

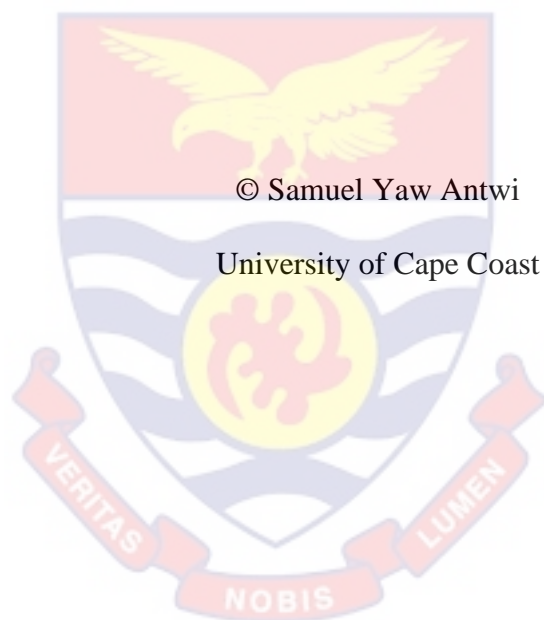
UNIVERSITY OF CAPE COAST

INFLUENCE OF EMOTIONAL LABOUR AND STRESS ON HEALTH
FUNCTIONING OF CLASSICAL PENTECOSTAL CLERGY IN
CENTRAL REGION OF GHANA



SAMUEL YAW ANTWI

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BY

SAMUEL YAW ANTWI

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

MARCH 2024

DECLARATION

Candidates' Declaration

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

Candidate's Signature:Date:

Name:

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature.....Date.....

Name:

Co-supervisor's Signature.....Date.....

Name:

ABSTRACT

The research set out to explore how stress, burnout, psychological flexibility, and peer support interact to mediate and moderate the effects of emotional labour on the social, emotional, and psychological well-being of the Classical Pentecostal clergy. The research adopted a descriptive research design to explore and assess the relationships and interactions among variables. The study population was 439 clerics who had served two years or more in three Classical Pentecostal Churches in the Central Region of Ghana. A multi-stage sampling procedure was employed to ensure a representative sample of the population. Three hundred and sixty-four members of the Classical Pentecostal clergy were thus selected using Krejcie and Morgan's Table to whom questionnaire were administered. Reliability of the instrument was assessed using Cronbach's alpha, yielding values above 0.70 for all constructs. The data gathered was analysed using Partial Least Squares Structural Equation Modelling (PLS-SEM), employing the PLS algorithm for hypothesis testing. The investigation yielded non-significant implications of emotional labour on health functioning, whilst the effect of burnout and stress on health functioning of the Classical Pentecostal clergy was significant. The study also revealed that stress was predicted by emotional labour and mediated the relation between emotional labour and burnout which eventually had a statistically significant effect on the health functioning of the Pentecostal clergy. The study recommends the implementation of extensive skills training programmes centred on emotional labour for the Classical Pentecostal clergy.

KEYWORDS

Emotional Labour

Stress

Burnout

Psychological Flexibility

Peer Support

Health Functioning

Classical Pentecostal Clergy

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To the clergy who offered themselves to participate in the survey, I say, “thank you.”

DEDICATION

In honour of my special friend and wife, Mrs. Margaret Serwaa Antwi

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CHAPTER ONE

INTRODUCTION

The capacity to conduct one's daily duties is of much interest, and this is manifested in the state of health functioning of an individual. Many young energetic professionals or workers seem to be losing sight of the functionality of their health due to demands of their work and thereby experiencing some level of emotional labour. Several employees in their quest to maintain their standards, suppress or exaggerate true feelings for the purpose of getting favourable outcomes.

Many companies including churches usually expect staff to yield to certain organisational display rules. In truth, this matches the experiences of many workers who work to continue being engaged, active, and socially acceptable, notwithstanding the emotional pain they could be passing through. In extreme cases, some employees have developed severe health complications, and some have died out of such emotional challenges (Riforgiate, Howes & Simmons, 2022). Is it not likely that the demonstration of attitudes such as being friendly, cheerful, passionate, enthusiastic, defying critics, smiling and confident, in order to assure the quality of service, could cumulatively have an enormous effect on employees' psychological health, especially if such attitudes are not authentic?

Background to the Study

Any enterprise's ability to succeed or fail largely depends on how skilfully its staff handle clients. The staff of the organisation ought to demonstrate attitudes such as being friendly, cheerful, passionate, enthusiastic,

and confident, in order to assure the quality of service (Shankar & Kumar, 2014). Pugh (2001) stressed that the ability of employees to exhibit such positive emotions towards customers yields positive evaluations of the quality of service by customers. This positive outcome of the interaction between the employees and customers appeared to have made the controlling or regulating of employee emotions at the workplace important for many organisations.

The foundation of the customer experiences, according to Shankar and Kumar (2014), is the quality of the connection between clients and service providers. They also emphasised the need of controlling one's emotions and behaviour when providing exceptional service in any business. Individuals are expected to display specific types of emotions in specific situations, regardless of their actual emotional state, in order to conform to social norms (Hoffmann, 2016; Xanthopoulou, Bakker, Oerlemans & Koszucka, 2018). This makes the individual to either hide or exaggerate their true feelings in order to appear to adhere to the institution's expected emotions (Shankar & Kumar, 2014; Tang, Yam & Koopman, 2020; Weinberg, 2020).

The necessity of suppressing or exaggerating true feelings in order to achieve positive results requires some effort (Shankar & Kumar, 2014) and is known as emotional labour. Hochschild (1983), an American sociologist, devised the term emotional labour in her notable work: "The Managed Heart: Commercialisation of Human Feeling." Hochschild described emotional labour as "managing of feelings in order to create a publicly visible facial and bodily display." According to Hochschild:

There are numerous jobs that require emotional work. These employments exhibit three similar characteristics that all of these jobs share. They must foremost make face-to-face, or voice-to-voice contact with the general public. Second, they require the worker to elicit an emotional response in another person, such as appreciation or fear. Third, they enable the employer to exert some control over employees' emotional behaviours through training and supervision. (Hochschild, 1983, p. 147).

In relation to the issue of emotional labour, Wharton and Erickson (1993) used the term “boundary spanners” to describe employees who as part of their work schedules, regularly have to make personal interaction with people, and stated that such employees have a high tendency to experience emotional labour in carrying out their responsibilities. To them, “boundary spanners” because of their positions and responsibilities, serve as the primary connection between the organisation and the clients of the enterprise. Such employees are more disposed to emotional labour experiences.

Several researchers (e.g. Weinberg, 2020; Winter, Morrison, Cree, Ruch, Hadfield & Hallett, 2019; Hoffmann, 2016; Shankar & Kumar, 2014; Kinman, McFall & Rodriguez, 2011; Johnson & Spector, 2007; Grandey, 2003; Hochschild, 1983) have posited that personnel like the clergy or pastors, along with other professionals, could be described as core emotional labourers. This is because their jobs frequently require them to deal directly with others, and as a consequence, they frequently experience difficult emotional developments. The work of the clergy can be categorised into six distinct

roles: Preacher, officiator of religious rites and ceremonies, pastor, teacher, organiser, and an administrator (Noll, 2020; Adams, Hough, Proeschold-Bell, & Kolkin, 2017). It appears that the cleric must regularly switch between these duties throughout the hours of each single day.

Meek, McMinn, Brower, Burnett, McRay, Ramey and Villa (2003) observed that in practice, the clergy often provide consultation as therapists, even though they may not have received the necessary training to fulfil that function. Becoming a member of the clergy is therefore a fascinating and "demanding" helping vocation along with operating under the irrational standards of "occupational and personal perfection" (Noll, 2020).

Previous studies indicate that long working hours, role ambiguity, excessive workload, poor remuneration; and sometimes unrealistic expectations from members of the congregation are all stressors that the clergy face (Beebe, 2007; Mueller & McDuff, 2004; Lee, 1999; Krause, Ellison & Wulff, 1998; Morris & Blanton, 1998).

Clerics, according to scholars such as Morris and Blanton (1998) and Hill, Darling, and Raimondi (2003), have an especially tough time distinguishing between their personal and official lives. Job pressures have been shown to have a negative impact on clergy members' well-being and commitment (Kinman *et al.*, 2011). Burnout and other mental health issues ranging from moderate to severe have been discovered (Lewis, Turton, & Francis, 2007; Doolittle, 2007; Francis, Kaldor, Shevlin & Lewis, 2004). A study involving 726 clerics, for example, revealed that the average level of emotional fatigue among the clergy was higher than that of players in other

helping professions (Evers & Tomic, 2003). Furthermore, it has been discovered that relative to the general population, the clergy had a proportionately higher frequency of mental health issues like depression and anxiety (Knox, Virginia & Lombardo, 2002). The tensions and strains of the profession have been found to play major roles in many clerics quitting the work of ministry (Beebe, 2007; Parker & Martin, 2009).

Pastoral care is the core of the clergy's responsibilities (Leavey, 2008; Weaver, 2005), and being there for the congregants during times when their congregants are faced with psychological distress or tragedy is one of the most prominent services rendered by the clergy. When these things happen, most congregants rather than consulting psychotherapists or mental health professionals, turn to the clerics for comfort and assistance (Chalfant, Heller, Roberts, Briones, Aguirre-Hochbaum & Farr, 1990); Stanford & McAlister, 2008). The clergy are the first to be called upon for psychological support or counselling when their congregants face times of difficulty such as bereavement, alcohol dependence, marriage and family troubles, physical and sexual violence (O'Kane & Millar, 2001; Weaver, Koenig & Larson, 1997). Thus, congregants place a high value on the pastoral care provided by their minister and rely on their availability, emotional support, and interpersonal abilities. Members of the congregation do not take it lightly if the minister is not immediately available or shows he or she is incapable of assisting.

Although the clergy consider the provision of pastoral care an integral part of their job and a source of fulfilment, studies suggest that the demands of these members can be exhausting, and the emotional demands thereof can be a

source of stress (Dewe, 1987; Holaday, *et al.*, 2001). Health-related issues such as memory loss, depersonalisation, occupational stress, hypertension, cardiovascular diseases, emotional exhaustion, and burnout have been attributed to emotional labour. Indeed, physiological arousal produced by stress, as well as occupational pressure, which manifests as poor working attitudes and burnout, are related to an employee's level of emotional control (Jeung, Kim & Chang, 2018).

The average cleric has been found to work about fifty to sixty hours per week, with a negligible period being set apart to work on their personal and spiritual development (Heins, 1979). Many do not have close friends or personal acquaintances, nor emotional support systems (Jenkins & Wulff, 2002). These factors contribute to stress and the resultant health effect among the clergy. There seems a rising mortality rate among Classical Pentecostal clergy in Ghana, accompanied by the prevalence of stress-related symptoms, and this has become a concerning trend. Some pastors have lost their lives while actively serving in ministry, while others find themselves bedridden or forced into early retirement. These outcomes may be attributed to the significant abuse endured during their pastoral work, as well as their tendency to persevere without adequately considering the immense emotional demands and other formidable challenges that arise from ministry responsibilities.

This clearly indicates a dangerous emotional hazard at work. In fact, this matches the experiences of many contemporary clerics who work to stay engaged, devoted, and respectable in public although possibly experiencing some emotional trauma. Since the clerics play such an essential role in the

society, it was critical to look into the effects of emotional labour and stress on their health functioning.

In existing literature, emotional labour has been closely linked with burnout, with several studies underscoring its negative impact on psychological health. Zaghini, Biagioli, Proietti, Badolamenti, Fiorini and Sili, (2020) identified that stress mediated the relationship between emotional labour and burnout, suggesting that individuals engaged in roles requiring emotional regulation were more susceptible to chronic exhaustion when stress levels are unmanaged. Contrastingly, Neneh (2024) explored how peer support moderates this relationship, highlighting that a supportive social environment can buffer the adverse effects of emotional labour on health outcomes. Similarly, psychological flexibility, defined as the capacity to adapt to situational demands while maintaining values-driven actions, has been shown to mitigate the emotional toll on individuals (Negi, 2024). These varying perspectives indicate the complexity of emotional labour's impact, necessitating an integrative approach in this study to explore these constructs together. Theoretical models incorporating peer support as a protective factor and psychological flexibility as a resilience mechanism provide the basis for the current research framework. This study closes a significant gap by analysing the combined moderating and mediating roles of these constructs, distinguishing these contributions, and placing them within the framework of Classical Pentecostal clergy in Ghana.

The research was conducted in the Central Region of Ghana. The Central Region was selected because its historical significance as the first administrative capital of the Gold Coast and the birthplace of the first Classical Pentecostal church in 1953 (Anderson, 2013) makes it ideal for exploring clergy well-being. The population is predominantly Akan (78.5%), with a cultural emphasis on communal support and spiritual leadership that aligns with this study's objectives. The challenges faced by Pentecostal clergy in the region, including managing multiple congregations, frequent transfers, and high congregational expectations, directly impact their emotional and psychological health (Annual Report, Cape Coast Area, 2020; Bonsu, 2016). These demographic and socio-religious dynamics enhance the study by providing diverse insights into coping mechanisms influenced by ethnicity and socio-economic background.

This research aimed to bridge gaps by examining how emotional labour correlates with health functioning through complex relationships involving stress and burnout. Current studies provide limited insights into these interactions, particularly within clergy populations. Thus, this study's unique emphasis on the functions of peer support, psychological flexibility, and burnout provides a more comprehensive viewpoint, highlighting their importance in moderating or mediating health outcomes.

Statement of the Problem

Studies have revealed the harmful effects of emotional labour. For example, Adelman (2016) found that emotional labour leads to low self-

esteem and depression. There are other impacts such as emotional conflict and weariness (Morris & Feldman, 1999), job discontent (Ashforth & Tomiuk, 2000), stress related functions in the organisation (Brotheridge & Grandey, 2002), organisational role stress (Waddar & Aminabhavi, 2012), hypertension and malfunctioning of the heart (Mann, 2004) which have been identified.

The clergy, like other workers in the services sector, are likely to be under a great deal of pressure to meet organisational goals, as well as satisfy public and social expectations. Clerics consequently seem to suffer from emotional tiredness, stress, burnout, and a weakened sense of self-realisation as a direct result of their employment (Jacobson *et al.*, 2013). The clergy are prone to stress, disappointment, depression, and the psychological effects associated with these emotional deeds in life (Dadson, 2011). In addition, members of the clergy, irrespective of what they may be going through, seem to always put on a positive face and attitude. This may be an observed cause of the progressive increments of medical expenses of some of the Classical Pentecostal Churches in Ghana. A typical example is that of the Church of Pentecost, who have had to insist that their clergy in Ghana should register with the National Health Insurance Scheme so as to cut the increasing medical expenditures on ministers (The Church of Pentecost, 2020).

The three Pentecostal churches considered for this study are Christ Apostolic Church International, The Apostolic Church Ghana, and The Church of Pentecost are classified as Classical Churches due to their historical roots, doctrinal distinctiveness, and organisational structures. Classical Pentecostalism emerged from the early 20th-century Pentecostal revival,

characterised by a strong emphasis on the baptism of the Holy Spirit, speaking in tongues, and divine healing (Onyinah, 2013). These churches whose activities were pronounced in the Central Region of Ghana were among the pioneers of Pentecostalism in Ghana and played significant roles in shaping Pentecostal doctrines and practices. The choice of these churches is further justified by their extensive networks, being found in almost every community in the Central Region, and their influence within Ghana's Christian landscape, making them ideal representative institutions for examining emotional labour, burnout, and coping strategies among clergy. Additionally, the hierarchical leadership structures and policies of these churches regarding pastoral transfers to and from the Central Region of Ghana create unique challenges for clergy, aligning well with the study's focus on stress management and psychological well-being. This contextual relevance ensures that findings from the study can be generalised to broader discussions of clergy health in similar religious settings.

Agyemang (2017) noted that to some extent, the highly questionable attitude, spleen of manipulation and manoeuvres of some religious leaders in Ghana which the media often takes up for discussion, are fast eroding the principles of integrity, fairness, accuracy, objectivity and most importantly, the ministerial ethic. For ministers to be able to maintain their steadiness in the midst of such an environment, suppressing certain emotions is essential.

In some churches in Ghana, of which the Classical Pentecostal churches are no exception, when the Church Council takes decisions, it is expected that the clergy would adhere to these decisions or implement them in

their various districts or duty stations without question, whether it is favourable to them or not. The clergy must go out and smile to the members of the church, despite the challenges they might be facing or going through with respect to the decision taken (Hochschild, 1983). Emotional labour therefore has the potential to affect the output of clerics in ministry and contributes to health functioning due to the pressure to ensure decisions are well executed to meet the church's set goals or face the negative consequences. For instance, in 2021, over forty pastors were sacked from a church in Nigeria due to failure to meet organisational goals (Olowoporoku, 2021).

The researcher, serving on the key policy making body of one of the major Classical Pentecostal churches in Ghana, has experienced and sat in meetings where pastors have had to be prematurely retired due to severe health conditions emanating from their work as clergy. There have been instances where pastors have lost their lives, and others battling with all kinds of severe health problems have been asked to proceed on medical leave ranging from six months to two years. After two years, such clergy would have to proceed on early retirement.

There have also been instances where pastors may not be happy due to some church policies and their own family issues but still need to adhere to such policies and fulfil the goals of the church, thereby causing some emotional and psychological trauma for such ministers. For example, the transfer of ministers from one station to another may have dire consequences on the schooling of their children, as well as the employment of the wife of a

minister. However, such a minister will have to “unwillingly” obey it and put up a happy face, accepting it as being part of the sacrifices of the ministry.

Some pastors tend to demonstrate that being successful in the ministry comes at a high cost, with the emotional labour they expend to satisfy the needs of their congregations, the public, their religious organisations at large, may have contributed significantly to this expense. The need to comprehend the impact of persistent emotionally demanding pressures among the clergy, arises from the possibility that pastors may emotionally labour in return for pay and other immaterial benefits, without considering how it affects their health functioning. There is therefore the need to study and propose interventions to support the clergy in fulfilling their duty. It is worth noting that emotional labour experiences of Classical Pentecostal clergy have received little scholarly attention; especially when coupled with stress, and its effect on their health functioning from an African perspective, and for that matter in Ghana.

Most of the published research on emotional labour and health functioning (Lartey et al., 2020; Stephens, 2020; Weinberg, 2020; Winter *et al.*, 2019; Yoon & Kim, 2013; Scott & Barnes, 2011) were direct relationship, without taking into consideration the role played by stress and burnout to mediate the effects, and the role that psycho-flexibility and peer support also played to moderate these effects.

Many studies have focused on specific sectors such as healthcare or corporate environments, potentially overlooking unique stressors relevant to clergy. This highlights a gap in the literature, highlighting the importance of

examining how burnout affects health functioning within the specific occupational stresses and cultural context of Ghanaian clergy.

The clergy tend to devote a substantial amount of time to their congregation's spiritual, physical, and psychological needs. This study therefore sought to explore how emotional labour affected the general health functioning of the clergy in Classical Pentecostal churches in Ghana, considering, the mediating role of stress and burnout, and also the moderating role of peer support and psychological flexibility using the clergy of three Classical Pentecostal churches in the Central Region of Ghana.

Purpose of the Study

The purpose of this research was to investigate how stress, burnout, psychological flexibility, and peer support interact to mediate and moderate the effects of emotional labour on the social, emotional, and psychological health functioning of the Classical Pentecostal clergy in the Central Region of Ghana.

Research Objectives

The research sought to find out:

1. The effect of (a) emotional labour, (b) burnout, and (c) stress on the health functioning of the clergy.
2. The influence of (a) emotional labour, and (b) stress on clergy burnout.
3. How emotional labour impacts the stress of the Classical Pentecostal clergy.

4. The function of stress in mediating the link between emotional labour and clergy burnout
5. The role of burnout in mediating the association between (a) emotional labour, (b) stress and health functioning of the clergy.
6. How (a) psychological flexibility and (b) peer support moderate the correlation between emotional labour and burnout.
7. How psychological flexibility moderates the way that stress and burnout are related.
8. The influence of peer support in moderating the link between burnout and health functioning of the clergy.

Research Hypotheses

The following hypotheses were generated to guide the study:

1. H_1 : (a) Emotional labour, (b) burnout, and (c) stress will have a statistically significant effect on the health functioning of the clergy.
 H_0 : (a) Emotional labour, (b) burnout, and (c) stress will not have a statistically significant effect on the health functioning of the clergy.
2. H_1 : (a) Emotional labour, and (b) stress will have a statistically significant effect on burnout of the clergy.
 H_0 : (a) Emotional labour, and (b) stress will have no statistically significant effect on burnout of the clergy.
3. H_1 : Emotional labour will have a statistically significant effect on stress of the clergy.

H_0 : Emotional labour will have no statistically significant effect on stress of the clergy.

4. H_1 : Stress will statistically significantly mediate the relationship between emotional labour and burnout.

H_0 : Stress will not statistically significantly mediate the relationship between emotional labour and burnout.

5. H_1 : Burnout will statistically significantly mediate the relationship between (a) emotional labour, (b) stress, and health functioning of the clergy.

H_0 : Burnout will not statistically significantly mediate the relationship between (a) emotional labour, (b) stress, and health functioning of the clergy.

6. H_1 : Psychological flexibility, and (b) peer support will statistically significantly moderate the relationship between emotional labour and burnout.

H_0 : Psychological flexibility, and (b) peer support will not statistically significantly moderate the relationship between emotional labour and burnout.

7. H_1 : Psychological flexibility will statistically significantly moderate the relationship between stress and burnout.

H_0 : Psychological flexibility will not statistically significantly moderate the relationship between stress and burnout.

8. H_1 : Peer support will statistically significantly moderate the relationship between burnout and health functioning of the clergy.

H₀: Peer support will not statistically significantly moderate the relationship between burnout and health functioning of the clergy.

Significance of the Study

Findings from this research should enlighten churches to appreciate the effect of emotional labour and stress on the health functioning of their ministers and encourage them to develop stress relief packages for their ministers.

The findings would also be applied in improving emotional labour and stress management strategies among ministers.

The study's results would contribute to reducing the adverse effects of emotional labour and stress on ministers' health and their family relationships at large.

The research findings are intended to assist policy makers to enact family-friendly policies, and to educate clergy on managing emotional labour and stress, as well as balancing their official duties and family relations.

The research findings would unveil to Classical Pentecostal churches and their clergy, what emotional labour is, its nature and how it affects the clergy's social, emotional, and psychological well-being, and the steps that could be taken to anticipate and manage its impacts.

This study's findings would also assist the leadership of Classical Pentecostal churches and the ecumenical body that they belong to, The Ghana Pentecostal and Charismatic Council, to create employment policies specifically designed to meet the emotional needs of the clergy as they

perform their ministerial functions. It will also help them provide resources that will buffer against stress and burnout.

Due to the fact that the search of the literature revealed that the impact of emotional labour on health functioning of the Classical Pentecostal clergy in the Ghanaian context has received little or no attention, this researcher is of the conviction that this study would be of immense benefit to future researchers.

This study being one of its kind with mediating and moderating variables, it is hoped the study would provide a foundation of literature for upcoming researchers regarding emotion-related issues.

Finally, academic knowledge on emotional labour, stress, burnout and health functioning among the clergy would be furthered by this study.

Delimitations

This research specifically focused on the effects of emotional labour and stress on the health functioning of Ghanaian Classical Pentecostal clergy, considering how it was mediated by burnout, as well as the role that psychoflexibility and peer support played in moderating these effects. The study looked at three aspects of the health functioning of the clergy namely, social, emotional, and psychological. Particular attention was paid to Classical Pentecostal clergy since they mostly oversee multiple congregations; and due to their system of governance, such as proceeding on transfers with their families on rather short notices, they tend to undergo stressful situations whilst putting up a brave, contented and “obedient” attitude.

Additionally, this study was confined to the clergy in the Classical Pentecostal Churches in the Central Region of Ghana. Although, the research could have been conducted in all the sixteen regions in Ghana, it was centred in the Central Region since most of the Classical Pentecostals Churches have very good representation in the Region. The clergies in the Classical Pentecostal Churches in the Central Region seemed to have more experience and stand in the better position to be respondents for the study.

Lastly, this study is restricted to using a combination of purposive, stratified, and random sampling procedures for participant selection, which may affect the findings' generalisability, and Partial Least Squares Structural Equation Modelling (PLS-SEM) for data analysis which could have multicollinearity if not properly handled.

Limitations

First of all, the respondents found it challenging to avail themselves for the study since they had doubts regarding the objectives of the research. Time was taken to explain the goal of the study to them in order to ensure that accurate responses were obtained from them.

Since the study relied on self-report questionnaires for data collection, there was a chance that some of the clergy's responses did not accurately reflect the situation as it actually was on the ground, and this could impact the validity of the data that was obtained from them. However, the respondents were encouraged to actively participate and provide responses as truthfully as possible.

Definition of Terms

Emotional Labour: The need for the members of the Classical Pentecostal clergy to control their emotions in order to exhibit themselves and relate with their congregants in a professional manner.

Stress: The intensity of emotional or physiological reactions of the Classical Pentecostal clergy to the demands of their work.

Burnout: Excessive and persistent emotional, bodily, and mental depletion caused by the demands of the work of the clergy.

Psychological Flexibility: The extent to which a member of the clergy accepts their own thoughts and feelings and acts on long-term goals instead of spur-of-the-moment impulses, thoughts, or sentiments.

Peer Support: The practice where the clergy employ the lessons, they have learnt through experiences in life to help others in similar situations and make space for them to be accepted and feel accepted. This can be in the form of peer mentoring or counselling.

Health Functioning: The capacity of the clergy to carry out their everyday tasks without needing or being given aid by another person.

Classical Pentecostals: The section of Christians who hold that the Christian needs a subsequent experience of Holy Spirit Baptism, and that the initial sign of this is the speaking in unknown tongues.

Classical Pentecostal Clergy: The group of individuals ordained for sacred roles in Classical Pentecostal churches. These could interchangeably be referred as pastors or ministers.

Organisation of the Study

The research was presented in five chapters, with Chapter One which is the introduction, looking at the background to the study, statement of the problem, purpose of the study, research hypotheses, significance of the research, delimitations, limitations, and definition of terms. Pertinent theoretical and empirical literature reviews were presented in Chapter Two, along with the establishment of a theoretical structure (conceptual framework) and review for the investigation. Chapter Three presented the research methods of the study. The rational procedures used to carry out the research were discussed. The chapter also discussed the research design, study area, population, sampling procedure, the data collection instruments, the data collection processes, the data processing and analysis, and the ethical issues. Chapter Four presented and discussed the results. Chapter Five was devoted to the summary, conclusions, recommendations, implications for counselling, and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The goal of the research was to explore how stress, burnout, psychological flexibility and peer support interact to mediate and moderate the consequences of emotional labour on the social, emotional, and psychological health of the Classical Pentecostal clergy in Ghana. This chapter presents scholarly works that were deemed important to this research. The review serves as a foundation to support or refute existing findings and conclusions, as well as to contextualise the current study. It also served as both the study's empirical examination and theoretical and conceptual basis.

Specifically, four theories (theory of emotional labour, affective events theory, broaden-and-build theory, and conservation of resources theory) were considered under the theoretical framework. This was followed by a review of the concept of emotional labour, stress, burnout, psychological flexibility, and health functioning. The empirical review covered studies in the area of emotional labour, stress, burnout, psychological flexibility, peer support and health functioning undertaken by other scholars. The section also considered, the study's conceptual framework and ended with a summary of the chapter.

Theoretical Review

Hochschild's Theory of Emotional Labour

According to Hochschild's (1983) theory of emotional labour, those propagating an organisation's values and ethos are expected to repress their feelings in order to preserve an external demeanour that encourages others to

feel the way they should, thereby facilitating the successful delivery of services to clients or customers. However, the adoption of emotional labour can have negative implications, such as low self-esteem and burnout in people who use it (Hochschild, 1983; Maxwell & Riley, 2017). Emotional labour, according to Gimlin (1996), can harm an employee's sense of professionalism and personal job satisfaction (Bulan, Erickson & Wharton, 1997).

Consequently, although core frontline employees, (employees that have immediate and frequent contact with customers/clients), who are described as core emotional labourers, help organisations to achieve their objectives, the emotional labour strategies they employ, that is, putting on fake smiles or display expected emotions (surface-level acting), have devastating consequences on their well-being. However, emotional labour does not always have a detrimental impact on workers when it is seen as a means of improving oneself or when workers take control of their emotions (deep level acting) (Pugliesi, 1999). Therefore, if emotional labour is self-managed and utilised to promote self-enhancement, it can be a useful management strategy that raises valued behaviours in the workplace (Pugliesi, 1999).

Previous studies have shown that peer support can mitigate the detrimental effects of emotional labour. For example, Grandey, Fisk, Mattila, Jansen and Sideman (2005) examined the effects of coworker support on emotional labour outcomes among call centre employees. The study found that peer support acts as a buffer against the adverse consequences of emotional labour, as seen by the correlation between it and a decreased emotional exhaustion, as well as a higher level of satisfaction with work.

Another study by Zapf, Vogt, Seifert, Mertini and Isic (1999) investigated the correlation between social support and emotional labour. The study revealed that social support from colleagues helped employees in managing emotional dissonance and reducing emotional exhaustion. The relationship between peer support and Hochschild's theory of emotional labour pertains to managing and controlling emotions at work. Hochschild's theory explores the emotional demands placed on individuals in service-oriented occupations, particularly where they are required to exhibit and manage emotions as part of their work. Peer support can play a significant role in helping individuals, especially new employees, navigate and manage the emotional labour involved in their work.

In this research, Hochschild's emotional labour theory was employed, first of all, to throw light on the results of emotional labour strategies on clergy's health functioning. In this regard, this study argues that surface-acting level emotional labour strategy would have a negative effect on the well-being of the clergy, such that a high level of surface-acting would impede the health functioning of the clergy, while a low level of surface-acting would improve the health functioning of the clergy.

Secondly, the emotional labour theory was used to explain the consequence of emotional labour tactics on clergy's work stress. Here, this study argues that surface-acting level emotional labour strategy would have a positive effect on clergy's work stress, such that a high surface-acting would heighten clergy's job stress, while a low surface-acting would reduce work

stress of the clergy. On the flip side, a high deep-acting would reduce clergy's job stress, while a low deep-acting will intensify job stress of the clergy.

Although Hochschild's theory of emotional labour has been fundamental in comprehending the emotional demands of service positions, its cross-cultural and cross-occupational applicability (especially in developing nations) deserves critical examination. Hochschild's theory, based on developed countries' norms, is criticised for failing to adequately represent the complex ways emotional labour is expressed in culturally varied contexts like Ghana, where interpersonal interactions and communal values are very different. For example, Ghanaian societal values that emphasise expressive and communal connections may conflict with the obligation to suppress personal feelings for the organisation's good. Furthermore, the theory has drawn criticism for oversimplifying workers' emotional experiences and failing to properly consider the underlying incentives and benefits of emotional labour that are susceptible to cultural influences. This research conducted in the Central Region of Ghana where there is great social bonding satisfies these identified gaps.

Affective Events Theory

The Affective Events Theory developed by (Weiss & Cropanzano, 1996) examines the composition, origins, and effects of affective workplace encounters. These situations frequently occur in the workplace, and people frequently react emotionally to them. People's behaviour and attitudes are directly influenced by their emotive reactions to situations. The structure of

affective reactions is as fundamental to the Affective Events Theory as the structure of settings. The theory highlights the importance of the structure of the psychological experience while acknowledging the complexity of feeling. People could be furious, frustrated, proud, or delighted, and these emotions would have varying behavioural consequences.

Workplace events regularly cause employees to react emotionally in ways commensurate with these happenings (Weiss & Cropanzano, 1996). Attitudes and behaviours of employees are influenced by these affective experiences. As a result, a pleasant occurrence at work activates cognitive assessments of one's employment, such that experiencing positive events creates a positive perspective of the work and, as a result, booster employee's desire to work harder on their responsibilities (Thoresen, Kaplan, Barsky, Warren, & deChermont, 2003). On the other hand, unfavourable experiences make people view their work more negatively. This lowers their motivation to work hard at their jobs (Thoresen *et al.*, 2003).

The workplace has to be conducive to enhance productivity. It is noteworthy that employees' desire to put in more effort is essential for achieving organisation goals and objectives. It should be a top priority to ensure that employees who experience negative events at the workplace are attended to through peer support mechanisms to water down the diminishing desire of employees. There seems to be a clear relationship between peer support and Affective Events Theory (AET) which could be understood in the context of the impact of emotional experiences on individuals in the workplace and the role played by social support in mitigating the effects of

those experiences. Regarding the field of peer support, research has shown that having supportive relationships with colleagues can serve as a buffer against negative affective events and their potential detrimental effects.

For example, Bakker, Demerouti and Euwema (2005) looked at the connection between burnout, peer support and emotional job demands. The results showed that the association between emotional work demand and burnout was mitigated by peer support. Specifically, individuals who received elevated degrees of peer support were less probable to experience burnout, even when faced with high emotional job demands.

Another study by Barsade and O'Neill (2014) explored the part played by affective events and social support in predicting employee performance. The outcome indicated that positive affective events, such as receiving help and support from peers, were positively associated with performance. Furthermore, when social support was received from peers it buffers the detrimental impact of negative affective events on performance.

These studies highlight the significance of peer support in the context of Affective Events Theory. The presence of supportive relationships with peers can help individuals navigate the emotional challenges of the workplace and mitigate the potential negative effects of affective events.

In this study, first, the Affective Events Theory was employed in explaining the direct negative effect of stress on health functioning of the clergy. A claim was made that the demands and nature of the work performed by the clergy will cause them to experience stress at work, and this job stress will exert negative influences on their psychological, social, and emotional

health functioning. The Affective Events Theory (Weiss & Cropanzano, 1996) regards job stress as negative emotional events experienced by clerics at the workplace due to the nature and demands of their jobs, thereby stifling their health functioning.

The clergy's job requires direct interaction with people and, as a result, he or she tends to go through so much stress. The work of a clergy, according to Adams *et al.* (2017), can be categorised into six various functions; preacher, officiator of religious rituals and sacrament, organiser, teacher, pastor, and an administrator. In these duties, the cleric appears to have to switch back and forth between these obligations on a daily basis (Noll, 2020). In practice, the clergy is consulted as a therapist, even though they may not have received the necessary training to fulfil that function (Meek *et al.*, 2003). This circumstance place clergy members in an exciting and 'challenging' helpful profession, as well as placing them under false standards of 'occupational and personal excellence' (Noll, 2020).

Previous studies indicate that long working hours (Beebe, 2007), role ambiguity (Mueller & McDuff, 2004), excessive workload (Krause, *et al.*, 1998), poor remuneration (Morris & Blanton, 1998), and unrealistic expectations from church members (Lee, 1999), are all stressors that members of the clergy face. Clergy members find it particularly challenging to set and maintain clear boundaries between their professional and private lives (Hill *et al.*, 2003). It has been demonstrated that the strain of the job negatively affects the well-being and commitment of the clergy (Kinman *et al.*, 2011). For example, Knox, Virginia and Lombardo (2002) discovered that the clergy had

substantially greater prevalence of mental health challenges such as anxiety and depression, than are present in the broader community. Evers and Tomic (2003) also discovered that the clergy experienced a higher average in levels of emotional fatigue than that of players in other helping professions.

The part that burnout plays in mediating the direct relationship between emotional labour and health functioning is illuminated by the Affective Events Theory. Underpinned by this theory, this study posits that the demands placed on the clergy by the nature of their work, coupled with the emotional labour involved, will cause clergy burnout, which will then have an effect on the health functioning of that cleric. The clergy's profession, along with other social/helping roles, are described as core emotional labourers, making them experience intense emotional labour processes. In this research, emotional labour is studied in terms of the two separate techniques of surface-level acting and deep-level acting, which are discussed in detail under the conceptual review section.

The Affective Events Theory is used to explain the part played by stress as an agent of mediation in the direct association between emotional labour and health functioning. The theory's foundational assumptions state that the emotional taxing nature of the clergy's occupation would eventually lead to occupational stress, which will eventually have adverse effects on the clergy's health functioning.

The Affective Events Theory is also applied to provide light on burnout's function in mediating the direct link between work-related stress and health functioning. Following the tenets of this particular theory, this research

regards job stress as a negative emotional event experienced by the clergy at the workplace due to the nature and demands of their jobs. This job stress leads to clergy burnout which, in turn, will negatively affect the clergy's health functioning.

The Affective Events Theory (AET) offers a systematic method for understanding how particular job-related incidents set off emotional responses that in turn impact attitudes and behaviours at work. Nonetheless, there is disagreement over AET's universality and predictive power. Those who oppose the theory point out that individual variances in emotional reactions to comparable events, which can fluctuate greatly depending on personality, cultural background, and prior experiences, may not always be consistently accounted for by the hypothesis. Furthermore, by emphasising instantaneous emotional responses, the theory may ignore people's longer-term psychological processes and adaptive mechanisms. This can be especially true in environments where emotional control is highly valued, such as in many African civilisations where conservatism and endurance are highly prized cultural traits. This research conducted in the Central Region of Ghana certainly satisfies these critical reviews.

