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Roles of Self-Compassion and Coping Strategies in Burnout Among Catholic Clergy and Religious in Benue State, Nigeria

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Abstract

This study investigated the roles of self-compassion and coping strategies on burnout among Catholic clergy in Benue state, Nigeria. Burnout was conceptualised on its three dimensions, namely: emotional exhaustion, reduced personal accomplishment, and depersonalisation. Similarly, coping strategy was conceptualised on its three dimensions, namely: avoidance-focused coping, emotion-focused coping and task-focused coping. Participants were 256 Catholic clergies conveniently drawn from Gboko Diocese in Benue State, Nigeria. They were made up of 145 (56.6%) males and 111 (43.3%) females, with the age range of 26-60 ($M = 33.48$, $SD = 7.30$). Three instruments were used to measure the constructs in this study, namely: Maslach Burnout Inventory Human Services Survey, Self-compassion Scale, and Coping Inventory for Stressful Situations (Short Form). Data was analysed using the stepwise multiple regression analyses in SPSS[®] 26. Results of the study showed that self-compassion was not a significant predictor of emotional exhaustion among clergy in Benue State, but positively predicted personal accomplishment and depersonalization. Avoidance focused coping was not a significant predictor of emotional exhaustion and personal accomplishment among clergy in Benue State, but positively predicted depersonalization. Task focused coping was a significant negative predictor of emotional exhaustion and depersonalization among clergy in Benue State but did not significantly predict personal accomplishment. Emotion focused coping was a significant positive predictor of emotional exhaustion and depersonalization among clergy in Benue state, but not significantly predict personal accomplishment. The implications and limitations of the study were discussed, and suggestions for further researches were outlined.

Keywords: *burnout, clergy, exhaustion, personal accomplishment, wellbeing*

Introduction

Religious leaders frequently suffer from burnout, a state marked by emotional tiredness and/or a lack of satisfaction. They constantly face special challenges and strains in their works and services (Fung et al, 2021), hence, they may be more susceptible to burnout due to the special demands placed on them. Ministerial leaders may have personal challenges such as role confusion, role conflict, isolation, and financial stress (Faucett et al., 2013; Heck et al., 2018). Many clergy, in addition to the normal demands of their jobs, are often burdened by issues relating to the wellbeing of their churches, such as congregational disputes and unattainable standards (Kayler, 2012). Feelings of depression and a lack of energy are common among clergy with high emotional fatigue (Barnard & Curry, 2012). In many cases, clergymen go into the ministry because they feel called to do so and they trust that God's grace will overcome any shortcomings they may have as they use their skills to lead churches. They want nothing less than to inspire their followers to engage in selfless service, earnest evangelism, and virtuous lifestyles. Many members of the clergy, however, feel burned out (Barnard & Curry, 2012).

Burnout is defined as a decrease in energy, drive, and dedication that happens when lofty goals aren't met despite a person's passion to a cause or way of life, especially when there's low income and little appreciation for one's work (Freudenberger, 1974; Freudenberger & Richelson, 1981). Burnout has also been defined as a state of extreme emotional weariness, extreme depersonalization, and extreme lack of personal accomplishment (Fung et al., 2021). The first sign of burnout is emotional fatigue, which can be described as a state of extreme

exhaustion and a lack of emotional resources (Sielańczyk et al., 2019). Depersonalization/derealization disorder, a harsh, and indifferent behaviour toward care users, is the second aspect of burnout. People who have the burnout syndrome (BOS), which is the last step of a process brought on by chronic stress, exhibit a poor satisfaction with job, a reluctance to carry out certain tasks, a loss of commitment, or both. This is the third element of occupational burnout, which is characterized by decreased job satisfaction, lower productivity at work, and a propensity to overestimate one's own talents (Sielańczyk et al., 2019). Santinello (1990) also identified professional disillusionment as another dimension of burnout. Disillusionment is linked to existential expectancies, the desire to help others, and self-efficacy, or confidence in one's own ability to succeed.

Clergies become burned out when their expectations and sense of calling become disillusioned because they believe that their labour is never done and wonder if it is even making a difference (Doolittle, 2008). Clergies who are experiencing burnout frequently experience emotions of inadequacy, weariness, and self-doubt (Stanton-Rich & Iso-Ahola, 1998). According to (Beebe, 2007) 70% of clergy express diminished self-esteem since starting their ministries, and 50% had considered quitting. Many clergy, however, try to hide these emotions and keep up a positive public image, probably because they assume that since God has called them to the service, they should be able to handle stress (Charlton et al., 2008). A survey of clergies from the Assemblies of God Church reported that 65% indicated that they suffer from or border on burnout (Visker et al., 2017). Dolittle (2007) reported that Parochial United Methodist ministers reported significant rates of emotional tiredness (19%), depersonalization (10%), and a lack of personal achievement (11%). Another survey found that 39% of American Presbyterian ministers feel emotionally fatigued and 39% are discouraged by their inability to achieve their goals (Francis et al., 2008). According to many pastors, their congregations have high expectations and exhibit little gratitude (Francis et al, 2010). Therefore, it is not unexpected that more and more clergy are quitting the profession before retirement (Beebe 2007), a factor in the lack of religious leaders. Generally, the church is concerned about the prevalent problem of clergy burnout if it is to be effective in its mission of supporting and retaining its leaders (Grosch & Olsen 2000). This concern makes it necessary for research to explore several factors that may be risk or protective factor for burnout among clergies. Therefore, the current study aims to investigate how self-compassion and coping strategies influence burnout among catholic clergies in Benue state, Nigeria.

