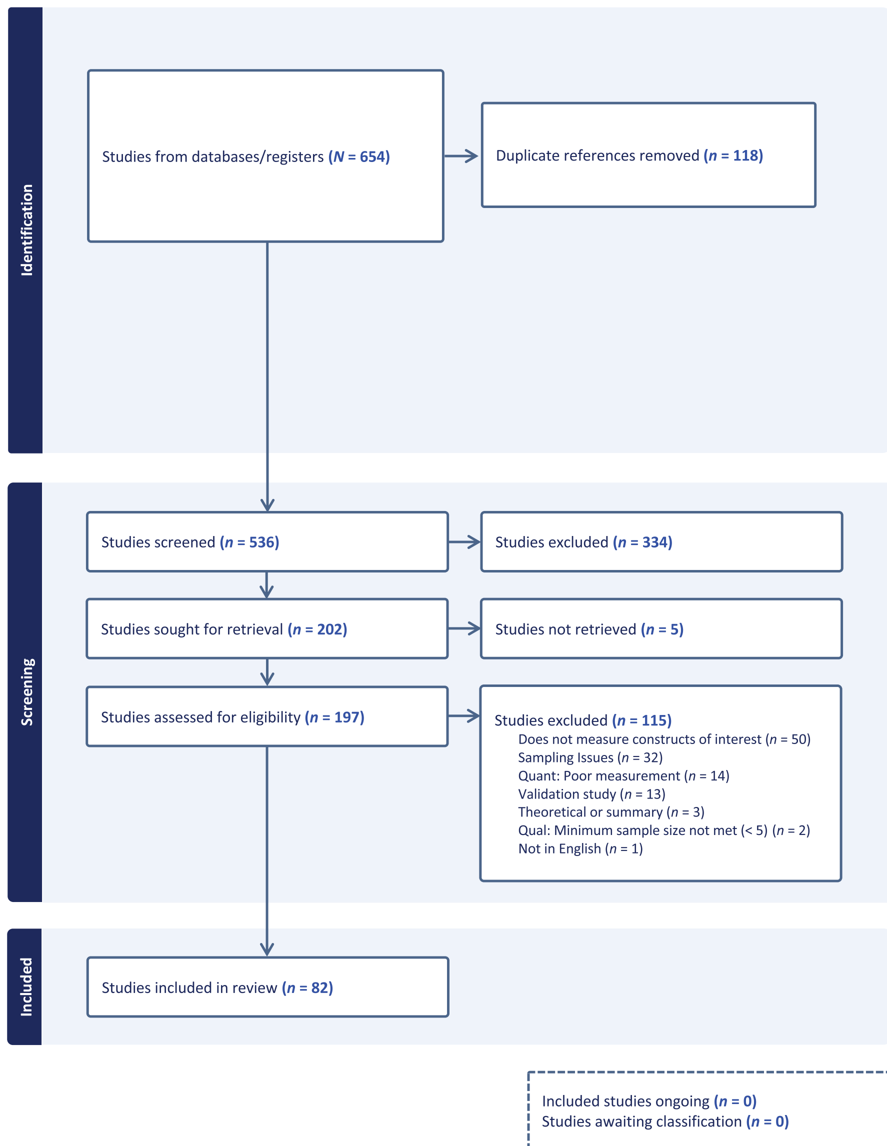

Fig. 1 PRISMA Diagram

including 14 (17%) qualitative, seven (9%) mixed method, and one (1%) quantitative analysis of secondary data.

Sample characteristics The included studies comprised a total of 46,569 participants. Demographic reporting varied significantly. Online Resource Table 2 details available information on location, industry, gender, religious tradition, age, and race. Over half of the studies ($n=45$; 55%) were conducted in the United States, two were international samples that included the United States, and the remainder consisted of a geographic spread across