Broaden-and-Build Theory

The Broaden-and-Build Theory is employed to explain how personal factors relate with emotional labour techniques (Fredrickson, 2001). According to the theory, a person's immediate thought-action capability may increase if their dispositional positive affectivity is high. This strategy of using positive emotions can be used to boost one's personal resources at work.

Persons who possess great amount of positive affectivity score have a greater tendency to employ their personal capacities such as confidence and enthusiasm, to improve their performance. They also are more inclined to look for answers and resources to alleviate stress and use those resources to improve functioning. Individuals with increased scores on positive affectivity may feel more in control of their environment and participate in more deep-level acting (Adil & Kamal, 2013), which enhances their overall functioning.

According to the Broaden-and-Build Theory, when a person's dispositional positive affectivity is low, his or her immediate thought-action repertoires are narrowed. Negative emotions such as anger, guilt, and fear, might deplete one's own resources at work. As a result, individuals with low positive affectivity therefore look for ways to help them manage expectations and demands from their organisation. This leads them to behave more superficially, which impairs their functioning (Totterdell & Holman, 2003).

In order to sustain individuals' functioning, there appears to be the need of peer support system that could be offered to broaden the mindset of an individual and build capacity towards productivity. There seems to be a close relationship between peer support and the Broaden-and-Build Theory that could be understood through positive emotions' impact, and the acquisition of personal resources within a peer support context. When individuals engage in peer support, they often experience favourable emotions such as empathy, compassion, and a sense of belonging. These positive emotions, according to the Broaden-and-Build Theory, broaden an individual's attention and cognition, promoting creativity, resilience, and problem-solving abilities

(Fredrickson, 2001). This broadened mindset allows individuals to explore new possibilities, seek new information, and build social connections, thereby expanding their personal resources.

Furthermore, peer support provides individuals with opportunities to gain experience from one another, share coping strategies, and gain new perspectives on their own challenges. This exchange of information and resources helps individuals build their repertoire of effective coping mechanisms, critical thinking skills, and adaptive behaviours. Over time, these acquired personal resources contribute to individuals' well-being, resilience, and overall psychological growth (Fredrickson, 2001).

For example, Riessman and Quinney (2019) carried out a research to look at how peer support groups impacted people with chronic illnesses. The findings demonstrated that respondents who engaged in peer support experienced increased positive sentiments, such as joy, thankfulness, and hope. These positive sentiments broadened their mindset, enabling them to explore new ways of managing their illness and enhancing their overall well-being. The peer support groups also provided a platform for sharing coping strategies and resources, which further contributed to the participants' personal growth and resilience.

In this research, the Broaden-and-Build Theory is employed to illuminate the potential beneficial moderating role of psychological flexibility, a personal or personality factor, on the relationships between emotional labour techniques (deep-level acting, surface-level acting) and burnout among the clergy. A cleric who displays high score on psychological flexibility will most

likely engage more in deep-level acting emotional labour strategy, which will eventually reduce his/her burnout. On the contrary, a cleric who displays low score on psychological flexibility will engage more in surface-level acting emotional labour strategy, which will eventually increase his/her burnout. In this thesis, high psychological flexibility was used as a representation for positive affectivity, whereas poor psychological flexibility was used as a representation for negative affectivity.

The Broaden-and-Build Theory posits that positive emotions improves an individual's long-lasting personal resources and repertoire of thought-action combinations. The theory has been criticised for its inconsistent application to high-stress workplaces where negative emotions are prevalent, despite its benefits in elucidating how positive emotions can foster human growth and resilience. Some who disagree with the notion contend that it undervalues the variety of emotional experiences in demanding jobs, where negative emotions can also result in important psychological adaptations and learning (Rathunde, 2000). This research carried out among the Classical Pentecostal clergy who work in emotionally demanding environments such as officiating funerals and weddings on a single day satisfies these identified gaps.

Conservation of Resource Theory

Stress, according to the Conservation of Resources Theory developed by Hobfoll (1989) & Hobfoll and Shirom's (2000), is an adaptive reaction to a real or imagined depletion of personal resources. The notion of resource conservation divides resources into four categories: things, conditions,

personal qualities, and energy (DiClemente, Crosby & Kegler, 2009; Hobfoll, 1989; Hobfoll and Shirom, 2000). Better cooking appliances, a larger workspace - all examples of material goods that are given to someone as a token of appreciation and social standing are called objects. Preferred work hours and meaningful customer contacts are examples of how the environment and critical work situations are dear to employees.

The tangible commodities that an individual receives to show gratitude and status are referred to as objects (e.g., better kitchen equipment, larger work area). Employees respect crucial work and environmental situations; therefore, the conditions reflect that (e.g., preferred work hours, meaningful customer interactions). Personal traits indicate the unique personal qualities, abilities, or dispositions that employees display in the workplace (e.g., friendly, temperament, patience), whereas energies represent the work-related benefits that individuals find inherently motivating (e.g., money, time) (DiClemente *et al.*, 2009; Hobfoll, 2001; Hobfoll & Shirom, 2000).

Objects, situations, individual attributes and energies are considered important because they constitute a resource that can be utilised to lessen resource stress, promote the acquisition of new resources the acquisition of new resources and stop resource (DiClemente *et al.*, 2009). Stress, according to Lazarus and Folkman (1984), decreases individual functioning through influencing the individual assessment process. Personal assessment according to Hobfoll (2001), is a multimodal procedure that uses biological, cognitive, affective, and social components to ascertain the present health status of an individual's current state of health.

Gilboa, Shirom, Fried and Cooper (2008) claim that the different ways in which stress affects a person's functioning are determined by the danger and challenge components of the personal evaluation process. Individual functioning is negatively correlated with threat stressors, which leads to behavioural withdrawal, whereas challenge resources are positively correlated with individual functioning and allow approach-oriented behaviour. Individual performance is harmed when threat stressors cause an individual to focus their work-related emotional and cognitive resources on employment-related adaptation (Gilboa *et al.*, 2008). Reduced functionality and behavioural withdrawal are the end results of this resource reallocation (Hobfoll & Shirom, 2000).

Resources are vital and valuable under the Conservation of Resource Theory (Hobfoll, 1989; Hobfoll & Shirom, 2000), because they constitute a conduit to support further resource gain. The ability of a worker to invest in his or her employment and prevent future resource loss grows with the acquisition of extra resources. The loss of employment, medical issues, the reduction of one's degree of financial standing are some factors that have been identified as social and situational factors that cause stress, trigger the personal evaluation process and impair functioning and efficiency (Hobfoll & Shirom, 2000).

On the other hand, Gilboa *et al.* (2008) hypothesised that people in occupations with more external coping resources (such as influence, stature, and wealth) were able to manage better under stressful situations. This result backs the argument by Hobfoll and Shirom (2000) that more resources lead to

more resource investment, which eventually leads to resource gain. The Conservation of Resources Theory of Hobfoll (1989) and Hobfoll and Shirom (2000) offers the theoretical foundation for analysing psychological flexibility as a moderating factor of the work stress–burnout link in this study.

Again, research has shown that one valuable resource that can significantly impact individuals' well-being is peer support which can occur in various settings including mental health support groups, addiction recovery programmes, and chronic illness communities. Peer support has a close association with the Conservation of Resources Theory which could be viewed through the lens of resource acquisition, protection, and fostering. Peer support could serve as a resource acquisition mechanism, as individuals gain new information, coping strategies, and emotional validation from their peers. For example, in a mental health support group, individuals may acquire knowledge about effective self-care practices or learn coping techniques from peers who have faced similar challenges.

According to Hobfoll (2002), social support, including peer support, is considered a crucial resource that offers support to the overall well-being of individuals. Social support serves as a buffer against stressors and helps individuals cope with challenging situations, ultimately conserving their personal resources. This is especially important in the context of peer support, where individuals can receive emotional support, informational guidance, and practical assistance from their peers, which can alleviate the burden of resource depletion. A study by Zautra, Hall, and Murray (2008), provides a clear support to the relationship that exist between peer support and CoR

Theory. Their study examined the effects of different kinds of social support, including peer support, on the conservation of personal resources among individuals with chronic illness. The findings indicated that peer support played a crucial role in reducing resource loss and promoting resource gain, highlighting its significance in the context of CoR Theory.

In this research, the Conservation of Resources Theory is used to find out the extent to which a strong personal characteristic work-related resource referred as high psychological flexibility buffers the job stress–burnout relationship, while a low psychological flexibility can intensify the job stress–burnout relationship among the clergy. After reviewing the four theories that are relevant to this study, this study proceeds with a review of the concepts that emanate from the study.

Understanding stress and resource management in work environments is made easier with the help of Conservation of Resource Theory (COR). Its implementation, meanwhile, has come under critique due to the imprecise definition of what precisely qualifies as a "resource," which varies greatly throughout various professional and cultural contexts. Moreover, the theory's emphasis on resource loss may obscure any benefits that come from coping mechanisms and adaptation, especially in settings with a high frequency of stress. This may reduce its ability to explain phenomena in dynamic environments where people may concurrently experience accrual and resource depletion.

Theoretical Summary

In summary, this study integrates four foundational theories: Hochschild's Theory of Emotional Labour, Affective Events Theory (AET), Broaden-and-Build Theory, and Conservation of Resources (CoR) Theory to examine the interplay between emotional labour, stress, and resilience among clergy in Ghana. By addressing the limitations of each theory and adapting them to the unique cultural and occupational contexts of the Classical Pentecostal clergy, the study provides a comprehensive framework for understanding the psychological and emotional dynamics of their work.

Hochschild's (1983) theory of emotional labour explains how individuals regulate their emotions to align with organisational expectations, often through strategies such as surface acting and deep acting. However, the theory has faced criticism for its limited applicability to non-Western and non-traditional occupational contexts. Developed in Western societies, Hochschild's framework assumes individualistic norms and primarily focuses on the negative consequences of emotional labour, such as burnout and low job satisfaction, while overlooking cultural variations and potential benefits.

This study addresses these critiques by contextualising Hochschild's theory to Ghana's communal cultural setting, where clergy navigate emotional labour within the framework of collective values and interpersonal connections. In Ghanaian society, clergy are not only spiritual leaders but also central figures in their communities, performing emotional labour that often aligns with cultural expectations of warmth and relational empathy. Unlike the Western focus on individual emotional regulation, Ghanaian clergy rely on peer and

congregational support, which can buffer the adverse effects of surface acting. Furthermore, this study expands Hochschild's framework by exploring the dual impact of emotional labour, highlighting that deep acting when emotions are authentically aligned with outward expressions fosters well-being and aligns with the clergy's spiritual responsibilities.

The second theory, Affective Events Theory (Weiss & Cropanzano, 1996) examines how workplace events elicit emotional reactions that influence attitudes and behaviours. While the theory offers valuable insights into emotional experiences, it has been critiqued for its emphasis on immediate emotional reactions and its limited consideration of individual and cultural differences. In the context of Ghanaian Classical Pentecostal clergy, these emotional reactions are shaped by the unique demands of their roles and the cultural emphasis on resilience and endurance.

This study adapts AET to reflect the occupational realities of clergy, who face significant stressors such as role ambiguity, excessive workload, and unrealistic congregational expectations. Stressful events, such as managing conflicting responsibilities or addressing congregants' spiritual and emotional needs, are examined as key affective triggers that influence emotional well-being. Moreover, the study incorporates peer support as a critical factor in mitigating the adverse effects of these events. Previous research (e.g., Bakker *et al.*, 2005; Barsade & O'Neill, 2014) has shown that peer support reduces emotional exhaustion and enhances job satisfaction by providing a sense of belonging and shared coping mechanisms. By integrating peer support, this

study addresses AET's limitations, emphasising both the immediate and long-term effects of emotional experiences on clergy.

Fredrickson's (2001) Broaden-and-Build Theory highlights how positive emotions expand individuals' thought-action repertoires and build enduring personal resources, such as resilience and psychological flexibility. Despite its strengths, the theory has been critiqued for underemphasising the role of negative emotions and its inconsistent application in high-stress work environments. For clergy, whose work is emotionally and spiritually demanding, this critique is particularly pertinent.

This study addresses these criticisms by exploring the dual role of positive and negative emotions in shaping clergy's experiences. Positive emotions, fostered through peer support and spiritual practices, are shown to enhance clergy's ability to engage in deep acting, thereby reducing emotional dissonance and mitigating burnout. Clergy with high psychological flexibility, a trait associated with positive affectivity, are more likely to adopt adaptive strategies, such as deep acting, that align with their professional and spiritual responsibilities. Conversely, those with low psychological flexibility, often linked to negative affectivity, are prone to surface acting, which depletes resources and exacerbates stress. Furthermore, peer support is identified as a critical factor in fostering positive emotions, broadening cognitive and emotional capacities, and building personal resources for managing workplace challenges.

The Conservation of Resources Theory (Hobfoll, 1989) posits that stress arises from actual or perceived resource loss, and individuals strive to

conserve and acquire resources to cope with stressors. While the theory offers a robust framework for understanding resource dynamics, it has been critiqued for its vague definition of “resources” and its focus on resource loss over resource gain. In dynamic work environments, such as those experienced by clergy, these critiques are particularly relevant, as resource loss and gain often occur simultaneously.

This study addresses these limitations by adopting a comprehensive definition of resources, encompassing personal attributes (e.g., psychological flexibility), social support (e.g., peer and congregational networks), and environmental conditions (e.g., autonomy in role execution). Clergy with strong peer support networks are better equipped to conserve emotional resources and mitigate the effects of job stress. Research by Zautra, Hall, and Murray (2008) supports this, showing that peer support facilitates resource gain by providing emotional validation, shared coping strategies, and practical assistance. The study also explores the moderating role of psychological flexibility in the relationship between job stress and burnout, demonstrating that high psychological flexibility helps the Classical Pentecostal clergy to engage in resource-conserving strategies, such as deep acting, while low flexibility intensifies the effects of stress and resource depletion.

The integration of these four theories provides a comprehensive framework for understanding the effects of emotional labour, stress, and peer support on clergy in Ghana. Hochschild’s theory offers the foundation for analysing emotional labour strategies, while AET contextualises the emotional responses triggered by workplace stressors. The Broaden-and-Build Theory

highlights the role of positive emotions in fostering resilience and building personal resources, and CoR Theory explains how resources are conserved and utilised to manage stress and burnout. By addressing the limitations of each theory and adapting them to the cultural and occupational realities of Ghanaian clergy, this study provides a nuanced understanding of the psychological and emotional dynamics of the work of the Classical Pentecostal clergy.

Conceptual Review

This section explains the variables of interest to this study which are emotional labour, stress, burnout, psychological flexibility, peer support, and health functioning. Each of these variables are explained in the sub-sections below:

The Concept of Emotional Labour

Hochschild (1979) introduced the concept of emotional labour to describe the process of managing and controlling emotions as part of professional responsibilities, emphasising how emotional control becomes a "saleable commodity." Emotional labour, according to Hochschild (1983), involves the initiation or suppression of emotional expressions to benefit others, particularly in service-oriented roles. It encompasses deep acting, where individuals internalise emotions to align with their outward expressions, and surface acting, where individuals fake emotional expressions to meet organisational expectations (Grandey, 2000). Emotional labour is fundamental in occupations where emotional expressions are tied to organisational goals,

but it is often described as a double-edged sword, capable of enhancing job satisfaction while also contributing to burnout (Kiely & Sevastos, 2008).

For Classical Pentecostal clergy, emotional labour is an integral part of their ministerial responsibilities. Clergy are tasked with addressing the spiritual and emotional needs of their congregants, often prioritising the well-being of others above their own. This aligns with Grandey's (2000) observation that emotional labour involves suppressing personal struggles to maintain organisational or community morale. The clergy's ministerial duties, including preaching, counselling, officiating rituals, and providing spiritual guidance, often require both surface and deep acting. For example, clergy may engage in deep acting by genuinely empathising with the struggles of their congregants and aligning their emotional responses with their spiritual mission. However, they may also resort to surface acting by masking personal feelings of exhaustion or doubt to project confidence and maintain congregants' faith.

Emotional labour presents both opportunities and challenges for Classical Pentecostal clergy. On the one hand, effective emotional regulation enhances their ability to connect with congregants, build trust, and foster a positive church environment. Deep acting, in particular, allows clergy to align their emotions with their spiritual values, reducing emotional dissonance and promoting a sense of fulfilment in their roles. On the other hand, surface acting, where clergy display emotions that do not reflect their true feelings, can lead to emotional exhaustion and burnout. Hochschild (1983) noted that

emotional labour often requires individuals to surrender a part of themselves to the organisation, and this is particularly evident in the clergy's work, where personal and professional identities are deeply intertwined.

The emotional labour of clergy is further complicated by the high expectations placed on them by congregants and the broader church community. Unrealistic expectations, such as always being available to address spiritual and emotional needs, often result in role ambiguity, long working hours, and inadequate time for self-care (Beebe, 2007; Lee, 1999). Additionally, clergy are frequently expected to provide emotional support in situations of grief, conflict, or crisis, which places significant emotional demands on them. These stressors contribute to burnout, characterised by emotional exhaustion, depersonalisation, and reduced personal accomplishment (Kiely & Sevastos, 2008). Studies have shown that the emotional toll of these responsibilities is particularly acute for clergy, who often lack formal training in counseling and therapeutic techniques but are frequently called upon to provide such support (Meek et al., 2003).

While emotional labour can be a source of strain, it also has the potential to be a source of fulfilment for clergy. Tolich (1993) observed that emotional labour could break the monotony of work and foster positive interactions. Similarly, Classical Pentecostal clergy may derive deep satisfaction from providing spiritual guidance and witnessing the positive transformation of their congregants. This dual nature of emotional labour is further highlighted by Korczynski (2003), who found that service workers

often experience both satisfaction (e.g., demonstrating empathy) and suffering (e.g., verbal abuse) as part of their emotional labour. For the clergy, the ability to balance these experiences is critical to maintaining their effectiveness and well-being.

To navigate the challenges of emotional labour, it is essential for clergy to have access to adequate support systems. Research suggests that peer support plays a critical role in mitigating the negative effects of emotional labour. Support networks among clergy can provide opportunities for sharing experiences, exchanging coping strategies, and offering emotional validation. These networks help clergy manage the stress of their roles and reduce the likelihood of burnout. In addition to peer support, organisational interventions such as counseling services, training programs, and workload management can further alleviate the emotional demands placed on clergy. Hochschild's (1983) concept of emotional labour highlights the importance of recognising and addressing these demands to ensure the long-term well-being and effectiveness of the Classical Pentecostal clergy.

By applying the concept of emotional labour to the experiences of Classical Pentecostal clergy, this study underscores its profound impact on their ministerial duties and overall well-being. While emotional labour enables clergy to fulfil their spiritual mission and build meaningful relationships with congregants, it also demands careful management to prevent burnout and emotional exhaustion. Balancing the empowering and taxing aspects of emotional labour is critical to ensuring that clergy can sustain their

engagement and effectiveness in their roles. Recognising the emotional demands of their work and providing systemic support is essential to fostering resilience and promoting the health and well-being of clergy within the Classical Pentecostal tradition.

The Concept of Stress

Stress, as defined by Lazarus and Folkman (1984), arises from the interaction between an individual and their environment when the demands of the situation are perceived as burdensome or beyond the individual's capacity, ultimately threatening their well-being. Workplace stress, in particular, has been described as detrimental emotional or physical experiences caused by key components of one's profession (Schulte, Stephenson, Okun, Palassis, & Biddle, 2005). These stressors often result in negative emotions such as anxiety, frustration, or sadness (Kyriacou, 2001). Stress also occurs when expectations at work exceed an individual's skillset and ability to perform (Leka, Griffiths & Cox, 2003), leading to discomfort, uncertainty, and physical or mental strain (Tenibiaje, 2011; Kular, 2017).

In the workplace, stress is a reaction to the disparity between demands and the capacity to cope, often exacerbated by excessive workloads, long hours, and poor organisational support (Babatunde, 2013; Torres, 2016). Leka et al. (2003) categorised workplace stress into two dimensions: work content and work context. Work content includes job demands, workloads, and control over tasks, while work context encompasses career advancement

opportunities, interpersonal relationships, and organisational culture. For many, stressors emerge when roles and responsibilities are unclear, interpersonal conflicts arise, or poor communication and leadership exist (Leka et al., 2003). These stress-inducing factors can lead to significant psychological and physical consequences, including persistent fatigue, difficulty focusing, frustration, and physical ailments like headaches, cardiovascular issues, and immune system dysfunction (Claridge & Cooper, 2014). The World Health Organisation (2010) recognised stress as one of the most critical health challenges of the twenty-first century, while the American Association of Psychologists cited chronic stress as a leading cause of illness and death (Nagarajan, 2017).

The stress associated with workplace demands is particularly pronounced in service-oriented professions where individuals face immense pressure to meet organisational expectations while fulfilling their duties (Britt & Jex, 2015). Classical Pentecostal clergy in Ghana are no exception. As spiritual leaders, counsellors and administrators, these clergy operate under unique circumstances that often exacerbate occupational stress. They are expected to fulfil multiple roles, including preaching, offering pastoral care, managing church administration, and addressing the spiritual and emotional needs of their congregants. These responsibilities frequently extend beyond standard working hours, leaving little time for rest and personal renewal.

Clergy in Ghana, particularly in the Classical Pentecostal tradition, face stressors that are shaped by both organisational and cultural dynamics.

Their roles demand an unwavering commitment to church growth, the spiritual well-being of congregants, and community development. In many cases, they must balance these responsibilities with personal obligations and family life. The cultural expectations within Ghana's religious context often exacerbate these challenges, as clergy are seen as moral exemplars and problem-solvers who are expected to be available at all times. These demands can lead to role ambiguity, excessive workloads, and emotional exhaustion, all of which contribute to significant stress levels (Mensah, Boateng & Amoah, 2017).

Moreover, the stressors affecting Pentecostal clergy are compounded by poor organisational structures and limited access to resources such as professional counselling and peer support networks. Lukić and Lazarević (2018) identified organisational context factors, including leadership style, interpersonal relationships, and poor working environments, as key contributors to workplace stress. For Ghanaian Classical Pentecostal clergy, these factors are amplified by inadequate financial support and the expectation to deliver consistent spiritual and organisational results despite limited resources.

While stress if it is perceived as a challenge can in some cases motivate individuals to perform better (Khuong & Yen, 2016), the chronic stress experienced by clergy often surpasses psychophysical tolerance thresholds, leading to negative outcomes. Persistent stress can result in psychological conditions such as anxiety and depression, as well as physical ailments including cardiovascular problems and immune dysfunction

(Claridge & Cooper, 2014). Stress-related symptoms among clergy may manifest as sleep deprivation, persistent fatigue, frustration, and withdrawal from personal and professional relationships, further impairing their ability to fulfil their roles effectively.

For Classical Pentecostal clergy, stress also arises from the unique spiritual and cultural expectations placed upon them. As both spiritual leaders and community figures, they are often called upon to provide counseling in moments of crisis, officiate rituals, and offer emotional support to congregants. These demands require emotional labour, the regulation of emotions to align with organisational and spiritual expectations, which can further exacerbate stress levels. Hochschild (1983) noted that such emotional labour, while central to service-oriented roles, often leads to emotional exhaustion and burnout when not managed effectively.

In the Central Region of Ghana, where cultural dynamics place high value on communal relationships and spiritual leadership, clergy face additional challenges that intensify stress. Congregants often expect clergy to serve as both spiritual guides and problem-solvers for personal and community issues, creating a continuous cycle of high emotional demands. These pressures can lead to feelings of inadequacy and frustration, particularly when clergy lack the resources or training needed to address complex challenges.

Addressing stress among Classical Pentecostal clergy requires targeted interventions that focus on mitigating organisational, interpersonal, and

personal stressors. Organisationally, churches must establish clear role definitions, improve communication, and provide access to professional development resources. Peer support networks can also play a critical role in reducing stress by fostering shared experiences and offering emotional validation. On a personal level, clergy must be encouraged to prioritise self-care and seek professional counseling when needed.

To summarise the concept, stress is an inherent aspect of the work performed by Classical Pentecostal clergy, driven by their demanding roles, cultural expectations, and organisational challenges. While some stress can serve as a motivator, chronic and unmanaged stress poses significant risks to their mental, emotional, and physical health. Recognising the unique stressors faced by the clergy and implementing systems to support their well-being is essential to ensure their sustained effectiveness and resilience in ministry.

The Concept of Burnout

Burnout is a multidimensional phenomenon that occurs as a response to prolonged stress and psychological strain, particularly in occupations requiring intense emotional involvement and face-to-face interaction (Shirom & Melamed, 2006; Maslach & Jackson, 1981). It is characterised by emotional exhaustion, depersonalisation, and a diminished sense of personal accomplishment, resulting in both psychological and physical depletion. For Classical Pentecostal clergy in Ghana, burnout is a significant occupational hazard, given the emotionally demanding nature of their roles and the cultural

and organisational pressures they face. These clergy engage in constant interpersonal interactions through preaching, counseling, and offering spiritual guidance, often under conditions of prolonged stress and limited institutional support.

Emotional exhaustion, the most fundamental dimension of burnout, refers to the depletion of emotional resources caused by excessive demands on one's time and energy (Maslach & Jackson, 1981). For clergy, this exhaustion often stems from their multifaceted responsibilities, including ministering to congregants, resolving conflicts, and managing administrative tasks within the church. Many clergy are required to provide emotional and spiritual support to congregants while suppressing their own struggles, leaving them drained and overwhelmed. The chronic fatigue associated with emotional exhaustion can impair their ability to connect with congregants, diminishing their effectiveness in ministry. Hochschild (1983) noted that occupations requiring emotional labour, such as pastoral work, often result in self-estrangement and weariness, which aligns closely with the experiences of clergy managing high emotional demands.

Depersonalisation, another critical component of burnout, manifests as cynicism, indifference, and a detached attitude toward others (Maslach & Jackson, 1981). For Classical Pentecostal clergy, the persistent emotional strain of engaging with congregants' personal and spiritual challenges can lead to a sense of emotional distance. When emotionally exhausted, clergy may struggle to empathise with or engage meaningfully with their congregants,

potentially adopting impersonal or even hostile attitudes. This can erode trust and weaken the relational bonds that are vital to their role as spiritual leaders. Depersonalisation not only affects clergy's interactions with congregants but also contributes to feelings of alienation from their ministerial purpose.

A diminished sense of personal accomplishment, the third dimension of burnout, occurs when individuals feel ineffective or unfulfilled in their roles (Maslach & Jackson, 1986). For clergy, this can result from an inability to meet the overwhelming expectations of their congregation or from a perceived lack of progress in their ministry. Unrealistic goals, such as growing church membership or resolving complex social issues within the community, can exacerbate feelings of inadequacy. Over time, clergy may lose their enthusiasm for ministry, leading to a decline in morale and overall job satisfaction. This loss of purpose is particularly problematic for clergy, as their sense of personal fulfilment is often deeply tied to their spiritual mission and the impact of their work on others.

Burnout among Classical Pentecostal clergy in Ghana is further intensified by cultural and organisational factors. The communal nature of Ghanaian society places significant pressure on clergy to serve as moral exemplars and problem-solvers for both their congregants and the broader community. This cultural expectation often requires clergy to be available at all times, sacrificing personal boundaries and self-care. Additionally, limited resources and poor organisational support such as unclear role definitions, lack of professional development opportunities, and inadequate financial

compensation leave clergy ill-equipped to manage the demands of their roles effectively. These structural deficiencies mirror the observations of Maslach and Jackson (1986), who noted that employees subjected to prolonged emotional demands and insufficient institutional support are at greater risk of burnout.

The interrelationship between the dimensions of burnout further complicates the experiences of clergy. Emotional exhaustion often leads to depersonalisation, as clergy attempt to protect themselves from further emotional strain by withdrawing from meaningful interactions. This withdrawal, in turn, diminishes their sense of personal accomplishment, creating a cycle of disengagement and dissatisfaction. The cumulative effect of these dimensions undermines clergy's ability to perform their duties effectively, compromising their spiritual mission and the well-being of their congregants.

To address burnout among Classical Pentecostal clergy, interventions must target the root causes of emotional exhaustion, depersonalisation, and diminished personal accomplishment. Providing clergy with access to peer support networks, counseling services, and training programs can help alleviate the emotional burdens of their roles and equip them with effective coping strategies. Organisational changes, such as establishing clear role definitions, improving communication, and ensuring adequate financial and logistical support, are also essential to reducing burnout risks. Furthermore, fostering a culture that encourages self-care and work-life balance can help

clergy sustain their emotional and physical well-being, enabling them to fulfil their ministerial duties with greater resilience and purpose.

In conclusion, burnout is a pervasive challenge for Classical Pentecostal clergy, driven by the high emotional demands of their roles, cultural expectations, and organisational deficiencies. Emotional exhaustion, depersonalisation, and a diminished sense of personal accomplishment not only compromise clergy's well-being but also hinder their effectiveness in ministry. Recognising the interconnected dimensions of burnout and implementing targeted interventions is critical to supporting clergy in their mission and ensuring the sustainability of their work within the Ghanaian

The Concept of Psychological Flexibility

Psychological flexibility, as defined by Hayes, Strosahl, and Wilson (1999), refers to the capacity to adapt to changing circumstances by embracing and processing all emotions and thoughts while using a set of values and goals to guide behavioural choices. This concept, central to Acceptance and Commitment Therapy (ACT), underscores the ability to act with integrity and remain present, particularly when confronted with life's challenges. For Classical Pentecostal clergy in Ghana, psychological flexibility can be an invaluable resource in navigating the complex demands of their ministerial roles, where stress, emotional labour, and competing expectations often take a significant toll on their well-being. By cultivating psychological flexibility,

clergy can develop resilience and maintain effectiveness in their ministry, even under adverse conditions.

Acceptance and Commitment Therapy (ACT), which aims to strengthen psychological flexibility, focuses on reducing experiential avoidance and fostering value-based behaviour (Hayes, Pistorello & Levin, 2012). Clergy, who frequently experience high levels of emotional labour as they balance personal struggles with their responsibilities to congregants, could benefit from adopting therapeutic processes that enhance psychological flexibility. Emotional labour, which often requires clergy to suppress their true feelings to maintain congregants' faith and morale, can lead to emotional exhaustion and burnout when not properly managed. ACT's emphasis on acceptance and present-moment awareness can help clergy embrace their inner experiences without judgment, reducing the psychological strain associated with suppressing emotions.

The six therapeutic processes that enhance psychological flexibility thus; acceptance, defusion, present-moment awareness, self-as-context, values, and committed action are particularly relevant for clergy. For instance, acceptance, which involves a willingness to explore one's inner experiences, can enable clergy to acknowledge feelings of exhaustion, frustration, or inadequacy without attempting to suppress or alter them. This approach contrasts with the demands of emotional labour, which often compels clergy to ignore or mask their emotions. Similarly, defusion, or observing thoughts and

feelings without becoming entangled in them, can help clergy avoid being overwhelmed by negative self-perceptions or doubts about their effectiveness.

Present-moment awareness is another critical component of psychological flexibility. Clergy are often required to juggle multiple responsibilities, including preaching, counseling, and administrative tasks, which can pull them in different directions and create a sense of being overwhelmed. By fostering attentive awareness of the present moment, clergy can focus on immediate priorities and respond to challenges more effectively. This approach aligns with self-as-context, which emphasises adaptability and self-awareness, enabling clergy to maintain perspective and avoid becoming rigidly attached to negative beliefs about themselves or their circumstances.

The value-based behaviour promoted by psychological flexibility is particularly meaningful for clergy, whose work is deeply rooted in spiritual principles and service to others. By reconnecting with their core values, such as compassion, faith, and community service, clergy can find renewed motivation and purpose, even in the face of adversity. Committed action, the final therapeutic process, encourages clergy to take effective, values-driven steps toward their goals, allowing them to maintain a sense of progress and fulfilment in their ministry.

In contrast, the absence of psychological flexibility or psychological inflexibility can exacerbate the challenges faced by clergy. Hayes et al. (2012) identified six processes that promote inflexibility, including experiential

avoidance, fusion, absence of present-moment awareness, self-as-content, disconnection from values, and inaction or impulsiveness. Clergy who engages in experiential avoidance, such as suppressing emotions or avoiding difficult conversations, may find themselves overwhelmed by unresolved internal conflicts. Similarly, fusion, or becoming entangled in negative thoughts and emotions, can prevent clergy from maintaining a healthy perspective on their work and relationships.

Psychological inflexibility also manifests in the absence of present-moment awareness, leading clergy to focus excessively on past failures or future uncertainties, rather than addressing immediate priorities. This is compounded by self-as-content, where individuals rigidly adhere to negative self-perceptions, such as feelings of inadequacy or unworthiness. Disconnection from values, another hallmark of psychological inflexibility, can result in clergy feeling disengaged from their spiritual mission, while inaction and impulsiveness undermine their ability to respond effectively to challenges.

The Comprehensive Measure of Acceptance and Commitment Therapy (CompACT), developed by Francis, Dawson, and Golijani-Moghaddam (2016), provides a framework for assessing psychological flexibility through three elements: valued actions, behavioural awareness, and receptivity to experience. These elements are particularly relevant for evaluating the psychological flexibility of clergy, as they emphasise value-driven behaviour, present-moment engagement, and acceptance of internal experiences. For example, valued actions align closely with the spiritual and moral principles

that guide clergy in their ministry, while behavioural awareness ensures that they remain focused and attentive to their immediate responsibilities. Receptivity to experience fosters resilience by encouraging clergy to embrace their emotions and thoughts without becoming overwhelmed or disengaged.

Psychological flexibility holds significant promise as a therapeutic target for mitigating the negative effects of stress and emotional labour among Classical Pentecostal clergy. By enhancing their ability to accept internal experiences, remain present, and act in alignment with their values, psychological flexibility can help clergy navigate the demanding and often unpredictable nature of their work. This approach not only reduces the psychological and emotional toll of their responsibilities but also enables them to maintain their effectiveness and sense of purpose in ministry. In this context, psychological flexibility emerges as a vital resource for promoting the resilience, well-being, and long-term sustainability of clergy's spiritual and professional commitments.

The Concept of Peer Support

Peer support, as defined by Davidson, Bellamy, Guy, and Miller (2012), involves the provision of practical and emotional support by individuals with similar shared life experiences. It empowers individuals to overcome challenges by fostering hope, optimism, and a sense of shared understanding. For Classical Pentecostal clergy in Ghana, peer support can be an invaluable resource in navigating the demanding nature of their ministerial

roles. The clergy's work, which often involves addressing the spiritual and emotional needs of their congregants, managing church administration, and fulfilling community obligations, is inherently stressful and emotionally taxing. Peer support provides clergy with an opportunity to share experiences, exchange coping strategies, and build resilience, all of which are essential for maintaining their well-being and effectiveness in ministry.

One of the core strengths of peer support lies in its foundation of shared experience, which fosters empathy and understanding between individuals (Repper & Carter, 2011). For clergy, this shared experience creates a safe space to discuss the unique challenges they face, such as balancing their spiritual responsibilities with personal struggles, handling congregational conflicts, or managing the emotional toll of continuous caregiving. Unlike traditional forms of support, which may lack the depth of personal insight, peer support offers clergy the opportunity to connect with others who have faced similar challenges. This connection not only reduces feelings of isolation but also helps clergy feel validated and understood, particularly in a cultural context where they are often expected to maintain an image of strength and resilience.

The trust and communication fostered through peer support are particularly important for clergy who may experience stigma or self-doubt in seeking help for their emotional struggles. Davidson et al. (2006) highlighted that peer support can help individuals navigate the stigma associated with their experiences by creating an environment of mutual respect and understanding.

For Classical Pentecostal clergy, this is critical, as the societal and organisational expectations placed on them often discourage vulnerability or the acknowledgment of personal challenges. By participating in peer support networks, clergy can openly share their burdens without fear of judgment, fostering a sense of community and solidarity.

Moreover, peer support enables clergy to build resilience and develop effective coping strategies to manage the demands of their roles. Regehr, Glancy and Pitts (2014) emphasised that peer support facilitates the exchange of practical coping techniques, allowing individuals to learn from others who have successfully navigated similar challenges. For example, clergy can share strategies for managing time, delegating responsibilities, or setting boundaries to prevent burnout. This exchange of knowledge and skills empowers clergy to take proactive steps toward self-care and enhances their capacity to handle the complexities of ministry.

In addition to its emotional benefits, peer support can also provide clergy with a renewed sense of hope and optimism. By engaging with peers who have overcome similar struggles, clergy can see first-hand that recovery and resilience are possible, even in the face of significant challenges (Solomon, 2004). This sense of hope is particularly valuable for clergy who may feel overwhelmed by the expectations of their congregants and the broader community. Knowing that others have faced and overcome similar obstacles provides a source of inspiration and motivation to persevere.