Self-compassion appears to be a relatively recent concept that reduces burnout across all of its dimensions (Sielańczyk et al., 2019). The practice of self-compassion consists in showing kindness and empathy toward oneself. It has been defined as being kind and loving to oneself (Neff, 2003a). It's being gentle and forgiving with yourself, even in the face of setbacks (Neff, 2003b). Studies have shown that clergy who are able to practice self-compassion are more fulfilled in their roles and less emotionally drained (Barnard & Curry, 2011). Reduced rates of burnout and emotional exhaustion (Barnard and Curry, 2011; Silva, 2019), satisfaction with marriage (Fahimdanesh et al., 2020) and life satisfaction in general (Yang et al., 2016) are among the benefits of self-compassion that are also linked to improved psychological health and well-being. Church leaders may find developing self-compassion especially important given their propensity to show people love and tolerance (Fung et al., 2021). People who are more self-compassionate report feeling more accomplished and satisfied with their lives (Smeets et al., 2014), hence, they had higher levels of happiness and optimism than people who have lower levels of self-compassion (Neff, 2003a; Neff & Vonk, 2009; Smeets et al., 2014).

Based on its conceptualisation by Neff, self-compassion consists of three essential dimensions or subfactors. The first component is self-kindness, which is defined as embracing

one's own faults and failings. This realization that one is not always able to live up to one's own standards and accomplish one's aspirations is what makes up this part. Individuals can prevent tension, annoyance, and harsh criticism by having this understanding (Sielańczyk et al., 2019). The idea that one's individual experiences are a part of the broader human experience is known as "common humanity," which is another dimension. In addition to mitigating disappointment in the face of failure, common humanity also guards against feelings of segregation and loneliness. The final element is mindfulness, which is the directed awareness of one's own sentiments and physical sensations without passing judgment and without trying to exert control, repression, or inhibition (Sielańczyk et al., 2019).

Compassion for oneself has been identified as a key factor in human resilience and stress management or coping (Neff, 2003b). Neff et al. (2005) found that significant correlation exist between strategies of emotional coping with stress and self-compassion, thus, The practise of self-compassion has the potential to be viewed as an adaptive response to emotional experiences, one that leads to the development of proactive management techniques in the face of adversity (Neff, 2003b). Having compassion for oneself was found to have a strong correlation with proactive coping and planning (Neff et al., 2005), although this correlation was not replicated in subsequent studies (Himle et al., 1989; Neff et al., 2007).

Coping style is another variable which has a substantial association with burnout (Carmona et al., 2006; Ding et al., 2015; Lievensm & Vlerick, 2014; Li & Lu, 2008). Coping is defined as a person's repertoire of cognitive and behavioural responses to the internal and external pressures of stressful events (Folkman & Moskowitz, 2004). Negative coping and positive coping are two completely different coping mechanisms (Ding et al., 2015). People who frequently use a positive coping mechanism may not perceive dangers, demands, and opportunities as possible sources of threat, harm, or loss. Instead, they see difficult circumstances as personal difficulties. They are proactive rather than reactive in this sense, as they take constructive acts and generate possibilities for improvement. These people actively work to improve their quality of life and accumulate resources to assure progress and high levels of functioning. They also actively take steps to improve their surroundings and their performance. Pleasant coping in the workplace can result in positive feelings and actions that promote communication wellbeing, professional and personal growth, and more personal experiences and resources that boost competence (Garrosa & Moreno-Jiménez, 2013). Additionally, positive coping might involve gathering resources to handle any potential risks and aim to avoid dangerous or hazardous circumstances from occurring (Carver, C. S., & Connor-Smith, 2010; Schwarzer & Knoll, 2003). In light of this, problem-solving techniques and positive evaluation are characteristics of effective or positive coping (Ding, 2015).

Negative coping, on the other hand, can be identified by using a palliative coping style and much more emotion-focused coping techniques (Ding, 2015). According to Ding (2015), people who use negative coping mechanisms frequently display mental distortions, negative evaluations, and improper self-evaluation (e.g., doubting their ability to solve challenges). They try to avoid stressful events, decrease their distress by engaging in negative behaviours that centre on negative thoughts such as rumination, avoidance, or wishful thinking. Sielańczyk et al. (2019) noted that although occupational burnout is not shown by all professionals in the same work environment, there is reason to believe that people who use passive coping mechanisms in stressful conditions are more likely to experience burnout than people who employ active and logical coping mechanisms.