all continents except South America and Antarctica. Within the United States–specific studies, just over half ($n=27$; 60%; 33% of the total sample) were nationwide samples; the remainder were conducted within a particular state, region, or city. Seventy-one studies (87%) reported religion, and nearly all ($n=68$; 96%) consisted of entirely or primarily Christian traditions. Participants in the majority ($n=59$; 87%) of those 100% Christian studies (72% of the total sample) were from a particular denomination (e.g., Methodist, Catholic). Chaplains were greatly underrepresented as only 13 studies (16%) focused on this subpopulation (seven of which were limited to the United States), and two consisted of both chaplains and other religious leaders. Seventy-nine studies (96%) reported participants' gender, with a majority identifying as male. In most cases ($n=71$; 87%), at least half of the sample was male. Other studies were gender specific: 19 (23%) were 100% male and three (4%) were 100% female. Few studies reported data on transgender or gender nonbinary individuals. Less than half ($n=33$; 40%) reported race or ethnicity, and in nearly all of these cases ($n=31$; 94%) the participants were primarily White. Among the 49 studies (60%) where race was not reported, 33 (67%) were outside the United States. Sixty-seven studies (82%) reported on age, though how age was reported varied. Forty studies (60%) reported an average age, such that the average age across this review sample was 49.4 years old. Twenty-seven (40%) studies offered a breakdown of ages (see Online Resource Table 2 for age ranges with highest representation). Taken together, the largest portion of our sample consisted of White middle-aged male Christian clergy, with geographic diversity.

Quality assessment We utilized the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) to evaluate the studies in our final dataset. The MMAT was selected as a well-suited quality assessment tool because of its evaluation criteria for diverse study designs. The MMAT assigns qualitative criteria of "yes," "no," or "can't tell" for different components of each methodology. The first and second authors independently completed the quality assessment items relevant to each study and then reconciled differences to arrive at a final response set. Online Resource Tables 3, 4, 5, and 6 display MMAT scoring; we summarize the key areas here. Broadly speaking, the included studies utilized relevant sampling strategies and appropriate measurements and statistical analyses (quantitative) or data collection methods with substantiated interpretations (qualitative) to investigate their research questions. The most variability occurred in the representativeness of samples and the risk of nonresponse bias in quantitative studies. Regarding representativeness, some studies' samples were of religious leaders from one tradition or one geographic area, yet not all studies acknowledged this lack of representativeness in their limitations. Regarding nonresponse bias risk, not all studies articulated how many were invited to participate, leaving us unsure of participation rates or of any information about those that did not participate and how they compared to those that did. The included qualitative studies consistently had the strongest quality assessment results on the MMAT, while intervention studies had the weakest quality, including lack of representative samples, incomplete outcome data, and a lack of accounting for potential confounds.

Review of empirical findings

Three primary domains were evident: *risk increasers*, *protective factors*, and *well-being enhancers*. First, the largest portion of the empirical literature examined risk factors associated with psychosocial and vocational distress (i.e., burnout, various forms of traumatization, compassion fatigue, diminished well-being, spiritual struggles; see Online Resource

Table 7). Second, a number of protective factors were identified that helped mitigate these vulnerabilities but were not analyzed as necessarily promoting psychosocial and vocational health (see Online Resource Table 8). Third and least prevalent, some factors emerged that were distinctly associated with psychosocial and vocational health (i.e., sense of well-being, resilience, flourishing; see Online Resource Table 9). Given their research questions and analyses, some studies were categorized under multiple domains, but articulations of contributors to negative outcomes dominated. Some may expect certain articles to be categorized as well-being enhancers based on the titles; however, when well-being was operationalized simply as a lack of distress, we categorized the study as describing protective factors (Lomas & VanderWeele, 2023). Only studies examining factors associated with positive psychosocial and vocational health were considered well-being enhancers. Within each domain, results are presented at individual, relational, and organizational levels. Spirituality is discussed within the relational level, in line with framings of how people relate to the divine, sacred, or ultimate (Sandage et al., 2020).

Risk increasers Fifty-three studies (65%) evaluated individual, relational, or organizational factors that may increase risk for psychosocial and vocational vulnerabilities. Within this, a majority ($n=35$; 66%) explored burnout, with emerging attention to trauma effects ($n=10$; 19%; i.e., traumatic stress, secondary/vicarious trauma, compassion fatigue) and spiritual struggles ($n=6$; 11%). The remainder conceptualized distress and compromised functioning broadly ($n=12$; 23%).