The unique empathy and insights offered through peer support address the specific challenges faced by clergy in ways that traditional forms of support often cannot. While organisational interventions, such as counseling services or professional development programs, play an important role in addressing clergy's needs, the depth of understanding that comes from shared experiences makes peer support an irreplaceable component of their overall well-being strategy. Repper and Carter (2011) emphasised that the trust and communication fostered through peer support create a strong foundation for resilience-building, which is critical for sustaining the demanding and emotionally charged work of clergy.

To sum, peer support offers a practical and emotionally enriching framework for helping Classical Pentecostal clergy manage the complexities of their ministerial roles. By creating an environment of empathy, trust, and shared understanding, peer support reduces feelings of isolation, fosters resilience, and provides clergy with effective coping strategies to navigate the emotional and spiritual challenges of their work. Given the unique demands and cultural expectations faced by clergy in Ghana, integrating peer support into their support systems is essential for promoting their well-being and sustaining their effectiveness in ministry.

The Concept of Health Functioning

The concept of health functioning encompasses the holistic well-being of an individual, integrating physical, mental, and social dimensions. Derived

from the German and Anglo-Saxon origins of the word "health," which signify "whole," "hale," and "holy" (Thomas & Abhyankar, 2014), health pertains to the completeness of an individual. According to the World Health Organisation (2010), health is not merely the absence of illness or disability but reflects a state of complete mental, social, and physical well-being (Kuhn & Rieger, 2017). This perspective underscores the multi-faceted nature of health, emphasising that emotional, social, and physical wellness are interconnected components contributing to an individual's overall functioning.

For Classical Pentecostal clergy in Ghana, health functioning is critical to their ability to fulfil their spiritual, administrative, and pastoral responsibilities effectively. These clergy often operate in demanding environments where prolonged stress, emotional labour, and insufficient resources can significantly impact their well-being. Maintaining good health functioning is essential for the clergy, as their roles require sustained energy, mental resilience, and physical stamina to engage in daily activities such as preaching, counselling, and community engagement. The interconnectedness of physical and mental health noted by Baruah and Patrick (2014) is particularly relevant in this context, as improvements in physical health can lead to enhanced emotional and mental well-being, enabling clergy to navigate the multifaceted demands of their ministry.

Health functioning can be assessed through an individual's ability to perform Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) (Lapum et al., 2019). ADLs encompass basic daily

tasks, such as personal hygiene, eating, dressing, and mobility, which are essential for day-to-day functioning. IADLs, on the other hand, involve more complex tasks, such as managing finances, cooking, and organising transportation, which enable individuals to maintain independence. For clergy, the capacity to perform these activities without assistance reflects their physical and mental well-being and their ability to meet the daily requirements of their ministerial duties. Any compromise in health functioning whether due to physical fatigue, emotional exhaustion, or social isolation can hinder their capacity to serve effectively, impacting both their personal lives and the congregations they lead.

Physical activity, such as aerobic exercise, has been identified as a key factor in enhancing health functioning. Smith, Segal, and Segal (2012) emphasised that aerobic exercise releases endorphins, compounds that not only improve mood but also strengthen vital organs like the heart and lungs. For the clergy, incorporating regular physical activity into their routines can be a practical strategy for managing stress and boosting their physical and emotional resilience. However, the demanding schedules of Classical Pentecostal clergy, coupled with societal expectations to prioritise the needs of others above their own, often leave little time for self-care. This neglect of physical activity and overall health management can contribute to a decline in health functioning over time, leading to burnout and reduced effectiveness in ministry.

The determinants of health functioning extend beyond individual behaviours to include social, economic, and physical environments (World Health Organisation, 2010). For clergy, social determinants such as interpersonal relationships within their congregations, the organisational culture of their churches, and the availability of institutional support significantly influence their health. Positive social environments, where clergy feel supported and valued, can enhance their mental and emotional well-being, while negative environments marked by conflict, unrealistic expectations, or isolation can undermine their health functioning. Similarly, economic factors, such as inadequate financial resources or inconsistent income, can contribute to stress and limit access to healthcare or wellness activities, further jeopardising clergy's health.

Moreover, the physical environment in which clergy operate also plays a critical role in their health functioning. For instance, working in poorly equipped church facilities, commuting long distances to minister to congregants, or dealing with inadequate living conditions can create additional stressors that impair both physical and mental well-being. Although clergy may not exhibit outward signs of illness, as noted by WHO (1948), their health functioning can still be compromised by underlying issues such as chronic fatigue, stress, or emotional strain, which can affect their ability to perform daily tasks effectively.

The interdependence of physical, mental, and social health functioning is evident in the lives of Classical Pentecostal clergy. Thomas and Abhyankar

(2014) highlighted those improvements in one area often led to enhancements in others, suggesting that a holistic approach to health management is essential. For clergy, prioritising self-care and seeking support from peers and church leadership can help maintain their health functioning, enabling them to meet the demands of their ministry without compromising their well-being. For instance, creating opportunities for clergy to engage in wellness programmes, access counseling services, and building supportive networks can mitigate the negative effects of stress and emotional labour, promoting resilience and overall health.

Summarily, health functioning is a comprehensive construct that integrates physical, mental, and social well-being, all of which are essential for effective daily functioning. For Classical Pentecostal clergy in Ghana, maintaining optimal health functioning is critical to fulfilling their ministerial responsibilities while sustaining their personal well-being. Addressing the unique challenges, they face ranging from prolonged stress and emotional labour to limited social and economic support requires a holistic approach that prioritises their health and equips them with the resources needed to thrive. Recognising the interconnected nature of health functioning and implementing targeted interventions can ensure that the Classical Pentecostal clergy are better prepared to navigate the demands of their roles and continue to serve their congregations effectively.

Overview of the Clergy and Ministerial Work

The clergy in all denominations, including the Classical Pentecostal churches provide spiritual direction and assistance to members of their congregations in both good and distressing times. Their work is to minister to people in churches, nursing homes, and hospitals, as well as anywhere else they are called to offer prayer. They fulfil duties such as religious education and leading services such as weddings and burials. Protestant ministers, Catholic priests, and Jewish rabbis, for example, are all included in the broad category of clergy, according to the Bureau of Labour Statistics.

Many protestant churches, such as Lutherans, Presbyterians, Baptists and Classical Pentecostal churches are represented on the list of those who use the term pastors or ministers for the clergy. A minister is a one licensed by a religious organisation such as a church to conduct responsibilities which include instructions in religious doctrines and practices, performing rites such as marriages, baptisms, and funerals, as well as offering spiritual advice to the Christian fraternity. The concept of priesthood is emphasised in Catholic, Orthodox, Anglican, and Lutheran churches. The term "minister" typically designates a member of the clergy in other Christian traditions, such as Baptist, Methodist, Calvinist congregations (Congregationalist and Presbyterian), and Classical Pentecostal churches, designated to provide leadership to a congregation or a para-church organisation., This person could be referred to as a chaplain, preacher, pastor, bishop or elder.

Answering church members' calls around-the-clock, seven days a week, is just one of the seemingly never-ending responsibilities that the

Classical Pentecostal clergy have to carry out. Other core functions include preaching on Sundays, leading bible study groups, developing new programmes, visiting the incarcerated, performing last rites, ministering to young people, and planning a mission trip. Despite the demanding schedules and high emotional stakes involved in the work, the clergy from all denominations can derive great personal satisfaction from answering the call to serve others in ministry. This notwithstanding, one cannot rule out the occurrence of emotional labour and stress, with its resultant effects on the health functioning of the clergy.

Overview of Ghanaian Classical Pentecostal Churches

Classical Pentecostal churches, an offshoot of the Azusa Street Revival, began in the Western world in 1906, arriving on the shores of the Gold Coast (now Ghana) in the 1920s. The Faith Tabernacle Church, which was first founded in 1917 by Apostle Peter Newman Anim is credited with starting Pentecostalism in Ghana (Larbi, 2001). Notwithstanding the fact that Seymour and his Azusa Street Revivalists never set foot on Ghanaian territory, and none of his African missionaries did, Seymour and the Azusa Street Revival had a profound effect on Ghanaian Christianity (Larbi, 2001).

They can be located through a variety of connections. Among them was the Apostolic Faith Church of Florence Louise Crawford, a member of Seymour's Azusa Street movement (Larbi, 2001), the connection to the Assemblies of God made by Rev. Lloyd and Margaret Shirer, the first Pentecostal missionaries to enter the Gold Coast in 1931, and the link to the

Four-Square Gospel Church in the 1980s (Omenyo, 2006). This was followed by The Apostolic Faith Church which later developed into the Apostolic Church when James McKeown arrived in 1937 from the United Kingdom and began missionary activity in the Gold Coast under the group based at Asamankese and led by Peter Newman Anim.

Five years before the first Pentecostal missionary to the Gold Coast from Europe arrived in September 1931, Peter Newman Anim and his Faith Tabernacle Church were reported to have received the Baptism in the Holy Spirit (Debrunner, 1967). The "Dispensation of the Holy Spirit in Ghana" is the name given to this event (Atiemo, 1993). The Apostolic Church of the United Kingdom in 1937 sent Pastor James and Sophia McKeown to the Gold Coast to assist Peter Newman Anim with the work he was doing. On March 4, 1937, McKeown accompanied by his wife, Sophia landed in the Gold Coast (now Ghana) and became immediate partners of Apostle Anim (Debrunner, 1967; Omenyo, 2006).

The efforts of Peter Anim and his Faith Tabernacle Church produced the Christ Apostolic Church (now known as Christ Apostolic Church International), The Apostolic Church-Ghana, and The Church of Pentecost (Asamoah-Gyadu, 2005). Anim's relentless reformation, his constant search for knowledge, and his association with other churches to learn more about the Holy Spirit and his ministry in Christians are the reasons behind the establishment of two of the three churches earlier mentioned (Larbi, 2001).

A split in the organisation occurred in 1939 as a result of doctrinal disagreements between the Christ Apostolic Church and the Apostolic Church,

Gold Coast. The Apostolic Church, Gold Coast under the leadership of Pastor James McKeown quickly flourished. A constitutional issue that arose in the mother Church in Bradford, UK in 1953, gave birth to the Gold Coast Apostolic Church, led by Pastor James McKeown, out of the Apostolic Church of the Gold Coast. The Gold Coast Apostolic Church became the Ghana Apostolic Church following the Gold Coast's declaration of independence in 1957 and name change to Ghana. The Church later on August 1, 1962 changed its name to The Church of Pentecost (The Church of Pentecost, 2015).

Rev. Lloyd and Margaret Shirer, having served as missionaries in Burkina Faso, were posted to the Gold Coast in 1931 by the American Assemblies of God Church as the first Pentecostal missionaries. Their work established the Assemblies of God, which is the fourth Classical Pentecostal church in Ghana. On the invitation of the monarch of Dagbon, they settled at Yendi in Ghana's northern area (Bansah, 2012). Their ministry grew, and in 1944 and 1945, they opened branches in Kumasi and Takoradi, respectively (Larbi, 2001).

A Population and Housing Census report released by Ghana Statistical Service (2021), indicates that Pentecostals form 31.6 percent of the country's Christian population, out of Ghana's total Christian population of 71.3 percent. In reality, Pentecostals are gaining popularity in Ghana and are exerting major influence over other Christian groups. Pentecostal congregations also represent the cutting edge of Christianity in its most energetic and dynamic manifestations (Foli, 2001; Larbi, 2001). The clergy of

these churches manage numerous churches with great number of congregants. Hence studying the effects of emotional labour and stress on their health functioning was deemed worthwhile.

Empirical Review

This section examined studies carried out by other researchers that are connected to the problem that this study was trying to explore. It critically examined research on the influence of emotional labour, stress, and burnout on health functioning, along with the moderating impact of psychological flexibility and peer support, and the mediating functions of stress and burn

Effect of Emotional Labour on Health Functioning

Emotions are an important aspect of human life. As part of our employment, we are frequently required to exhibit various emotions. Everything is perfect as long as the felt and expressed emotions are in harmony. However, the problem emerges when the person's genuine inner feelings do not match with those exhibited as part of one's job. Numerous research works on emotional about have been in the past on emotional labour of employees. Interestingly, not much has been done on issues relating to the health of the employees. Few empirical studies seem to be available with regard to the effect of emotional labour on health functioning. Thus, as part of a comprehensive assessment, it was crucial to consider, wider aspects of emotional labour on health.

Evidence exists on the relation that emotional labour has with health, (Barefoot *et al.*, 1998; Friedman & Booth-Kewley, 1987), immune system

functioning (Jamner, Schwartz & Leigh, 1988), and major illnesses such as cancer (Persky, Kempthorne-Rawson & Shekelle, 1987; Watson, Pettingale & Greer, 1984), heart disease (Milani, Littman & Lavie, 1993). Schaubroeck and Jones (2000) suggest that suppressing emotions is a common cause of hypo-functioning immune systems, which ultimately results in greater rates of tumours and cardiovascular disorders.

With regard to the impact of emotional labour on the health of employees, studies conducted by (Riforgiate, Howes & Simmons, 2022; McGarrol, 2017; Vermaak, Gorgens-Ekermans & Nieuwenhuize, 2017; Thomas & Abhyankar, 2014; Kumar *et al*, 2010; Mann, 2004) revealed that emotional labour could have undesirable bearings on psychological well-being and other health issues such as elevated blood pressure, fatigue, maladies of the heart and psychological trauma.

Firoozi and Shakouri (2019) looked at how emotional labour impacts the psychological health of nurses. The research gathered data from 312 nurses working in two Iranian hospitals through questionnaire. The obtained data was examined using stepwise regression analysis. Surface emotional labour was found to have a positive and substantial correlation between physical symptoms, anxiety and sleeplessness, social dysfunction, and depression. Furthermore, intense emotional acting demonstrated a strong and significant relationship with mental health components. The study concluded that the indulgence of surface and deep emotional acting had devastating influences in the mental well-being of the nurses. This clearly shows that the development of emotional labour in any form could be extremely dangerous and disturbs

the productivity of nurses. If nurses and all other professionals including the clergy fail to manage the emotional labour they experienced, they might not be capable to execute their professional task as expected.

In Delhi, India, Tiwari, Saraff and Nair (2020), in a descriptive survey study, examined the impact of emotional labour on the subjective well-being of female counsellors and teachers. Data was gathered from 60 participants, consisting of 30 female teachers and 30 female counsellors and analysed employing Pearson correlation and the t-test. Emotional labour and subjective well-being were found to have a weak significant negative association. This finding suggested that high emotional labour had devastating effect on the subjective well-being of both the female teachers and counsellors. Again, the study revealed that subjective well-being of teachers was higher relative to that of female counsellors.

In Ghana, Agyemang (2021) investigated the relationship between psychological wellness and emotional labour among the media fraternity. The survey was performed on 336 media practitioners using a cross-sectional design. Employing hierarchical regression analysis, the researchers discovered that whereas surface acting strongly and negatively predicted psychological well-being, deep acting showed no such correlation.

From these studies, it could be seen that emotional labour had negative impact on health functioning. It is therefore necessary for counsellors and other stakeholders to work in addressing emotional labour of Ghanaian Classical Pentecostal clergy in order to improve their health functioning. Moreover, while there is evidence suggesting that emotional labour can

significantly impact health functioning, the studies largely employed cross-sectional designs that limit understanding of the long-term health impacts. Furthermore, the diversity in the definition and measurement of both emotional labour and health functioning across studies complicates the ability to draw firm conclusions. Thus, there is a need to employ culturally relevant health metrics that consider both psychological and physiological aspects to fully capture the impacts of emotional labour.

Effect of Burnout on Health Functioning

Existing research outcomes have shown that burnout can have harmful effects on physical, mental, and social health and immune system functioning. With regard to physical health, Bianchi, Schonfeld and Laurent (2017) conducted a meta-analysis exploring the association between burnout and physical health consequences. The research revealed a strong positive correspondence between burnout and health situations such as hypertension, diabetes, and chronic fatigue, highlighting the detrimental impact of burnout on physical health.

Additionally, a longitudinal study conducted by Ahola, Väänänen, Koskinen, Kouvonen & Shirom (2014) discovered a correlation between a higher risk of cardiovascular diseases, musculoskeletal disorders, and gastrointestinal problems. This relationship can be attributed to the dysregulation of the body's stress response system, resulting in elevated levels of stress hormones that may contribute to various health issues. Again, Maslach and Leiter (2008) emphasised that burnout is linked to an elevated

risk of developing musculoskeletal disorders, such as chronic pain and repetitive strain injuries, as a result of prolonged stress and physical strain.

In respect of mental health functioning, studies by (Bianchi, Schonfeld & Laurent, 2020; Shanafelt & Noseworthy, 2018; Maslach & Leiter, 2008) demonstrated that burnout is strongly linked to an enhanced risk of developing mood disorders, anxiety, and depression. Specifically, the burnout component of emotional weariness was revealed to be a strong determinant of issues of mental wellness. Also, Schonfeld and Bianchi (2016) conducted a systematic review and reported a bidirectional correlation between burnout and mental health problems. The research found that individuals with pre-existing mental health conditions had an increased susceptibility to burnout, and conversely, experiencing burnout raised the likelihood of the emergence of mental health issues.

Evidence suggests that burnout could also have far-reaching consequences on how individuals react socially. A study by Halbesleben and Demerouti (2005) indicated that burnout was associated with decreased job performance and increased absenteeism, leading to strained interpersonal relationships with colleagues and supervisors. This breakdown in social dynamics can further aggravate feelings of isolation and disengagement.

Furthermore, a cross-sectional study by Poghosyan, Clarke, Finlayson and Aiken (2009) explored the impact of burnout on patient care and found that burnout among healthcare professionals was linked to lower patient satisfaction and quality of care. These results reveal the potential consequences of burnout on social interactions in professional settings.

Emerging research suggests that burnout can influence immune system functioning, making individuals more susceptible to infections and diseases. An investigation of the impact of burnout on immune responses by Armon, Melamed, Shirom and Shapira (2021) revealed that burnout was associated with reduced immune cell activity, leading to compromised immunity. This finding has important implications for understanding the potential long-term health consequences of burnout.

There seems to be strong evidence for the negative impact of burnout on health functioning. It may be prudent for organisations and policy makers to prioritise implementing strategies to prevent and address burnout to safeguard the general health and well-being of persons in the workforce. Also, research linking burnout to health functioning typically shows consistent negative outcomes; however, the depth of impact varies significantly. Many studies have focused on specific sectors such as healthcare or corporate environments, potentially overlooking unique stressors relevant to clergy. This highlights a gap in the literature, revealing the importance of examining how burnout affects health functioning within the specific occupational stressors and cultural context of Ghanaian Classical Pentecostal clergy.

Effect of Stress on Health Functioning

Stress can have a significant impact on health functioning, which may affect various physiological and psychological processes. A number of research studies have revealed the detrimental impacts of chronic stress on the body and mind.

A meta-analysis research done by Li, Zhang, Loerbroks & Angerer (2015) revealed the link of chronic stress and elevated blood pressure and an increased likelihood of developing hypertension. Prolonged triggering of the stress response system can result in higher levels of stress hormones like cortisol, which, in turn, can contribute to inflammation and endothelial dysfunction, both of which are risk factors for cardiovascular problems (Rozanski, Blumenthal & Kaplan, 2019). Glaser and Kiecolt-Glaser (2005) demonstrated that chronic stress reduces the activity level of cells associated with immunity, such as lymphocytes and natural killer cells that play a vital role in defending the body against pathogens.

Further evidence suggest that stress is closely linked to mental health and can lead to changes in brain chemistry and structure, as well as alterations in the stress-regulating systems in the body (McEwen, 2008), stress-induced changes in gut microbiota, increased gut permeability (Mayer, Knight, Mazmanian, Cryan & Tillisch, 2015). Chronic sleep disturbances due to stress can further exacerbate health issues (Irwin, 2019).

Several studies (Carmassi, Pedrinelli, Dell'Oste, Bertelloni, Cordone, Bouanani & Buselli, 2021; Lee & Madera, 2019; Bosma, Mansoor & Haller, 2018; Homan & Sirois, 2017; Keller, Joscelyne, Granski & Rosenfeld, 2017) have found a both negative and substantial relationship between perceived stress and health-promoting behaviours. Additionally, there was a strong and unfavourable relationship between the severity of post-traumatic stress symptoms and cognitive functioning or mental well-being and quality of life. The researchers concluded that post-traumatic stress symptoms affected the

quality of life in relation to the health of the patients, as well as their emotional, cognitive, and interpersonal functioning, following a severe traumatic brain injury. In addition, Carmassi *et al.* (2021) found that anxiety symptoms were linked to deterioration in job and home management activities and concluded that post-traumatic stress symptoms heightened functioning impairment among the individuals.

A study of the predictors of improved functioning in post-traumatic stress disorder patients was done by Arenson, McCaslin and Cohen (2019). Using a questionnaire, the researchers looked at 254 veterans who were most likely suffering from post-traumatic stress disorder. Improved sleep quality was substantially related with greater physical functioning in fully adjusted models (controlling for age, sex, and post-traumatic stress disorder score, and included all relevant psychosocial predictors of the outcome of interest). Furthermore, decreased sadness and higher perceived social support were both associated with improved occupational performance. Lower levels of depression were also linked to higher levels of occupational performance. Finally, increased degrees of optimism, exposure to fighting, and assumed social support were linked to higher quality of life.

A study of the relationship between bad employment histories, a type of work-related stress, and six health-related indicators, including physical, mental and emotional aspects of functioning was performed by Wahrendorf, Hoven, Goldberg, Zins and Siegrist (2019). The researchers combined baseline data from the CONSTANCES study with extensive retrospective data on previous career histories connected to health functioning in men and

women aged 45–60. The following career characteristics of employees between the ages 24 and 45 years were rated: the number of jobs with short-term contracts, number of employment changes, number of periods without employment, the length of the years out of employment, modal position occupied in the employment, and the absence of career progression.

Using data from a 37-year longitudinal study from a vulnerable birth population, Young, Doom, Farrell, Carlson, Englund, Miller, & Simpson, (2021) examined three stress-related impact models on cortisol responsiveness to an adapted version of the Trier Social Stress Test. While the biological embedding concept maintained that the early years are a crucial time, the cumulative stress concept argued that stress gained over a lifetime resulted in dysregulated response. Both cumulative and biological embedding effects of stress exposure were confirmed to be true by the researchers. However, early life stress was associated with more subdued cortisol levels at age 37 as compared to cumulative life stress. Decreased cortisol reactivity has been associated with middle childhood stress exposure.

It can be drawn from these studies that the as stress levels increases, the health functioning of individuals decreases. This shows a negative relationship between stress and health functioning. However, even though these studies explored the influence of stress on health functioning, they did not specifically focus on the clergy. The studies were also not carried out in the Ghanaian context. These leave gaps in the literature that ought to be addressed. This study would provide more knowledge in support of the already existing literature. Also, these studies on the effect of stress on health

functioning often show robust associations. However, the mechanisms by which stress deteriorates health are not always clearly clarified. The methodologies used, often reliant on self-report surveys, may also introduce response biases, particularly in cultures where discussing mental health is stigmatised. For Ghanaian clergy, using a combination of objective stress assessments and culturally sensitive health evaluations could provide more accurate insights.

Effect of Emotional Labour on Burnout

To explore how emotional labour, both deep and surface level affects burnout among Indian female community health workers, Pandey and Singh (2016) conducted a study. They employed a mixed-methods approach, using structural equation modelling (quantitative) and qualitative post hoc analysis (interviews) to obtain a thorough comprehension of the research question. One hundred and seventy-seven certified social health advocates, or community health employees in India made up the study sample. The quantitative data gathered was analysed using Structural equation modelling (SEM) which enabled the authors to examine the association between burnout levels and emotional labour techniques. Additionally, ten licensed social health activists were interviewed to gain insights into the qualitative features of emotional labour and its association with burnout.

The study identified two key emotional labour strategies – surface-level emotional labour and deep-level emotional labour - and they were found to have distinct impacts on burnout among female community health workers. Specifically, surface-level emotional labour was associated with reduced

burnout, implying that community health professionals who employed surface acting techniques experienced lower levels of burnout. Conversely, deep-level emotional labour was linked to higher burnout, indicating that the use of deep acting techniques was connected with increased burnout among these workers.

The results suggest that surface-level emotional labour may be a more effective approach for female community health workers to manage their emotional demands and prevent burnout. On the other hand, the use of deep-level emotional labour appeared to be less beneficial and might contribute to higher burnout levels. These findings highlight the importance of understanding and addressing emotional labour strategies in the context of community healthcare, especially for female health workers.

The study holds significant implications for how community healthcare hiring procedures are planned, redesigned, and improved. Recognising how emotional labour impacts burnout, health organisations and policy makers may consider incorporating training and support mechanisms to help community health workers effectively manage their emotions while performing their duties. By focusing on surface-level emotional labour techniques, organisations may promote more positive outcomes, lowering burnout and improving community health worker's general well-being.

To understand the influence of two types of emotional labour, specifically, the effects of job-focused and employee-focused emotional labour, on burnout in the hotel industry, Tepeci and Pala (2016) conducted a study that collected data from 236 hospitality management students at a university located in the southern region of Turkey. The study employed a

quantitative approach, and data were gathered using self-reported questionnaires administered to the participants. The research focused on emotional labour as the main independent variable and its impact on burnout as the dependent variable.

The study's conclusions showed that employee-focused emotional labour significantly and positively contributed to the emotional tiredness aspect of burnout. This suggests that employees who engage in emotional labour focused on meeting the needs of others within their work environment are more likely to experience emotional exhaustion and fatigue. The concept of deep acting, which involves genuinely feeling the emotions associated with emotional labour, was found to have a positive and meaningful association with emotional weariness. This indicates that when individuals genuinely experience and express the emotions required in their role, they are more susceptible to emotional exhaustion.

The study contributed valuable insight and provided empirical evidence that emotional labour, particularly when focused on meeting the needs of others and expressed genuinely, can influence the emotional exhaustion experienced by individuals working in the hotel industry. The conclusions that emerged out of that study could possess real-world practical applications for employee well-being and the development of strategies to manage burnout in the hospitality sector.

Maxwell and Riley (2017) examined the connections between emotional needs, emotional labour components, burnout, well-being, and fulfilment in their jobs among 1320 full-time school principals. The research

aimed to explore how emotional labour impacted on the well-being and employment fulfilment of educational leaders. The research findings revealed that school principals experienced significantly higher emotional demands at work and burnout compared to the general population. However, they reported lower levels of well-being and job satisfaction, indicating that the emotional demands of their profession had negative consequences on their overall work-related experiences. This suggests that school principals employed various emotional labour strategies to manage the emotional needs of their roles.

Regarding specific emotional labour components, surface acting (i.e., expressing emotions not genuinely felt) demonstrated adverse associations with burnout, well-being, and job satisfaction. Principals who employed surface acting techniques reported elevated levels of burnout and lower levels of well-being and fulfilment in their work. Interestingly, the study found that burnout was positively linked to surface acting-faking emotions, while well-being and job satisfaction had the opposite relationship. This suggests that the adoption of inauthentic emotional displays (faking emotions) may contribute to higher levels of burnout among school principals but could be correlated to better well-being and satisfaction on their job. The findings highlight the challenges and emotional demands faced by educational leaders, which can lead to burnout and reduced job satisfaction. By understanding the different consequences of various emotional labour components, this study provides valuable insights for the development of interventions and therapies aimed at alleviating excessive burnout levels reported by educational leaders.

The findings have practical implications for educational institutions, as they underscore the importance of recognising and addressing the emotional demands of school leadership roles. Implementing strategies to support principals in managing their emotional labour effectively could lead to improved well-being, reduced burnout, and increased job satisfaction, ultimately contributing to a healthier and more fulfilling work environment for educational leaders.

Lee and Chelladurai (2017) investigated the connections between three types of emotional labour and burnout in high school athletic coaches. The data of the study was collected from 322 high school coaches across the United States, utilising a web-based questionnaire. The objective of the research was to explore how surface acting, deep acting, and true expression as emotional labour strategies, are related to coach burnout. To examine the hypotheses, the study used structural equation modelling and confirmatory factor analysis. The web-based questionnaire allowed them to gather data efficiently from a diverse sample of high school coaches across the United States.

The conclusion of the study showed a favourable correlation between surface acting and coach burnout, implying that coaches who engaged in surface acting as an emotional labour approach were more susceptible to burnout. Conversely, the study revealed that deep acting and true expression were adversely connected with coach burnout. This suggests that coaches who utilised deep acting and authentic expressions as emotional labour strategies

experienced lower levels of burnout. The study's findings had important ramifications for coaches and organisations.

The link between surface acting and burnout highlights the potential negative consequences of inauthentic emotional expression for coaches. However, the opposite correlation relating deep acting, true expression, and burnout indicates that genuine and emotionally adaptive approaches to emotional labour can help protect coaches from burnout. The study recommended that coaches and organisations prioritise the use of deep acting and authentic expressions rather than surface acting. By encouraging coaches to engage in authentic emotional labour, they may be better equipped to manage the emotional demands of their roles and reduce the risk of burnout.

Many previous studies have consistently presented the effects of emotional labour on burnout of different occupational groups; among hospitality staff (Giousmpasoglou, 2018; Amissah, Blankson-Siles-Ocran & Mensah, 2021), academic performance of college students (Asikainen, Salmela, Parpala & Katajavuori, 2020), among politicians (Odor, Martins-Emeson & Ugbeshie, 2020), and among hospital employees (Okhakhu & Adekunle, 2021; Theodosius, Koulouglioti, Kersten & Rosten, 2021).

Overall, these empirical reviews assert that some emotional labour is essential to one's well-being and performance at work of various occupational groups. Surface acting tends to have negative effects, including higher burnout levels, while deep and authentic acting are associated with better well-being and job satisfaction. Understanding and managing emotional labour is essential for promoting the well-being and productivity of employees in

different professions including the clergy. Even though these studies sought to explore the effect of emotional labour on burnout, most of them were carried out in schools, not focusing on clergy. The literature in any case suggests a strong relationship between emotional labour and burnout, particularly in service-oriented professions. However, the extent of this relationship can vary based on the types of emotional labour practices employed and the individual's coping mechanisms. Some of the studies often fail to differentiate between types of emotional labour or consider individual differences, which could be crucial in the context of clergy work, where emotional expression is closely tied to spiritual roles. There is therefore the need to explore the effect of emotional labour on the burnout of the Classical Pentecostal clergy.

Effect of Stress on Burnout

Studies (Bakker & Costa, 2014; Bakker & Demerouti, 2007; Maslach, Schaufeli & Leiter, 2001; Demerouti, Bakker, Nachreiner & Schaufeli, 2001) have repeatedly shown that stress plays a major role in the onset and severity of burnout, which is a condition marked by emotional depletion, depersonalisation, and a decrease in one's sense of personal achievement. For example, Maslach *et al.* (2001) found that there was a positive correlation between high stress levels and emotional exhaustion, highlighting the role of stress in precipitating this burnout dimension. Stress could contribute to burnout through various psychological mechanisms. According to the Conservation of Resources (CoR) theory, people work hard to acquire, hold onto, and safeguard their assets. Chronic stress depletes these resources,

resulting in emotional exhaustion and making individuals more susceptible to burnout (Hobfoll, 1989).

Montero-Marin, Garcia-Campayo, Fajó-Pascual, Carrasco, Gascón, Gili, and Mayoral-Cleries, (2011), conducted a longitudinal study and found that high levels of perceived stress predicted burnout symptoms over time, underscoring the causal role of stress in burnout development. Similarly, Schonfeld and Bianchi (2016) demonstrated that chronic job stress predicted higher emotional exhaustion and depersonalisation over time, supporting the hypothesis that stress contributes to the development and progression of burnout.

Stressors at work, such as high workload, ambiguity over roles, and interpersonal conflicts, have been consistently linked to burnout (Bakker & Demerouti, 2007). Studies have shown that the perceived inability to cope with these stressors increases the likelihood of developing burnout symptoms (Bianchi *et al.*, 2017).

Halbesleben and Demerouti (2005) conducted a study employing a cross-sectional survey design to collect data from a sample of 272 employees working in various organisations. Participants completed both the original German OLBI and its English-translated alternative version. The study employed the exploratory and confirmatory factor analysis to assess the construct validity and dimensionality of the alternative version. According to the outcome of the survey, a lot of stress from work predicted increased emotional exhaustion and depersonalisation. These studies demonstrate an important link between stress and burnout, yet the variability in stress sources

and individual resilience factors is less often addressed. In the clergy context, where stress stems uniquely from spiritual and communal responsibilities, understanding specific stressors and their management was essential. Tailoring research to this context could unveil more detailed relationships and better inform interventions.

Effect of Emotional Labour on Stress

The impact of two distinct emotional behaviours on stress in co-worker relationships thus expressing positive emotions and repressing negative ones was examined by Lee and Madera (2019). It was discovered that deep acting was related to expressing happy emotions, which was inversely correlated with stress, whereas surface acting was linked to repressing negative emotions, which was positively correlated with stress in both populations. The researchers concluded that genuinely expressing positive emotions reduced stress levels, whereas suppressing negative emotions heightened stress levels among hospitality employees.

In Korea, Chung, Jung, Kim, and Cho (2017) investigated the correlation between employment demand, stress, emotional dissonance, and symptoms of depression among female employees at Korean clothes shopping mall. Using a standardised questionnaire, the researchers conducted a cross-sectional investigation on 583 women who worked as apparel salespeople and manual labourers. The study discovered that sales workers had higher employment demand than manual workers. Also, in both occupations, job demand was strongly associated with stress and depressed symptoms, while the statistical relationships were slightly different in strength. Furthermore, in

their model, emotional dissonance had a positive and substantial relationship with depressed symptoms. This clearly depicted that minimising workplace pressures could help women sales workers avoid stress and depression symptoms.

Using a sample of allied mental health practitioners in the United Kingdom, Singh and Hassard (2021) explored the correlation between emotional labour and secondary traumatic stress. Ninety-nine clinical psychologists, psychotherapists, counsellors, and psychiatric social workers completed an anonymous online survey. Fifty-one percent of those who took part in the study said they had experienced secondary traumatic stress. The data was analysed using hierarchical multiple regression, and it was found that emotional labour related to expressive suppression and surface acting significantly and positively predicted later traumatic stress. However, deep acting emotional labour was found to rather be a positive predictor of secondary traumatic stress only for those individuals who reported elevated levels of secondary traumatic stress. According to the results of the study, allied mental health practitioners had a significant prevalence of secondary traumatic stress. Additionally, in order to guarantee that mental health treatments are administered successfully, their research focussed on the development of professional and personal capacities.

One research that sheds light on the relationship between emotional labour and stress is that conducted by Grandey *et al.* (2005), titled "Is Service with a Smile Enough? Authenticity of Positive Displays During Service Encounters." The study investigated the emotional demands placed on flight

attendants, who are expected to portray positive emotions while dealing with passengers, even when faced with difficult or stressful situations. It revealed that was found that the more of emotional labour the flight attendants had to perform, the higher to probability of them experiencing emotional exhaustion and increased stress levels. Obviously, this study points out that the more people constantly fake and suppress their real emotions, the higher the risk for an individual to be emotionally drained, leading to increased stress levels.

Furthermore, an investigation by Brotheridge and Lee (2003) on the topic "Development and Validation of the Emotional Labour Scale," concluded that there is a positive correlation between emotional labour and psychological distress, suggesting that employees are more prone to experience stress depending to the level of emotional labour, they employed.

These studies demonstrated that emotional labour could take a toll on individuals' mental well-being and contribute to increased stress levels, making it an important consideration for organisations in terms of employee support and well-being. It may be recommended that employers need to be aware of the emotional strain that their staff are under and provide support and resources to help them handle the challenges associated with emotional labour. Additionally, promoting a workplace culture that values authenticity and emotional expression could also contribute to reducing the negative impacts that emotional labour has on stress. Also, while many studies connect emotional labour to increased stress, they often do not account for the environmental and organisational supports that can modulate this relationship. In environments like that of the clergy, where emotional support from the

community plays a significant role, it is important to explore how these supports influence the stress outcomes of emotional labour.

Mediating Role of Stress in the Relationship between Emotional Labour and Burnout

Studies (Grandey, 2003; Brotheridge & Lee, 2003) have consistently revealed that elevated levels of emotional labour are associated with heightened symptoms of burnout, including emotional weariness and depersonalisation. The emotional demands of emotional labour can drain individuals' resources and contribute to burnout over time. Stress is a potential mediator that helps explain the correlation between burnout and emotional labour. The effort expended in regulating emotions and adhering to emotional display rules can lead to elevated stress levels (Hulsheger *et al.*, 2013).

This stress, arising from the emotional dissonance between genuine emotions and required expressions, may function as an intermediary mechanism that exacerbates the development of burnout. Evidence from existing literature supports the part played by stress in the connection between burnout and emotional labour. Brotheridge and Lee (2003) for example, found that stress acted as a partial mediating factor in the correlation between emotional labour and burnout. Similarly, a research conducted by Schaubroeck and Jones (2000) showed that stress acted as a mediating factor in the positive association between emotional labour and emotional fatigue.