Researchers have suggested three methods for dealing with stress (Ogińska-Bulik, 2008), which are now known as coping styles or strategies. According to the cognitive transformation theory, the first method is problem-focused and utilised by people who strive

to change the situation that is distressing and consider the best way to manage the problem through cognitive reappraisal. The emotion-focused coping strategy is used by those who frequently focus on themselves and their own emotions. The third coping method is avoidance-focused, which involves trying to avoid thinking about, cognizing, or experiencing unpleasant situations (Grygorczuk, 2008; Ogińska-Bulik, 2008). Two approaches of managing stress can be used in this strategy (i.e., avoidance-focused). One method of coping with stress is engaging in substitute or alternative activities (distraction seeking), such as overindulging in eating, sleeping, reading, or watching TV. The other method is looking for social activities (social diversion). In contrast to avoidance-focused coping strategy, research has shown that the adoption of confrontational or emotion-focused methods in challenging situations is associated with a higher risk of developing the burnout syndrome (Lee & Ashforth, 1996).

Understanding the relationship between self-compassion, coping strategies and burnout is necessary as this understanding possess the potential to clarify additional mechanisms and process that may propel burnout, especially among catholic clergies. Although several factors have been associated with burnout, it is important that more research is conducted to investigate other factors that can increase or decrease burnout, especially among the clergies where it may have been understudied. The findings from the current study would therefore add to the existing literature on burnout, as well as widen our understanding of the issue in a peculiar context.

Statement of the Problem

Burnout affects many religious leaders and is characterised by emotional exhaustion and/or a loss of satisfaction. They are frequently subjected to unique difficulties and stresses in their jobs and services (Fung et al., 2021); as a result, they may be more vulnerable to burnout as a result of the unique demands made on them. Ministerial leaders may have personal difficulties like role uncertainty, conflict, loneliness, and financial stress (Faucett et al., 2013; Heck et al., 2018). Many clergy are frequently plagued by matters pertaining to the health of their churches, such as congregational conflicts and impossible standards, on top of the regular obligations of their work (Kayler, 2012). Clergy who experience significant levels of emotional exhaustion frequently have depressive symptoms and low energy (Barnard & Curry, 2012). Clergymen frequently enter the ministry because they feel called to do so and believe that God's grace will cover any flaws they may have when they use their abilities to lead churches. Nothing less than inspiring their followers to practise altruistic service, sincere evangelism, and moral behaviour is what they aim for. However, a lot of clergy people feel exhausted (Barnard & Curry, 2012).

Although research exist on the roles of self-compassion (e.g., Barnard & Curry, 2011; Sielańczyk et al., 2019; Silva, 2019) and coping strategies (e.g., Carmona et al., 2006; Ding et al., 2015; Lievensm & Vlerick, 2014; Li & Lu, 2008) on burnout, it is difficult to find similar studies in a local Nigerian sample, especially among the clergies, and catholic clergies in particular. This may be because clergies are perceived to be divinely called to service, hence, people may take their burnout-inducing struggles to be part of their service to God and humanity. Notwithstanding, clergies may feel exhausted and burned out with their work, which may affect their performance and how they discharge their duties. It is therefore pertinent to investigate factors that may increase or decrease burnout among the clergies to enable formulation and design of appropriate intervention efforts. Consequently, the present study seeks to investigate the roles of self-compassion and coping strategies in burnout among Catholic clergies.

To meet these objectives, therefore, the following research questions will guide the study.

1. Will self-compassion significantly predict emotional exhaustion among Catholic clergies?

2. Will self-compassion significantly predict personal accomplishment among Catholic clergies?
3. Will self-compassion significantly predict depersonalisation among Catholic clergies?
4. Will avoidance coping significantly predict emotional exhaustion among catholic clergies?
5. Will avoidance coping significantly predict personal achievement among catholic clergies?
6. Will avoidance coping significantly predict depersonalisation among catholic clergies?
7. Will task-oriented coping significantly predict emotional exhaustion among catholic clergies?
8. Will task-oriented coping significantly predict personal achievement among catholic clergies?
9. Will task-oriented coping significantly predict depersonalisation among catholic clergies?
10. Will emotion focused coping significantly predict emotional exhaustion among catholic clergies?
11. Will emotion focused coping significantly predict personal achievement among catholic clergies?
12. Will emotion focused coping significantly predict depersonalisation among catholic clergies?

Purpose of the Study

This study primarily aims at investigating the roles of self-compassion and coping strategies on burnout among catholic clergies. Specifically, it aims to investigate whether:

1. Self-compassion will significantly predict emotional exhaustion among Catholic clergies.
2. Self-compassion will significantly predict personal accomplishment among Catholic clergies.
3. Self-compassion will significantly predict depersonalisation among Catholic clergies.
4. Avoidance coping will significantly predict emotional exhaustion among catholic clergies.
5. Avoidance coping will significantly predict personal achievement among catholic clergies.
6. Avoidance coping will significantly predict depersonalisation among catholic clergies.
7. Task-oriented coping will significantly predict emotional exhaustion among catholic clergies.
8. Task-oriented coping will significantly predict personal achievement among catholic clergies.
9. Task-oriented coping will significantly predict depersonalisation among catholic clergies.
10. Emotion focused coping will significantly predict emotional exhaustion among catholic clergies.
11. Emotion focused coping will significantly predict personal achievement among catholic clergies.
12. Emotion focused coping will significantly predict depersonalisation among catholic clergies.