A significant portion of the research ($n=27$; 51%) has examined individual risk factors. Being younger (Luk, 2019; Shaw et al., 2021), female (Frame & Shehan, 2005; Robbins & Francis, 2014), and/or having less education (Flannelly et al., 2005; Küçüksüleymanoğlu, 2013) were consistently associated with greater susceptibility. However, there were some exceptions, such as older imams in Turkey who were at higher risk of burnout than their younger counterparts (Küçüksüleymanoğlu, 2013). The literature is inconsistent regarding career stage; some studies found years as a chaplain (Galek et al., 2011; Taylor et al., 2006), Catholic priest (Noronha & Braganza, 2022), or imam (Küçüksüleymanoğlu, 2013) to be correlated with burnout—suggestive of a cumulative burden—while others found that newer Christian clergy and chaplains (Randall, 2007; Shaw et al., 2021) as well as rabbis (Taylor et al., 2006) were at increased risk. Little attention has been given to race or ethnicity; however, Wells (2013) found that African American pastors exhibited more physical but less emotional distress than their White colleagues.

Individual beliefs and practices were also salient contributors to burnout, including people-pleasing tendencies (Chandler, 2010), self-worth based on job performance or perceived success (Innstrand et al., 2011), ambiguous boundaries (Frame & Shehan, 2005), existential themes such as fear of death (Tervo-Niemelä, 2020), and maladaptive coping (e.g., denial, substance abuse, neglecting needs; Leavell et al., 2012). Self-blame for others' suffering was identified as a risk factor for secondary traumatic stress in particular (Juczyński et al., 2022). Some personality aspects were implicated as liabilities for burnout, including neuroticism (Francis et al., 2010), self-protectiveness (Parker & Martin, 2011), prosocialness (Buratti et al., 2020), and introversion (Crea & Francis, 2020), while vulnerable narcissism and grandiose narcissism were associated with work-related traumatic stress (Ruffing et al., 2021).

Some studies ($n=23$; 43%) identified relational risk factors, which included both ministry-related stresses (e.g., congregational disagreements, tensions around theological differences; McKenna, 2021) and family-related stresses (e.g., marital conflict or dissatisfaction,

parenting challenges, caring for an ill or disabled family member; Chan & Chen, 2019), as well as the interplay between the two (e.g., work-home conflicts; Innstrand et al., 2011). Some studies utilized multiple informants by gathering data from spouses (Blanton & Morris, 1999; Frame, 1998). Social context stressors distinct to being a religious leader were identified, including mobility and relocation, which disrupt support networks (Frame & Shehan, 1994); presumptive expectations of being available 24/7; family boundary intrusiveness; and criticism of the minister and their family (Han & Lee, 2004; Proeschold-Bell et al., 2015). Conflicts and negative interactions with congregants, fellow staff, and/or denominational networks were cited (Krause et al., 1998; Ruffing et al., 2021), at times rising to the level of "serving at a traumatic church" (Doolittle, 2010, p. 93).

Further, rural ministry environments correlated with greater loneliness and burnout (Scott & Lovell, 2015). Such complexities likely underpin the reported high levels of social isolation and lack of available support from friends and colleagues (Proeschold-Bell et al., 2015), described by Stanford and Timms (2021) as "deficiencies in supportive structures" (p. 290). This was further exacerbated by the COVID-19 pandemic (Osei-Tutu et al., 2021). Struggles in religious leaders' relationship with God or the sacred were also associated with burnout and traumatization, including spiritual dryness/lethargy, doubts and questions, changing theology and views of the divine (e.g., as punishing, distant), and other negative religious coping (Chandler, 2009; McCormick et al., 2017). Although only investigated in two studies, insecure attachment to God may help elucidate relational aspects fueling distress (Bickerton et al., 2015; Jankowski et al., 2019).

A sizable subset ($n=31$; 58%) explored institutional and workplace risks, such as "unrelenting" (Chandler, 2010, p. 5) systemic demands and workloads (Buys & Rothmann, 2010) and environments that exerted "severe work pressure" (Evers & Tomic, 2003, p. 331). Among chaplains, "overwhelming caseloads" and "feeling bogged down by the system" independently contributed to burnout over and above individual factors (Hotchkiss & Lesher, 2018, p. 91), and lack of interdisciplinary collaboration was associated with both burnout and trauma impacts (Yan & Beder, 2013). A variety of institutional expectations and workplace dynamics were identified, such as role ambiguity (i.e., lack of clear delineation about responsibilities; Hang-yue et al., 2005), juggling multiple—and at times disparate—roles (e.g., administration, spiritual care, orchestrating services; Chandler, 2010; Charlton et al., 2009; Smith, 2020), low-status placements (Frame & Shehan, 2005), and unclear institutional boundaries, such that work was frequently in conflict with personal life (Han & Lee, 2004; Wells, 2013).