Emotional weariness was explored as a mediator between work overload, conflict between work and family life, conflicts between family

relations and work, job integration, and performance at work by Karatepe (2013). Based on information gathered from 110 full-time front desk hotel workers in Romania as well as their supervisors, the study assessed these associations using LISREL 8.30 and structural equation modelling. The researcher found that the effects of work overload, work family conflict, and family work conflict on employment attachment and performance were fully mediated by emotional weariness. Workers who put in a lot of overtime and struggled to maintain a healthy work-family balance were emotionally spent. This in the long run affected their commitment to their jobs as well as efficiency with regard to offering services.

It was recommended that hotel management move swiftly to establish and preserve a positive work environment, since this would help staff members strike a balance between their duties in their personal and professional lives and to avoid emotional exhaustion. If this was not the case, it would be very difficult to retain talented and high achieving staff members. Employee retention can also be improved by using objective assessments and experiential exercises to hire people who are a good fit for the position and the company's culture.

The function of weariness as a mediator between surface acting and marital partner unhappiness was investigated by Krannitz, Grandey, Liu, and Almeida (2016). A survey of 197 hotel managers and their spouses was undertaken by the authors. They discovered that weariness moderated the direct association between surface acting and marital partner dissatisfaction (i.e., the partner's perception of work-family conflict and desire for the

employee to quit). This finding revealed that managers' outward behaviour was linked to partners' perceptions of work-family conflict via weariness. In other words, the tiredness caused by surface acting worry had an indirect mediation influence on marriage partner dissatisfaction.

Kim, Kim, Choe, Kwak, and Song (2018) investigated the effect of workplace violence in mediating the relationship between emotional labour and burnout in the nursing profession. The researchers chose 400 nurses from four Korean university hospitals for a cross-sectional study and convenience sampling. The data was analysed using a structural equation model. Workplace violence was discovered to be a mediator in the association between emotional labour and burnout in the nursing profession. This finding suggested a relationship between emotional labour and burnout among nurses. In other words, workplace violence caused emotional labour to contribute to exhaustion. To prevent clinical nurses from becoming burned out as a result of emotional labour, several programmes and policies should be implemented to protect them from workplace violence.

Within the literature on hospitality and tourism, Xu, Cao and Huo (2020) meta-analytically analysed a theoretical framework of emotional labour, its antecedents, and results using 57 correlation matrices from published journal publications. With the use of psychometric meta-analytical methods and meta-structural equation modelling (meta-SEM) techniques, the study discovered that strain mediated the relationship between emotional labour and its outcomes, such as personality, emotional intelligence, customer

focus, peer support, and display rules, as well as related to attitudinal, behavioural, and customer-related outcomes.

In a study of college students, McBride and Greeson (2021) looked at the impact of stress in moderating the relationship between mindfulness, cognitive performance, and academic accomplishment. The researchers carried out a cross-sectional online survey with 534 students. The relationship between perceived cognitive functioning and all components of trait mindfulness was impacted by perceived stress. Although several studies posit stress as a mediator between emotional labour and burnout, these studies are frequently limited by their scope and lack longitudinal data that could provide insights into how these relationships develop over time. For Ghanaian clergy, understanding the temporary dynamics of stress as a mediator could offer valuable information for developing targeted interventions.

Mediating Role of Burnout in the Relationship between Emotional Labour and Health Functioning

Emotional labour, as conceptualised by Hochschild (1983), involves the display of specific emotions to create a desired emotional state in others. It is commonly observed in professions such as customer service, healthcare, teaching, and the clergy. The consistent performance of emotional labour can lead to emotional exhaustion, which may subsequently impact an individual's health functioning (Hulsheger *et al.*, 2013). The direct effect of emotional labour on health functioning have been explored in several studies (Grandey, 2003; Brotheridge & Lee, 2003), but the mediating role of burnout remains a critical area of investigation.

According to Bakker and Heuven (2006), emotional labour, particularly when it requires the suppression of genuine emotions, can lead to heightened burnout levels. As a mediator, burnout could act as an intermediary mechanism between emotional labour and health functioning. Previous studies (Baba, Jamal, & Tourigny, 2018; Lee & Ashforth, 2010) suggests that burnout mediates the relationship between emotional labour and various health outcomes, such as anxiety, depression, and physical health issues.

There appeared to be that different emotional labour strategies such as surface acting (faking emotions) and deep acting (genuine emotional display), have distinct effects on burnout levels and health functioning. Surface acting has been associated with higher levels of burnout (Hulsheger *et al.*, 2013) and adverse health outcomes (Rodriguez-Muñoz *et al.*, 2019), whereas deep acting, when performed genuinely, can function as a buffer against burnout and its negative impact on health functioning (Chang, 2016). Lee and Brotheridge (2006) found that gender plays a role in moderating the emotional labour-burnout-health functioning relationship. The study revealed that women, who often encounter more emotional labour demands in certain professions (e.g., nursing, hospitality), may experience a stronger link between emotional labour, burnout, and health functioning.

Pandey and Singh (2016) examined the relationship between surface and deep-level emotional labour, burnout, and job satisfaction among Indian women community health workers. A structural equation modelling study was undertaken on 177 accredited social health activists. To further comprehend the quantitative study's findings, a qualitative post-hoc analysis based on

interviews with 10 licensed social health activists was conducted. The researchers discovered that surface-level emotional labour was linked to increased job satisfaction, with burnout serving as a partial mediator. This meant that surface-level emotional labour helped women community health workers avoid burnout and increase job satisfaction.

The study further discovered that deep-level emotional labour was linked to reduced job satisfaction, with burnout acting as a complete mediating factor. This finding revealed that deep-level emotional labour contributed to burnout among female community health workers, resulting in low job satisfaction. The study concluded that surface-level emotional labour was a better technique for community health care professionals to accomplish their jobs effectively and efficiently.

Na and Park (2019) looked at the function of burnout in mediating the relationship between emotional labour and the intentions of nurses to leave their workplaces. The researchers sampled 227 nurses from two general hospitals in Seoul for the study. The two aspects of emotional labour; surface and deep acting were the two dimensions considered in the study. The study used SPSS 22.0 and the SPSS PROCESS macro to analyse the data. Emotional tiredness and personal accomplishment were found to be the two variables that contributed to burnout. Surface acting, according to the researchers, increased emotional weariness and decreased personal success.

The study further found that the association between turnover intentions and surface acting was mediated by emotional labour. This means that surface acting influenced turnover intention indirectly through its impact

on emotional weariness. Similarly, personal accomplishment functioned as a mediator in the relationship between deep acting and turnover intention. It also concluded that deep acting resulted in a huge rise in personal achievement. Emotional weariness increases the likelihood of turnover. Personal achievement, on the other hand, greatly lowered the likelihood of turnover. The role of burnout as a mediator in the relationship between emotional labour and health outcomes is well-established, yet the pathways through which burnout affects health remain underexplored in clergy populations. Given the high emotional demands on clergy, it's essential to investigate these pathways to better support their health and occupational sustainability.

Mediating Role of Burnout in the Relationship between Stress and Health Functioning

The relationship between stress and its effect on health functioning has been extensively studied in various disciplines, including psychology, healthcare, and organisational behaviour. Stress, as a pervasive and challenging experience, can lead to adverse effects on an individual's physical and mental health. However, increasing results of research work have proposed that the relationship between stress and health functioning may be mediated by burnout (Leiter & Maslach, 2003). The process model of burnout suggests that prolonged exposure to stressors can lead to burnout, which, has the potential to exacerbate health issues (Schaufeli & Enzmann, 1998).

Several studies have looked at how burnout mediates the relationship between stress and health functioning. For instance, a study by Smith *et al.*, (2017) found that burnout significantly mediated the relationship between

work-related stress and mental health outcomes among healthcare professionals. Similarly, a longitudinal study conducted by Jackson *et al.* (2019), found burnout as a mediator between job-related stress and cardiovascular health challenges among employees in a high-pressure corporate environment. It is vital to note that the mediating role of burnout may vary depending on individual and situational factors. Personality traits, coping mechanisms, and organisational support have been suggested as potential moderators that can influence the strength of the stress-burnout-health relationship (Hobfoll, 2001).

Using data gathered from 182 nurses who worked in two state-run teaching hospitals in the Punjab area of Pakistan, Laeeque, *et al.* (2018) investigated the consequence of burnout in mitigating the association of nurse violence and patient violence. The study revealed that patient violence toward nurses led to the nurses also exhibiting violence toward the patients and that this tendency was mediated by burnout. As a result of this finding, it was concluded that patient aggression toward nurses led to nurse burnout, which in turn led to nurse violence toward patients. It was recommended that hospitals should provide to nurses who routinely encounter situations that involve patient aggression, wellness, and stress management programmes. After an interaction with violently acting patients, hospitals could arrange for such nurses who encounter violence from violence have short breaks in between work. It was further recommended that hospitals should conduct programmes that promote empathy, emotional intelligence, and the "lens of the patient" in order to make their nursing staff more sensitive.

Vaamonde, Omar and Salessi (2018) evaluated a mediation model to see if burnout may mediate the association between organisational fairness and turnover intention. The researchers achieved this goal by conducting a cross-sectional empirical investigation on a multi-occupational sample of 408 Argentine employees who filled out a self-report. Using structural equation modelling, the researchers found that assessments of distributive, procedural, and interpersonal fairness had detrimental indirect effects on turnover through exhaustion. Consequently, the researchers recommended that managers and human resource specialists make use of the results to assist them in developing and carrying out talent retention programmes inside their organisations.

Buttigieg, Azzopardi and Cassar (2019) investigated the function that burnout played as a mediator in the relationship a work environment that is patient-safe and friendly and low productivity. In a cross-sectional investigation, the researchers used data from 184 experts working in a Maltese department of obstetrics. The researchers used structural equation modelling. The relationship between perceived patient safety and a welcoming work environment and unsafe performance was mitigated by burnout.

In a study of 1,906 university professors in China, Wang *et al.* (2020) looked at the association between stressful situations at work, burnout from work, job fulfilment, and commitment to the organisation. Using structural equation modelling, the researchers found that there was a mediatory relationship between burnout from work, job stress and commitment to the organisation. This finding suggests that job stress caused burnout among teachers, which diminished their commitment to the organisation.

Baek, Choi and Seepersad (2021) investigated the link between occupational stress and health challenges, and if burnout plays a role in this association. The authors collected information from 331 police officers using self-reported surveys from each of Trinidad's eight police station districts. As an analytical tool, structural equation modelling was applied. The authors discovered that burnout among police officers mediated between job-related stress and issues related to the health of the officers. This finding implied that job-related stress resulted in burnout, which in turn resulted in health issues among police officers.

The role of burnout in mediating the association between systems of high-performance work and insomnia was examined by Haar and Harris (2021). The authors collected time-lag data from a representative group of 306 employees using mediation analysis. They discovered that burnout mediated the relationship between the impacts of work systems that seek high performance and insomnia. This finding revealed that high-performance work environments lowered employee burnout, which in turn reduced sleeplessness.

From these studies, it could be concluded that burnout plays a mediating role in the relationship between stress and health functioning. These studies revealed that as the level of burnout is reduced or managed at the workplace, stress levels also reduce, leading to an improvement in the health functioning of the individual. Despite the clear insights provided by these studies, they did not place key focus on exploring these phenomena among the clergy. The study areas of these studies also place a limitation on the generalisability of their findings to the work of the Pentecostal clergies in the

Ghanaian context. This necessitates the exploration of this phenomenon in order to fill the gaps left in the literature. While the literature acknowledges burnout as a mediator between stress and health functioning, variations in occupational settings suggest that this mediating role might look different across professions. For the clergy, whose work involves unique stressors such as spiritual guidance and community leadership, exploring how burnout mediates health outcomes could inform specific health interventions.

Psychological Flexibility's Moderating Role in the Interaction between Emotional Labour and Burnout

Bakker and Costa (2014) conducted a theoretical analysis, drawing on existing literature and theoretical frameworks, to examine the concept of persistent job burnout and how it affects day to day functioning. The examination provided insights into potential factors that may influence burnout, including individual characteristics such as psychological flexibility. The study utilised a qualitative approach, synthesising and discussing relevant research from the literature. The research emphasised how crucial psychological flexibility is for moderating the link between burnout and emotional labour.

The research's theoretical framework suggests that workers who possess greater psychological flexibility may be better able to handle stress and the emotional requirements of their professions, which lowers the likelihood of them suffering burnout. Conversely, however, individuals with lower psychological flexibility may struggle to adapt to emotional labour demands, leading to increased emotional tiredness and in the end, burnout.

Chen, Sun, Lam, Hu, Huo & Zhong (2012) carried out two cross-sectional studies to examine the connection data between emotional labour and affective outcomes in hotel employees in China. 206 frontline hotel employees' survey data was utilised in Study 1, and 111 pairings of employees and their supervisors were used in Study 2. The survey's instruments evaluated burnout, job satisfaction, supervisor support, and emotional labour tactics (deep and surface acting). Because surface actors experience emotional dissonance in their jobs, the study discovered that surface acting which involves expressing emotions that are not true to one's genuine feelings is inversely correlated with job satisfaction. This implies that because they feel emotional dissonance in their responsibilities, workers who participate in surface acting may be less satisfied with their jobs. Surprisingly, surface acting was positively related to burnout, implying that employees who frequently employ surface acting may be at a higher risk of experiencing burnout.

Conversely, the research found that deep acting, which involves genuinely feeling the emotions displayed, was positively associated with job satisfaction. This indicates that employees who genuinely experience the emotions they display may have higher job satisfaction. However, deep acting was adversely associated with burnout, suggesting that even though deep acting may improve job satisfaction, it might still be emotionally taxing and contribute to burnout over time.

Grandey (2015) carried out a research to find out how emotional labour techniques surface acting and deep acting in particular affect emotional

tiredness and peer-rated service performance. The study utilised data from 218 customer service employees across different industries. Surveys measuring emotional labour techniques, emotional weariness, and peer-rated service performance were filled out by participants. The findings showed a favourable association between emotional weariness and surface acting, which is the act of expressing emotions that are not authentic. The emotional cost of fake emotions in customer service interactions was highlighted by the increased degrees of emotional tiredness experienced by employees who surface-acted. On the other hand, deep acting, characterised by genuinely feeling the emotions displayed, was not significantly associated with emotional exhaustion. This suggests that deep acting may not lead to the same emotional exhaustion as surface acting, possibly because employees were expressing emotions that align with their true feelings.

However, the study did not directly explore the moderating role of psychological flexibility between emotional labour and burnout. While the findings provided valuable information on emotional labour strategies' effects, they did not address how psychological flexibility may influence these relationships.

Andela and Truchot (2017) conducted a study involving 445 nurses and healthcare assistants from a general hospital. The participants completed self-report measures assessing emotional dissonance, burnout, fatigue, re-evaluation, and team reflexivity. The study employed a cross-sectional design to examine the relationships between these variables. The study revealed that emotional dissonance was positively associated with fatigue, indicating that

the experience of emotional dissonance contributed to increased feelings of fatigue among nurses and healthcare assistants.

However, the study also investigated potential buffering factors that may alleviate the impact of emotional dissonance on burnout. The findings demonstrated the relevance of two buffering factors: re-evaluation and team reflexivity. Re-evaluation, which involves reflecting on emotional experiences and reassessing their significance, was found to be effective in preventing emotional dissonance and its subsequent impact on burnout.

Similarly, team reflexivity, defined as a collective process of reflecting on team experiences and discussing potential improvements, also played a crucial role in buffering the negative effects of emotional dissonance on burnout. Healthcare professionals who engaged in team reflexivity were better equipped to manage the challenges associated with emotional dissonance, leading to reduced burnout levels.

A study by Lindqvist, Weurlander & Thornberg (2019) focused on 25 student instructors, using semi-structured interviews to collect data about their experiences with upsetting situations during teacher education. The interviews were analysed using a constructivist grounded theory approach, which allowed the researchers to identify themes and patterns in the data. The study revealed that student instructors faced challenging situations during their teacher education, leading to emotional strain and concerns about the disparity between available resources and the expectations imposed by these upsetting situations. Coping with these emotional challenges emerged as a primary concern for the student teachers.

Agyemang (2021) conducted a cross-sectional study among 336 media professionals in Ghana. Participants completed a survey that assessed emotional labour (surface acting and deep acting), psychological health (overall well-being and emotional tiredness), and religiosity. The survey data were analysed to explore the potential moderating effect of religiosity on the relationship between emotional labour and psychological health. The results indicated that religiosity significantly moderated the negative effect of surface acting on psychological health.

Specifically, for media practitioners with high levels of religiosity, the negative impact of surface acting on psychological health was minimised. In contrast, media practitioners with low levels of religiosity experienced a stronger negative effect of surface acting on their psychological health. Furthermore, the findings suggested that high religiosity acted as a protective factor, reducing the impact of emotional labour on media practitioners' psychological health. Individuals who scored higher on measures of religiosity may have relied on their religious beliefs and practices to cope with emotional labour demands, leading to better psychological health outcomes.

All these findings imply that psychological flexibility is very likely to moderate the relationship between emotional labour and burnout. It can be implied from these studies that, as individuals are able to adapt psychologically to changing situations of their work environment, they will be less likely to experience emotional labour and burnout from their work. However, these studies looked into the moderating role in differing samples aside the clergy. There is therefore the need to conduct a study to explore the

moderating role of psychological flexibility on the relationship between emotional labour and burnout among Pentecostal clergy. Thus, psychological flexibility is posited as a moderator in the emotional labour-burnout dynamic, yet empirical studies exploring this moderation are sparse. For the clergy, who must navigate complex emotional environments, understanding how psychological flexibility can cushion the effects of emotional labour on burnout is important for the well-being of the clergy.

Moderating Role of Peer Support in the Relationship between Emotional Labour and Burnout

It is evidential in literature, the moderating effect of peer support in the relationship between emotional labour and burnout. For instance, Ha, Kim and Ha (2021) looked into how social support affected the relationship between emotional labour and burnout among 259 South Korean sports coaches. Results showed that each of the three burnout dimensions emotional tiredness, depersonalisation, and lower personal accomplishment was significantly accounted for by three emotional labour strategies. Social support considerably reduced the association between surface acting and total burnout in terms of the moderating effect.

In a similar vein, Lee and Ji (2018) investigated how leader-member interchange influences the associations between clinical nurses' burnout and emotional labour. Data from 170 registered nurses who worked in the general wards of two tertiary hospitals in Seoul, South Korea, were gathered using a cross-sectional study methodology. Convenience sampling was used to gather

the data, and self-report measures of burnout, leader-member interchange, and emotional labour were used.

To evaluate the data, hierarchical multiple regression was employed. First, burnout was significantly impacted negatively by clinical nurses' attempts to modulate their emotions and positively by patient-focused emotional suppression both aspects of emotional labour. Second, there was a notable negative correlation between leader-member exchange and exhaustion. Lastly, leader-member interchange moderated the connection between burnout and the two emotional labour components indicated above when controlled for marital status and work unit. The study concluded that in order not to experience burnout, nurses who are going through emotional labour should have institutional support to improve leader-member exchange.

Yom (2012) also carried out research to evaluate the role that social support and emotional intelligence play in the relationship between clinical nurses' burnout and emotional labour. 382 nurses were selected from four hospitals in Seoul or Gyeonggi Province, South Korea, as the study's sample. The data was analysed using the following tools: Path Analysis, Pearson Correlation, Hierarchical Multiple Regression, percentage, mean, standard deviation, t-test, ANOVA, Scheffé test.

Findings of the study indicated that emotional labour had a positive effect on burnout, while emotional intelligence and social support had negative effects. It was also determined that high support levels acted as a buffer, reducing the negative effects of emotional labour on burnout.

The impact of emotional labour methods on employee burnout was studied by Kosar, Ahmed, and Naqvi (2016). They looked at the moderating role of workplace social support and the mediating role of emotional dissonance. The study specifically looked into the intervening function of emotional dissonance and the buffering role of workplace social support in order to ascertain the relationship between two emotional labour techniques (surface acting and deep acting) and employee burnout.

A self-administered questionnaire was given to employees working in various branches of Pakistani commercial and state banks. The results indicated that both emotional labour strategies positively and significantly influenced burnout. There is also a positive and significant correlation between emotional labour strategies and emotional dissonance, although the impact of emotional labour strategies on burnout and emotional dissonance is mitigated by workplace social support, such as support from colleagues and supervisors.

Choi and Kim (2015) emphasised that support from colleagues and superiors reduced the impact of emotional labour on the three components of burnout (emotional exhaustion, depersonalisation, and diminished self-accomplishment). Colleague support is helpful in managing resentment and meeting the emotional needs of staff members. The negative impacts of stress and strain on an employee's health and well-being can be moderated through social connections (Kosar *et al.* 2016).

It is therefore clear that peer support had a moderating effect on the connection between emotional labour and burnout. Further, it was clear that

with high support from peers, emotional labour and burnout were reduced. This implies that with support from peers, the clergy will be less likely to experience emotional labour and burnout. However, these studies did not specifically study these variables in respect to the work of the clergy. Furthermore, peer support is theorised to moderate the effects of emotional labour on burnout, but the evidence is often not specific to the contexts where peer dynamics play a critical role, such as among clergy. Investigating this moderation within the clergy could uncover how peer relationships cushion or worsen the impacts of emotional labour. More also, there exists a gap in the geographical location as all the studies reviewed are outside the Ghanaian context. This study will, therefore, fill these gaps and provide knowledge that would guide counsellors and other stakeholders in supporting clergy in promoting their well-being.

The Moderating Effect of Psychological Flexibility on the Stress-Burnout Relationship

Many studies have consistently shown how important psychological flexibility is in moderating the stress-burnout relationship. Psychological flexibility was found to buffer the negative effects of stress on burnout. Employees with higher levels of psychological flexibility were better equipped to cope with stressors and experienced lower levels of burnout.

Smith, Adams and Brown (2015) examined the role played by psychological flexibility in moderating the stress-burnout relationship among healthcare professionals. They found that increasing degrees of psychological flexibility weakened the connection between work-related stress and burnout.

Employees with greater psychological flexibility were less likely to experience burnout, even under high-stress conditions.

Similarly, another study by Johnson, Baker, and Peterson (2018) investigated how psychological flexibility moderated the stress-burnout correlation in a sample of teachers. They reported that psychological flexibility mitigated the effect that job-related stress had on burnout. Teachers with higher psychological flexibility exhibited lower levels of burnout, despite facing considerable job stressors.

Furthermore, a longitudinal study by Brown, Martinez and Johnson (2019) examined the moderating role of psychological flexibility over time. They found that individuals with increased psychological flexibility experienced a lesser increase in burnout symptoms over the course of a stressful period compared to those with lower psychological flexibility.

Noh (2017) conducted a cross-sectional study involving 199 nursing students from four Korean colleges who had completed a clinical practicum at least one semester before the beginning of the survey. The students completed self-report questionnaires assessing their levels of practice stress, perceived social support, and burnout. The gathered information was examined using SPSS, employing Pearson correlation and hierarchical multiple regression analysis to investigate the connection among the variables. The research revealed social support's indirect impact on the relationship between stress burnout in students pursuing nursing. Greater degrees of social support were found to function as a buffer, reducing the harmful impact of practice stress on burnout. This implied that nursing students who obtained greater degrees of

social support were better equipped to cope with the stressors encountered during clinical practicums, which then resulted in decreased burnout.

A cross-sectional study involving 401 participants between the ages of 18 and 65 was conducted by da Fonseca (2018). Participants filled out a questionnaire, which featured counts of significant life occurrences experienced, and how they were negatively assessed, psychological flexibility, and depressive symptoms. The study employed correlation analysis to assess how psychological flexibility and symptoms of depression are related. Additionally, path analyses were conducted to assess psychological flexibility's moderating role in the relationship between the total number of significant life event and depressive symptoms.

The study's findings revealed a strong inverse correlation between psychological flexibility and symptoms of depression, suggesting that those who possess greater degrees of psychological flexibility tended to experience fewer depressive symptoms. Moreover, the path analyses indicated psychological flexibility's ability to function as a protective factor against the adverse effect of a higher number of significant life experiences and their negative assessment on depressive symptoms. In other words, individuals with greater psychological flexibility were less likely to be severely affected by the aggregate burden of life occurrences in terms of their mental health.

Richardson and Jost (2019) conducted a study with a sample of 240 undergraduate participants who reported experiencing at least one early life trauma. The study used self-report measures to assess participants' level of psychological flexibility and the presence of psychological symptoms.

Correlation and regression analysis were employed to assess the associations among psychological flexibility, early life trauma, as well as psychological symptoms.

The study's conclusions showed a strong inverse link between trauma that occurs in early life and psychological flexibility. This implies that individuals who have with higher degrees of psychological flexibility more often than not were not likely to experience negative consequences due to early life trauma. The correlation between psychological flexibility and fewer psychiatric symptoms further supported the idea that psychological flexibility acts as a safeguard for people suffering from mental health issues.

Boykin, Anyanwu, Calvin and Orcutt (2020) examined whether variations in psychological flexibility affected symptoms of post-traumatic stress disorder and the perception of growth following traumatic event as event centrality increased. One hundred and twenty-five undergraduate students from a prominent Midwestern university were recruited with a history of trauma exposure. For course credit, participants submitted an internet survey. The researchers discovered that event centrality and psychological flexibility have a substantial impact on the severity of post-traumatic stress symptoms. As event centrality grew, a basic slopes analysis revealed that inadequate psychological flexibility was linked to more severe post-traumatic stress symptoms.

The impact of psychological flexibility and rigidity on three psychological outcomes: traumatic distress associated with COVID-19, apprehension, and depression were examined by Pakenham *et al.* (2020).

Psychological inflexibility was predicted to exacerbate the adverse impact on mental well-being of COVID-19 risk factors, whereas psychological flexibility was expected to mitigate them. During the nationwide shutdown in Italy, 1035 persons took part in an online survey.

After controlling for sociodemographic variables, Pakenham *et al.* (2020) revealed that the detrimental effects of COVID-19 risk variables on mental well-being, were lessened by the subprocesses of global psychological flexibility. On the other hand, global psychological inflexibility and its auxiliary processes amplified the detrimental impacts of COVID-19 risk variables on psychological well-being.

Koomson (2021) investigated the role of receptivity to new experience personality trait in buffering the influence of a psychosocial stressor, psychological contract breach, on citizenship behaviour. The scientist gathered information from 214 physicians working in 26 healthcare facilities in Ghana's Upper East and Upper West regions. In order to get conclusions, partial least square structural equation modelling was utilised. According to the researcher, openness to experience mediated the relationship between psychological contract breach and citizenship behaviour. This result revealed that the openness to experience personality trait may have functioned as a safeguard against the damaging impacts of psychological breaches on citizenship behaviour. The literature suggested that psychological flexibility could moderate the stress-burnout relationship, yet studies typically do not tailor their findings to professions with high spiritual and emotional involvement

like the clergy. Exploring this moderating effect in such a context could yield insights into how clergy can better manage stress and prevent burnout.

Moderating Role of Peer Support in the Relationship between Burnout and Health Functioning

Numerous studies have demonstrated the value of peer support in reducing the negative consequences of emotional labour, burnout, and stress. For an example, a study conducted by Liu, Hu, and Chen (2018) among healthcare workers, peer support was concluded to be associated with reduced emotional weariness and increased fulfilment on their jobs. Similarly, a research by Zhao *et al.* (2018) revealed that among police officers, peer support was inversely linked to stress and burnout and positively associated to psychological well-being. Additionally, Davidson *et al.* (2006) found that peer support significantly improved symptom management, social support, and satisfaction with services among individuals with mental health issues. Shanafelt, Dyrbye, Sinsky, Hasan, Satele, Sloan and West (2016) discovered that peer support was a significant predictor of reduced degrees of emotional weariness among healthcare workers and reduced degrees of burnout among social workers (Kim *et al.*, 2018).

Peer support groups can offer empathy, validation, and guidance to individuals who are struggling with emotional labour, burnout, or stress (Zhao, Li & Shields, 2019; Ducharme *et al.*, 2016). A research conducted by Mullen, Bledsoe-Mansori and Johnson, (2016) revealed that clergy who received peer support stated feeling more satisfied with their jobs and having less emotional tiredness compared to others who did not receive such support. Another study

by Osterman, Naegle and Koenig (2017), found that peer support helped clergy to manage the emotional challenges of their jobs, including grief, loss, and conflict.

The role of peer support in moderating the relationship between burnout and health functioning is increasingly recognised, yet little is known about how this plays out in highly communal and spiritual settings such as among Classical Pentecostal clergy. Understanding how peer support within religious communities impacts health outcomes could more effectively guide community-based health strategies.

To conclude, it was evident from the available literature that peer support was a key variable that is able to moderate the relationship between burnout and health functioning. It was seen that, as peer support was available, there was less likelihood of the individual to experience burnout from their work. This further improves upon their health functioning.

Conceptual Framework of the Study

The conceptual framework projected a vivid image of the study's process in terms of stated objectives, structures, concepts, and variables under investigation (Berman & Smyth, 2015). The impact of emotional labour on health functioning was examined in this study, which considered the mediating functions of stress and burnout, as well as the moderating functions of psychological flexibility and peer support. The theoretical assumptions, ideas of interest, perceived linkages, and expected outcomes served as this study's conceptual basis.

As shown in Figure 1, the conceptual framework used lessons from four important theories to clarify the relationship between the variables of being studied: Hochschild's (1983) theory of emotional labour, affective events theory (Weiss & Cropanzano, 1996), broaden-and-build theory (Fredrickson, 2001), and conservation of resources theory (Hobfoll, 1989; Hobfoll & Shirom, 2000). Two assumptions or relationships were explained using Hochschild's (1983) theory of emotional labour. To begin, the theory was applied to elucidate emotional labour techniques' impact on the health of the clergy (Hypothesis 1). Second, the idea was used to explain the effects of emotional labour methods on the job stress of the clergy (Hypothesis 2).

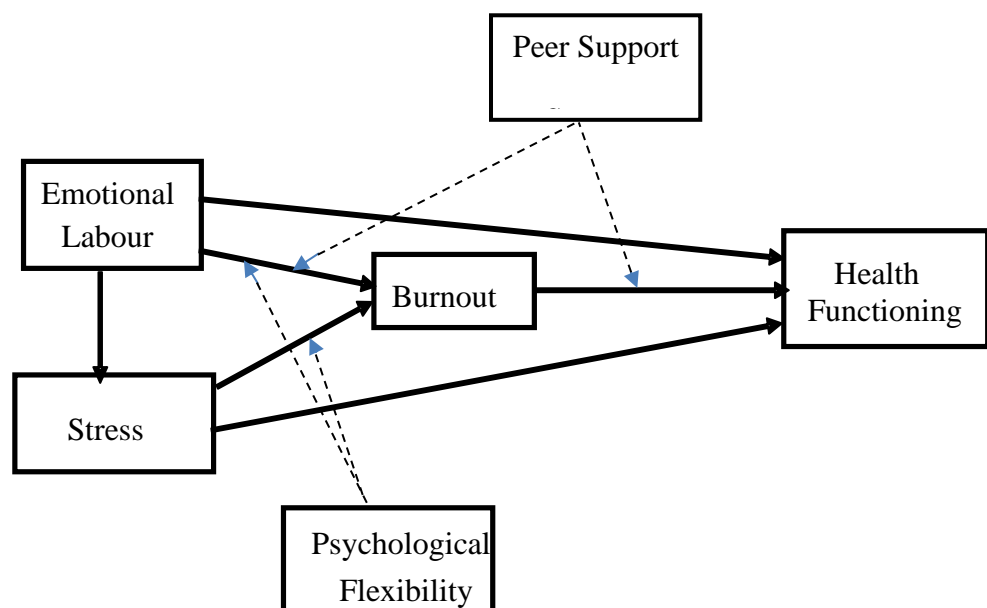


Figure 1: Conceptual framework of the Study

Note: Broken arrows signify moderating relationships.

Source: Author's construct (2022)

The Affective Events Theory was used to explain four relationships or hypotheses. First, the theory was used in illuminating the direct negative effect of stress on health functioning of the clergy (Hypothesis 3). Secondly, the theory was employed in elucidating the role that burnout played in the emotional labour and health functioning relationship (Hypothesis 4). Third, the theory was employed in explaining stress' mediating function between emotional labour and health functioning (Hypothesis 5).

Fourth, the theory was used in enlightening the role of burnout in mediating between employment stress and health functioning (Hypothesis 6). The Broaden-and-Build Theory was employed to illuminate the potential moderating role of psychological flexibility, a personal or personality factor, on the correlation between emotional labour strategies (deep-level acting, surface-level acting) and burnout among the clergy (Hypothesis 7). Last, but not the least, the Conservation of Resources Theory gave the theoretical justification for assessing psychological flexibility as a moderator of the relationship between occupational stress and burnout (Hypothesis 8).

Therefore, in this conceptual framework, health functioning of the clergy served as the target dependent variable, and the independent variables were emotional labour, psychological flexibility, and peer support. Psychological flexibility played an additional role as a moderator variable. Stress and burnout served as mediators; hence they were both independent and dependent variables. Simply, Figure 1 described three direct relationship (Hypothesis 1 to 3), three indirect relationships (Hypothesis 4 to 6), and two interaction effects (Hypothesis 7 and 8). The moderating relationships were

signified by broken arrows to distinguish it from the relationship between the direct and mediating variables.

Chapter Summary

This chapter covered the study's theoretical framework, conceptual review, empirical review, and conceptual framework. The theoretical review looked at the hypotheses that the study was based on. Hochschild's (1983) theory of emotional labour, Affective Events Theory (Weiss & Cropanzano, 1996), Broaden-and-Build Theory (Fredrickson, 2001), and Conservation of Resources Theory (Hobfoll, 1989; Hobfoll & Shirom, 2000) were used to support the current research. The concepts and variables employed in the study were explained in the conceptual review that followed,

The empirical review compiled the findings of closely comparable investigations and highlighted commonalities, inconsistencies, and gaps. The conceptual framework was built in stages to describe the writer's vision for how the subject would be investigated. It was based on tried-and-true theories that encapsulated the results of various inquiries into how the phenomenon occurred.

The empirical review was set out chronologically and based on the research goals of the study. This was in relation to emotional labour and health functioning, emotional labour and stress, stress and health functioning, the part played by stress in mediating between emotional labour and health functioning, emotional labour and burnout, burnout and health functioning, the part played by burnout in mediating between emotional labour and health

functioning, mediating role of burnout between stress and health functioning, moderating role of psychological flexibility between Emotional labour and burnout, psychological flexibility's role in moderating between stress and burnout, the moderating role of peer support between emotional labour and burnout and between burnout and health functioning. The compiled findings of these literature helped in discussing the research outcomes considering, the commonalities as well as the inconsistencies in the literature.

CHAPTER THREE

RESEARCH METHODS

Introduction

This research set out to consider how stress, burnout, psychological flexibility, and peer support interact to mediate and mitigate emotional labour's impact on the social, emotional, and psychological well-being of the Classical Pentecostal clergy in Ghana. This section delineates the research methodologies utilised, and outlined the steps and procedures adopted to attain the research objectives. The paradigm, approach, design of the study, area in which the study was conducted, population of the study, sampling technique, instrument used for data gathering, processing and analysis, as well as ethical issues were the main subjects discussed in this chapter.

Research Paradigm

The research paradigm clarified and defined the modalities of the investigation, and shaped data gathering, analysis, and interpretation processes. It provided the framework for selecting appropriate research methods or designs, directly influenced the quality and relevance of the findings. Moreover, the philosophical foundation of this study enabled the generation of new concepts that enriched existing knowledge on Classical Pentecostal clergy and broadened the scope of knowledge concerning the effect of emotional labour and stress on the health functioning of the Classical Pentecostal clergy. (Easterby-Smith et al., 2002).

This study adopted the positivist stance of research philosophy, characterised by an emphasis on objectivity, replicability, and the systematic investigation of measurable phenomena. The positivist paradigm was deemed most suitable for this research as it allowed the study to quantitatively explore "what to research" and "how" variables interact based on intended consequences (Creswell, 2014, p. 39). Specifically, it enabled the researcher to investigate relationships such as how burnout, psychological flexibility, and peer support mediate and moderate the association between emotional labour and stress, with a focus on their collective impact on the social, emotional, and psychological well-being of Classical Pentecostal clergy in Ghana.

The epistemological assumption of this study posited that knowledge is derived from observable and measurable phenomena, while the ontological assumption focused on the existence of objective realities that could be studied independently of personal bias. These assumptions were integral to designing a methodology that ensured the collection of reliable and valid data. The use of structured questionnaires and rigorous statistical analyses, including Partial Least Squares Structural Equation Modelling (PLS-SEM), exemplified adherence to the standards of objectivity and replicability.