Hypotheses

The following hypotheses will be tested in this study:

1. Self-compassion will significantly predict emotional exhaustion among Catholic clergies.

2. Self-compassion will significantly predict personal accomplishment among Catholic clergies.
3. Self-compassion will significantly predict depersonalisation among Catholic clergies.
4. Avoidance coping will significantly predict emotional exhaustion among catholic clergies.
5. Avoidance coping will significantly predict personal achievement among catholic clergies.
6. Avoidance coping will significantly predict depersonalisation among catholic clergies.
7. Task-oriented coping will significantly predict emotional exhaustion among catholic clergies.
8. Task-oriented coping will significantly predict personal achievement among catholic clergies.
9. Task-oriented coping will significantly predict depersonalisation among catholic clergies.
10. Emotion focused coping will significantly predict emotional exhaustion among catholic clergies.
11. Emotion focused coping will significantly predict personal achievement among catholic clergies.
12. Emotion focused coping will significantly predict depersonalisation among catholic clergies.

Method

Participants

Participants in this study were 256 Catholic clergies conveniently drawn from Gboko Dioceses in Benue State, Nigeria. They were made up of 145 (56.6%) males and 111 (43.3%) females, with the age range of 26-60 ($M = 33.48$, $SD = 7.30$). In terms of education, majority of the participants ($n = 215$, 84%) have B.Sc./HND degrees, 34 (13.3%) have master's degree, 5 (2.0%) have NCE/OND degree, while 2 (0.8%) have PhD. Their roles included Parish Priest ($n = 18$, 7.0%), Vicar ($n = 11$, 4.3%), Pastoral Care ($n = 40$, 15.6%), Educator ($n = 84$, 31.6%), Seminary Formator ($n = 2$, 0.8%), others ($n = 104$, 40.6%).

Instruments

Three instruments were used to measure the constructs in this study, namely: Maslach Burnout Inventory Human Services Survey (Maslach & Jackson 1996), Self-compassion Scale (Neff 2010), and Coping Inventory for Stressful Situations (Short Form) (Endler & Parker, 1990). They were grouped into four sections, the first section (Section A) comprised of questions eliciting demographic characteristics of the respondents such as age, gender, education, status, and current primary role. The other four sections (Section B, C, D, E, and F) contained the measures of the variables such as burnout, self-compassion and coping strategies.

Self-Compassion Scale (Neff 2003a)

Self-compassion scale is a 12-item self-report questionnaire, developed by Neff (2003a) to assess compassion for one's self and others. Participants responded on a 5-point Likert scale (Never, Rarely, Sometimes, Often and Always). The scale has subscales; Self-Kindness, Self-Judgement, common humanity, isolation and mindfulness. With 5 of the items reverse scored (1R, 4R, 8R, 11R and 12R). Sample items which includes; self-kindness (e.g., 'I try to be understanding and patient towards those aspects of my personality I don't like') self-judgment items (e.g., 'When I see aspects of myself that I don't like, I get down on myself') common humanity items; (e.g., 'I try to see my failings as part of the human condition') isolation items(e.g., 'When I fail at something that's important to me, I tend to feel alone in my failure')mindfulness items (e.g., 'When something upsets me I try to keep my emotions in balance').

Maslach Burnout Inventory Human Services Survey, (MBI-HSS) (Maslach & Jackson, 1996)

The MBI-HSS is a 22-item questionnaire developed by (Maslach & Jackson 1996) which assesses burnout by its three subfactors, namely, depersonalisation (DP), reduced personal accomplishment (RPA), and emotional exhaustion (EX). Nine items in the scale measure emotional exhaustion, e.g., ‘I feel used up at the end of the workday’. Five items measured depersonalisation, e.g., ‘Working with clients directly puts too much stress on me’. Eight items measured reduced personal accomplishment, e.g., ‘I have accomplished many worthwhile things in this job’. Each item were responded to and scored on a 7-point Likert scale ranging from 0 to 6 (0 = Never; 1 = A few times a year or less; 2 = Once a month or less; 3 = A few times a month; 4 = Once a week; 5 = A few times a week; 6 = Every day). High scores on the emotional exhaustion and depersonalisation scales means high degree of burnout, while low scores on the reduced personal accomplishment scale means high degree of burnout. The original version reported good internal consistency coefficients of .88, .71, and .78 emotional exhaustion, depersonalisation, and reduced personal accomplishment subscales, respectively.