Systemic realities sometimes impeded religious leaders' ability to engage with available resources (Leavell et al., 2012), such that an 18-month intervention designed for pastors serving rural communities eased feelings of loneliness but did not mitigate structural and organizational challenges nor catalyze greater self-care (Scott & Lovell, 2015). Interestingly, two studies found that being assigned to a parish as opposed to other forms of ministry (e.g., diocesan/secular vs. religious order priests; Raj & Dean, 2005; Virginia, 1998) increased risk, elucidating how dysfunctional "structural and administrative systems can lead to burnout" (Raj & Dean, 2005, p. 157). Overseeing multiple congregations did not inherently increase vulnerability (Francis et al., 2013a; Robbins & Francis, 2014) despite the presumed increased workload, suggesting intervening mechanisms to be explored. Among chaplains, working in a hospital—compared with other settings—was a slight risk factor for burnout (Hotchkiss & Lesher, 2018), and the number of days and hours worked with traumatized individuals both weekly (Galek et al., 2011; Levy et al., 2011) and in acute disaster response (Flannelly et al., 2005) correlated with secondary traumatic stress. Finally, financial stress and uncertainty impacted not only the religious leader but also

their family's functioning (Morris & Blanton, 1998) due to, for example, low pay (Frame & Shehan, 2005) and the need to work a part-time non-clergy job to make ends meet (Küçüksüleymanoğlu, 2013).

Protective factors Thirty-five studies (43%) identified individual, relational, or organizational factors that may help protect against psychosocial and vocational risks. Within this, half ($n=18$; 51%) explored burnout, with fewer studies attending to trauma effects ($n=7$; 20%) and spiritual struggles ($n=3$; 9%). The remainder conceptualized distress and compromised functioning broadly ($n=6$; 17%).

Primary empirical attention ($n=21$; 60%) has been given to individual protective factors. Key demographics included older age (Noronha & Braganza, 2022; Tomic et al., 2004), being male (Chandler, 2010), having more educational opportunities (e.g., clinical pastoral education; Flannelly et al., 2005), and a history of positive mental health (Rossetti & Rhoades, 2013). While age is often a proxy for ministerial experience and wisdom, the fact that gender is a protective factor highlights the structural barriers and sexism that female religious leaders often face. A variety of strengths and capacities emerged as potentially protective. Lower burnout was associated with greater differentiation of self, self-compassion, and lower desire to please others (Barnard & Curry, 2012), a strong goal orientation and autonomy at work (Innstrand et al., 2011), meaning-making and seeking new perspectives (Leavell et al., 2012), compassion satisfaction (Stanford & Timms, 2021), emotional intelligence (Francis et al., 2019), and inner peace (Rossetti & Rhoades, 2013). Personality traits such as extraversion, openness, agreeableness, and conscientiousness were also related to less burnout (Joseph et al., 2011).

Lower traumatization was associated with compassion satisfaction (Stanford & Timms, 2021), mindful self-awareness, self-compassion, and a sense of purpose (Hotchkiss & Lesher, 2018). Adaptive personal practices to address these vocational risks included effective coping (e.g., acceptance, positive reframing; Doolittle, 2007), establishing routines and rituals to promote health (e.g., combining exercise and prayer; Bledsoe & Setterlund, 2015), regular engagement with activities and interests outside of work (Doolittle, 2010; Terry & Cunningham, 2021), and well-established and clear boundaries (Ekedahl & Wengström, 2008). The evidence is mixed regarding the effectiveness of self-care in protecting against burnout and traumatization. Stanford and Timms (2021) did not find self-care to be significantly related to these vocational risks, while Hotchkiss and Lesher (2018) found only a weak negative association between self-care behaviors and traumatization.