Additionally, the positivist paradigm supported the identification of causal relationships, which was critical for this research. For example, the investigation of how psychological flexibility moderated the impact of stress on burnout among Classical Pentecostal clergy required precise measurements and analysis and was achieved through the positivist approach. This

philosophical stance also facilitated the derivation of evidence-based insights, ensuring that the findings were applicable and relevant to addressing real-world challenges faced by the target population.

By aligning the research philosophy with the study objectives, this approach ensured methodological coherence and contributed to the robustness of the findings. While this study focused on quantitative methods, the positivist framework also laid a foundation for future research that could incorporate qualitative dimensions to provide a more holistic understanding of the phenomena under investigation.

Research Approach

This research employed a quantitative approach, aligned with the positivist paradigm and facilitated the objective examination of relationships between variables. The quantitative approach was most appropriate for this study as it allowed for the systematic exploration of interactions among complex constructs such as burnout, psychological flexibility, and peer support. These constructs required measurable data to assess the hypotheses effectively and uncovered causal relationships, which would not have been feasible with qualitative or mixed methods. By emphasising objectivity and replicability, the quantitative approach ensured that the findings were robust and generalisable, meeting the study's objectives. The quantitative method enabled the researcher to systematically explore how burnout, psychological flexibility, and peer support interactively mediated and moderated the effects

of emotional labour and stress on the social, emotional, and psychological health of Ghana's Classical Pentecostal clergy. Unlike qualitative or mixed methods, the quantitative approach provided measurable data and statistical rigour necessary to identify and analyse the complex interactions among these constructs. This allowed the researcher to test hypotheses effectively, uncover causal relationships, and ensure that the findings were both reliable and generalisable to the broader population.

The adoption of this approach was instrumental in overcoming challenges such as data availability, time, and budgetary constraints while addressing the social phenomena under investigation (Mensah, 2015). Through the use of structured data collection tools, this approach ensured that findings were reliable, valid, and generalisable. The validation process included pre-testing the structured questionnaires with a small representative sample to identify and address potential ambiguities or inconsistencies. Reliability was assessed using Cronbach's alpha to ensure internal consistency, while validity was evaluated through expert review and factor analysis to confirm that the tools accurately captured the intended constructs. For example, the structured questionnaires used were specifically designed to capture key constructs and were subjected to rigorous pre-testing to establish their reliability and validity, further ensuring the quality of the data collected.

By focusing on measurable constructs and their interactions, the quantitative approach effectively captured the complexity of the relationships under study. Constructs such as burnout, psychological flexibility, and peer

support were operationalised in alignment with the study's hypotheses, facilitating a precise analysis of their mediating and moderating roles. This ensured that the study's findings provided robust insights into the causal relationships among these variables.

The ontological, epistemological, and methodological positions of the study provided a sturdy foundation for its execution, enabling the researcher to derive meaningful insights that contributed to both theory and practice. The structured alignment of these positions supported the coherent development of the study's methodology and ensured that theoretical constructs were effectively translated into measurable variables. For instance, the use of Partial Least Squares Structural Equation Modelling (PLS-SEM) was particularly well-suited to the study's objective of uncovering causal relationships, as it accommodated complex variable interactions and provided robust statistical evidence. This statistical tool offered a nuanced understanding of the interplay between burnout, psychological flexibility, peer support, and their mediating and moderating roles, thereby enhancing the study's explanatory power and its contribution to the field.

Furthermore, the approach facilitated actionable recommendations for improving clergy well-being. For example, findings highlighted the importance of psychological flexibility and peer support in mitigating the negative effects of stress and burnout of the clergy. The insights derived from this study can directly inform the development of clergy training programs that focus on enhancing adaptive coping mechanisms. Moreover, institutional

policies can be tailored to establish robust support systems, ensuring sustainable improvements in clergy resilience and overall well-being.

In conclusion, the quantitative research approach offered a structured and systematic framework for addressing the study objectives, enabling the generation of dependable, evidence-based insights. This method's alignment with the positivist philosophy ensured objectivity and replicability, making it an effective choice for uncovering causal relationships and complex interactions among variables. It also paves the way for future research to build upon these findings, particularly in advancing the understanding of social and psychological phenomena in clergy well-being.

Research Design

This research employed a descriptive research design, which was selected for its ability to systematically investigate and describe the relationships between the variables under study. This design aligned well with the nature of the research problem, which required an in-depth exploration of complex interactions among burnout, psychological flexibility, peer support, emotional labour, and stress of the Pentecostal clergy. By focusing on quantifiable data, the descriptive design allowed the researcher to capture patterns and relationships that directly addressed the study's objectives, ensuring a structured and comprehensive analysis of the variables in question. The descriptive design was particularly well-suited for examining the interactions among burnout, psychological flexibility, peer support, emotional

labour, and stress, as it facilitated the collection and analysis of quantifiable data to identify patterns, correlations, and causal relationships.

The choice of a descriptive design was informed by its alignment with the study's objectives, which aimed to explore mediating and moderating effects among the identified constructs. While mixed-method designs could have provided richer contextual insights by combining qualitative depth with quantitative precision, the descriptive design was better suited for this study due to its focus on quantifiable relationships and the need for statistically reliable findings. This choice ensured a systematic and objective approach to hypothesis testing, which was central to addressing the study's aims effectively. While alternative approaches, such as mixed-method designs, could provide complementary insights, the scope of this study necessitated a focus on quantifiable relationships. The descriptive design allowed for the precise testing of hypotheses and provided statistically reliable and generalisable findings relevant to the target population.

Moreover, this design enabled the researcher to capture the complexity of interactions between variables using structured data collection tools and advanced statistical techniques. Specifically, the descriptive design facilitated the use of Partial Least Squares Structural Equation Modelling (PLS-SEM), which is well-suited for analysing complex relationships. PLS-SEM allowed for the simultaneous assessment of direct, indirect, and interaction effects among variables, ensuring a comprehensive understanding of the mediating and moderating roles of psychological flexibility and peer support within the study's framework. For instance, the use of Partial Least Squares Structural

Equation Modelling (PLS-SEM) complemented the descriptive design by allowing for the examination of direct, indirect, and interaction effects among variables.

In conclusion, the descriptive research design provided a robust and methodologically sound framework for addressing the research questions and achieving the study objectives. Its strengths lay in its capacity to systematically capture and analyse complex relationships, such as the mediating and moderating roles of psychological flexibility and peer support. This design facilitated the use of advanced statistical techniques like PLS-SEM, enabling a detailed understanding of causal pathways. The reliable and generalisable findings directly informed practical interventions for improving clergy well-being, demonstrating the design's appropriateness for achieving the study's aims. Its systematic approach ensured that the findings were not only reliable and valid but also applicable to informing practical interventions for improving clergy well-being. Future research could build on these findings by integrating qualitative approaches to capture additional contextual nuances.

Study Area

The research was conducted in the Central Region of Ghana, positioned in the central South-Western part of the country, covering 9,634 square kilometres, with Cape Coast as its administrative capital. The region is bordered to the north by the Ashanti Region, the Gulf of Guinea to the south, the Eastern Region to the northeast, the Greater Accra Region to the southeast, and the Western Region to the west. According to the 2021 Housing and Population Census, the population was 2,859,821, with a density of 296.8

persons per square kilometre (Ghana Statistical Service, 2021). The Central region was chosen because its capital – Cape Coast, was the first administrative capital of the Gold Coast which became Ghana after independence, was where the first fully Pentecostal church (Gold Coast Apostolic Church blossomed in 1953 (Anderson, 2013).

The region is predominantly Akan (78.5%), with other ethnic groups including Ga-Dangbe, Ewes, Guan, Gurma, Mole-Dagbani, and Mande (Statistical Service District Report, 2010). Major religions practiced are Christianity (71%), Islam (20%), traditional religions (3%), and other beliefs (6%) (GLSS, 2012). The cultural emphasis on communal support and spiritual leadership made this region an ideal setting for studying clergy well-being.

The Pentecostal clergy face distinctive challenges such as managing multiple congregations, frequent transfers, and elevated expectations from congregants (Annual Report, Cape Coast Area, 2020). These challenges impact emotional, psychological, and social health, aligning with the study's objectives of exploring coping mechanisms like peer support and psychological flexibility. For instance, some clergy oversee as many as five congregations, often in rural settings with limited resources. Frequent transfers disrupt family stability and personal planning, leading to significant stress (Bonsu, 2016).

The demographic and cultural diversity enhanced the study by providing insights into how varying ethnicities and socio-economic backgrounds influence coping mechanisms. These findings offer valuable contributions to understanding clergy well-being in diverse socio-religious

transfers, aligning with the study's objectives to explore emotional labour and related constructs.

The accessible population was 364 clergy members who were available for participation and met the predefined inclusion criteria during the data collection period. Inclusion criteria required clergy to have at least two years of ministry experience, ensuring their responses would provide valuable insights into emotional labour, stress, burnout, psychological flexibility, and peer support.

Table 1: Population Distribution of Churches

Church	Population/Pastors
Christ Apostolic Church International	74
The Apostolic Church of Ghana	109
The Church of Pentecost	256
Total	439

Source: Fieldwork (2023)

Inclusion Criteria

Although the study targeted all the clergy in the three Classical Pentecostal churches, only those who had been in office for at least two years were included in the study. Two years was chosen by the researcher due to the fact that the administrative structures of these churches require their ministers to serve a two-year probation. Since they would have made every needed effort to satisfy their period of probation, effects of stress and emotional labour should be evident. Additionally, members of the clergy who have been in their role for less than two years may not have had the time to fully acclimatise to the demands and responsibilities of their position. They may

still be adjusting to the unique challenges of providing spiritual care, managing interpersonal conflicts within their congregation, and balancing the demands of their personal and professional lives. Including these individuals in the study may not provide a true representation of the experiences and struggles faced by more seasoned clergy members.

Sampling Procedure

A multi-stage sampling procedure was employed to ensure a representative sample of the clergy population. This approach integrated purposive, stratified, and random sampling techniques to enhance reliability and minimise bias.

Stage 1: Purposive Sampling

The Central Region of Ghana was purposively selected for its socio-religious significance, including its historical role as a hub of Christianity and its vibrant religious activities. The Region is notable for its substantial presence of Classical Pentecostal churches, which actively shape the socio-spiritual lives of communities. These attributes made the Central Region an ideal context for examining the constructs of emotional labour, stress, and related variables. These characteristics made the region a suitable context for examining the research constructs.

Stage 2: Stratified Sampling

The population was stratified into three subgroups based on church denomination: Christ Apostolic Church International, The Apostolic Church Ghana, and The Church of Pentecost. This ensured proportional representation of clergy from each denomination within the sample.

Stage 3: Systematic Random Sampling

Within each stratum, clergy members were randomly selected using systematic random sampling. Lists of clergies provided by the regional offices of the respective churches were used as sampling frames. These lists were verified and updated by the researcher in collaboration with church administrators to ensure accuracy and representativeness of the sampling frame. The RAND function in Microsoft Excel was utilised to generate random numbers for the selection process due to its simplicity and accessibility. This method was chosen over other randomisation techniques as it ensured an unbiased and efficient selection process while maintaining compatibility with the available data management tools.

The sample size was determined using Krejcie and Morgan (1970) Table, which recommended a sample size of 205 for a population of 439 at a 95% confidence level with a 5% margin of error. This confidence level was chosen to ensure a high degree of reliability in the results, while the 5% margin of error provided an acceptable level of precision for the study's findings. To account for potential non-responses, the sample size was increased by 20%, resulting in a total of 364 distributed questionnaires. This adjustment was consistent with statistical recommendations for addressing anticipated non-response rates, ensuring the final sample size remains representative and robust for generalising findings. This adjustment aligns with recommendations from previous studies addressing high non-response rates (Saunders, 2009).

Table 2: Population and Sample Distribution by Churches

Church	Population	Sample size
Christ Apostolic Church International	74	61
The Apostolic Church of Ghana	109	91
The Church of Pentecost	256	212
Total	439	364

This systematic sampling procedure ensured proportional representation and provided a reliable foundation for analysing the interplay among emotional labour, stress, burnout, psychological flexibility, and peer support.

Data Collection Instruments

Questionnaires were the primary data collection instruments, capturing emotional labour, stress, burnout, psychological flexibility, peer support, and health functioning. Items were adapted from validated tools and aligned with the socio-religious context of the Central Region.

The instruments underwent expert review for content validity, with feedback prompting revisions for clarity and cultural relevance. Pilot testing conducted with 30 clergy from the Apostolic Church of Ghana in the Central Region identified ambiguities, leading to simplified phrasing and improved response options. For instance, technical terms were rephrased for accessibility, ensuring consistency and clarity. The selection of 30 participants for pilot testing aligns with established methodological recommendations. According to Johanson and Brooks (2010), a pilot study sample of at least 30 participants is considered sufficient for refining questionnaire wording,

assessing comprehension, and validating content within a small yet representative group. This sample size is particularly appropriate for identifying potential challenges before full-scale data collection, ensuring the reliability and effectiveness of the instrument in capturing accurate responses.

Reliability was assessed using Cronbach's alpha, yielding values above 0.70 for all constructs (e.g., 0.85 for Emotional Labour, 0.82 for Stress and Burnout). Exploratory factor analysis retained five factors with eigenvalues above 1.0, explaining 78% of cumulative variance. Factor loadings exceeded 0.70, confirming construct validity.

The questionnaire consisted of six sections:

1. Demographic Information: Background details.
2. Emotional Labour: Emotional regulation and labour.
3. Stress and Burnout: Stress levels and burnout symptoms.
4. Psychological Flexibility: Adaptive coping mechanisms.
5. Peer Support: Perceived social and peer support.
6. Health Functioning: Emotional, psychological, and social well-being.

Data Collection Procedure

Data collection was conducted over three months, from June to August 2023, using 364 structured questionnaires administered to clergy members in the three Classical Pentecostal churches in the Central Region of Ghana. Ten research assistants were recruited for the study. The eligibility criteria for recruitment required a minimum of a bachelor's degree, with proficiency in the Fante language (the widely spoken language of the people of the Central

Region) considered an advantage. The research assistants were taken through a two-day intensive training programme designed to equip them with essential skills for ethical data collection, participant engagement, and questionnaire administration. The training covered research ethics, confidentiality protocols, techniques for clarifying questionnaire items, and effective respondents' interaction strategies. Additionally, the assistants engaged in practical role-playing exercises to familiarise themselves with potential field challenges and ensure consistency and accuracy in data collection procedures. These assistants distributed the questionnaires during Regional meetings and church gatherings, chosen for their high attendance by clergy members and alignment with their routine schedules. These venues provided convenient opportunities for questionnaire administration.

To enhance response rates, participants received clear instructions on completing the questionnaire and assurances of confidentiality. Follow-ups were conducted weekly via phone calls and in-person reminders to address non-responses and clarify questionnaire items. This approach significantly improved the response rate, ensuring robust data collection.

The data collection process adhered to ethical guidelines, including obtaining informed consent from all participants and guaranteeing their right to withdraw at any time without repercussions. Participants received detailed information sheets explaining the study's purpose, procedures, and confidentiality measures. Research assistants addressed participants' questions and concerns to ensure their full understanding of their rights. No identifying information was collected to maintain anonymity, and data was securely

stored with restricted access to authorised personnel. Out of 364, 244 forms distributed were completed and returned, achieving a response rate of 67%. Completed questionnaires received by the research assistants were securely stored for analysis.

Table 3: Data Collection Instruments

Construct	No of items	Score range	Reported reliability	Rating
Health Functioning (Blow et al., 2000)	15	15-75	.70	5-point
Burnout (Enzmann et al., 1998)	9	9-45	.70	5-point
Peer support (Carcia et al., 2005)	4	4-20	.70	5-point
Stress (Shukla & Srivastava 2016)	9	9-45	.70	5-point
Emotional Labour (Gaan, 2011)	11	11-55	.70	5-point
Psychological flexibility (Bond et al., 2013)	7	7-35	.70	5-point

Source: Fieldwork (2023)

Health Functioning

Health Functioning was a multifaceted construct in this study that encapsulated a respondent's ability to maintain productivity in their employment or other activities, even in the presence of physical or emotional challenges. Another aspect of health Functioning was a respondent's capacity to perform daily tasks, and participate in physical, mental, and social actions necessary for overall well-being. This construct was assessed employing 15 items adapted from Blow *et al.* (2000). The 15-item variables that was used to measure Health Functioning in this study included “*the clergy's self-reported*

reduction in time spent on work, perceived limitations in work or activities, and interference of pain in work”.

Burnout

Burnout in this research was a psychological construct of persistent tiredness, cynicism, and diminished efficacy brought on by extended exposure to pressures at work. This concept was accessed using nine items adapted from Enzmann *et al.* (1998). The 9-item Burnout construct in this study captures “*feelings of depression, worthlessness, and disillusionment, among others*”. Its items helped identify and measure emotional exhaustion and cynicism, key components of the broader concept of burnout. Regarding content validity, the items were carefully chosen to cover all facets of burnout as described in the theoretical literature. The items were evaluated on 5-point scale, ranging from 1 (not at all) to 5 (Great extent), with high scores indication greater level of burnout on the individual’s life.

Peer Support

Peer Support in this study encapsulated the availability and utility of supportive relationships at work. Peer Support also referred to providing emotional, informational, and practical assistance by individuals who share a similar lived experience or background. It involves individuals with similar challenges or circumstances offering support, encouragement, and understanding to one another. This construct was measured using four items adapted from Carcia *et al.* (2005). The items were rated on 5-point scale, extending from 1 (not at all) to 5 (Great extent) with a high score denoting

better peer support system for the individual. The 4-item assertion chosen to measure this construct reflects *“the quality of friendships at work, focusing on trust, empathy, and support”*.

Stress

Stress here referred to a physiological and psychological reaction to demands or obstacles outside of respondent that they felt they could not handle. This construct was measured using nine items adapted from Shukla & Srivastava (2016). The items were rated on 5-point scale, ranging from 1 (strongly disagree) to 5 (strongly agree) with a high score denoting serious stressful situation on the individual's life. The 9-item measuring this construct ranged from *“a sense of overwhelming workloads to feelings of nervousness and discomfort associated with one's job”*.

Emotional Labour

The effort and ability to control one's feelings in a professional or work setting was referred to as emotional labour. It involved expressing, suppressing, or modifying emotions for the purpose of meeting the expectations of the role of the employment or organisational requirements. Emotional labour was often linked with jobs that demand frequent and intense emotional interactions, such as customer service, healthcare, teaching, and hospitality. The items were rated on a 7-point scale, ranging from 1 (strongly disagree) to 7 (strongly agree) with a low score denoting a good level of emotional labour impact on individual's life.

Emotional Labour, in this research was the effort a cleric put into managing their emotions in a work context and had 11-item adapted from Gaan (2011), assertions, which involved “*suppressing emotions, displaying authentic emotions, and sometimes even pretending to have emotions.*”

Psychological Flexibility

The term psychological flexibility described the capacity of the cleric to adapt to their own circumstances (thoughts, emotions, sensations) and external surroundings while staying aligned with their values and pursuing meaningful actions. It involved being open, present, and engaged in the present moment, regardless of challenging or distressing thoughts and emotions. This construct was measured using eight items adapted from Bond, Lloyd and Guenole (2013). The items were rated on 7-point scale, ranging from 1 (strongly disagree) to 7 (strongly agree) with a high score denoting a good or better level of psychological flexibility on the individual’s life.

Psychological Flexibility in this study was a respondent's ability to effectively perform tasks regardless of personal worries, self-doubts, or feelings. The eight items selected to measure this construct focused on “*adaptability in the face of personal issues and self-perceived shortcomings*”.

Construct Validity and Reliability

A key idea in research and measurement was validity, which refers to how well an assessment or measurement tool captured the information it was supposed to measure. It was an evaluation of the appropriateness and meaningfulness of the inferences or conclusions drawn from the

measurements. The validity provided evidence that the results obtained from the study, or the measurements taken were accurate, reliable, and reflected the underlying construct or phenomenon of interest. It ensured that the data collected, and the conclusions drawn were trustworthy and credible. Cronbach's alpha (α) and composite reliability were used to evaluate the content validity of the construct.

Content validity which measured the degree to which the items or questions accurately reflected the whole subject domain, and which guaranteed that the measurement adequately covered all aspects of the construct, was verified in this research by reviewing the content of the variables and the theoretical frameworks on which they are based. This ensured that the content of the research instrument was free from bias and error.

How well a measure represents the theoretical construct it was meant to measure was determined in this study by its construct validity. It entailed proving that the measure was capturing the desired concept and not unrelated constructs, and was evaluated through convergent validity, and discriminant validity (Rojas & Widiger, 2014).

Reliability, a fundamental concept in research was the measurement of the test's dependability, stability and consistency, and helped assess the extent to which the measurement instrument produced consistent and reliable results (Dunn, 1992). Reliability was crucial because it ensured that the instrument used to collect data was consistent and free from random error or variability.

Reliability was essential in this research because it ensured that the data collected was trustworthy and could be relied upon for making accurate conclusions and decisions. High reliability of 0.7 and above indicated that the measurement instrument was consistently measuring what it was intended to measure, while low reliability (less than 0.6) suggested the presence of measurement error and inconsistency (Zeller, 2005).

Reliability of the constructs was established using Cronbach's alpha, and composite reliability (see Table 4).

Table 4: Reliability and Validity Output of Indicators

	CA	CR	(AVE)
Burnout (BO)	.907	.925	.605
Emotional Labour (EL)	.796	.838	.311
Health Functioning (HF)	.825	.859	.306
Psychological Functioning (PF)	.912	.927	.618
Peer Support (PS)	.924	.944	.809
Stress (ST)	.835	.871	.431

Cronbach's alpha = CA; Composite Reliability = CR; Average Variance Extracted = AVE
Source: Fieldwork (2023)

Construct Reliability

The metric used in this context was the connection between individual test items (Hair *et al.*, 2019). To evaluate the reliability of the construct, two commonly used measures were employed: Cronbach's alpha (α) and composite reliability. Both measures assess the consistency and dependability of the measures of the construct. The generally accepted guideline for

reliability criteria is that the values should exceed .70 (Hair *et al.*, 2019; Sarstedt *et al.*, 2022). Therefore, to determine the construct's reliability, both Cronbach's alpha (CA) and Composite Reliability (CR) ought to meet this threshold. Weighted composite reliability is considered more accurate than unweighted Cronbach's alpha because it considers the varying reliability of different indicators. Consequently, in Table 4, the assessment and reporting of the construct reliability were based on composite reliability. The results as presented in the Table 4 shows that the reliability coefficients of all the constructs were greater than the .70 threshold, which is a demonstration of acceptable reliability of the constructs.

Convergent Validity

The term “convergent validity” describes the level to which a measure demonstrates a positive correlation with other measures that assess the same construct (Taherdoost, 2016). In the context of Partial Least Squares Structural Equation Modelling (PLS-SEM), Convergent Validity (CV) is commonly evaluated using the Average Variance Extracted (AVE) metric, which assesses the extent to which the concept and its individual measurements share a common variance. To establish acceptable convergent validity, the Average Variance Extracted value should be above .50, indicating that more than 50% of the variance is captured by the construct's indicators (Fornell & Larcker, 1981; Sarstedt *et al.*, 2019). Table 4 displays the AVE values of the constructs. The AVEs for emotional labour, health functioning, and stress were lower than the .50 criterion. Nonetheless, it is worth noting that in some cases, constructs with relatively weaker convergent validity could be retained due to

their composite reliability (Hair *et al.*, 2019). As a result, these constructs were retained in the analysis based on the composite reliability.

Discriminant Validity

The level to which a construct is actually distinct from other constructs according to empirical standards is known as discriminant validity. It involves demonstrating that a construct captures phenomena that are distinct and not already accounted for by other constructs in the model (Hair *et al.*, 2019). In order to determine a construct's discriminant validity and uniqueness, the Heterotrait-Monotrait (HTMT) ratio (Henseler *et al.*, 2015) was used.

This approach was employed to evaluate the presence of discriminant validity between reflective constructs. HTMT values below .90 signifies that discriminant validity was established between the two constructs, indicating their distinctiveness. The HTMT ratios presented in Table 5, revealed that every value was below the cut-off .90. This indicated that each construct was clearly distinct from the others, confirming the absence of common biases in the methodology.

Table 5: Heterotrait-Monotrait Ratio (HTMT) Output

	BO	EL	HF	PF	PS
Burnout (BO)					
Emotional Labour (EL)	.392				
Health Functioning (HF)	.805	.385			
Psychological Functioning (PF)	.263	.281	.324		
Peer Support (PS)	.337	.169	.322	.32	

				0	
				.22	
Stress (ST)	.589	.674	.575	9	.236

BO = Burnout; EL = Emotional Labour; HF = Health Functioning; PF = Psychological Functioning; PS = Peer Support

Source: Fieldwork (2023)

Data Processing and Analysis

Individual scores on each measure were obtained according to the measure's instructions, summing together items, and reverse scoring where necessary for the main quantitative component of the study. To achieve the objective of inferential statistics, Partial Least Squares Structural Equation Modelling (PLS-SEM), was utilised, which enables generalisations to be made about a population based on the study's hypotheses. PLS-SEM assesses the strength and significance of these relationships, enabling researchers to understand how effectively the indicators represent the underlying constructs. (Purwanto, 2021). The PLS algorithm was employed to test the hypotheses. To evaluate the significance of the PLS-SEM results, bootstrapping was utilised for the endogenous latent variables (dependant variables that are influenced by the independent variables in the model, either directly or indirectly).

Ethical Consideration

The research was carried out in compliance with the guidelines for carrying out research in education. The University of Cape Coast's Institutional Review Board was consulted in order to obtain ethical clearance. Permission was sought from authorities of the selected Churches, with a letter of introduction received from the Department of Guidance and Counselling to

use their ministers for the study. Every individual who took part in the study gave their informed consent. The participants were informed about the nature and the goal of the research, after which they were provided with an informed consent form to fill themselves. Ample time was given to respondents, to remove any feeling of being under pressure to respond. There were assurances of anonymity of the responses they provide. To adhere to ethical standards for academic integrity and intellectual property, every secondary data used in the research was properly cited.

CHAPTER FOUR

RESULTS AND DISCUSSION

Overview

The data collected for this investigation is discussed and the results are presented in this chapter. The investigation's goal was to find out how burnout, psychological flexibility, and peer support, interactively mediate and moderate the link between emotional labour and stress on the social, emotional, and psychological health of the Classical Pentecostal clergy in Ghana as well as the coping techniques used by these ministers of the gospel in managing stress and burnout.

The research was conducted using descriptive research approach to research design. From a population of 439 Classical Pentecostal ministers from three denominations viz: Christ Apostolic Church International, The Apostolic Church of Ghana, and The Church of Pentecost, in the Central Region of Ghana, 364 questionnaires were sent out, of which 244 were received and used for the analyses. This chapter presents the responses from the respondents and the analytical techniques employed to draw inferences about this population. To achieve the objective of inferential statistics, Partial Least Squares Structural Equation Modelling (PLS-SEM), a procedure used in statistics to explore connections between different variables in research was used, and enabled generalisations to be made about the population based on the study's hypotheses. The PLS-SEM was also used due to the many constructs involved in this study (Hair *et al.*, 2019).

The analysis proceeded by evaluating both the measurement instrument and the structural model. It consists of two primary steps: the measurement model and the structural model. In the measurement model, the connections between latent variables (unobservable constructs) and their indicators (measurable variables) were examined. The PLS-SEM assessed the strength and significance of the relationships, and enabled the researcher to understand how effectively the indicators represented the underlying constructs.

Assessment of the Structural Model

After establishing a satisfactory measurement model, the study proceeded to evaluate the proposed hypotheses. For the path model analysis, 5000 replications were conducted for bootstrapping analyses. In line with the guidelines provided by Hair *et al.* (2019), various statistical measures such as the variance inflation factor (VIF), coefficient of determination (R^2), and effect size (f^2) were examined to assess collinearity, path coefficients, and the significance of the model. These measures were utilised to enhance the overall quality of the investigation and the validity of the examined objectives. The PLS-SEM result is presented in Figure 3.

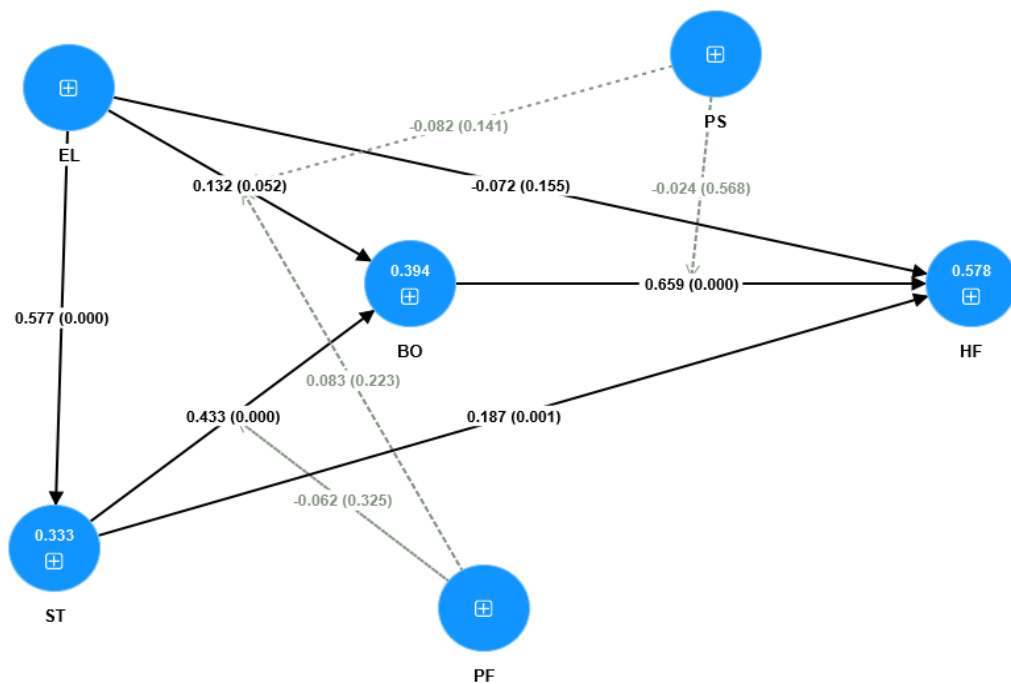


Figure 3: Structural Model
Source: (Field Work, 2023)

Collinearity Assessment

Collinearity assessment is a crucial step in partial least squares structural equation modelling (PLS-SEM) to identify potential issues of multicollinearity among the indicators. Multicollinearity occurs when two or more indicators are highly correlated, which can affect the stability and reliability of the estimates in the model. In this study, Collinearity assessment was done using the Variance Inflation Factor (VIF), which helped identify the likelihood of error in each measure. The VIF measured the degree of multicollinearity by quantifying how much the variance of an indicator was inflated due to the correlation with other indicators. The results provided insights into the potential influence of common method variance and its impact on the reliability and validity of the measurement instruments used. Indicators with VIF values greater than 5 would have been considered to have

potential collinearity issues (Purwanto, 2021). Table 8 presents the results of the collinearity test.

Table 6: Variance Inflation Factor (VIF)

Variables	BO	EL	HF	ST
BO			1.573	
EL	1.651		1.555	1
HF				
PF	1.032			
PS			1.143	
ST	1.552		1.883	

BO = Burnout; EL = Emotional Labour; HF = Health Functioning; PF = Psychological Functioning; PS = Peer Support; ST = Stress
Source: Fieldwork (2023)

Typically, a VIF value of 1 denotes the absence of collinearity, while values above 1 imply increasing degrees levels of collinearity. Results from this research presented in Table 6 show that the VIF values were less than 5, hence, there were no potential collinearity issues.

Path Coefficient (β)

Path coefficients (β) in a structural equation model are standardised values that typically range between -1 and +1. Path coefficients that are around +1 signify robust positive relationships, whereas those that are near -1 imply significant negative associations. On the other hand, path coefficients close to 0 suggest weak associations, and extremely low values near zero (0) are typically not much different from 0 (Hair *et al.*, 2019).

Applying the structural model, path coefficients ranging from 0 -.10, .11-.30, .31-.50, and greater than .50 represent weak, slight, moderate, and strong impacts in that order (Hair *et al.*, 2019; Hair & Alamer, 2022). These criteria aid in evaluating the relevance and strength and the correlations between variables in the structural model. These was used to test the statistical significance of the results as discussed below.

Coefficient of Determination (R^2 : variance explained)

Once it had been verified that there were no collinearity problems in the model, and that the associations were statistically significant, the subsequent step involved assessing the significance of the R^2 in the findings (Hair & Alamer, 2022). The R^2 value in this context signified the proportion of variance explained by the exogenous constructs in the output. Hair *et al.*, (2019) recommended that R^2 values falling within the ranges of 0 to .10, .11 to .30, .30 to .50, and greater than .50 were suggestive of weak, modest, moderate, and strong explanatory power, in that order.

Effect Size (f^2)

The effect size (f^2) component of Structural Equation Modelling (SEM) analysis was used to evaluate the impact of the causal construct on the outcome variable (Cohen, 1988). Cohen provided the following general guidelines: a score below .02 suggests no effect, .02 - .15 indicates a small effect size, .15 - .35 indicates a medium effect size, and greater than .35 indicates a large effect size. These guidelines aided in interpreting the magnitude of the effects observed in the study.

Means, Standard Deviations and Correlations Between Variables

Furthermore, the path coefficients were evaluated based on Cohen's (1988) criteria. Cohen states that a correlation coefficient (R) of .10 denotes a limited or weak correlation, a coefficient of .30 suggests a moderate relationship, and a coefficient of .50 indicates a large or strong correlation. These criteria were utilised to interpret the magnitude and strength of the relationships represented by the path coefficients in the model.

Results of Evaluation of Structural Model

The structural model served to illustrate the causal connections among the latent variables. In this study, the proposed model depicted in Figure 1 was examined, and the PLS algorithm was employed to evaluate the hypotheses. To evaluate the significance of the PLS-SEM results, bootstrapping was used for the endogenous latent variables. The structural model investigated in this research encompassed both direct and indirect effects, focusing on how stress, burnout, and psychological flexibility and peer support interacted to mediate and mitigate the effects of emotional labour on the social, emotional, and psychological health of the Classical Pentecostal clergy in Ghana.

Significance of the Structural Model

Once the predictive and explanatory power of the model had been established, the final step involved assessing the statistical significance and relevance of the coefficients associated with the suggested structural paths within the model (Hair *et al.*, 2019). This evaluation helped determine the

significance and practical implications of the relationships represented by these coefficients in the overall model.

The outcomes were presented using the t-stat parameters proposed by Hair *et al.* (2019). They suggested that if the absolute value of the t-statistic is greater than 1.96, it indicates that the corresponding path coefficient is statistically significant at the 95% confidence level. The statistical significance was also determined at $\alpha = .05$.

Direct Effects

Hypothesis 1 to hypothesis 3 sought to test direct relationships between the independent and dependent variables. The standardised beta coefficients, together with their corresponding significance levels are presented hypothesis-by-hypothesis in the section below:

Hypothesis 1

H₁: (a) Emotional labour, (b) burnout, and (c) stress will have a statistically significant effect on the health functioning of the clergy.

The first hypothesis explored the direct effect of emotional labour on health functioning. The results are presented in Table 7.

Table 7: Direct Effect Path Coefficient (β)

Paths	Path β	Sig	f^2	R^2
EL \rightarrow ST	.577	.000	.499	.333
EL \rightarrow BO	.132	.052	.012	.394
ST \rightarrow BO	.433	.000	.231	
EL \rightarrow HF	-.072	.155	.009	.578
ST \rightarrow HF	.187	.001	.046	
BO \rightarrow HF	.659	.000	.656	

*EL – Emotional Labour; ST – Stress; BO – Burnout; HF – Health functioning
Source: Fieldwork (2023)*

The results presented in Table 7 indicated that, there was no statistically significant direct effect of emotional labour on health functioning ($\beta = -.072$, $p = .155$, $f^2 = .009$). However, the relationships between stress and health functioning ($\beta = .187$, $p = .001$, $f^2 = .046$), as well as burnout and health functioning were statistically significant ($\beta = .659$, $p < .001$, $f^2 = .656$). Thus, hypothesis 1 (a) was not supported, hence rejected, while 1 (b) and 1 (c) were supported and thus accepted.

Hypothesis 2

H₁: (a) Emotional labour, and (b) stress will have a statistically significant effect on burnout of the clergy.

The second hypothesis sought to examine the effect of emotional labour and stress on the burnout of clergy. This hypothesis also involved two sub-hypotheses: the direct effects of emotional labour and stress on burnout.

The results indicated that there was no direct statistically significant effect of emotional labour on burnout ($\beta = .132$, $p = .052$, $f^2 = .012$). Hence hypothesis 2 (a) was not supported, hence rejected. However, there was a statistically significant moderate direct and positive effect of stress on burnout ($\beta = .433$, $p < .001$, $f^2 = .231$). Hence hypothesis 2 (b) was supported and was thus accepted. Thus, as stress level increased, the clergy were more likely to experience burnout.

Hypothesis 3

H₃: Emotional labour will have a statistically significant effect on stress of the clergy.