Coping Inventory for Stressful Situations (Short Form) (Endler & Parker, 1990)

The Coping Inventory for Stressful Situations (Short Form) is a 21-item inventory developed by Endler and Parker (1990) to measure strategies for coping with stressful situations. It three dimensions of coping strategies, namely, task focused coping, emotion focused coping and avoidant coping. Each subscale is measured of 7 items. Sample item for the avoidant coping subscale include, “take some time off and get away from the situation”. Sample item for task focused coping include “focus on the problem and see how I can solve it”, while sample item for the emotion focused coping includes “blame myself for having gotten into this situation”. Each item in the scale were responded to and scored on a 5-point Likert ranging from 1 to 5 (1 = not at all, 2 = rarely, 3 = sometimes, 4 = Often, and 5 = Always). High scores on the total scale indicate high use of coping strategies, while high score on each subscale in indicate high use of that coping strategy. Imran et al. (2020) reported a good internal consistency coefficient of .78 to .87, .78 to .87, and .70 to .80 for the task focused, emotion focused and avoidant focused subscales, respectively.

Procedure

The researchers first obtained a written permission to conduct the research from the Vicar General, Catholic Diocese of Gboko (see Appendix A). The researchers then used a convenience sampling technique to select Catholic clergies from the Gboko Diocese in Benue State, Nigeria. The participants were briefed about the nature of the study and were assured that their responses will remain anonymous, confidential, will be of no financial gain, and used only for the purpose for the purpose of the study. Informed consents were obtained from the participants after the briefing, and they were informed that they can withdraw their participation from the study at any point in time. They were also encouraged to be honest in their responses to enable the study to meet its targeted goals without bias. Each section of the questionnaire had clear instructions on how the participants should respond to the items. Participation was entirely voluntary, and no incentives were given for participant, before, during and after participation.

Design and Statistics

The study adopted a cross-sectional survey design. The zero-order correlations of the study variables were investigated using Pearson’s product moment correlation (r), while the study’s hypotheses were tested using Hierarchical multiple regression analyses. Hierarchical multiple regression was preferred in the study because it gives robust information on the percentage of

variance (r^2) caused by a variable, and the subsequent variances (r^2 change) caused by other variables as they are added to the models, which aligns with the purpose of the current study.

Results

This section presents the results of the data analyses. Table 1 showed the correlations between the demographic variables and the main study variables. Table 2 is the regression results for the test of hypotheses.

Table 1: Pearson's correlations of demographic variables, self-compassion, task focused coping, avoidance focused coping, emotion focused coping, emotional exhaustion, personal accomplishment and depersonalization among clergy in Benue State.

Variables	Mean	SD	1	2	3	4	5	6	7	8	9	
Age	33.48	7.30	-									
Gender	-	-	-.16	-								
Years of Ordination	4.11	3.14	.46***	-.16*	-							
Education	-	-	.22***	-.05	.60***	-						
Self-compassion	40.59	4.64	-.04	-.06	-.11	-.13*	-					
Avoidance Focused C.	16.68	3.58	.09	.00	.13*	.13*	.05	-				
Task Focused C.	26.71	5.60	-.05	-.03	.09	.00	.07	-.14*	-			
Emotion Focused Coping	21.59	3.45	-.05	.08	-.14*	-.16*	.20**	.12*	.14*	-		
Emotional Exhaustion	19.32	8.10	.02	.01	-.13*	-.14*	.05	.06	-.29***	.27***	-	
Personal Accomplishment	35.52	6.71	-.02	.08	-.00	-.08	.37***	.00	.05	.13*	-.12	-
Depersonalization	13.56	4.95	.01	-.07	-.01	-.02	.26***	.31***	-.16*	.24***	.16*	.21

Note. *** $p < .001$; ** $p < .01$; * $p < .05$; C = Coping

Table 1 shows the correlation among the study variables. Age was positively associated with year of ordination ($r = .46, p < .001$) and education ($r = .22, p < .001$). Being male was significantly associated with years of ordination ($r = -.16, p < .05$). Years of ordination was positively associated with education ($r = .60, p < .001$) and avoidance focused coping ($r = .13, p < .05$), but associated negatively with emotion focused coping ($r = -.14, p < .05$), and emotional exhaustion ($r = -.13, p < .05$). Education correlated negatively with self-compassion ($r = -.13, p < .05$), emotion focused coping ($r = -.16, p < .05$), and emotional exhaustion ($r = -.14, p < .05$), but associated positively with avoidance focused ($r = .13, p < .05$). Self-compassion correlated positively with emotion focused coping ($r = .20, p < .01$), personal accomplishment ($r = .37, p < .001$), and depersonalization among clergy in Benue State ($r = .26, p < .001$). Avoidance Focused Coping was negatively related with task focused coping ($r = -.14, p < .05$), but related positively with emotion focused coping ($r = .12, p < .05$) and depersonalization among clergy in Benue State, ($r = .31, p < .001$). Task focused coping correlated positively with emotion focused Coping ($r = .14, p < .05$), but related negatively with emotional exhaustion ($r = -.29, p < .001$) and depersonalization ($r = -.16, p < .05$). Emotion focused coping associated positively

with emotional exhaustion ($r = .27, p < .001$), personal accomplishment ($r = .13, p < .05$), and depersonalization among clergy in Benue State ($r = .24, p > .001$). Emotional exhaustion related positively with depersonalisation ($r = .16, p < .001$). Personal accomplishment associated positively with depersonalisation ($r = .21, p < .01$).