Several studies ($n=9$; 26%) explored relational protective factors. Mentoring and coaching, especially in early vocational development, played a key role in shaping vocational identity and navigating challenges (Bledsoe & Setterlund, 2015; Chandler, 2010). Robust and multifaceted systems of support, encouragement, and accountability were consistently correlated with less distress. Krause et al. (1998) identified the benefit of "emotional support within the congregation" (p. 738), while others acknowledged the limitations of this, given clergypersons' dual roles. As such, "interrelationships with family, friends, peers, the church institution, and outside agencies" were important (McKenna, 2021, p. 84). Bandwidth and willingness to lean into available supports emerged as important, such that those who "show openness and vulnerability with others tend to cope more effectively with loneliness and isolation" (Bledsoe & Setterlund, 2015, p. 66). Among chaplains, Galek et al. (2011) found that social support from family and friends was related to lower burnout and secondary traumatic stress, although supervisor/co-worker support was not a statistically significant predictor. This suggests complexity in the ability to derive meaningful support

from one's workplace, potentially based on relational dynamics, norms around self-disclosure, time constraints, and other factors.

Psychotherapy and other relational spaces, such as ministry support groups, were also cited by some (Bledsoe & Setterlund, 2015). Participation in a week-long intensive outpatient intervention designed specifically for clergy was longitudinally associated with burnout reduction (Muse et al., 2016), and attending a 3-day pastoral crisis intervention training predicted less burnout and traumatic stress one year later (Noullet et al., 2018). The quality of family relationships was also potentially protective, including high marital satisfaction (Chandler, 2010) and balanced engagement between family and work life (Innstrand et al., 2011). Finally, deeply rooted spiritual engagement was related to less psychosocial and vocational distress (Milstein et al., 2020), including spiritual and religious practices (e.g., prayer, reading sacred texts, meditation; Pandya, 2021; Turton & Francis, 2007) and a strong relationship with God or the divine (Edwards et al., 2022; Rossetti & Rhoades, 2013). Highlighting bidirectional relationships between spirituality and stress, Csiernik and Adams (2002) found that although clergypersons' spirituality buffered perceived workplace stress, this stress also negatively impacted spiritual their well-being.

A subset ($n=13$; 37%) explored protective factors at institutional and organizational levels. Supportive structures within the workplace and/or denominational body were consistently associated with lower burnout and trauma impacts. This included feeling valued and supported by the administration (Yan & Beder, 2013), expectations of manageable work hours, freedom to say "no" to inappropriate requests within one's community of concern (Hotchkiss & Lesher, 2018), clear demarcations of roles (Ekedahl & Wengström, 2008), a work culture that supported autonomy, flexibility to attend to home responsibilities (Innstrand et al., 2011), and ample professional development opportunities (Bledsoe & Setterlund, 2015). While areas such as boundary setting and work-life balance are frequently thought of as individual factors, the literature identified the vital importance of developing structures—including organizational responsibility, policies, and a positive work culture—that help religious leaders actualize these aims. Bledsoe and Setterlund (2015) described such structures as "the joint responsibility of the professional and the organization," noting that a "healthy alliance [between a religious leader and their system] is a key factor in reducing traumatic stress risk" (p. 95).

Several studies examined protective structures within specific disaster situations. For example, clergy and chaplains responding to 9/11 were at less risk for burnout and traumatic stress if they worked within a larger organization, such as the American Red Cross (Flannelly et al., 2005). With regard to the COVID-19 pandemic, clergy in Ghana reported that although government-imposed restrictions were a source of disorientation and stress, they also allowed for increased family time and relief from some ministry demands (Osei-Tutu et al., 2021).

Well-being enhancers Twenty-one studies (26%) reported on individual, relational, or organizational factors related to positive psychosocial and vocational health. These well-being enhancers were distinct from the absence of burnout or trauma impacts. A majority measured psychological well-being ($n=14$; 67%) or satisfaction in ministry ($n=5$; 24%), with some attention to spiritual well-being ($n=3$; 14%), resilience ($n=3$; 14%), and post-traumatic growth ($n=2$; 10%).

Over half ($n=14$; 67%) examined individual factors associated with well-being. A variety of strengths and capacities emerged as potential catalyzers of positive psychosocial and vocational health, including gratitude (Lee, 2010), self-compassion (Lee & Rosales, 2020), emotional intelligence (Francis et al., 2019), realistic expectations of and aspirations for

ministerial work, and awareness of the complexities and challenges that one must often navigate as a clergyperson (Potts, 2020). Several studies examined more complex models; for example, religious leaders' humility was associated with well-being through increased differentiation (Jankowski et al., 2019), and living out one's values through work (Rosales et al., 2021) was associated with a sense of flourishing through greater job engagement. Considering several factors in tandem, a study of South African Christian ministers of various denominations found that higher psychological capital (i.e., self-efficacy, hope, optimism, and resilience) was positively correlated with well-being, job satisfaction, and organizational commitment (Kanengoni et al., 2018). Some personality facets were also related to well-being, including extraversion and being structured/goal-oriented (Robbins & Hancock, 2015). Recognizing trauma exposure as common within these vocations, Juczyński et al., (2022) found mentalization, perspective-taking, and empathy to be associated with secondary posttraumatic growth.