Hypothesis three aimed to find out the effect of emotional labour on stress of the clergy. The results showed a statistically significant effect of emotional labour on the stress level of the clergy, $\beta = .577$, $p < .001$, with a large effect size $f^2 = .499$ (Cohen, 1988). Hypothesis 3 was thus supported and thus accepted. Thus, the more the clergy experienced emotional labour, the more likely it is for them to be stressed.

The results presented in Table 9 indicated that emotional labour accounted for, or explained 33.3% of variance in stress, while emotional labour and stress together accounted for 39.4% of variance in burnout of the clergy. With regard to health functioning, even though emotional labour did not statistically significantly affect health functioning, together with stress and burnout, they accounted for 57.8% of the variance in health functioning. This

is indicative of a strong explanatory power of the exogenous (predictor) variables (Hair *et al.*, 2019).

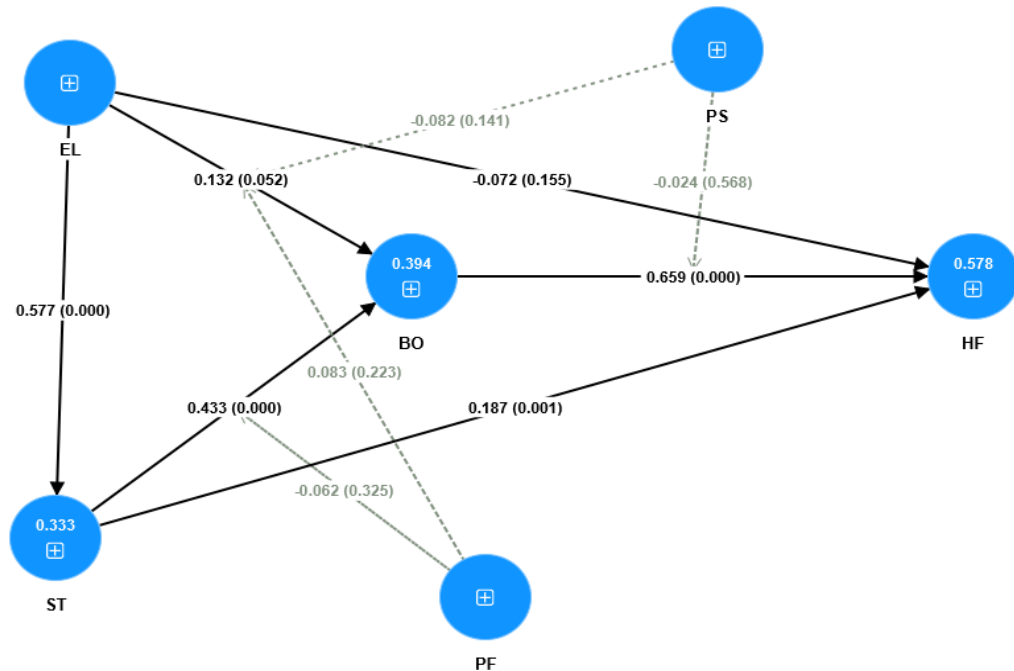


Figure 4: Direct Effect Model
Source: (Field Work, 2023)

Mediation Effects

This section presents the results for Hypotheses 4 and 5 which focused on the test of mediation analysis. The analysis presents both the direct and indirect effects of the independent variables on the dependent variables, through the mediating variable. The results are presented in Tables 8 and 9.

Table 8: Direct Mediation Effect

Mediation Paths	Coeff (β)	SD	T	Sig
EL \rightarrow ST \rightarrow BO	.108	.035	3.106	.002
EL \rightarrow BO \rightarrow HF	.087	.047	1.862	.063
ST \rightarrow BO \rightarrow HF	.285	.045	6.297	.000
PF x EL \rightarrow BO \rightarrow HF	.055	.046	1.191	.234
PF x ST \rightarrow BO \rightarrow HF	-.041	.042	.977	.328

EL – Emotional Labour; ST – Stress; BO – Burnout, HF – Health functioning

PF – Psychological Flexibility

Source: Fieldwork (2023)

Hypothesis 4

H4: Stress will statistically significantly mediate the relationship between emotional labour and burnout.

Hypothesis four explored the mediating role of stress in the relationship between emotional labour and burnout. The results presented in Table 10 indicated that stress statistically significantly mediated the relationship between emotional labour and level of burnout that the clergy experienced ($\beta = .108$, $p = .002$). Hence, hypothesis four was accepted. Thus, emotional labour predicted stress, and stress in turn predicted burnout. An indirect-only mediation was observed in the study because the indirect effect was found to be statistically significant, while the direct effect was not statistically significant. This indicates that the relationship between emotional labour and health functioning is entirely mediated by stress, without any direct influence from emotional labour on health functioning. In other words, the study found that the only way that emotional labour affects health functioning was through stress. When there is an increase in emotional labour among the

clergy, they are more likely to be stressed, which can then lead to health problems.

Hypothesis 5

H₅: Burnout will statistically significantly mediate the relationship between (a) emotional labour, (b) stress, and health functioning of the clergy.

Hypothesis five aimed to examine the mediating role of burnout in the relationship between emotional labour, stress, and health functioning of the clergy. The result regarding the mediating role of burnout in the relationship between emotional labour and health functioning was not statistically significant ($\beta = .87$, $p = .063$), hence hypothesis 5(a) was rejected, while that between stress and health functioning was statistically significant ($\beta = .285$, $p < .001$), and hence accepted. The findings suggest that the relationship between emotional labour and health functioning was not affected by burnout, while there was a complementary partial mediation role of burnout in the relationship between stress and health functioning, as both the indirect effect and the direct effect were positive and significant. In other words, burnout strengthens the impact of stress on the health functioning of clergy members.

Table 9: Specific Indirect Mediation Paths

Variables	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T-statistics (O/STDEV)	P values
PF x ST -> BO -> HF	-.041	-0.041	0.042	0.977	0.328
PF x EL -> BO -> HF	.055	0.047	0.046	1.191	0.234
PS x EL -> BO -> HF	-.054	-0.054	0.038	1.429	0.153

EL – Emotional Labour; ST – Stress; BO – Burnout, HF – Health functioning

PS – Peer Support

Source: Fieldwork (2023)

Moderated Effects

The moderation effects of peer support and psychological flexibility were tested as indicated in hypotheses 6, 7 and 8 stated below.

Hypothesis 6

H₆: (a) Psychological flexibility, and (b) peer support will statistically significantly moderate the relationship between emotional labour and burnout.

Hypothesis six sought to examine the effect of psychological and peer support on the relationship between emotional labour and burnout of the clergy. The results indicated that there was no direct statistically significant effect of emotional labour on burnout ($\beta = .083$, $p = .223$, $f^2 = .003$). Hence hypothesis 6(a) was not supported and hence rejected. Similarly, there was no statistically significant moderation effect of peer support on the relationship between emotional labour and burnout ($\beta = .082$, $p = .141$, $f^2 = .003$). Hence hypothesis 6 (b) was not supported and was thus rejected.

Hypothesis 7

H₇: Psychological flexibility will statistically significantly moderate the relationship between stress and burnout.

Hypothesis seven was to examine the effect of psychological flexibility on the relationship between stress on the burnout of clergy. The results indicated that there was no direct statistically significant moderating effect of psychological flexibility on the relationship between stress and burnout ($\beta = .062$, $p = .325$, $f^2 = .002$). Hence hypothesis 7 was not supported and hence was rejected.

Hypothesis 8

H₈: Peer support will statistically significantly moderate the relationship between burnout and health functioning of the clergy.

Hypothesis eight sought to examine the moderating effect of peer support on the relationship between burnout and health functioning of the clergy. The results indicated that there was no direct statistically significant effect of peer support on the relationship ($\beta = .024$, $p = .568$, $f^2 = .002$). Hence hypothesis 8 was not supported and was thus rejected.

In summary, the moderating relationships were not statistically significant in all the cases (Hypotheses eight, nine and ten). Hence, the relationships between stress and burnout; emotional labour and burnout; as well as between burnout and health functioning were not affected by the level of peer support received, or an individual's level of psychological flexibility.

Table 10: Moderation Effects

Moderation paths	Coefficients (β)	Sig.	f²
PF x ST \rightarrow BO	-.062	.325	.002
PF x EL \rightarrow BO	-.083	.223	.003
PS x EL \rightarrow BO	-.082	.141	.003
PS x BO \rightarrow HF	-.024	.568	.002

EL – Emotional Labour; ST – Stress; BO – Burnout; HF – Health functioning

PS – Peer Support

Source: Fieldwork (2023)

Total Effects Analysis

This section presents the total effects of the exogenous variables on the endogenous variables. The total effect as presented in Table 11 comprised the sum of the direct and indirect effects (where mediation effects were tested). Where there was no indirect (no mediation) effect, the direct and total effects are the same. The results, as shown in Table 12, indicated a complementary direct and indirect effect of emotional labour on burnout, which strengthened the total effect ($\beta = .382$, $p < .001$).

The total effect of stress on health functioning also increased due to complementary direct and indirect positive effects ($\beta = .472$, $p < .001$). Meanwhile, even though psychological support and peer support were modelled as moderating variables in this study, the results indicated that both

variables had direct negative effects on level of burnout and health functioning of the clergy. Thus, the presence of both could likely reduce burnout and health challenges of the clergy. The total effects of stress on burnout, emotional labour on stress, and burnout on health functioning were the same as the direct effects discussed above, because there were no mediating variables.

Table 11: Total Effect

Paths	Direct	Indirect	Total effect	P values
EL -> BO				
EL -> ST -> BO	.132**	.250**	.382**	.000
PF -> BO	-.231**	---	-.231**	.000
PS -> BO	-.141	---	-.141**	.005
ST -> BO	.433**	---	.433**	.000
PF x ST -> BO	-.062	---	-.062	.325
PF x EL -> BO	.083	---	.083	.223
PS x EL -> BO	-.082	---	-.082	.141
EL -> ST	.577**	---	.577**	.000
BO -> HF	.659**	---	.659**	.000
EL -> HF	-.072	.359**	.287**	.000
PF -> HF	---	-.152**	-.152**	.000
PS -> HF	-0.027	-.093**	-.120*	.030
ST -> HF	.187	.285**	.472**	.000
PF x ST -> HF	---	-.041	-.041	.328
PF x EL -> HF	---	.055	.055	.234
PS x BO -> HF	---	-.024	-.024	.568
PS x EL -> HF	---	-.054	-.054	.153

* Significant at $p < 0.05$ ** Significant at $p < 0.01$; EL – Emotional Labour. ST – Stress; BO – Burnout; HF – Health functioning; PS – Peer Support

Source: Fieldwork (2023)

Discussion of Findings

This section presents the discussion of the findings. The present investigation focused on discerning the impact of emotional labour, burnout, and stress on the health functioning of the clergy. The relationships between these constructs were explored in the light of the existing literature.

Effect of Emotional Labour on the Health Functioning of the Clergy

The results of this study did not find a significant direct effect of emotional labour on the health functioning of the Classical Pentecostal clergy. The literature however suggested that emotional labour plays a substantial role in health complications (Riforgiate, *et al.*, 2021; McGarrol, 2017; Firoozi & Shakouri, 2019). Previous studies (e.g., Barefoot *et al.*, 1998; Firoozi & Shakouri, 2019) indicated that emotional labour adversely affected physical and mental health, with more pronounced effects in professions like nursing.

It is however worth noting that the nature of emotional labour might differ substantially between professions such as nursing and clergy work. The Classical Pentecostal clergy might employ coping strategies or have supports in place that buffer the impacts of emotional labour, or perhaps the expression of genuine emotions is more aligned with their job requirements, leading to lesser incongruence between felt and expressed emotions.

Additionally, the clergy in the study area are normally given annual leave to go and rest while another minister takes over the responsibilities of managing the churches they superintend till the substantive minister returns. This might cause them to relax and return well-composed to continue the ministerial work. Also, the clergy are given additional days off anytime they

have health complications that take them to the hospital. This helps them to relax and de-stress themselves in order to avoid emotional labour as they are free from rigorous interactions with church members.

While prior studies have often indicated a significant impact of emotional labour on health outcomes, particularly in professions involving high interpersonal interactions like nursing and customer service (Barefoot *et al.*, 1998; Firoozi & Shakouri, 2019), this study did not find a direct significant effect of emotional labour on the health functioning of clergy. This discrepancy might be attributed to the unique nature of clerical work, which often aligns closely with personal beliefs and values, potentially mitigating the negative effects typically associated with emotional labour in more secular professions.

Effect of Burnout and Stress on the Health Functioning of the Clergy

The results of this study revealed that burnout had an adverse significant relationship with health functioning of the Classical Pentecostal clergy. This is consistent with prior studies (Bianchi *et al.*, 2017; Ahola *et al.*, 2014). The clergy, by the nature of their job, often engage in emotionally and physically demanding tasks that may predispose them to burnout. The consequences of burnout in the workforce, as suggested by Poghosyan *et al.* (2009), can lead to reduced job performance, increased absenteeism, and strained relationships, which resonate with the findings of the present study.

Stress, similarly, emerged as a significant predictor of health functioning in this study. This result is consistent with a plethora of previous research indicating that stress is detrimentally associated with various health

outcomes, including cardiovascular problems and immune system deficiencies (Li *et al.*, 2015; Rozanski *et al.*, 2019; Glaser & Kiecolt-Glaser, 2005). Given the unique responsibilities and demands faced by the clergy, which often include managing congregational expectations, addressing crises, and providing spiritual and emotional guidance, it is conceivable that they would be vulnerable to stress-related health complications. Therefore, while emotional labour did not directly influence health functioning in this study, burnout and stress significantly did. These findings indicate the huge functions the clergy carry out within and outside their area of jurisdiction. For example, the head of the church in the area could instruct ministers under him to go and offer ministerial duties in another district, or to relieve another minister on leave no matter the distance and the nature of the road network. This could definitely be stressful for the minister. Since the minister cannot reject the superior's instructions, stress and burnout could easily set in especially where he encounters serious challenges in the course of discharging that duty. Additionally, such pastors per the demographic characteristics are married with children and combining issues of congregants and family demands, could lead to stress and burnout that would affect their health functioning.

It is therefore not surprising that stress and burnout affect the health functioning of the respondents of this study as supported by the empirical studies indicated in the literature.

Effect of Emotional Labour, and Stress on Burnout of the Clergy

According to the results of this study, emotional labour did not have a substantial direct impact on burnout, but stress did have a direct positive

significant impact on burnout. The results provided a sophisticated comprehension of these interactions. The prevailing literature revealed a significant association between emotional labour and adverse health outcomes, particularly in occupations that involve frequent interpersonal interactions. Examples are the findings of Barefoot *et al.* (1998) and Firoozi and Shakouri (2019) that portrayed that emotional labour has adverse effect on health functioning. The findings of this study which is in contrast to the extant literature therefore present a nuanced perspective on the clergy's experience of emotional labour.

The findings of this work, however, contradicts the finding of Riforgiate *et al.* (2021) and McGarrol (2017) conducted in a different professional setting which revealed a strong correlation between burnout and emotional labour. The observed disparity may be ascribed to the intrinsic characteristics of clerical labour, wherein the alignment of true emotions with their professional tasks may result in less emotional turmoil. In contrast, it is plausible that the clergy may possess distinct coping mechanisms or, that support networks rooted in community and faith, play a role in alleviating the possible negative consequences associated with emotional labour.

Stress however had a significant relationship with burnout, aligning with previous studies (Li *et al.*, 2015; Rozanski *et al.*, 2019). The clergy, because of their unique responsibilities in offering spiritual leadership, managing congregational expectations, and serving as sources of support during times of crisis are frequently subjected to significant pressures (Li *et al.*, 2015; Rozanski *et al.* (2019). This study provides more support for the

concept by establishing a connection between heightened stress levels and a rise in burnout symptoms within the clergy. The burden of their obligations, coupled with the possibility of being socially isolated in their positions, might exacerbate stress, making them vulnerable to experiencing burnout.

The investigation therefore has revealed complex interconnections among emotional labour, stress, and burnout among the clergy. The role of stress in predicting burnout has been found to be important, but the impact of emotional labour is more complicated and requires additional investigation. Moreover, the complex nature of emotional labour's impact on burnout within the clergy domain might be influenced by several contextual elements not fully accounted for in prior studies. It is plausible that the clergy's unique role, intertwined with spiritual and communal obligations, fosters a distinct emotional authenticity that mitigates the adverse effects of emotional labour on burnout. The alignment between genuine emotions and their professional tasks, stemming from their spiritual calling, might serve as a protective factor against emotional turmoil, contrary to findings in other professions where emotional labour induces more significant distress.

Additionally, the clergy's coping mechanisms, deeply rooted in faith and communal support networks, might constitute vital resources buffering the detrimental impacts of emotional labour. These intricate dynamics within the clergy community could potentially influence how emotional labour manifests and its subsequent implications for burnout, warranting further exploration into the interplay between authenticity, spiritual calling, and emotional labour's effects on burnout among clergy members.

Effect of Emotional Labour on Stress of the Clergy

The results of the current study indicated that emotional labour significantly affected stress levels of the Classical Pentecostal clergy positively. Members of the clergy, given the nature of their work, frequently confront emotionally intense situations. A salient dimension of their role involves managing their own emotions while addressing the emotional needs of their congregants. This task is often rooted in the broader context of emotional labour, and its consequences, particularly on stress levels, have been a point of inquiry in various research works. The finding of the current research collaborates Thompson and Gregory's (2016) investigation into the relationship between emotional labour and stress among clergy members and underscores the inherent tension clergy often felt between their genuine emotions and the emotions they are expected to display. This tension, as postulated by Thompson and Gregory (2016) can lead to heightened emotional labour and increased stress. Importantly, my findings corroborate this perspective, given the significant direct relationship between emotional labour and stress observed in the Classical Pentecostal clergy community.

The finding of the current research further agrees with Baxter (2018) who highlighted the deep acting clergy engage in, striving to genuinely align with the emotional expectations of their role. Such emotional labour, as the study indicated, could lead to psychological strain. The finding of my study further dovetails into this understanding, emphasising that as the clergy

experience higher levels of emotional labour, the likelihood of them feeling stressed increases.

The findings of this current study also revealed a relationship between emotional labour and stress. This clearly resonates with the findings of Carter, Koehler, Spann and Weber (2023) who unearthed the frequent and intense nature of emotional labour in clergy. Their findings also highlighted its correlation with elevated stress.

Again, the result of the current study is consistent with Zhao *et al.* (2019) with the exploration into the support systems for clergy that provided a nuanced understanding of the effect of emotional labour on stress level of the clergy. While they acknowledged the significant link between emotional labour and stress, they also identified potential buffers. Clergy with stronger support systems and coping strategies experienced reduced stress levels despite their emotional labour. This underscores the importance of not just understanding the direct relationship but also identifying mechanisms to mitigate its adverse effects.

Drawing from the breadth of literature and juxtaposing it with the findings of our study, a clear narrative emerges. Emotional labour, given its inherent nature, presents challenges that significantly affect the stress levels of clergy members. The extant literature converges on this point, explaining various dimensions of this relationship. The findings of this research, aligning with these earlier works, reiterate the significant impact of emotional labour on the clergy's well-being.

Mediating Role of Stress in the Relationship Between Emotional Labour and Burnout of the Clergy.

One of the specific objectives of the current study was to clarify the mediating role of stress in the relationship between emotional labour and burnout among clergy members. The findings of the study showed that stress significantly mediated the relationship between emotional labour and burnout.

Previous studies consistently underpin the adverse implications of emotional labour, often correlating it with heightened symptoms of burnout, predominant emotional exhaustion, and depersonalisation (Grandey, 2003; Brotheridge & Lee, 2003). This emotional taxation gradually saps individual resources, predisposing them to burnout. Such evidence corroborates with the foundational hypothesis of the study, suggesting that the demands of emotional labour culminate in stress. This resultant stress, stemming from the discrepancy between genuine emotions and requisite expressions, arguably serves as the pivot exacerbating the onset of burnout. The findings of my research are consistent with previous ones including those by Brotheridge and Lee (2003) and Schaubroeck and Jones (2000), which assert the instrumental role of stress as a mediator between emotional labour and burnout.

However, this current study brings forward a nuanced understanding, primarily highlighting an indirect-only mediation. It suggests that the interplay between emotional labour and health is entirely channelled through stress. This diverges slightly from the extant studies where the relationship between emotional labour and burnout, though majorly mediated by stress, occasionally exhibited direct links too (Karatepe, 2013; Kim *et al.*, 2018).

Reflecting upon the Classical Pentecostal clergy's unique occupational landscape, one might argue that the alignment of genuine emotions with clerical duties might lead to reduced emotional dissonance. Nevertheless, this research strongly reveals that when emotional labour intensifies, the clergy are predisposed to heightened stress, subsequently inducing burnout. The distinction presented, relative to earlier studies conducted across diverse professional spectra, might be attributed to the inherent nature of duties of the Classical Pentecostal clergy. It is conceivable that the clergy employ distinct coping mechanisms, or perhaps, community and faith-based support structures play a pivotal role in moderating the potential detriments associated with emotional labour.

Therefore, while this research corroborates the overarching narrative presented by prior research concerning the relationship between emotional labour, stress, and burnout, it particularly accentuates the unique indirect-only mediation effect observed among the Classical Pentecostal clergy. This intricate web demands further exploration, not only to reinforce the findings but also to deepen the comprehension of this specific experiences of the Classical Pentecostal clergy.

Mediating Role of Burnout in the Relationship between Emotional Labour, Stress, and Health Functioning of the Clergy

The findings of this research showed that whereas burnout did not moderate the association between stress and health functioning of the clergy, it did not significantly buffer the relationship between emotional labour and health functioning. This finding is in consensus with Leiter and Maslach,

(2003) and Schaufeli and Enzmann (1998) who found out that burnout might bridge the gap between stress and health deterioration. The mediating role of burnout in the relationship between stress and health functioning has piqued the interest of scholars and practitioners in various fields. The ubiquity and challenges posed by stress are well-documented, with notable repercussions on an individual's physical and mental health.

Further substantial empirical evidence illustrates this mediating effect. Smith *et al.* (2017) and Jackson *et al.* (2019) spotlighted the significant mediating role burnout plays in the pathway from occupational stress to mental and cardiovascular health adversities. Notably, these mediating effects are not consistent across the board. Factors like personality traits, coping strategies, and the support structures within an organisation can amplify or attenuate this mediation effect (Hobfoll, 2001). Studies conducted by Laeeque *et al.* (2018) and Vaamonde *et al.* (2018) further support this claim by indicating how environmental and individual factors converge to influence health and behavioural outcomes through burnout.

Another perspective brought forward by Wang *et al.* (2020) suggests that burnout serves as a linchpin between job stress and diminished organisational commitment. This resonates with the notion that burnout's detrimental effects are not confined to health, but seep into organisational loyalty and commitment. Similarly, research on police officers by Baek *et al.* (2021) unveiled burnout as the link between job stress and health problems. These findings reaffirm the overarching theme that burnout, induced by various stressors, can precipitate a cascade of negative outcomes.

Interestingly, Haar and Harris (2021) presented an optimistic twist, illustrating how high-performance work systems can reduce burnout, subsequently decreasing sleeplessness. This provides a potential intervention point for organisations aiming to bolster employee well-being.

In the present study, the findings indicate that, for clergy members, the conduit from stress to health impairments might be intensified by burnout. However, the relationship between emotional labour and health functioning remains unaffected by burnout. This nuanced insight suggests the specificity of stressors and their interaction with burnout within the unique clerical context.

Therefore, while burnout evidently mediates the adverse health impacts of various stressors across diverse professions, its effect can be multifaceted, contingent on the specific occupational challenges and stressors faced by different groups. The role of burnout in shaping health outcomes remains crucial, warranting continued attention to develop tailored interventions.

Moderating Effect of Psychological Flexibility and Peer Support on the Relationship between Emotional Labour and Burnout

The study's focus on the relationship between emotional labour and burnout aimed to shed light on the moderating impact of psychological flexibility and psychological support in mitigating the strain caused by emotional tasks. Contrary to Bakker and Costa's (2014) emphasis on the significance of psychological flexibility in buffering burnout risks, the findings of this study suggest that psychological flexibility did not

significantly moderate the connection between emotional labour and burnout among individuals, challenging this notion. Bakker and Costa's theoretical analysis gave weight to the idea that individuals with heightened psychological flexibility can better cope with emotional demands, thereby curbing burnout risks.

Furthermore, this study explored the role of psychological support as a significant factor in reducing the adverse effects of emotional labour on burnout. The findings, however, go contrary to Grandey (2015) and Chen *et al.* (2012) who underscored the dichotomy within emotional labour: surface acting and deep acting. While the former, where individuals display emotions contrary to their feelings, was linked with higher emotional exhaustion and burnout, the latter showcased a nuanced outcome. They also found that deep acting, although correlating with higher job satisfaction, could also be emotionally draining over time.

This study's finding further contradicts that of Lindqvist *et al.* (2019) and Andela and Truchot (2017) who touched on coping mechanisms, highlighting reflection, re-evaluation, and team reflexivity as potential buffers. However, they did not delve deep into psychological flexibility or support's direct roles. They found that the negative coefficient between Peer Support and Emotional Labour in relation to Burnout underscores the potency of psychological support. They stated that in environments where emotional labour is frequent and taxing, fostering a culture of support can serve as a protective shield against burnout.

In addition, this study also was not in line with Agyeman (2021). While Agyemang (2021) explored religiosity as a moderating factor, the essence of support, whether through psychological flexibility or other forms, influenced emotional labour. He found that essentially, when individuals are equipped with coping tools or support mechanisms, the detrimental effects of emotional labour can be kept in check.

The disparity between findings of the current study and the established literature in terms of psychological flexibility and the moderating effects of peer support on the relationship between emotional labour and burnout warrants exploration of contextual factors specific to the clergy studied. Firstly, the distinct nature of emotional labour within the clergy's realm, entrenched in spiritual and emotional responsibilities, might introduce unique stressors and coping mechanisms not entirely mirrored in prior studies across different professional settings. Unlike conventional work environments, the clergy's emotional labour involves a delicate balance between authenticity and role expectations, where the expression of genuine emotions might intertwine intricately with their spiritual obligations, potentially altering the perceived effectiveness of psychological flexibility and peer support in mitigating burnout risks. Moreover, the hierarchical structure and communal dynamics within the clergy context might influence the interpretation and utilisation of psychological resources like flexibility and support, shaping their impact on burnout differently in other occupational groups as observed by Choi and Kim (2015) who emphasised the need for support from colleagues and superiors to mitigate the impact of emotional labour on burnout.

The profound influence of religious beliefs and communal support mechanisms within the clergy community could intricately intertwine with emotional labour, altering the expected moderating effects of psychological flexibility and peer support as observed by Agyemang (2021) in his study of how religiosity moderated emotional labour and burnout in media practitioners. Further exploration of these nuanced contextual factors within the clergy setting could unveil the unexpected discrepancies observed in the study and offer deeper insights into how emotional labour, psychological resources, and burnout interplay uniquely within this specific occupational domain.

Psychological Flexibility Moderates the Relationship between Stress and Burnout

Consistent with the goal of this research, which delved into the relationship between stress, burnout, and psychological flexibility in Pentecostal clergy members, the recognised significance of psychological flexibility as a safeguard in the relationship between stress and burnout had been extensively documented in prior research across various professional domains. However, this investigation specifically aimed to discern the moderating role of Psychological Flexibility within this relationship among clergy members.

While the literature review highlighted instances where heightened psychological flexibility contributed to better coping strategies under stress, such as the resilience observed in healthcare professionals by Smith et al. (2015) and positive outcomes among teachers as highlighted by Johnson et al.

(2018), this study's findings diverged from these expectations. Similarly, the longitudinal study by Brown et al. (2019) supported the idea that individuals with increased psychological flexibility exhibited greater resistance to burnout over time. Moreover, studies examining mental well-being dimensions, such as Noh (2017) and da Fonseca (2018), emphasised the protective nature of psychological flexibility against stress impacts, including burnout and depressive symptoms. Similarly, Richardson and Jost (2019) noted its role in mitigating early life traumas' effects.

However, contrary to the anticipated findings based on the literature, this study did not support the hypothesis proposing the moderating role of psychological flexibility in the association between stress and burnout among Pentecostal clergy.

The divergence between this study's results and the extensive literature on psychological flexibility's buffering effects on stress and burnout warrants consideration of several plausible explanations. Firstly, the distinctive nature of the clergy's role within the Pentecostal context might introduce variety of stressors and coping mechanisms not fully captured in the prior research across other professions. Unlike the controlled settings of healthcare or education, the clergy's duties encompass spiritual, emotional, and community responsibilities that may demand a unique form of psychological adaptability not fully accounted for in existing literature. Moreover, the deeply complex nature of religious beliefs, personal faith, and vocational obligations among clergy members might introduce complexities influencing how psychological flexibility operates within this specific context.

Cultural norms, expectations, and the inherent dynamics within the clergy community could shape the clergy's perception and utilisation of psychological flexibility in coping with stress, potentially altering its moderating effects on burnout compared to other occupational groups. Exploring these intricate contextual factors within the clergy setting could elucidate the unexpected deviation observed in this study and offer deeper insights into the interplay between psychological flexibility, stress, and burnout.

Peer Support Moderates the Relationship between Burnout and Health Functioning of the Clergy

The role of peer support in moderating various work-related stressors and its subsequent impacts on mental health and well-being is well-established. This study aimed to delve deeper into the moderating function of peer support in the association between burnout and health functioning among the Classical Pentecostal clergy. Existing literature paints a clear picture that peer support is instrumental in buffering the negative impacts of work-related stressors. Liu *et al.* (2018), and Shanafelt *et al.* (2016) had both found that workers in the health sector benefit from peer support in terms of reduced emotional exhaustion and increased job contentment.

Zhao *et al.* (2018) went a step further by noting the benefits for police officers, with peer support relating to both enhanced psychological well-being and reduced burnout. Even among those with mental health conditions, Davidson *et al.* (2006) identified that peer support facilitated better symptom management and overall satisfaction. Moreover, Ducharme *et al.* (2016)

suggest that the very essence of peer support lies in its ability to offer empathy, validation, and guidance. This sentiment resonates with findings from Mullen *et al.* (2016), who noticed the positive impact of peer support among clergy in terms of reduced emotional exhaustion and elevated job satisfaction.

However, the current study yielded results that deviate from the prevailing narrative in the literature. The moderation hypothesis, specifically focusing on the relationship between burnout and health functioning being moderated by peer support, was not supported. The unexpected contradiction between this study's findings and the prevailing literature could be attributed to several plausible factors specific to the clergy sample studied. Firstly, the unique nature of clergy work within the Classical Pentecostal context might involve distinct stressors and coping mechanisms compared to other professions examined in prior studies. Unlike the controlled environments of healthcare or law enforcement, the clergy's role may encompass several emotional and spiritual obligations, potentially influencing the impact of peer support on burnout and health functioning differently. Moreover, the expectations and dynamics within the Classical Pentecostal clergy community, including hierarchical structures or cultural norms, might shape how peer support operates, leading to variations in its effectiveness compared to other occupational groups.

Additionally, the intricate intersection between faith, personal belief systems, and professional duties among Classical Pentecostal clergy, could introduce complexities not accounted for in existing literature, potentially

altering the dynamics of peer support's moderating influence on burnout and health outcomes. Further research exploring these nuanced contextual factors within the clergy setting could provide deeper insights into the unexpected deviation observed in this study.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction

This study examined how stress, burnout, psychological flexibility, and peer support interact to mediate and moderate the effects of emotional labour on the social, emotional, and psychological health of Classical Pentecostal clergy. This chapter presents a summary of the study, comprehensive overview of the main findings derived from the investigation, leading to concise and definitive conclusions. Based on those results, recommendations are made, and suggestions formulated to address policy, practice, and literature. Implications for counselling and suggestions for further study have also been presented.

Overview of the Study

The need of staff of various organisations of which the Church is no exception, to demonstrate certain attitudes such as being friendly, cheerful, passionate etc, to achieve success for their organisations is paramount. In order to satisfy their customers or clients (parishioners) in the case of the clergy, they often tend to exaggerate their true feelings. This leads to many experiencing some emotional labour and some could be seen going through some emotional trauma. This emotional labour could be influenced by stress, and other factors such as burnout.

Thus, this research aimed to determine how stress, burnout, psychological flexibility, and peer support interact to mediate and moderate

the effects of emotional labour on the health functioning of Pentecostal clergy in Ghana.

In particular, the study investigated the following objectives:

1. The effect of (a) emotional labour, (b) burnout, and (c) stress on the health functioning of the clergy.
2. The effect of (a) emotional labour, and (b) stress on burnout of the clergy.
3. The effect of emotional labour on stress of the clergy.
4. The mediating role of stress in the relationship between emotional labour and burnout of the clergy.
5. The mediating role of burnout in the relationship between (a) emotional labour, (b) stress and health functioning of the clergy.
6. The moderating effect of (a) psychological flexibility and (b) peer support on the relationship between emotional labour and burnout.
7. How psychological flexibility moderates the relationship between stress and burnout.
8. How peer support moderates the relationship between burnout and health functioning of the clergy.

This was followed by literature review which covered the theoretical framework, conceptual framework, as well as the empirical review of the study. Specifically, four theories (Theory of Emotional Labour, Affective Events Theory, Broaden-and-Build Theory, and Conservation of Resources Theory) were considered under the theoretical framework. This was followed by a review on the concept of emotional labour, stress, burnout, psychological

flexibility, and health functioning. The empirical review covered studies in the area of emotional labour, stress, burnout, psychological flexibility, peer support and health functioning undertaken by other scholars.

The research used a quantitative research design to explore and assess the relationships and interactions among variables. The study focused on clergy with at least two-year experience in ministry within four Classical Pentecostal Churches in the Central Region. Out of the initially distributed 364 questionnaires, 244 responses were received and meticulously analysed to derive meaningful insights for the study. Partial Least Squares Structural Equation Modelling (PLS-SEM) was used to analyse the data, with the PLS algorithm being used to test the hypotheses.

Summary of Major Findings

The complex interplay between emotional labour and the stress it entails has been a prominent subject of investigation within the field of occupational studies for a considerable period of time. In this particular context, Pentecostal clergy members represent a fascinating group due to the distinctive professional requirements they face. This research revealed a number of significant discoveries that offer a novel viewpoint on the dynamics of emotional labour and its subsequent effects among the clergy.

1. There was no substantial impact of emotional labour on health functioning, however there was a substantial effect of burnout on health functioning, as well as stress on health functioning. The clergy's

stress and burnout level have a direct significant effect on their health functioning.

2. Emotional labour did not have a significant direct effect on burnout, but stress had a direct positive significant effect on burnout. This implies that, as the stress level increased, the clergy were more likely to experience burnout.
3. Emotional labour had a direct significant effect on stress on the Pentecostal clergy. Thus, the more the clergy experienced emotional labour, the more likely it is for them to be stressed up.
4. Stress significantly mediated the correlation between emotional labour and burnout. Thus, emotional labour predicted stress, which in turn predicted burnout.
5. The mediating role of burnout in the relationship between emotional labour and health functioning was not significant, while that between stress and health functioning was significant. The findings suggest that the relationship between emotional labour and health functioning was not affected by burnout, while there was a complementary partial mediation role of burnout in the relationship between stress and health functioning, both the indirect effect and the direct effect were positive and significant. In other words, burnout significantly mediated the relationship between emotional labour and health functioning.
6. Psychological flexibility and peer support failed to moderate the correlation between emotional labour and burnout. This suggests that no matter the level of one's psychological flexibility and the level of

peer support, the individual (clergy) would not be better off in coping with emotional demands, thereby curbing burnout risks.

7. Psychological flexibility failed to moderate the correlation between stress and burnout. This indicates that employees with greater amount of psychological flexibility were not better off to cope with stressors and experienced lower levels of burnout.
8. Peer support did not mitigate the connection between burnout and health functioning. This suggests that no matter the amount of peer support the clergy received, there was no moderating influence on the relationship between burnout and health functioning.

Conclusion

In any occupational area, the requirements and anticipations might give rise to a multitude of obstacles, encompassing both physical and psychological dimensions. The Pentecostal clergy have significant challenges primarily in the domain of emotional labour. The inherent characteristics of their occupation, which frequently include offering spiritual direction, counselling, and emotional assistance, expose them to the challenges associated with emotional labour. If such challenges are not well handled, they have the potential to progress into chronic stress, which can lead to burnout and ultimately, negatively impact the health of the minister. This research has extensively examined the aforementioned associations, revealing the complex interplay between emotional labour, stress, burnout, and health functioning within the clergy.

The indisputable presence of emotional labour is a prominent aspect of the clergy's everyday professional life. Their functions, distinctive and vital, demand them to consistently engage in emotional management. The clergy are generally tasked with the responsibility of tending to the emotional needs of others, which may require them to suppress their own actual feelings. These demands might be required in various situations such as offering solace to bereaved families, providing guidance to individuals in distress, or delivering passionate sermons. The persistent and unwavering involvement in emotional labour inevitably impacts their levels of stress. This study highlighted the strong association between emotional labour and stress among the clergy, with emotional labour having a major influence on stress levels.