Table 2: Hierarchical multiple regression predicting emotional exhaustion among clergy in Benue State by self-compassion, avoidance coping, task focused coping and emotion focused coping, with education, gender, age, and year of ordination as control variables

Predictors	Step 1			Step 2			Step 3		
	<i>B</i>	β	<i>t</i>	<i>B</i>	<i>B</i>	<i>t</i>	<i>B</i>	β	<i>t</i>
Education	.10	.09	1.33	.10	.09	1.33	.05	.05	.69
Gender	.03	.00	.03	.07	.00	.07	-.40	-.03	-.42
Age	-.33	-.13	-1.48	-.33	-.13	-1.45	-.10	-.04	-.49
Year of Ord.	-1.55	-.08	-1.0	-1.50	-.08	-.96	-1.43	-.07	-.99
Self-compassion				.05	.03	.50	.00	.00	.04
Avoidance F. C.							-.03	-.02	-.25
Task F. C.							-.47	-.33	-5.45***
Emotion F. C.							.71	.30	4.95***
R^2		.03			.03			.19	
ΔR^2		.03			.00			.16	
<i>F</i>		1.90 (4, 251)			1.56 (5, 250)			7.14 (8, 247)***	
ΔF		1.90 (4, 251)			.25 (1, 250)			15.98 (3, 247)***	

Note. *** $p < .001$; ** $p < .01$; * $p < .05$; FC = Focused Coping.

Results of the hierarchical multiple regression for the test of the hypotheses is shown in Table 2. In Step 1, education, gender, age, and years of ordination was added to the regression model as control variables. Education was not a significant predictor of emotional exhaustion among clergy in Benue State ($\beta = .09$). Gender was not a significant predictor of emotional exhaustion among clergy in Benue State ($\beta = .00$). Age was not a significant predictor of emotional exhaustion among clergy in Benue State ($\beta = -.13$). Years of ordination was not a significant predictor of emotional exhaustion among clergy in Benue State ($\beta = -.08$). The model was not significant, $F(4, 251) = 1.90, R^2 = .03$. The R^2 of .03 indicated that 3% of the variance emotional exhaustion among clergy in Benue State was explained on account of the control variables.

In Step 2, self-compassion was not a significant predictor of emotional exhaustion among clergy in Benue State, $\beta = .03$. The model was not significant, $F\Delta(1, 250) = .25, R^2 = .00$. The $R^2\Delta$ of .00 indicated that 0% of the variance emotional exhaustion among clergy in Benue State was explained by self-compassion.

In step 3, avoidance coping was not a significant positive predictor of emotional exhaustion among clergy in Benue State, $\beta = -.02$. Task focused coping was a significant negative predictor of emotional exhaustion among clergy in Benue State, $\beta = -.33$, $p < .001$. The B showed that for each one unit rise in task focused coping, emotional exhaustion among clergy in Benue State decreases by $-.33$ units. Emotion focused coping was a significant positive predictor of emotional exhaustion among clergy in Benue State, $\beta = .30$, $p < .001$. The B showed that for each one unit rise in task focused coping, emotional exhaustion among clergy in Benue State increases by $.30$ units. The model was significant, $F\Delta (3, 247) = 15.98$, $R^2\Delta = .16$. The $R^2\Delta$ of $.16$ indicated that 16% of the variance in emotional exhaustion among clergy in Benue State was explained by the three facets of coping strategies. All the variable in the study explained 19% of the variance in emotional exhaustion among clergy in Benue State.

Table 3: Hierarchical multiple regression predicting personal accomplishment among clergy in Benue State by self-compassion, avoidance coping, task focused coping and emotion focused coping, with education, gender, age, and year of ordination as control variables

Predictors	Step 1			Step 2			Step 3		
	<i>B</i>	β	<i>t</i>	<i>B</i>	<i>B</i>	<i>t</i>	<i>B</i>	<i>B</i>	<i>t</i>
Education	-.02	-.03	-35	-.02	-.03	-38	-.02	-.03	-38
Gender	1.20	.09	1.39	1.58	.12	1.97	1.53	.11	1.89
Age	.23	.11	1.24	.29	.14	1.68	.30	.14	1.70
Year of Ord.	-2.27	-.14	-1.76	-1.75	-.11	-1.46	-1.63	-.10	-1.34
Self-compassion				.55	.38	6.46***	.54	.37	6.17***
Avoidance F. C.							-.04	-.02	-.38
Task F. C.							-.00	-.00	-.02
Emotion F. C.							.11	.05	.88
R^2		.02			.16			.16	
ΔR^2		.02			.14			.00	
F		1.22 (4, 251)			9.49 (5, 250)***			5.99 (8, 247)***	
ΔF		1.22 (4, 251)			41.77 (1, 250)***			.28 (3, 247)	

Note. *** $p < .001$; ** $p < .01$; * $p < .05$; FC = Focused Coping.