A subset ($n=8$; 38%) identified relational factors, with consistent evidence for strong and secure relationships (e.g., family, friends, colleagues, the divine) as contributing to well-being and resilience. Nurturing one's spousal relationship emerged as vital; interview data suggested that "what happens in their marriage directly impacts their sense of equilibrium and pastoral effectiveness" (Chandler, 2010, p. 6). Exploring clergy couples' well-being using dyadic analyses, Kim et al. (2016) found that couples' satisfaction with available supports was the strongest contributor, concluding that "well-being is more than having fewer demands or access to more resources" (p. 65). Attending to the interplay between a flourishing family and ministry life, Potts (2020) elucidated the importance of investing in and enjoying one's family. Relationships with friends, co-workers, and other colleagues were associated with greater levels of positive affect and life satisfaction (Lee & Rosales, 2020), potentially due to ongoing accountability, support, and encouragement (Chandler, 2010). Some relationships developed naturally, while others were cultivated within peer-led spaces (e.g., "fellowship" or support groups). Additionally, emotional and practical support from within one's congregation was associated with positive mental health and ministerial satisfaction (Proeschold-Bell et al., 2015).

Vitality and depth in religious leaders' spiritual lives were inextricably interconnected with their well-being and resilience; specifically, the quality of religious leaders' relationship with God or the divine mattered, including a deep sense of connectedness, secure attachment (Bickerton et al., 2015; Jankowski et al., 2019), and an "ongoing awareness of God's grace" (Meek et al., 2003, p. 339). Other important areas included a sense of calling to one's work while sharing control with the divine (Meek et al., 2003); well-developed, flexible spiritual practices (e.g., prayer, worship, reading sacred texts; Chandler, 2010; Pandya, 2021); religious coping strategies (e.g., benevolent religious reappraisal, collaboration with God; Pargament et al., 2001), and Sabbath-keeping (Hough et al., 2019). Such spiritual resources proved "essential for maintaining and improving meaningfulness and motivation at work and increased work engagement" (Bickerton et al., 2015; p. 130). Following the experience of a potentially traumatic event, searching for meaning and both positive (e.g., sought God's love and care) and negative (e.g., wondered whether God had abandoned me) religious coping were associated with posttraumatic growth (Proffitt et al., 2007).

Few studies ($n=5$; 24%) examined how institutions and organizations might enhance religious leaders' well-being and resilience as opposed to solely mitigating risks. Work-related social support such as mentorship and advice (e.g., from denominational leadership or other church staff; Terry & Cunningham, 2020), paid study leaves or sabbaticals (Francis et al., 2013b), job control (e.g., skill discretion, decision authority; Terry & Cunningham,

2020), opportunities for ongoing training (e.g., in pastoral crisis intervention skills; Noullet et al., 2018), and positive experiences with congregations and previous church appointments (Proeschold-Bell et al., 2015) were all significantly related to psychosocial and vocational health. Stewart-Sicking et al. (2011) explored workplace conditions, including experiencing work as psychologically safe, meaningful, having reasonable goals and workload, and a good person-job fit. Their finding that gender moderated the relationship between work conditions and well-being highlights the systemic challenges that female religious leaders likely face. As mentioned above, tenure was associated with positive functioning in some traditions and denominations but not in others.

Discussion

This systematic review elucidates both the constellation of vulnerabilities that religious leaders may face as well as multi-systemic contributors to flourishing. To date, much of the research has explored individual factors associated with distress, resonant with the bias that burnout and trauma impacts are a personal challenge. This fails to account for the ways that organizations create and reinforce unsustainable working conditions (Maslach, 2017). Promising empirical attention has been given to protective factors. However, a focus on prevention or intervention can be difficult to enact for religious leaders whose traditions emphasize self-sacrifice no matter what the cost to one's health (Besterman-Dahan et al., 2014). Furthermore, the language of self-care neglects the interplay between self and relational and organizational contexts. Our team's experience as educators and clinicians working with religious leaders converges with the evidence reviewed here, suggesting that these domains can be incredibly influential in compounding or protecting against adverse outcomes.