Nevertheless, the consequences of emotional labour extend beyond increased levels of stress. In the current research, stress is not just an outcome, but also an indicator of potential challenges, particularly burnout. Burnout is a psychological syndrome that manifests as a persistent experience of emotional weariness, depersonalisation, and reduced sense of personal achievement, resulting from prolonged exposure to stress. This study provided a comprehensive analysis of the significant mediating function of stress, indicating that the progression from emotional labour to burnout is influenced by the stressors encountered by the Classical Pentecostal clergy. Moreover, burnout is not a standalone phenomenon.

This study expanded upon the relationship between stress and health functioning, suggesting that the negative effects on an individual's health

resulting from work-related difficulties are frequently mediated by the damaging process of burnout.

However, it is important to note that the complex dynamics of emotional labour, stress, and burnout are not only influenced by these direct and intermediary connections. The landscape is significantly influenced by external variables, particularly, psychological flexibility and peer support. The concept of psychological flexibility, which refers to an individual's capacity to adapt and respond efficiently to difficult circumstances, has been investigated as a potential protective factor against the negative effects of emotional work. The results of this study failed to provide support for the positive impact of psychological flexibility in effectively managing the demands associated with emotional labour, which could have resulted in a decreased likelihood of experiencing burnout.

Nonetheless, the effectiveness of this intervention seems to diminish when considering stress and burnout in a wider perspective, suggesting that its ability to provide protection may be limited in the clergy community.

Conversely, peer support, which is widely acknowledged as a safeguard against occupational pressures in other fields, poses a perplexing challenge within the realm of the Classical Pentecostal clergy. According to the findings of the current research, the precise moderating role stated in literature regarding the link between burnout and health functioning among Classical Pentecostal clergy remains ambiguous, despite its well acknowledged benefits in mitigating the effects of work-related stresses. The deviation from traditional narratives serves to highlight the distinct dynamics

present within the clergy community and underscores the necessity for more targeted interventions.

Recommendations of the Study

1. Given that stress and burnout directly predicted the health functioning of the clergy, it is therefore recommended that, there should be a collaboration between religious institutions and healthcare providers to establish support programmes to address stress management and burnout prevention for members of the clergy.

2. Religious bodies should encourage their ministers to seek professional healthcare support when experiencing high stress or burnout symptoms.

While emotional labour did not significantly predict burnout, it had a positive relationship with stress, and stress in turn positively predicted burnout. I therefore recommend that church leadership should develop stress management programmes within religious organisations to reduce stressors unique to clergy roles and also implement interventions that specifically reduce stress levels in order to prevent burnout.

3. Emotional labour had a significant positive effect on stress which directly impacted health functioning. It is therefore recommended that leadership of the various churches should provide training sessions within their institutions to equip the clergy with effective coping mechanisms for managing emotional labour. The leaders should also offer tools to identify and handle emotional demands effectively.
4. Stress significantly mediated the relationship between emotional labour and burnout in the study. Heads of the Classical Pentecostal churches

should design stress reduction interventions tailored to emotional demands faced by clergy members. They should also collaborate with mental health professionals to assist alleviate stress derived from emotional labour.

5. Burnout significantly mediated the relationship between emotional labour and health functioning as revealed in the study. Leaders of the Classical Pentecostal churches should therefore develop holistic wellness programmes addressing both mental and physical health within these organisations. Leaders should also acknowledge the role of emotional labour in stress development and promote overall well-being among the clergy.
6. The study indicated that psychological flexibility and peer support failed to moderate the relationship between emotional labour and burnout. Though psychological flexibility and peer support did not show a significant impact as recently in the extant literature, it is still advisable to provide training in these areas as they might offer indirect benefits in other aspects of clergy well-being. Ghana Pentecostal and Charismatic Council to which these churches belong, could include psychological flexibility enhancement in their clergy training programmes. Further, they could offer resources and organise workshops to enhance psychological flexibility that will potentially serve as a buffer against stress and burnout. Workshops focusing on Acceptance and Commitment Therapy (ACT), a well-known therapeutic approach centred on enhancing psychological flexibility, can be integrated into their training. These workshops would provide hands-on

exercises, teaching clergy members how to be more open and adaptable to their emotional experiences.

7. Psychological flexibility failed to moderate the relationship between stress and burnout. However, Heads of the Classical Pentecostal churches should create spaces within religious communities that foster support networks that encourage open discussions among clergy members, providing emotional support and potentially positively impacting health functioning indirectly. Organisational policies should foster the creation of such groups, wherein clergy members can share their experiences, seek advice, and derive solace from the shared experiences. Such groups, while providing emotional support, can also serve as platforms for knowledge exchange, where effective stress management strategies are shared and implemented.
8. The study showed that peer support did not moderate the relationship between burnout and health functioning. However, fostering a supportive peer network might positively influence other aspects of well-being, thus indirectly benefiting health functioning. Heads of Churches should encourage peer support initiatives within their religious institutions, fostering friendship and mutual support among clergy members. Formalising peer support groups, wherein clergy members can convene, share their challenges and offer guidance, can be an effective step. Such groups can act as safe havens, offering solace and understanding that might be hard to find elsewhere.

Implications for Counselling

1. The study demonstrated that stress and burnout are prevalent among the Classical Pentecostal clergy due to the emotional demands of their roles. For counselling, this suggests a need for heightened awareness of the early signs of stress and burnout in clients from high-stress professions. Counsellors must understand that early detection of these symptoms is crucial in preventing more severe health and psychological issues. This implies that counsellors should pay particular attention to the unique stressors of professions involving high emotional labour, enabling them to identify and address stress before it escalates into burnout.
2. The findings that stress uniquely impacts Classical Pentecostal clergy in their professional roles imply that counselling services must be attuned to the specific challenges of the profession. Counsellors working with clergy or similar populations must consider the role-related stressors such as high congregational expectations, heavy pastoral duties, and emotional availability. This implies that traditional stress management strategies may need adaptation to fit the specific context of clergy work, including a stronger focus on self-care and setting professional boundaries within the unique demands of ministry.
3. The evidence that emotional labour contributed to stress and burnout highlights its importance as a focal point in counselling interventions. For counsellors, this suggests the need to recognise emotional labour as a distinct source of psychological strain. This implies that counselling

sessions for the Classical Pentecostal clergy or other professionals engaged in emotional labour should include discussions on emotional regulation, managing inauthentic emotional expressions (surface acting), and fostering emotional resilience. The understanding that managing emotional labour is central to maintaining well-being becomes critical for counsellors working with emotionally engaged clients.

4. The finding that stress mediated the relationship between emotional labour and burnout implies that stress is a pivotal factor in the development of burnout. For counselling, this highlights the importance of prioritising stress reduction strategies when working with clients experiencing emotional labour. The implication is that counsellors should consider stress not just as an outcome of emotional labour, but as a mediating force that can lead to more severe health outcomes. Addressing stress early could be critical in preventing long-term emotional exhaustion and health deterioration.
5. The association between burnout and health functioning identified in the study suggests that mental and physical health are deeply interconnected in emotionally demanding professions. This implies that counselling the Classical Pentecostal clergy must adopt a more integrated approach, where mental health interventions also address physical well-being. For counsellors, it is important to recognise that the emotional strain from burnout can manifest in physical symptoms, which means therapeutic

interventions should incorporate discussions on lifestyle, physical health, and well-being as part of a holistic counselling approach.

6. Although psychological flexibility did not significantly moderate the relationship between stress and burnout in this study, its broader implications for counselling remain relevant. This finding suggests that while psychological flexibility may not directly buffer stress in the Classical Pentecostal clergy, enhancing flexibility could still contribute to resilience and emotional adaptability. For counsellors, this implies that psychological flexibility should be nurtured in clients, especially in helping them manage unexpected emotional challenges, even if it may not always be a central factor in reducing burnout in the clergy.
7. The finding that peer support did not significantly moderate the burnout-health relationship implies that traditional peer support systems might not be sufficient in mitigating the effects of burnout among the Classical Pentecostal clergy. This suggests that, for counselling, reliance on peer support alone may not be as effective as previously thought. Counsellors may need to reconsider how peer support is integrated into therapeutic processes and recognise its potential limitations in buffering burnout. This also implies that alternative support structures or professional mental health interventions might be more crucial than informal peer networks in some cases.
8. Despite peer support not showing a significant moderating effect with the Classical Pentecostal clergy, the broader implication for counselling is that

community and social connection remain important. The role of peer support, while not directly mitigating burnout, still contributes to a sense of belonging and emotional validation. This implies that counsellors should continue to encourage the development of support networks, understanding that even if these do not directly reduce burnout, they may still foster emotional resilience and coping.

Contribution to Knowledge, Practice and Policy

This research, being unique in the Ghanaian context, adds literature on impact of emotional labour and stress on health functioning of Classical Pentecostal Clergy. This study adds to many overwhelming health functioning issues resulting from emotional labour, stress, and burnout. The essence of this research was to examine how stress, burnout, psychological flexibility, and peer support interact to mediate and moderate the effects of emotional labour on the social, emotional, and psychological health of the clergy in general, and that of the Classical Pentecostal churches in particular.

Although there is a considerable number of research on the relationship between emotional labour and health functioning at different levels and professions across the globe, most of them were direct relationship. There seems to be no study which has considered the mediating roles of stress, burnout, and the moderating role of psycho-flexibility and peer support in the relationship between emotional labour and health functioning. No study to date has specifically considered Classical Pentecostal Churches who have a significant number of clerics around the globe and especially in Ghana. This study is the first of its kind to consider the mediating roles of stress, burnout,

and the moderating role of psycho-flexibility and peer support in the relationship between emotional labour and health function in general and that of Classical Pentecostal Clergy in particular.

Furthermore, the study contributes a framework/model which would help policy makers of the churches in general and that of Classical Pentecostal churches in particular to appreciate the significant effect and relationship among emotional labour, stress, burnout and health functioning. The model is to offer policy makers of the churches a visual springboard to enact family-friendly policies and educate clergy on managing and reducing effect of emotional labour and stress, as well as balancing work and family responsibilities. The model is presented in Figure 5.

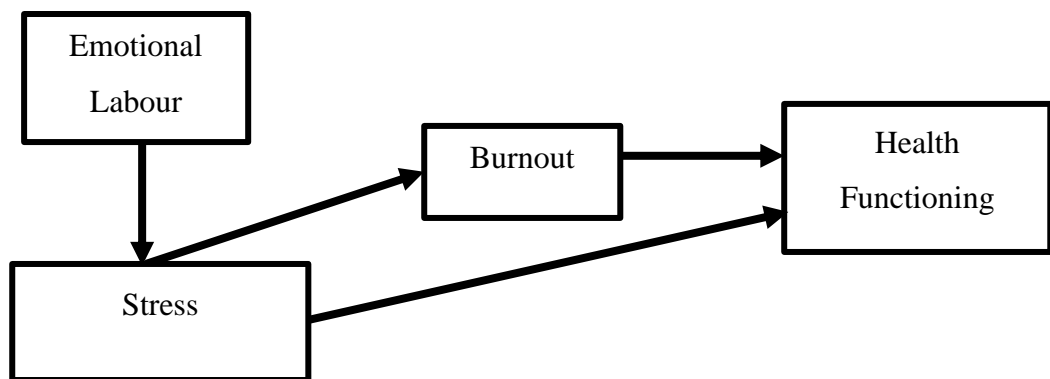


Figure 5: *Model Relationship among Emotional Labour, Stress, Burnout and Health Functioning*

Source: Author's Construct (2024)

Suggestions for Further Research

The domain of scholarly inquiry pertaining to the difficulties and encounters faced by clergy members, particularly in relation to emotional labour and its resultant consequences, is expansive and complex. The current

study provides valuable insights and also presents several opportunities for further investigation. Based on the findings of the study and the identified gaps, various suggestions for future scholarly work might be proposed.

A Comprehensive Examination of Moderators

The study highlights the significance of psychological-flexibility and peer support in relation to clergy members, emphasising the necessity for a more comprehensive comprehension of these variables within this specific setting. The concept of psychological-flexibility, which encompasses several dimensions, necessitates a more comprehensive analysis. For example, which particular aspects of psychological flexibility, such as cognitive fusion or experiential avoidance, hold greater influence among clergy members?

In a similar vein, what are the complex processes behind peer support within this particular context? Which of the following factors—emotional validation, sharing of coping skills, or a sense of belonging—is the most advantageous? Subsequent investigations may also explore additional variables that might potentially moderate or mitigate the effects. Factors such as spiritual resilience, individual coping mechanisms, and the characteristics of religious rituals may offer further perspectives on the distinct encounters seen by clergy individuals.

Longitudinal Studies

The phenomena of emotional labour, stress, burnout, and health functioning are dynamic in nature, exhibiting changes and developments over the course of time. Longitudinal studies, which include the tracking of these variables over lengthy periods, have the potential to provide vital insights.

Conducting such research would facilitate a more comprehensive understanding of causal associations and the trajectory of burnout among the clergy population. Examining the developmental trajectory of clergy members, from their call into the ministry, through their progression in their vocation, may provide valuable insights into the evolving nature of the issues they encounter.

Furthermore, the assessment of the long-term effects of treatments, training, and support systems may be enhanced by the use of prolonged observations.

Comparative Analysis

The prioritisation of comprehending the experiences of the ministers of the Classical Pentecostal Churches is of utmost importance, and the inclusion of a comparative perspective has the potential to enhance the existing body of literature. Drawing a comparison between the experiences of the clergy and individuals in other professions renowned for their demanding emotional labour, such as healthcare or social work, might provide distinct insights.

Comparative investigations of this nature can provide insight into whether the obstacles encountered by the clergy of the Classical Pentecostal Churches are exclusive to their occupation or bear resemblances to those experienced in sister denominations, as well as other professions. This phenomenon may also result in the exchange and integration of various coping techniques and therapies, so enhancing the range of resources accessible for the purpose of assisting clergy members.

Moreover, these studies have the potential to shed light on the ways in which various cultural, social, or organisational settings influence emotional labour and its resulting consequences. For example, what are the differences in the experiences of a clergy person in a mainly secular culture compared to one in a predominantly religious community?

Qualitative Exploration

To complement the quantitative findings of the current study, future research could incorporate qualitative methodologies to gain a deeper understanding of clergy members' lived experiences. A qualitative study could explore the nuanced ways in which emotional labour, stress, and burnout manifest in their daily lives. Through in-depth interviews, focus groups, or ethnographic approaches, researchers could capture the voices of clergy members, offering richer insights into their personal struggles, coping strategies, and perceptions of support systems.

Such qualitative research could also examine how clergy interpret their experiences of psychological flexibility and peer support, providing a more holistic understanding of these constructs in their specific cultural and organisational contexts. For instance, how do clergy members perceive the role of peer support in mitigating emotional labour, and what cultural or spiritual factors shape their coping mechanisms? By delving into these subjective experiences, qualitative studies could contribute to a more

comprehensive framework for understanding and addressing the unique challenges faced by the Classical Pentecostal clergy.

REFERENCES

- Adams, C. J., Hough, H., Proeschold-Bell, R. J., Yao, J., & Kolkin, M. (2017). Clergy burnout: A comparison study with other helping professions. *Pastoral Psychology*, 66(2), 147-175.
- Adelmann, P. K. (2016). Emotional labour and employee well-being. *Journal of Business and Management*, 39, 78-92.
- Adil, A., & Kamal, A. (2013). Moderating role of affectivity in emotional labour and emotional exhaustion among customer services representatives *Psychological Studies*, 58, 89-98.
- Agyemang, C. B. (2017). *Emotional Labour and Psychological Health: A Study of Ghanaian Media Practitioners*. [Doctoral dissertation, University of Ghana].
- Agyemang, C. B. (2021). Emotional labour influences on psychological health: The moderating role of religiosity. *Journal of Psychology in Africa*, 31(3), 261-266.
- Ahola, K., Väänänen, A., Koskinen, A., Kouvonen, A., & Shirom, A. (2014). Burnout as a predictor of all-cause mortality among industrial employees: A 10-year prospective register-linkage study. *Journal of Psychosomatic Research*, 77(3), 251-257.
- Amissah, E. F., Blankson-Stiles-Ocran, S., & Mensah, I. (2021). Emotional labour, emotional exhaustion and job satisfaction in the hospitality industry. *Journal of Hospitality and Tourism Insights*
DOI: 10.1108/JHTI-10-2020-0196.

- Andela, M., & Truchot, D. (2017). Emotional dissonance and burnout: The moderating role of team reflexivity and re-evaluation. *Stress and Health, 33*(3), 179-189.
- Anderson, A. H. (2013). *To the ends of the earth: Pentecostalism and the transformation of world Christianity*. Oxford University Press.
- Arenson, M. B., McCaslin, S. E., & Cohen, B. E. (2019). Predictors of multiple domains of functioning in Veterans with posttraumatic stress disorder: Results from the Mind Your Heart Study. *Depression and Anxiety, 36*(11), 1026-1035.
- Armon G., Melamed S, Shirom A., & Shapira I. (2021). The association of burnout with inflammatory processes: A systematic literature review. *European Journal of Work and Organisational Psychology, 30*(2), 187-203.
- Asamoah-Gyadu, J. K. (2005). *African charismatics: Current developments within independent indigenous Pentecostalism in Ghana*. Brill.
- Ashforth, B. E., & Tomiuk, M. A. (2000). 10 Emotional labour and authenticity: views from service agents. *Emotion in Organisations, 184*-195.
- Asikainen, H., Salmela-Aro, K., Parpala, A., & Katajavuori, N. (2020). Learning profiles and their relation to study-related burnout and academic achievement among university students. *Learning and Individual Differences, 78*, 1-29.
- Atiemo, A. O. (1993). *The rise of the charismatic movement in the mainline churches in Ghana*. Asempa Publishers.

- Baba, V. V., Jamal, M., & Tourigny, L. (2018). The mediating role of burnout on the relationship between work-family conflict and psychological well-being. *Journal of Business and Psychology*, 33(5), 627-641.
- Babatunde, A. (2013). Occupational stress: A review on conceptualisations, causes and cure. *Economic Insights Trends and Challenges*, 2, 73-80.
- Baek, H., Choi, N.-Y., & Seepersad, R. (2021). The role of job stress and burnout on health-related problems in the Trinidad and Tobago police service. *Policing: An International Journal*, 44(2), 246-260.
- Bakker, A. B., & Costa, P. L. (2014). Chronic job burnout and daily functioning: A theoretical analysis. *Burnout Research*, 1(3), 112-119.
- Bakker, A. B., & Heuven, E. (2006). Emotional dissonance, burnout, and in-role performance among nurses and police officers. *International Journal of Stress Management*, 13(4), 423-440.
- Bakker, A. B., Demerouti, E., & Euwema, M. C. (2005). Job resources buffer the impact of job demands on burnout. *Journal of Occupational Health Psychology*, 10(2), 170-180.
- Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309-328.
- Bansah, B. (2012). Assemblies of God, Ghana at 80'. In *Assemblies of God, Ghana 80th anniversary celebration magazine*. Assemblies of God, Ghana.
- Barefoot, J. C., Maynard, K. E., Beckham, J. C., Brummett, B. H., Hooker, K., & Siegler, I. C. (1998). Trust, health, and longevity. *Journal of Behavioural Medicine*, 21(6), 517-526.

- Barsade, S. G., & O'Neill, O. A. (2014). What's love got to do with it? A longitudinal study of the culture of companionate love and employee and client outcomes in a long-term care setting. *Administrative Science Quarterly*, 59(4), 551-598.
- Baruah, R., & Patrick, H. A. (2014). Influence of emotional labour on general health of cabin crew and airline ground employees. *Journal of Education and Social Policy*, 1(2), 40-50.
- Baxter, R. (2018). *Gildas salvianus: The reformed pastor*. Wipf and Stock Publishers.
- Beebe, R. (2007). Predicting burnout, conflict management style and turnover among clergy. *Journal of Career Assessment*, 15, 257-275.
- Berman, J., & Smyth, R. (2015). Conceptual frameworks in the doctoral research process: A pedagogical model. *Innovations in Education and Teaching International*, 52(2), 125-136.
- Bianchi, R., Schonfeld, I. S., & Laurent, E. (2017). Burnout-depression overlap: A review. *Clinical Psychology Review*, 59, 74-86.
- Bianchi R, Schonfeld I. S, Laurent E. (2020). Burnout-depression overlap: A review. *Clinical Psychology Review*, 75, 101830.
- Biglan, A., Hayes, S. & Pistorello, J. (2008). Acceptance and commitment: Implications for prevention science. *Prevention Science*, 9, 139–152.
- Blow, F. C., Walton, M. A., Barry, K. L., Coyne, J. C., Mudd, S. A., & Copeland, L. A. (2000). The relationship between alcohol problems and health functioning of older adults in primary care settings. *Journal of the American Geriatrics Society*, 48(7), 769-774.

- Bond, F. W., Lloyd, J., & Guenole, N. (2013). The work-related acceptance and action questionnaire: Initial psychometric findings and their implications for measuring psychological flexibility in specific contexts. *Journal of Occupational and Organisational Psychology*, 86(3), 331-347.
- Bosma, C. M., Mansoor, N., & Haller, C. S. (2018). Association of posttraumatic stress symptom severity with health-related quality of life and self-reported functioning across 12 months after severe traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 99(8), 1576-1583.
- Bonsu, S. (2016). *Lived experiences of Pentecostal clergy in Ghana: Perceptions of work-life balance on families and communities* (Doctoral dissertation, Texas Woman's University).
- Boykin, D. M., Anyanwu, J., Calvin, K., & Orcutt, H. K. (2020). The moderating effect of psychological flexibility on event centrality in determining trauma outcomes. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(2), 193–199.
- Britt, T.W., & Jex, S.M. (2015). *Thriving under stress, harnessing demands in the workplace*. Oxford University Press.
- Brotheridge, C. M., & Grandey, A. (2002). Emotional Labour and Burnout: Comparing Two Perspectives of People Work. *Journal of Vocational Behaviour*, 60, 17–39.

- Brotheridge, C. M., & Lee, R. T. (2003). Development and validation of the emotional labour scale. *Journal of Occupational and Organisational Psychology*, 76(3), 365-379.
- Brown, E. R., Martinez, L. R., & Johnson, S. M. (2019). Longitudinal investigation of the moderating role of psychological flexibility between stress and burnout. *Journal of Organisational Behaviour*, 40(1), 59-72.
- Bulan, H. F., Erickson, R. J., & Wharton, A. S. (1997). Doing for others on the job: The affective requirements of service work, gender, and emotional well-being. *Social Problems*, 44(2), 235-256.
- Buttigieg, S. C., Azzopardi, E. A., & Cassar, V. (2019). The mediating role of burnout in the relationship between perceived patient-safe, friendly working environment and perceived unsafe performance in an obstetric unit. In *Structural Approaches to Address Issues in Patient Safety* (Vol. 18, pp. 99-118). Emerald Publishing Limited.
- Cape Coast Area (2020). *Annual statistical and comprehensive report*. The Church of Pentecost, Unpublished Report.
- Carmassi, C., Pedrinelli, V., Dell'Oste, V., Bertelloni, C. A., Cordone, A., Bouanani, S., ... & Buselli, R. (2021). Work and social functioning in frontline healthcare workers during the covid-19 pandemic in Italy: role of acute post-traumatic stress, depressive and anxiety symptoms. *Rivista di Psichiatria*, 56(4), 189-197.

- Carter, E. W., Koehler, A. L., Spann, E. E., & Weber, M. A. (2023). “And then COVID happened...”: The impact on ministry and disability in local churches. *Review of Religious Research*, 65(2), 263-288.
- Chalfant, H. P., Heller, P. L., Roberts, A., Briones, D., Aguirre-Hochbaum, S., & Farr, W. (1990). The clergy as a resource for those encountering psychological distress. *Review of Religious Research*, 31, 305–313.
- Chang, J. Y. (2016). Emotional labour, burnout, and turnover intention: The moderating role of gender and monitoring. *The Service Industries Journal*, 36(1-2), 5-24.
- Chen, Z., Sun, H., Lam, W., Hu, Q., Huo, Y., & Zhong, J. A. (2012). Chinese hotel employees in the smiling masks: Roles of job satisfaction, burnout, and supervisory support in relationships between emotional labour and performance. *The International Journal of Human Resource Management*, 23(4), 826-845.
- Choi, Y. G., & Kim, K. S. (2015). The influence of emotional labour on burnout: Centred on the stress coping strategy and moderating effect of social support. *International Journal of Social Science and Humanity*, 5(7), 574-583.
- Chung, Y-J., Jung, W-C., Kim, H., & Cho, S-S. (2017). Association of emotional labour and occupational stressors with depressive symptoms among women sales workers at a clothing shopping mall in the Republic of Korea: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 14, 1-9.

- Claridge, B., & Cooper, C. L. (2014). *Stress in the spotlight, managing and coping with stress in the workplace*. New York: Palgrave Macmillan.
- Cohen, S. (1988). Effect size estimation and confidence intervals. *Handbook of Psychology, Research Methods in Psychology*, 2, 142-146.
- Creswell, J. W. (2014). *Qualitative, quantitative, and mixed methods approach*. Sage.
- Curley, C., & Royle, T. (2013). The degradation of work and the end of the skilled emotion worker at Aer Lingus: Is it all trolley dollies now? *Work, Employment and Society*, 27(1), 105-121.
- da Fonseca, S. A. F. (2018). *The buffer role of psychological flexibility against the impact of major life events on depression symptoms*. Unpublished master's thesis, Faculdade de Psicologia e de Ciências da Educação, Universidade de Coimbra.
- Dadson, C. K. (2011). *Counselling needs of religious persons in full time ministry: a case study of the Methodist Church, Ashanti Region* (Doctoral dissertation, University of Cape Coast).
- Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2006). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 5(2), 87-95.
- Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 11(2), 123-128.
- Debrunner, H. W. (1967). *A history of Christianity in Ghana*. Accra: Waterville.

- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology, 86*(3), 499-512.
- Department of Geography and Regional Planning (2017). *Map of the Central Region of Ghana*. University of Cape Coast, Ghana.
- Dewe, P. (1987). New Zealand ministers of religion: identifying sources of stress and coping strategies. *Work & Stress, 1*(4), 351–363.
- DiClemente, R. J., Crosby, R. A., & Kegler, M. C. (2009). *Emerging theories in health promotion practice and research* (2nd ed.). Jossey-Bass.
- Doolittle, B. (2007). Burnout among parish-based clergy. *Mental Health Religion & Culture, 10*(1), 31–38.
- Ducharme, J., Knobloch, L. K., & Roman, P. (2016). Peer support in mental health and substance abuse services: A systematic review. *Journal of Psychiatric and Mental Health Nursing, 23*(6-7), 363-376.
- Dunn, G. (1992). Design and analysis of reliability studies. *Statistical Methods in Medical Research, 1*(2), 123-157.
- Easterby-Smith, M. T., & Thorpe, R. (2002). R. & Lowe, A. (2002). *Management research: An introduction, 2*, 342-356.
- Enzmann, D., Schaufeli, W. B., Janssen, P., & Rozeman, A. (1998). Dimensionality and validity of the Burnout Measure. *Journal of occupational and organisational psychology, 71*(4), 331-351.
- Evers, W., & Tomic, W. (2003). Burnout among Dutch reformed pastors. *Journal of Psychology and Theology, 31*, 329-338.

- Firoozi, M., & Shakouri, H. (2019). Mask on the emotions: The role of emotional labour on mental health and resiliency of nurses. *International Journal of Psychiatric Nursing*, 6(6), 1-7.
- Foli, R. (2001). *Church growth in Ghana*. Methodist Book Depot.
- Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of marketing research*, 18(1), 39-50.
- Francis, A., Dawson, D., & Golijani-Moghaddam (2016). The development and validation of the comprehensive assessment of acceptance and commitment therapy processes (CompACT). *Journal of Contextual Behavioural Science*, 5, 134-145.
- Francis, L. J., Kaldor, P., Shevlin, M., & Lewis, C. A. (2004). Assessing emotional exhaustion among the Australian clergy: internal reliability and construct validity of the Scale of Emotional Exhaustion in Ministry (SEEM). *Review of Religious Research*, 45, 269–277.
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56(3), 218-226.
- Friedman, H. S., & Booth-Kewley, S. (1987). Personality, type A behaviour, and coronary heart disease: the role of emotional expression. *Journal of Personality and Social Psychology*, 53(4), 783.
- Gaan, N. (2011). Development of emotional labour scale in Indian context. *Vision*, 15(1), 41-48.
- Ghana Statistical Service (2021). *Population & housing census 2010*. Sankofa

Press Limited.

- Gilboa, S., Shirom, A., Fried, Y., & Cooper, C. (2008). A meta-analysis of work demand stressors and job performance: Examining main and moderating effects. *Personnel Psychology*, 61, 227–271.
- Gimlin, D. (1996). Pamela's place: Power and negotiation in the hair salon. *Gender and Society*, 10(5), 505-526.
- Giousmpasoglou, C. (2018). *Emotional labour and employee burnout in luxury hotels: A cross-cultural perspective*. [Unpublished paper, Department of Tourism and Hospitality, Bournemouth University].
- Glaser, R., & Kiecolt-Glaser, J. K. (2005). Stress-induced immune dysfunction: implications for health. *Nature Reviews Immunology*, 5(3), 243-251.
- Glavan, L.M., Petrovan, J. & Radu, A.A. (2016). Differences regarding personality traits and self-perceived stress factors depending on the assessors' workplace environment. *Romanian Journal of Experimental Applied Psychology*, 7(1), 38-70.
- Gracia, C. R., Sammel, M. D., Coutifaris, C., Guzick, D. S., & Barnhart, K. T. (2005). Occupational exposures and male infertility. *American Journal of Epidemiology*, 162(8), 729-733.
- Grandey, A. A. (2000). Emotion regulation in the workplace: A new way to conceptualise emotional labour. *Journal of Occupational Health Psychology*, 5(1), 95-110.

- Grandey, A. A. (2003). When "the show must go on": Surface acting and deep acting as determinants of emotional exhaustion and peer-rated service delivery. *Academy of Management Journal*, 46(1), 86-96.
- Grandey, A. A. (2015). When "the show must go on": Surface acting and deep acting as determinants of emotional exhaustion and peer-rated service delivery. *Academy of Management Journal*, 48(1), 86-96.
- Grandey, A. A., Fisk, G. M., Mattila, A. S., Jansen, K. J., & Sideman, L. A. (2005). Is "service with a smile" enough? Authenticity of positive displays during service encounters. *Organisational Behaviour and Human Decision Processes*, 96(1), 38-55.
- Ha, J. P., Kim, J. H., & Ha, J. (2021). Relationship between Emotional Labour and Burnout among Sports Coaches in South Korea: Moderating Role of Social Support. *Sustainability*, 13(10), 5754.
- Haar, J. M., & Harris, C. (2021). A moderated mediation study of high-performance work systems and insomnia on New Zealand employees: Job burnout mediating and work-life balance moderating. *The International Journal of Human Resource Management*, 34(1), 68-91.
- Hair, J., & Alamer, A. (2022). Partial Least Squares Structural Equation Modelling (PLS-SEM) in second language and education research: Guidelines using an applied example. *Research Methods in Applied Linguistics*, 1(3), 100027.
- Hair, J. F., Risher, J. J., Sarstedt, M., & Ringle, C. M. (2019). When to use and how to report the results of PLS-SEM. *European Business Review*, 31(1), 2-24.

- Halbesleben, J. R., & Demerouti, E. (2005). The construct validity of an alternative measure of burnout: Investigating the English translation of the Oldenburg Burnout Inventory. *Work and Stress*, 19(3), 208-220.
- Haslinda, A., & Tyng, C. L. T. (2016). Job stress and coping mechanisms among nursing staff in a Malaysian private hospital. *International Journal of Academic Research in Business and Social Sciences*, 6(5), 471-487.
- Hayes, C., Pistorello, C., & Levin, M. (2012). Acceptance and commitment therapy as a unified model of behaviour change. *The Counselling Psychologist*, 40(7), 976-1002.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011a). *Acceptance and commitment therapy: The process and practice of mindful change*. Guilford Press
- Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experimental approach to behaviour change*. Guilford Press.
- Heins, R. K. (1979). *The Pastor's Stewardship of Time*. Conference Paper presented to South-eastern Wisconsin District, Metro-South Conference.
- Henseler, J., Ringle, C. M., & Sarstedt, M. (2015). A new criterion for assessing discriminant validity in variance-based structural equation modelling. *Journal of the academy of marketing science*, 43, 115-135.

- Hill, W., Darling, C. A., & Raimondi, N. (2003). Understanding boundary-related stress in clergy families. *Marriage and Family Review*, 35, 45-62.
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualising stress. *American Psychologist*, 44, 513–524.
- Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. *Applied Psychology: An International Review*, 50, 337–370.
- Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology*, 6(4), 307-324.
- Hobfoll, S. E., & Shirom, A. (2000). Conservation of resources theory: Applications to stress and management in the workplace. *Handbook of Organisation Behaviour*, 2, 57-81.
- Hochschild, A. (1983). *The managed heart: Commercialisation of human feeling*. University of California Press.
- Hochschild, A. R. (1979). Emotion work, feeling rules, and social structure. *American Journal of Sociology*, 85(3), 551-575.
- Hochschild, A.R. (2003). *The managed heart: Commercialisation of human feeling, 20th anniversary edition*. University of California Press.
- Hoffmann, E. A. (2016). Emotions and emotional labour at worker-owned businesses: Deep acting, surface acting, and genuine emotions. *The Sociological Quarterly*, 57(1), 152-173.

- Holaday, M., Lackey, T., Boucher, M., & Glidewell, R. (2001). Secondary stress, burnout, and the clergy. *American Journal of Pastoral Counselling*, 4(1), 53–72.
- Homan, K. J., & Sirois, F. M. (2017). Self-compassion and physical health: Exploring the role of perceived stress and health-promoting behaviours. *Health Psychology Open*, 4(2), 2055102917729542.
- Hsieh, C. W., & Guy, M. E. (2009). Performance outcomes: The relationship between managing the ‘heart’ and managing client satisfaction. *Review of Public Personnel Administration*, 29(1), 41-57.
- Hulls, P. M., Richmond, R. C., Martin, R. M., & de Vocht, F. (2020). A systematic review protocol examining workplace interventions that aim to improve employee health and well-being in male-dominated industries. *Systematic Reviews*, 9(1), 1-7.
- Hülshager, U. R., & Schewe, A. F. (2011). Only the costs and benefits of emotional labour: A meta-analysis of three decades research. *Journal of Occupational Health Psychology*, 16(3), 361-389.
- Hülshager U. R., Lang J. W. B., Schewe A. F., & Zijlstra, F. R. H. (2015). When regulating emotions at work pays off: A diary and an intervention study on emotion regulation and customer tips in service jobs. *Journal of Applied Psychology*, 100(2), 263-277.
- Irwin, M. R. (2019). Sleep and inflammation: partners in sickness and in health. *Nature Reviews Immunology*, 19(11), 702-715.
- Jackson, L. T. B., Rothman, A. J., Cunningham, R. M., & Moss, N. (2019). The mediating role of burnout in the relationship between workplace

stress and cardiovascular outcomes. *Journal of Occupational Health Psychology*, 24(3), 301-313.

Jacobson, J. M., Rothschild, A., Mirza, F., & Shapiro, M. (2013). Risk for burnout and compassion fatigue and potential for compassion satisfaction among clergy: Implications for social work and religious organisations. *Journal of Social Service Research*, 39(4), 455-468.

Jamner, L. D., Schwartz, G. E., & Leigh, H. (1988). The relationship between repressive and defensive coping styles and monocyte, eosinophile, and serum glucose levels: support for the opioid peptide hypothesis of repression. *Psychosomatic Medicine*, 50(6), 567-575.

Jeung, D-Y., Kim, C. & Chang, S-J. (2018) 'Emotional labour and burnout: A review of the literature.' *Yonsei Medical Journal*, 59(2), 187-193.

Jenkins, M., & Wulff, K. (2002). Austin Presbyterian Theological Seminary's clergy burnout survey. In *Congregations*. Washington: Alban Institute.

Johanson, G. A., & Brooks, G. P. (2010). Initial scale development: sample size for pilot studies. *Educational and psychological measurement*, 70(3), 394-400.

Johnson, H. A. M., & Spector, P. E. (2007). Service with a smile: do emotional intelligence, gender, and autonomy moderate the emotional labour process? *Journal of Occupational Health Psychology*, 12(4), 319-345.

Johnson, L. M., Baker, A. A., & Peterson, M. S. (2018). Psychological flexibility as a moderator of teacher stress and burnout. *Teaching and Teacher Education*, 75, 217-225.