Results of the hierarchical multiple regression for the test of the hypotheses is shown in Table 3. In Step 1, education, gender, age, and years of ordination was added to the regression model as control variables. Education was not a significant predictor of personal accomplishment among clergy in Benue State ($\beta = -.03$). Gender was not a significant predictor of personal accomplishment among clergy in Benue State ($\beta = .09$). Age was not a significant predictor of personal accomplishment among clergy in Benue State ($\beta = .11$). Years of ordination was not a significant predictor of personal accomplishment among clergy in Benue State ($\beta = -.14$). The model was not significant, $F (4, 251) = 1.22$, $R^2 = .02$. The R^2 of $.02$ indicated that 2% of the variance personal accomplishment among clergy in Benue State was explained on account of the control variables.

In Step 2, self-compassion was a significant positive predictor of personal accomplishment among clergy in Benue State, $\beta = .38, p < .001$. The B showed that for each one unit rise in self-compassion, personal accomplishment among clergy in Benue State increases by .38 units. The model was significant, $F\Delta(1, 250) = 41.77, R^2 = .14$. The $R^2\Delta$ of .14 indicated that 14% of the variance personal accomplishment among clergy in Benue State was explained by self-compassion.

In step 3, avoidance coping was not a significant positive predictor of personal accomplishment among clergy in Benue State, $\beta = -.02$. Task focused coping was not a significant predictor of personal accomplishment among clergy in Benue State, $\beta = -.00$. Emotion focused coping was not a significant predictor of personal accomplishment among clergy in Benue State, $\beta = .05$. The model was not significant, $F\Delta(3, 247) = .28, R^2\Delta = .00$. The $R^2\Delta$ of .00 indicated that 0% of the variance in personal accomplishment among clergy in Benue State was explained by the three facets of coping strategies. All the variable in the study explained 16% of the variance in personal accomplishment among clergy in Benue State.

Table 4: Hierarchical multiple regression predicting depersonalisation among clergy in Benue State by self-compassion, avoidance coping, task focused coping and emotion focused coping, with education, gender, age, and year of ordination as control variables

Predictors	Step 1			Step 2			Step 3		
	<i>B</i>	β	<i>T</i>	<i>B</i>	<i>B</i>	<i>T</i>	<i>B</i>	β	<i>t</i>
Education	.00	.00	.04	.00	.00	.04	-.03	-.04	-.57
Gender	-.77	-.08	-1.20	-.58	-.06	-.93	-.83	-.08	-1.44
Age	-.03	-.02	-.18	.00	.00	.03	.06	.04	.45
Year of Ord.	-.15	-.01	-.16	.11	.01	.12	-.12	-.01	-.14
Self-compassion				.27	.26	4.13***	.23	.22	3.70***
Avoidance F. C.							.35	.26	4.36***
Task F. C.							-.15	-.18	-2.97**
Emotion F. C.							.29	.20	3.33**
R^2		.01			.07			.22	
ΔR^2		.01			.06			.15	
<i>F</i>		.39 (4, 251)			3.74 (5, 250)**			8.53 (8, 247)***	
ΔF		.39 (4, 251)			17.08 (1, 250)***			15.43 (3, 247)***	

Note. *** $p < .001$; ** $p < .01$; * $p < .05$; FC = Focused Coping.

Results of the hierarchical multiple regression for the test of the hypotheses is shown in Table 4. In Step 1, education, gender, age, and years of ordination was added to the regression model as control variables. Education was not a significant predictor of depersonalisation among clergy in Benue State ($\beta = .00$). Gender was not a significant predictor of depersonalisation among clergy in Benue State ($\beta = -.08$). Age was not a significant predictor of depersonalisation among clergy in Benue State ($\beta = -.02$). Years of ordination was not a significant predictor of depersonalisation among clergy in Benue State ($\beta = -.01$). The model was not significant, $F(4, 251) = .39, R^2 = .01$. The R^2 of .01 indicated that 1% of the variance depersonalisation among clergy in Benue State was explained on account of the control variables.

In Step 2, self-compassion was a significant positive predictor of depersonalisation among clergy in Benue State, $\beta = .26, p < .001$. The B showed that for each one unit rise in self-compassion, depersonalisation among clergy in Benue State increases by .26 units. The model was significant, $F\Delta(1, 250) = 17.08, R^2 = .06$. The $R^2\Delta$ of .06 indicated that 6% of the variance depersonalisation among clergy in Benue State was explained by self-compassion.

In step 3, avoidance coping was a significant positive predictor of depersonalisation among clergy in Benue State, $\beta = .26, p < .001$. The B showed that for each one unit rise in avoidance, depersonalisation among clergy in Benue State increases by .35 units. Task focused coping was a significant negative predictor of depersonalisation among clergy in Benue State, $\beta = -.18, p < .001$. The B showed that for each one unit rise in task focused coping, depersonalisation among clergy in Benue State decreases by .15 units. Emotion focused coping was a significant predictor of depersonalisation among clergy in Benue State, $\beta = .20, p < .001$. The B showed that for each one unit rise in emotion focused coping, depersonalisation among clergy in Benue State increases by .29 units. The model was significant, $F\Delta(3, 247) = 15.43, R^2\Delta = .15$. The $R^2\Delta$ of .15 indicated that 15% of the variance in depersonalisation among clergy in Benue State was explained by the three facets of coping strategies. All the variable in the study explained 22% of the variance in depersonalisation among clergy in Benue State.