That only 26% of studies were categorized as well-being promoters demonstrates a trend in the literature likely reflective of larger norms. In religious leaders' vocational formation and the systems within which they work, inadequate attention has been paid to developing individual capacities, relational contexts, *and* organizational norms that promote these professionals' sense of flourishing and longevity. Not being burnt out or traumatized through one's vocation is a low bar, and lack of distress is not necessarily synonymous with thriving in one's work (Lomas & VanderWeele, 2023). Absence or reduction of distress may reflect the influence of protective factors or a person's baseline presentation, but a key point is that positive mental health includes the presence of well-being rather than just limited distress. Few studies in our sample incorporated such nuances. As a notable exception, Proeschold-Bell et al. (2015) acknowledged that had they only examined vulnerabilities, they would have overlooked several significant interaction effects associated with well-being.

Because most studies were cross-sectional, we can only say with confidence that the identified factors are related to psychosocial and vocational functioning among religious leaders. Much remains to be explored about how these relationships unfold dynamically across time, including potential mediating factors. Furthermore, an egregious gap in the literature is evident: out of 82 identified studies, only four (5%) explored potential intervention strategies: intensive and small group programming for rural pastors (Scott & Lovell, 2015), a clergy-specific intensive outpatient treatment program (Muse et al., 2016), a three-day crisis intervention workshop for those working with traumatized populations (Noullet et al., 2018), and a meditation app to support chaplain resilience (Pandya, 2021). Without

clear empirical guidance on how to effectively address religious leaders' unique psychosocial and vocational needs, practitioners are left to extrapolate from correlational research and general vocational health guidelines. This is a disservice to clergy and chaplains, who may already be hesitant to seek out psychological support due to perceiving such frameworks as less resonant with their worldview (Besterman-Dahan et al., 2014). Culturally responsive and spiritually integrated care necessitates the development of interventions—both within mental health treatment and peer spaces—acculturated to religious leaders' values and priorities. The development of these approaches could draw upon the empirical base reviewed here to address the vulnerabilities, protective factors, and well-being enhancers most salient for these populations in particular (Captari et al., 2023).

One unique contribution of this review, beyond its holistic, multi-systemic approach, is its pluralism and inclusivity, in contrast with previous reviews focused on a particular denomination (e.g., Catholic priests; Picornell-Gallar & González-Fraile, 2024) or workplace setting (e.g., hospital chaplains; Doolittle, 2015). However, while the vulnerabilities, protective factors, and well-being enhancers identified herein serve as valuable reference points to guide research and intervention, our findings cannot be generalized to *all* clergy and chaplains, regardless of intersectional identities, tradition, or workplace setting. In most studies, demographic factors were controlled for or covaried rather than examined as potential moderators. Ongoing research is critical to parse out the complexities and particularities of religious leaders' experiences and needs; critical to this will be examining interaction effects between risk factors, protective factors, and well-being enhancers, as well as mediating variables. While the literature substantiates clear challenges that religious leaders face (the "what" and, to a lesser extent, the "why"), we know very little about the complexities of with whom, when, where, how, under what circumstances, and within what contexts these phenomena unfold. Among the few studies that looked at gender, it is clear that female religious leaders face additional challenges, presumably due to navigating historically male-dominated fields. However, attention has not been paid in the literature to the unique strengths that women clergy and chaplains may bring to their communities. Additionally, while only one study examined race within its analyses (Wells, 2013), it is reasonable to hypothesize that clergy and chaplains of color—as well as those with other non-majority identities (e.g., LGBTQIA+)—are impacted by systemic marginalization in larger society and, potentially, their institutions. These religious leaders may face additional challenges finding belonging and support (Captari et al., 2023). Considering this, intervention and prevention strategies for these populations should draw from strengths-based and constructivist frameworks as part of evidence-based practice, acknowledging the limitations of knowledge—and some inherent biases—in the available research (Spring, 2007).