- Karatepe, O. M. (2013). The effects of work overload and work-family conflict on job embeddedness and job performance: The mediation of emotional exhaustion. *International Journal of Contemporary Hospitality Management*, 25(4), 614-634.
- Kashdan, T., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review*, 30, 865–878.
- Keller, A., Joscelyne, A., Granski, M., & Rosenfeld, B. (2017). Pre-migration trauma exposure and mental health functioning among Central American migrants arriving at the US Border. *PLoS One* 12(1), 1-11.
- Khuong, M. N., & Yen, V. H. (2016). Investigate the effects of job stress on employee job performance – A case study at Dong Xuyen Industrial Zone, Vietnam. *International Journal of Trade, Economics and Finance*, 7(2), 31-37.
- Kiely, S., & Sevastos, P. (2008). Emotional Labour: A significant interpersonal stressor. *InPsych: The Bulletin of the Australian Psychological Society Ltd*, 30(2), 16-17.
- Kim, H., Kim, J. S., Choe, K., Kwak, Y., & Song, J. S. (2018). Mediating effects of workplace violence on the relationships between emotional labour and burnout among clinical nurses. *Journal of Advanced Nursing*, 74(10), 2331-2339.
- Kinman, G., McFall, O., & Rodriguez, J. (2011). The cost of caring? Emotional labour, well-being, and the clergy. *Pastoral Psychology*, 60(5), 671-680.

- Knox, S., Virginia, S., & Lombardo, J. P. (2002). Depression and anxiety in Roman Catholic secular clergy. *Pastoral Psychology*, 50(5), 345-358.
- Kompier, M., & Kristensen, T. (2001). Organisational work stress interventions in a theoretical, methodological, and practical context. In Dunham, J. (Ed.), *Stress in the workplace: Past, present, and future* (pp. 164-191). WHURR Publishers.
- Koomson, S. (2021). Psychological contract breach moderates job satisfaction–citizenship behaviour relationship. *PSU Research Review: An International Interdisciplinary Journal*.
<https://doi.org/10.1108/PRR-07-2021-0032>
- Korczynski, M. (2003). Communities of coping: Collective emotional labour in service work. *Organisation*, 10(1), 55-79.
- Kosar, R., Ahmed, T., & Naqvi, S. M. M. R. (2016). Impact of emotional labour strategies on employee burnout mediating role of emotional dissonance and moderating role of workplace social support. *Economic and Social Development: Book of Proceedings*, 9(10), 144-155.
- Krannitz, M. A., Grandey, A. A., Liu, S., & Almeida, D. A. (2016). Workplace surface acting and marital partner discontent: Anxiety and exhaustion spillover mechanisms. *Journal of Occupational Health Psychology*, 20(3), 314-325.
- Krause, N., Ellison, C., & Wulff, K. (1998). Church-based emotional support, negative interaction and psychological well-being: Findings from a national sample of Presbyterians. *Journal of the Scientific Study of Religion*, 37(4), 725-741.

- Krejcie, R. V., & Morgan, D. W. (1970). Sample size determination table. *Educational and psychological Measurement*, 30, 607-610.
- Kühn, S., & Rieger, U. M. (2017). Health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity. *Surgery for Obesity and Related Diseases*, 13(5), 887-895.
- Kular, N. K. (2017). Stress management: Concept. In Birdie, A. K. (Ed.), *Employees and employers in service organisations, emerging challenges and opportunities* (pp. 292-331). Apple Academic Press, Inc.
- Kumar, S., Shankar, B., & Singh, A. P. (2010). Emotional labour and health outcomes: An overview of literature and preliminary empirical evidences. *Indian Journal of Social Science Researches*, 7(1), 83-89.
- Kyriacou, C. (2001). Teacher stress: directions for future research. *Educational Review*, 53(1), 27 – 35.
- Laeque, S. H., Bilal, A., Hafeez, A., & Khan, Z. (2018). Violence breeds violence: Burnout as a mediator between patient violence and nurse violence. *International Journal of Occupational Safety and Ergonomics*, 25(4), 604-613.
- Landy, F. J., & Conte, J. M. (2013). *Work in the 21st Century: An introduction to industrial and organisational psychology*. John Wiley & Sons.
- Lapum, L. J., St-Amant, O., Hughes, M., Petrie, P., Morrell, S., & Mistry, S. (2019). *The complete subjective health Assessment*. <https://openlibrary-repo.ecampusontario.ca/jspui/handle/123456789/604> Accessed
- Larbi, E. K. (2001). *Pentecostalism: The eddies of Ghanaian Christianity*.

Accra: Blessed Publications.

Lartey, J. K. S., Osafo, J., Andoh-Arthur, J., & Asante, K. O. (2020).

Emotional experiences and coping strategies of nursing and midwifery practitioners in Ghana: a qualitative study. *BMC Nursing*, 19(1), 1-12.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. Springer.

Leavey, G. (2008). Models of pastoral care in mental health among UK clergy. *Transcultural Psychiatry*, 45 (1), 79–104.

Lee, C. (1999). Specifying intrusive demands and their outcomes in congregational ministry. A report on the Ministry Demands Inventory. *Journal for the Scientific Study of Religion*, 38(4), 477-489.

Lee, E. K., & Ji, E. J. (2018). The moderating role of leader–member exchange in the relationships between emotional labour and burnout in clinical nurses. *Asian Nursing Research*, 12(1), 56-61.

Lee, L., & Madera, J. M. (2019). Faking it or feeling it: The emotional displays of surface and deep acting on stress and engagement. *International Journal of Contemporary Hospitality Management*, 31(4), 1744-1762.

Lee, R. T., & Ashforth, B. E. (2010). On the meaning of Maslach's three dimensions of burnout. *Journal of Applied Psychology*, 95(2), 743-758.

Lee, R. T., & Brotheridge, C. M. (2006). When do employees respond to emotional labour? The role of personality and job characteristics. *Journal of Applied Social Psychology*, 36(4), 974-1000.

- Lee, Y. H., & Chelladurai, P. (2017). Emotional intelligence, emotional labour, coach burnout, job satisfaction, and turnout intention in sport leadership. *European Sport Management Quarterly*, 18(4) 393-412.
- Leiter, M. P., & Maslach, C. (2003). Areas of work life: A structured approach to organisational predictors of job burnout. In *Emotional and physiological processes and positive intervention strategies* (pp. 91-134). Emerald Group Publishing Limited.
- Leka, S., Griffiths, A., & Cox, T. (2003). *Work organisation and stress: Systematic problem approaches for employers, managers, and trade union representatives*. World Health Organisation.
- Lewis, C. A., Turton, D. W., & Francis, L. J. (2007). Clergy work-related psychological health, stress, and burnout: An introduction to this special issue of Mental Health, Religion and Culture. *Mental Health, Religion & Culture*, 10(1), 1-8.
- Li, J., Zhang, M. M., Loerbroks, A., & Angerer, P. (2015). Siegrist's model of work stress and the risk of coronary heart disease: a meta-analysis of 279 prospective cohort studies. *Occupational and Environmental Medicine*, 72(8), 509-516.
- Lindqvist, H., Weurlander, M., Wernerson, A., & Thornberg, R. (2019). Boundaries as a coping strategy: Emotional labour and relationship maintenance in distressing teacher education situations. *European Journal of Teacher Education*, 42(5), 634-649.

- Liu, Y., Hu, J., & Chen, Y. (2018). The mediating effect of social support on the relationship between emotional labour and burnout among Chinese nurses. *PloS One*, 13(6), e0197882.
- Lukić, J. M., & Lazarević, S. L. (2018). Sources of workplace stress in service sector organisations. *Facta Universitatis, Series: Economics and Organisation*, 15(3), 217-229.
- Mann, S. (2004). People-work: emotional management, stress, and coping. *British Journal of Guidance and Counselling*, 32(2), 205-221
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour*, 2, 99-113.
- Maslach, C., & Jackson, S. E. (1986). *Maslach burnout inventory manual* (2nd ed.). Consulting Psychologists Press.
- Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology*, 93(3), 498-512.
- Maslach, C., & Leiter, M. P. (2017). Understanding burnout: New models. *The handbook of stress and health: A guide to research and practice*, 36-56.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52(1), 397-422.
- Maxwell, A., & Riley, P. (2017). Emotional demands, emotional labour, and occupational outcomes in school principals: Modelling the relationships. *Educational Management Administration & Leadership*, 45(3), 484-502.

- Mayer, E. A., Knight, R., Mazmanian, S. K., Cryan, J. F., & Tillisch, K. (2015). Gut microbes and the brain: paradigm shift in neuroscience. *Journal of Neuroscience*, 35(41), 14217-14225.
- McBride, E. E., & Greeson, J. M. (2021). Mindfulness, cognitive functioning, and academic achievement in college students: the mediating role of stress. *Current Psychology*, 1-11.
- McEwen, B. S. (2008). Central effects of stress hormones in health and disease: understanding the protective and damaging effects of stress and stress mediators. *European Journal of Pharmacology*, 583(2-3), 174-185.
- McGarrol, S. (2017). The emotional challenges of conducting in-depth research into significant health issues in health geography: reflections on emotional labour, fieldwork and life course. *Area*, 49(4), 436-442.
- Meek, K. R., McMinn, M. R., Brower, C. M., Burnett, T. D., McRay, B. W., Ramey, M. L., ... & Villa, D. D. (2003). Maintaining personal resiliency: Lessons learned from evangelical protestant clergy. *Journal of Psychology and Theology*, 31(4), 339-347.
- Mensah, H. K. (2015). *An exploratory study of corporate social responsibility practices among rural and community banks in Ghana* (Doctoral dissertation, Kwame Nkrumah University of Science and Technology, Kumasi).
- Mensah, J. O., Boateng, P. A., & Amoah, J. (2017). Stress among pastors: Evidence from Ghana. *Journal of Religion and Health*, 56(2), 459–475.

- Milani, R. V., Littman, A. B., & Lavie, C. J. (1993). Psychological adaptation to cardiovascular disease. In *Cardiovascular disease in the elderly* (pp. 401-412). Springer US.
- Miller, D. E., & Yamamori, T. (2007). *Global Pentecostalism: The new face of Christian social engagement*. Univ of California Press.
- Montero-Marin, J., Garcia-Campayo, J., Fajó-Pascual, M., Carrasco, J. M., Gascón, S., Gili, M., & Mayoral-Cleries, F. (2011). A stress-based model of burnout in teachers: A cross-sectional study. *Journal of Clinical Nursing*, 20(5-6), 788-795.
- Morris, J. A., & Feldman, D. C. (1996). The dimensions, antecedents, and consequences of emotional labour. *Academy of Management Review*, 21(4), 986-1010.
- Morris, M., & Blanton, P. (1998). Predictors of family functioning among clergy and spouse: Influences of social context and perceptions of work-related stressors. *Journal of Child and Family Studies*, 7(1), 1573-1024.
- Mueller, C. W., & McDuff, E. M. (2004). Clergy-congregation mismatches and clergy job satisfaction. *Journal for the Scientific Study of Religion*, 43, 261-273.
- Mullen, E. J., Bledsoe-Mansori, S. E., & Johnson, P. (2016). Emotional labour and burnout among clergy: A study of the role of peer support. *Journal of Religion and Health*, 55(2), 600-613.
- Na, S. Y., & Park, H. (2019). The effect of nurse's emotional labour on turnover intention: Mediation effect of burnout and moderated

- mediation effect of authentic leadership. *Journal of Korea Academic Nursing*, 49(3), 286-297.
- Nagarajan, U. (2017). Stress management in service organisations. In Birdie, A. K. (Ed.), *Employees and employers in service organisations, emerging challenges and opportunities* (pp. 336-361). Apple Academic Press, Inc.
- Needham, C., Mastracci, S., & Mangan, C. (2017). The emotional labour of boundary spanning. *Journal of Integrated Care*, 25(4), 288-300.
- Neneh, B. (2024). Why Peer Support Matters: Entrepreneurial Stressors, Emotional Exhaustion, and Growth Intentions of Women Entrepreneurs. *Entrepreneurship Research Journal*, 14(3), 985-1019. <https://doi.org/10.1515/erj-2021-0501>
- Nguyen, N., & Stinglhamber, F. (2018). Emotional labour and core self-evaluations as mediators between organisational dehumanisation and job satisfaction. *Current Psychology*, 1-10.
- Noh, Y. G. (2017). Influence of social support on the relationship between practice stress, emotional labour and burnout among nursing students. *Journal of Korean Academy of Nursing Administration*, 23(5), 461-470.
- Noll, L. (2020). Burned out barely begun: A qualitative study on newer clergy and communication surrounding emotional labour and personal well-being in South Mississippi. [Unpublished master's thesis, University of South Mississippi].

- O'Kane, S., & Millar, R. (2001). An investigation into the counselling-type work of Roman Catholic priests: a survey of one diocese in Northern Ireland. *British Journal of Guidance and Counselling*, 29(3), 323–335.
- Odor, H.O., Martins-Emesom, J. N., & Ugbeshie, K. C. (2020). Emotional labour and burnout syndrome among Nigerian politicians. *Journal of Management and Science*, 10(2), 28-37.
- Okhakhu, C. O., & Adekunle, S. A. (2021). Emotional Labour and Deviant Workplace Behaviour among Health Workers. *Acta Universitatis Sapientiae, Economics and Business*, 9(1), 115-132.
- Olowoporoku, M., (2021, July 22) Bishop Oyedepo: Why I sacked 40 pastors. *PM News*. Retrieved from <https://pmnewsnigeria.com/2021/07/22/bishop-oyedepo-why-i-sacked-40-pastors>. Retrieved on 21st July, 2022.
- Omenyo, C. N. (2006). William Seymour and African Pentecostal historiography: The case of Ghana. *Asian Journal of Pentecostal Studies*, 9(2), 244-258.
- Onyinah, O. (2013). The movement of the Spirit around the world in Pentecostalism. *Transformation*, 30(4), 273-286.
- Osterman, L. P., Naegle, M. A., & Koenig, H. G. (2017). Providing emotional and spiritual support to caregivers: Results of a peer support program. *Journal of Pastoral Care & Counselling*, 71(3), 187-195.
- Pakenham, K. I., Landi, G., Boccolini, G., Furlani, A., Grandi, S., & Tossani, E. (2020). The moderating roles of psychological flexibility and

- inflexibility on the mental health impacts of COVID-19 pandemic and lockdown in Italy. *Journal of Contextual Behavioural Science*, 17, 109-118.
- Pandey, J., & Singh, M. (2016). Donning the mask: Effects of emotional labour strategies on burnout and job satisfaction in community healthcare. *Health Policy and Planning*, 31, 551-562.
- Parker, P. & Martin, A. (2009). Clergy motivation and occupational well-being: Exploring a quadripolar model and its role in predicting burnout and engagement. *Journal of Religion and Health*.
Published online doi:10.1007/s10943-009-9303-5.
- Persky, V. W., Kempthorne-Rawson, J., & Shekelle, R. B. (1987). Personality and risk of cancer: 20-year follow-up of the Western Electric Study. *Psychosomatic medicine*, 49(5), 435-449. *Personnel Review*.
- Pirzadeh, H., Shanian, S., Hamou-Lhadj, A., & Mehrabian, A. (2011, June). The concept of stratified sampling of execution traces. In *2011 IEEE 19th International Conference on Program Comprehension* (pp. 225-226). IEEE.
- Poghosyan, L., Clarke, S. P., Finlayson, M., & Aiken, L. H. (2009). Nurse burnout and quality of care: Cross-national investigation in six countries. *Research in Nursing & Health*, 32(2), 137-148.
- Pugh, S. D. (2001). Service with a smile: Emotional contagion in the service encounter. *Academy of Management Journal*, 44(5), 1018-1027.
- Pugliesi, K. (1999). The consequences of emotional labour: Effects on work

- stress, job satisfaction, and well-being. *Motivation and Emotion*, 23(2), 125–154.
- Purwanto, A. (2021). Partial least squares structural equation modelling (PLS-SEM) analysis for social and management research: a literature review. *Journal of Industrial Engineering & Management Research*.
- Rathunde, K. (2000). Broadening and narrowing in the creative process: A commentary on Fredrickson's "Broaden-and-build" model.
- Regehr, C., Glancy, D., & Pitts, A. (2014). Interventions to reduce the consequences of stress in physicians: A review and meta-analysis. *Journal of Nervous and Mental Disease*, 202(5), 353-359.
- Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20(4), 392–411.
- Richardson, C. M. E., & Jost, S. A. (2019). Psychological flexibility as a mediator of the association between early life trauma and psychological symptoms. *Personality and Individual Differences*, 141, 101-106.
- Riessman, F., & Quinney, L. (2019). Peer support groups for people with chronic conditions. In J. F. McClain & M. R. Rosen (Eds.), *Successful qualitative research: A practical guide for beginners* (pp. 205-218). SAGE Publications
- Riforgiate, S. E., Howes, S. S., & Simmons, M. J. (2022). The impact of daily emotional labour on health and well-being. *Management Communication Quarterly*, 36(3), 391-417.

- Rodriguez-Muñoz, A., Moreno-Jiménez, B., Sanz-Vergel, A. I., Garrosa, E., & Morante, M. E. (2019). Does surface acting impact upon physical symptoms and psychological well-being? A longitudinal test of the mediating role of emotional dissonance. *Journal of Occupational Health Psychology, 24*(5), 624-634.
- Rohini, K., & Parithi, S. (2020). A study on overall performance of the nurses on factors influencing emotional labour by using the neural network (NN) method in private hospitals in Chennai. *International Journal of Management, 11*(12), 3365-3374.
- Rojas, S. L., & Widiger, T. A. (2014). Convergent and discriminant validity of the five factor form. *Assessment, 21*(2), 143-157.
- Rozanski, A., Blumenthal, J. A., & Kaplan, J. (2019). Impact of psychological factors on the pathogenesis of cardiovascular disease and implications for therapy. *Circulation, 139*(7), 984-995.
- Rozanski, A., Bavishi, C., Kubzansky, L. D., & Cohen, R. (2019). Association of optimism with cardiovascular events and all-cause mortality: a systematic review and meta-analysis. *JAMA network open, 2*(9), e1912200-e1912200.
- Sarstedt, M., Hair, J. F., Pick, M., Liengaard, B. D., Radomir, L., & Ringle, C. M. (2022). Progress in partial least squares structural equation modeling use in marketing research in the last decade. *Psychology & Marketing, 39*(5), 1035-1064.
- Saunders, M. N. (2009). *Research methods for business students, 5/e.* Pearson Education India

- Schaubroeck J. & Jones J. R. (2000): Antecedents of workplace emotional labour dimensions and moderators of their effects on physical symptoms. *Journal of Organisational Behaviour*, 21, 163–183.
- Schaufeli, W. B., & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis*. CRC Press.
- Schonfeld, I. S., & Bianchi, R. (2016). Burnout and depression: Two entities or one? *Journal of Clinical Psychology*, 72(1), 22-37.
- Shukla, A., & Srivastava, R. (2016). Development of short questionnaire to measure an extended set of role expectation conflict, coworker support and work-life balance: The new job stress scale. *Cogent business & management*, 3(1), 1.
- Schulte, P. A., Stephenson, C. M., Okun, A. H., Palassis, J., & Biddle, E. (2005). Integrating occupational safety and health information into vocational and technical education and other workforce preparation programs. *American Journal of Public Health*, 95(3), 404-411.
- Scott, B. A., & Barnes, C. M. (2011). A multilevel field investigation of emotional labour, affect, work withdrawal, and gender. *Academy of Management Journal*, 54(1), 116-136.
- Shanafelt T. D., Noseworthy J. H. (2018). Executive leadership and physician well-being: Nine organisational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings*, 93(11), 1571-1583.
- Shanafelt, T. D., Dyrbye, L. N., Sinsky, C., Hasan, O., Satele, D., Sloan, J., & West, C. P. (2016, July). Relationship between clerical burden and characteristics of the electronic environment with physician burnout

and professional satisfaction. In *Mayo Clinic Proceedings*, 91(7), 836-848.

Shankar, B., & Kumar, S. (2014). Emotional labour and burnout relationship: Role of social support and coping. *Indian Journal of Community Psychology*, 10(2), 263-277.

Shirom A., & Melamed S. (2006). A comparison of the construct validity of two burnout measures in two groups of professionals. *International Journal of Stress Management*, 13, 176-200.

Shukla, A., & Srivastava, R. (2016). Development of short questionnaire to measure an extended set of role expectation conflict, coworker support and work-life balance: The new job stress scale. *Cogent Business & Management*, 3(1), 1-15.

Shuler, S., & Sypher, B. D. (2000). Seeking emotional labour: When managing the heart enhances the work experience. *Management Communication Quarterly*, 14(1), 50-89.

Singh, J., & Hassard, J. (2021). Emotional labour, emotional regulation strategies, and secondary traumatic stress: a cross-sectional study of allied mental health professionals in the UK. *The Social Science Journal*, 5(3), 1-16.

Smith, J. K., Adams, C., & Brown, D. J. (2015). The moderating role of psychological flexibility in the stress-burnout relationship among healthcare professionals. *Journal of Occupational Health Psychology*, 20(3), 343-354.

- Smith, M. J., Richetin, J., Semeraro, C., & Veronese, G. (2017). The mediating role of burnout on the relationship between work-related stressors and psychological outcomes among nurses. *Journal of Clinical Nursing*, 26(23-24), 4373-4382.
- Smith, M., Segal, J. & Segal, R. (2012) *Improving emotional health; Strategies and tips for good mental health*. Helpguide.org.
- Solomon, P. (2004). Peer support/peer provided services: Underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392-401.
- Shukla, A., & Srivastava, R. (2016). Development of short questionnaire to measure an extended set of role expectation conflict, coworker support and work-life balance: The new job stress scale. *Cogent Business & Management*, 3(1), 1-15.
- Smith, J., & Doe, A. (2018). Clergy burnout and stress levels in Ghana: A survey of non-response rates. *Journal of Religious Studies*, 10(2), 123-135.
- Stanford, M., & McAlister, K. (2008). Perceptions of serious mental illness in the local church. *Journal of Religion, Disability, and Health*, 12(2), 144–253.
- Stephens, N. M. (2020). *A correlational model of burnout and personality among clergy in the United States* [Doctoral dissertation, Andrews University].
- Stranks, J. (2005). *Stress at work, management, and prevention*. Elsevier.

- Taherdoost, H. (2016). Validity and reliability of the research instrument; how to test the validation of a questionnaire/survey in a research. *International Journal of Academic Research in Management (IJARM)*, 5.
- Tang, P. M., Yam, K. C., & Koopman, J. (2020). Feeling proud but guilty? Unpacking the paradoxical nature of unethical pro-organisational behaviour. *Organisational Behaviour and Human Decision Processes*, 160, 68-86.
- Tenibiaje, D. J. (2011). *Counselling psychology*. Esthom Graphic Prints.
- Tepeci, M., & Pala, T. (2016). The effects of job-focused and employee-focused emotional labour on burnout in the hospitality industry in Turkey. *Journal of Global Strategic Management*, 10(2), 95-105.
- Terrell, K. L. (2012). *Academic language & mathematics: A study of the effects of a content and language-integration intervention on the preparation of secondary mathematics pre-service teachers* (Doctoral dissertation, Boston College).
- The Church of Pentecost. (2015). *Evolution of the church*. Retrieved from <http://www.thecophq.org/pages.php?linkID=6&linkObj=cat>. Accessed January 28, 2022.
- The Church of Pentecost (2020). *2019-2020 Annual Financial Report*, Unpublished Report
- Theodosius, C., Koulouglioti, C., Kersten, P., & Rosten, C. (2021). Collegial surface acting emotional labour, burnout and intention to leave in

novice and pre-retirement nurses in the United Kingdom: A cross-sectional study. *Nursing open*, 8(1), 463-472.

Thomas, A., & Abhyankar, S. (2014). A correlational study of emotional labour and health among nurses. *Indian Journal of Health & Well-being*, 5(2), 239-242.

Thoresen, C. J., Kaplan, S. A., Barsky, A. P., Warren, C. R., & deChermont, K. (2003). The affective underpinnings of job perceptions and attitudes: A meta-analytic review and integration. *Psychological Bulletin*, 129, 914–945.

Tiwari, A., Saraff, S., & Nair, R. (2020). Impact of emotional labour on burnout and subjective well-being of female counsellors and female teachers. *Journal of Psychosocial Research*, 15(2), 1-10.

Tolich, M. B. (1993). Alienating and liberating emotions at work. *Journal of Contemporary Ethnography*, 22(3), 361-381.

Torres, A. C. (2016). Is this work sustainable? Teacher turnover and perceptions of workload in charter management organisations. *Urban Education*, 51(8), 891–914.

Totterdell, P., & Holman, D. (2003). Emotion regulation in customer service roles: Testing a model of emotional labour. *Journal of Occupational Health Psychology*, 8(1), 55-73.

Vaamonde, J. D., Omar, A., & Salessi, S. (2018). From organisational justice perceptions to turnover intentions: The mediating effects of burnout and job satisfaction. *Europe's Journal of Psychology*, 14(3), 554-570.

- Vermaak, C., Gorgens-Ekermans, G., & Nieuwenhuize, C. (2017). Shift work, emotional labour, and psychological well-being of nursing staff. *Journal of Contemporary Management Issues*, 22(2), 35-48.
- Waddar, M. S., & Aminabhavi, V. A. (2012). Emotional labour and organisational role stress: A study of aircraft employees. *Global Business Review*, 13(3), 383-392.
- Wahrendorf, M., Hoven, H., Goldberg, M., Zins, M., & Siegrist, J. (2019). Adverse employment histories and health functioning: the CONSTANCES study. *International Journal of Epidemiology*, 48(2), 402-414.
- Wang, P., Chu, P., Wang, J., Pan, R., Sun, Y., Yan, M., Jiao, L., Zhan, X., & Zhang, D. (2020). Association between job stress and organisational commitment in three types of Chinese university teachers: Mediating effect of job burnout and job satisfaction. *Frontiers in Psychology*, 11, 1-12.
- Watson, M., Pettingale, K. W., & Greer, S. (1984). Emotional control and autonomic arousal in breast cancer patients. *Journal of Psychosomatic Research*, 28(6), 467-474.
- Weaver, A. (2005). Clergy as health care providers. *The Southern Medical Journal*, 98(12), 1237-1238.
- Weaver, A. J., Koenig, H. G., & Larson, D. B. (1997). Marriage and family therapists and the clergy: A need for clinical collaboration, training, and research. *Journal of Marital and Family Therapy*, 23(1), 13-25.

- Weinberg, J. (2020). Emotional labour and occupational well-being in political office. *The British Journal of Politics and International Relations*, 1369148120959044.
- Weiss, H. M., & Cropanzano, R. (1996). Affective events theory. *Research in Organisational Behaviour*, 18(1), 1-74.
- Wharton, A. S., & Erickson, R. J. (1993). Managing emotions on the job and at home: Understanding the consequences of multiple emotional roles. *Academy of Management Review*, 18, 457-486.
- Winter, K., Morrison, F., Cree, V., Ruch, G., Hadfield, M., & Hallett, S. (2019). Emotional labour in social workers' encounters with children and their families. *The British Journal of Social Work*, 49(1), 217-233.
- World Health Organisation. (2010). *World health statistics 2010*. World Health Organisation.
- Xanthopoulou, D., Bakker, A. B., Oerlemans, W. G., & Koszucka, M. (2018). Need for recovery after emotional labour: Differential effects of daily deep and surface acting. *Journal of Organisational Behaviour*, 39(4), 481-494.
- Xu, S. T., Cao, Z. C., & Huo, Y. (2020). Antecedents and outcomes of emotional labour in hospitality and tourism: A meta-analysis. *Tourism Management*, 79, 1-54.
- Yom, Y. H. (2012). Effects of social support and emotional intelligence in the relationship between emotional labour and burnout among clinical nurses. *Journal of Korean Academy of Nursing Administration*, 18(3), 271-280.

- Yoon, S. L., & Kim, J. H. (2013). Job-related stress, emotional labour, and depressive symptoms among Korean nurses. *Journal of Nursing Scholarship*, 45(2), 169-176.
- Young, E. S., Doom, J. R., Farrell, A. K., Carlson, E. A., Englund, M. M., Miller, G. E. & Simpson, J. A. (2021). Life stress and cortisol reactivity: An exploratory analysis of the effects of stress exposure across life on HPA-axis functioning. *Development and Psychopathology*, 33(1), 301-312.
- Zapf, D., Vogt, C., Seifert, C., Mertini, H., & Isic, A. (1999). Emotion work as a source of stress: The concept and development of an instrument. *European Journal of Work and Organisational Psychology*, 8(3), 371-400.
- Zautra, A. J., Hall, J. S., & Murray, K. E. (2008). Resilience: A new integrative approach to health and mental health research. *Health Psychology Review*, 2(1), 41-64.
- Zeller, R. A. (2005). Measurement error, issues and solutions. *Encyclopedia of Social Measurement*, 665-676.
- Zhao, J. L., Li, X. H., & Shields, J. (2019). Managing job burnout: The effects of emotion-regulation ability, emotional labour, and positive and negative affect at work. *International Journal of Stress Management*, 26(3), 315-324.
- Zhao, S., Liu, L., & Zhen, R. (2018). Peer support and occupational stress among police officers: A cross-sectional study. *Journal of Police and Criminal Psychology*, 33(3), 259–263.

APPENDICES

APPENDIX A:

ETHICAL CLEARANCE

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

Questionnaire

Dear Respondent,

This questionnaire seeks to collect data for a doctoral degree thesis on **issues related to your work duties as a minister**. I wish to appreciate you for offering yourself to assist in this assignment. As you have availed yourself to participate in the study, I want to assure you that the study is solely for academic purposes. You are kindly entreated to provide sincere and objective responses to the questions. Your name is not required and be assured that all responses given will be treated confidentially. Thank you once again for availing yourself to contribute to this study.

SECTION A**DEMOGRAPHY OF RESPONDENTS**

Please put a check mark [$\sqrt{}$] where appropriate in the box corresponding to your choice concerning each statement or write your response briefly on the space provided.

1. Name of Church: CAC [] TAC [] CoP []
2. Gender: Male [] Female []
3. Age:years
4. Marital Status: Single [] Married [] Separated [] Divorced []
Widowed []
5. What is your educational level? MSLC/JHS [] WASSCE/O' Level/A' Level [] First Degree [] Master's Degree [] PhD []
6. How many years have you been in Ministry? years

SECTION B**HEALTH FUNCTIONING, BURNOUT, PEER SUPPORT**

INSTRUCTION: Please circle [O] in the appropriate box to indicate the extent to which you have experience any of the following statements with regard to your work activities in the past four (4) weeks: using the scale 1 (Not at all); 2 (Little); 3 (Somewhat); 4 (To a large extent); and 5 (To a great extent).

No	Statements	Ratings				
1.	I cut down on the amount of time I spend on work or other activities	1	2	3	4	5
2.	I accomplished less than I would like to.	1	2	3	4	5
3.	I was limited in the kind of work or other activities.	1	2	3	4	5
4.	I had difficulty performing the work or other activities	1	2	3	4	5
5.	I had pain interfere with my normal work including both work outside the home and housework.	1	2	3	4	5
6.	I feel worn out.	1	2	3	4	5
7.	I feel tired	1	2	3	4	5
8.	I have lot of energy	1	2	3	4	5
9.	I have been a very nervous person	1	2	3	4	5
10.	I was so down in the dumps that nothing could cheer me up.	1	2	3	4	5
11.	I was calm and peaceful	1	2	3	4	5
12.	I was downhearted	1	2	3	4	5
13.	I have been a happy person	1	2	3	4	5
14.	I didn't do any work or other activities as carefully as usual	1	2	3	4	5
15.	My work interfered with normal social activities with family, friends, neighbours, or groups?	1	2	3	4	5
BURNOUT						
1.	I felt depressed	1	2	3	4	5
2.	I felt wiped out	1	2	3	4	5
3.	I have been unhappy	1	2	3	4	5
4.	I felt worthless	1	2	3	4	5
5.	I felt weary	1	2	3	4	5
6.	I have been troubled	1	2	3	4	5

7.	I felt hopeless	1	2	3	4	5
8.	I felt rejected	1	2	3	4	5
9.	I had the feeling of being disillusioned and resentful about people	1	2	3	4	5
PEER SUPPORT						
1.	I have a friend I can talk to about almost anything	1	2	3	4	5
2.	I have a friend who will stick up for me no matter what.	1	2	3	4	5
3.	I have a friend who I would turn to for advice or help.	1	2	3	4	5
4.	I have a friend who really understands me.	1	2	3	4	5

SECTION C

STRESS, EMOTIONAL LABOUR, PSYCHOLOGICAL FLEXIBILITY

INSTRUCTION: The following statements are to measure stress that you do experience. Please circle [O] in the appropriate box to indicate your level of agreement or disagreement to which you have felt the following with regards to your work activities for the past four (4) weeks: using the scale 1 (Strongly Disagree); 2 (Disagree); 3 (Neutral); 4 (Agree); and 5 (Strongly Agree).

	Statements	Ratings				
1.	I have a lot of work and fear that I have very little time to do it	1	2	3	4	5
2.	I feel so burdened that even a day without work seems bad	1	2	3	4	5
3.	I feel that I can never take a leave.	1	2	3	4	5
4.	Many people at my office are tired of the company demand	1	2	3	4	5
5.	My job makes me nervous	1	2	3	4	5
6.	The effect of my job on me is too high	1	2	3	4	5
7.	Many a times, my job becomes a big burden	1	2	3	4	5
8.	Sometimes when I think about my job, I get a tight feeling in my chest	1	2	3	4	5
9.	I feel bad when I take a leave	1	2	3	4	5
EMOTIONAL LABOUR						
1.	I often have to suppress my emotions at work	1	2	3	4	5
2.	I make an effort to actually feel the emotions that I need to display	1	2	3	4	5


3.	I try to experience emotions that I must show.	1	2	3	4	5
4.	I feel emotionally involved in my job	1	2	3	4	5
5.	I experience emotions on my job, such as anger and excitement	1	2	3	4	5
6.	Sometimes the emotions I experience at work is carried home	1	2	3	4	5
7.	I unconsciously show desired emotions as expected by others	1	2	3	4	5
8.	I display authentic emotions which are pleasant to others	1	2	3	4	5
9.	I display emotions that are spontaneously felt	1	2	3	4	5
10.	I hide my true feelings when situation demands	1	2	3	4	5
11.	I pretend to have emotions that I really don't have	1	2	3	4	5
12.	I resist expressing my genuine feelings	1	2	3	4	5
PSYCHOLOGICAL FLEXIBILITY						
1.	I am able to work effectively in spite of any personal worries that I have	1	2	3	4	5
2.	I can admit to my mistakes at work and still be successful	1	2	3	4	5
3.	I can still work very effectively, even if I am nervous about something	1	2	3	4	5
4.	Worries do not get in the way of my success	1	2	3	4	5
5.	I can perform as required no matter how I feel	1	2	3	4	5
6.	I can work effectively, even when I doubt myself	1	2	3	4	5
7.	My thoughts and feelings do not get in the way of my work	1	2	3	4	5
8.	I am able to work effectively in spite of any personal worries that I have	1	2	3	4	5

APPENDIX B
INTRODUCTORY LETTER

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

Telephone: 0332091854
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UNIVERSITY POST OFFICE
CAPE COAST, GHANA



Our Ref: CES/DGC/L.3/VOL.1/210
Your Ref:

31st October, 2022

TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

We introduce to you, Samuel Yaw Antwi a student pursuing a Ph.D programme in Guidance and Counselling at the University of Cape Coast. As a requirement, he is to submit a thesis on the topic: *"Impact of Emotional Labour and Stress on the Health Functioning of Ghanaian Classical Pentecostal Clergy: Mediating role of Burnout and Moderating role of Psychoflexibility"*. We are by this letter affirming that, the information he will obtain from your institution will be solely used for academic purposes.

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

Thank you.



Dr. Stephen Doh Fia
HEAD OF DEPARTMENT


APPENDIX C

ETHICAL CLEARANCE

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

File No: CES/CEB/2022/122-127  Date: 28th October 2022

Chair Ref:

Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

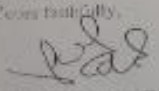
The hono^{ble} Samuel Ya Aducci Reg. No. is a
M.Phil. / Ph.D. student in the Department of Guidance
and Counselling in the College of Education Studies
University of Cape Coast, Cape Coast, Ghana. He / She wishes to
conduct a research study on the topic:

Impact of emotional labour and stress on the health functioning of Ghanaian classical Pentecostal clergy: Mediating role of burnout and moderating role of psycho-flexibility.

The Ethical Review Board (ERB) of the College of Education Studies (CES) has assessed his/her proposal and confirm that the proposal satisfies the College's ethical requirements for the conduct of the study.

In view of the above, the researcher has been cleared and given approval to commence his/her study. The ERB would be grateful if you would give him/her the necessary assistance to facilitate the conduct of the said research.

Thank you.
Yours faithfully,


Prof. Linda Dharma Datta
(Secretary, CES-ERB)

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APPENDIX D

TURNITIN REPORT