Discussion

This study investigated the roles of self-compassion and coping strategies on burnout among Catholic clergies in Benue state. Specifically, the study sought to determine whether self-compassion and the dimensions of coping (namely, task focused coping, emotion focused coping and avoidance coping) would significantly influence burnout in its three dimensions (namely, emotional exhaustion, personal accomplishment and depersonalisation). For this purpose, twelve hypotheses were tested in this study to ascertain the influence of the aforementioned independent variables on the dimensions of burnout.

The first, second and third hypotheses predicted that self-compassion will significantly predict the three dimensions of burnout among the clergy (i.e., emotional exhaustion, personal accomplishment and depersonalisation). The result showed that self-compassion did not significantly predict emotional exhaustion among the clergies. This finding did not support the first hypotheses which stated that self-compassion will significantly predict emotional exhaustion among the clergy. This result contrasts with extant findings such as Román-Calderón et al. (2022) who found negative association between self-compassion and emotional exhaustion subscale of burnout. However, the second and third hypotheses were supported; namely, self-compassion significantly predicted personal accomplishment and depersonalization among the clergy. This supports extant findings (Román-Calderón et al., 2022; Fung et al., 2021; Sielanczyk et al. 2019; Benard & Curry, 2012). The non-significant association between self-compassion and emotional exhaustion implies that self-compassion did not lead to any significant change in the level of burnout among the clergy; hence, it neither increased nor decreased emotional exhaustion. On the other hand, the positive associations of self-compassion with personal accomplishment and depersonalization imply that increase in self-compassion leads to increase in depersonalization and personal accomplishment.

The fourth, fifth and sixth hypotheses predicted that avoidance coping strategy would significantly predict the three dimensions of burnout among the clergy (i.e., emotional exhaustion, personal accomplishment, and depersonalisation). The result showed that avoidance coping was not a significant predictor of emotional exhaustion and personal accomplishment among the clergy. This did not support the fourth and fifth hypotheses. However, it supported the finding of Sielańczyk et al. (2020) who find that the relationship between avoidance-oriented coping and burnout was not significant. The sixth hypothesis was supported because it was found that avoidance coping positively predicted depersonalisation among the clergy. This shows that the development or use of avoidance coping strategy increases depersonalisation among the clergy.

The seventh, eighth and ninth hypotheses predicted that task focused coping would significantly predict emotional exhaustion, personal accomplishment, and depersonalisation

among the clergy. The result showed that task focused coping was a significant negative predictor of emotional exhaustion and depersonalisation among the clergy, thus, supporting the seventh and ninth hypotheses. These imply that the more the clergy use the task focused coping strategy, the less likely they become emotionally exhausted and depersonalised. The eightieth hypothesis was not support because task focused coping was not a significant predictor of personal accomplishment among the clergy.

The tenth, eleventh and twelfth hypotheses predicted that emotion focused coping would significantly predict emotional exhaustion, personal accomplishment, and depersonalisation among the clergy. The result showed that emotion focused coping was a significant positive predictor of emotional exhaustion and depersonalisation among the clergy, thus, supporting the tenth and twelfth hypotheses. These imply that the more the clergy use the emotion focused coping strategy, the more likely they become emotionally exhausted and depersonalised. The eight hypothesis was not support because emotion focused coping was not a significant predictor of personal accomplishment among the clergy.

Implications of the Findings

The findings of this study are practically relevant in several areas, especially the management of the clergies and their ministerial services or activities. In the management of their services, the findings could give insights to those responsible for managing the clergy on the appropriate way to assign roles to the clergy. As the dispensation of several duties by one person may lead to burnout, it becomes important the duties are assigned in such a way that they do not have to get the clergies burned out. The finding of this study would also help the clergy to cultivate self-compassion for themselves, as this may help ease stress and prevent burnout. Again, this study informs the clergy on the appropriate coping strategy that could prevent burnout, while also pointing out those that may increase burnout, which they should avoid.

The study was also purely a quantitative study, making no room for the clergies to express their unique experiences and opinions, which could have been possible with the use of mixed method of research.

This study implicates some factors as protective factors against burnout (e.g., task focused coping) and some as risk factors of burnout (e.g., self-compassion, emotion focused coping, and avoidance focused coping). Based on these findings, it is recommended that clergy members be properly informed on these factors and to be guided on how to best utilise them for the maintenance of their mental health and quality of life. It is also recommended that intervention programs that focus on clergy well-being develop effective intervention programs based on these findings.

Conclusion

In conclusion, the findings of this study would help the clergy to cultivate self-compassion for themselves, as this may help ease stress and prevent burnout. Again, this study informs the clergy on the appropriate coping strategy that could prevent burnout, while also pointing out those that may increase burnout, which they should avoid. It is important that researchers pay attention to these issues, and further investigate them using more Nigerian samples.

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