Included studies of clergy were often restricted to a particular Christian denomination, sometimes within a single state or geographic region, which contextualizes discrepancies in tenure effects. Important empirical questions arising out of this include questions regarding (a) the resources available to clergy and chaplains in different traditions, denominations, and regions and (b) the similarities and differences in the training and vocational preparation of religious leaders. In some studies, protective factors were identified by comparing subsamples, such as clergy and therapists (Juczyński et al., 2022) or congregants (Village & Francis, 2021), or clergy and non-clergy spouses (Potts, 2020). Comparing clergy to non-clergy outcomes can elucidate unique vocational stressors but does not consider potential divergence across traditions.

Emerging attention to chaplaincy (16% of included studies) may reflect the challenges of conducting research across an unstandardized profession or limited funding, highlighting

the need for ongoing empirical work to elucidate the experiences of this vocational group. Chaplains' day-to-day responsibilities, level of exposure to suffering and death, and work tasks are significantly distinct from those of a congregational clergyperson. Chaplains provide spiritual care to people who may or may not be of the same—or any—faith tradition, often in times of stress, trauma, or crisis (Cadge, 2019; Cadge & Rambo, 2022), which is less typical for pastors, rabbis, imams, and other religious leaders embedded in a congregation. Clergy and congregants typically share a theological language and are often in ongoing relationship, even if loosely. In contrast, chaplains may be meeting someone for the first time when in deep crisis and may or may not interact with them again. The interreligious and systemic fluency necessary for pluralistic spiritual care can pose a distinct strain; often, one chaplain is expected to meet the needs of hundreds of patients, resulting in ambiguous and difficult decisions (Snowden, 2021).

Limitations and future directions

One primary limitation is lack of diversity, with most studies being predominantly Christian. Gender and racial/ethnic diversity were also lacking, and the overall average age of 49.4 years suggests the need for early career research in this area. While this may reflect less research attention to religious leaders across differing identities and traditions, our use of rigorous eligibility criteria for selecting studies could have also contributed in some way. It is possible that our search terms were not expansive enough to capture some potentially relevant studies. For example, our use of primarily eudaimonic search terms for well-being may not have returned as many studies examining workplace engagement or other more action-oriented variables. Furthermore, while we focused on the experiences of religious leaders who engage ministerial work as a primary—as opposed to secondary or tertiary—professional identity, this could have decreased representation of traditions where leaders are frequently laypersons or volunteers. Finally, our exclusion of heterogeneous samples (e.g., clergy and seminarians, chaplains and medical providers) eliminated some otherwise relevant studies. Given the unique stressors of seminarians and those who operate in volunteer/lay roles, future research should consider their experiences.

While recruitment of religious leaders can be challenging, scholars should strive for greater religious diversity and representativeness in their samples. This would also permit examination of potential interaction effects (e.g., gender, race) in line with intersectional understandings of identity and related stress. Building on this review's synthesis of multiple domains, future research could explore additional areas in line with Bronfenbrenner's (1994) ecological systems theory, such as the mesosystem (interactions between religious leaders' individual, relational, and organizational contexts), exosystem (e.g., denominational and local community dynamics), and macrosystem (e.g., decreased religious engagement, political polarization). Considering the plethora of cross-sectional evidence, researchers should develop and investigate the efficacy of interventions to mitigate risks, bolster protective factors, and proactively catalyze well-being rather than intervening only when leaders are considering leaving the field. Increased attention is also needed to better understand various forms of traumatization, which have only recently been considered in these vocations. Longitudinal studies and person-centered analyses are necessary to help expand the existing evidence base by identifying causal relationships and distinct subgroups. Lastly, interdisciplinary collaborations can help increase clear operationalization of constructs, add nuance and complexity to research questions and designs, and catalyze

momentum for systemic changes within employing organizations, educational institutions, and denominational bodies.

Conclusions

This systematic review has explored religious leaders' psychosocial and vocational vulnerabilities—as well as sources of resilience and well-being—across individual, relational, and organizational domains. Developing prevention and intervention strategies accessible to clergy and chaplains based on the available research evidence is a priority. Religious leaders need supportive spaces and resources to process the toll of their work, connect with others around shared challenges, and prioritize ongoing formation. Congregations, denominational bodies, and workplaces need guidance about how to not only proactively reduce risks but also help catalyze well-being. When taking time for yourself is perceived as selfish or weak, the organizations that train, employ, and shape religious leaders warrant examination as well. This longer-term view toward promoting longevity and effectiveness is vital to address rising attrition rates and ensure these professionals' ongoing care and support within our communities.

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Conflict of Interest The authors declare that they have no other conflicts of interest.

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