2021 February 27 Webinar

34th World Neuroscience and Neurology Conference;

13th International Conference on Tissue Science and Regenerative Medicine &

38th Global Psychiatry and Mental Health Conference

# Jamaican Church Leaders and their Psychological Well-being

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## Introduction

Major depressive disorder is a medical condition that influences people's mood, behaviour and decision-making skills. For centuries, religious leaders have suffered from this disorder. Sowder (2018) wrote an article captioned "Church leaders reaffirms need for mental health crisis training after a New York Police Department (NYPD) officer was acquitted in the killing of Episcoplian" pastor for wheeling a machete in the streets and this brings to the forefront that even religious leaders may be suffering in silence from ill health. Jim Howard, pastor of Real Life Church in California, shot himself in the head on Wednesday, January 23, 2019 after battling mental illness for some time (Blair, 2019). Despite knowledge on this medical condition for centuries, religious leaders have suffered from this disorder; yet a dearth of empirical information is available on the matter. A comprehensive review of the literature unearths not a single study that has examined the psychological state of religious leaders in Jamaica.

## Objective

1) Evaluate the mental health status among religious leaders in Central Jamaica
2) Examine the state of fatigue and emotional well-being among religious leaders in Central Jamaica, and whether these differ based on self-reported major depression.

Huang, et al. (2017) developed pathway personality model that provides some answer to the question, 'Does personality affect health-related quality of life?'

By way of a meta-analysis of some 5,312 related researches, Huang and colleagues were able to conclude that personality characteristics affect one's health-related quality of life (HRQoL).

## Materials and Methods

A correlational research design was used for this research, with a sample of 206 religious-leaders in Central Jamaica. A standardized questionnaire was developed to evaluate the various research objectives. The population for this research was leaders who serve in the certain religious denomination in Central Jamaica. Initially, the researchers chose a simple random probability sample of the number of pastors, associate pastors, and first elders in the various Churches in Central Jamaica. A sample size was calculated based on the number of pastors, associate pastors and first elders in Central Jamaica and this was found to be less than 90 leaders, which would be smaller than the stipulated recommended number of people by different scholars (Hsieh,1989; Long, 1997; Bujang, Sa'at, Sidik, & Joo, 2018).

The researcher changed the sample design to one of total population-selection. Hence the researcher expanded the sample unit to all board members who serve in the churches in Central Jamaica. This decision was taken as it provided more leaders than initially sought, and this makes it generalizable to the population of leaders in the churches in Central Jamaica. As such, all leaders serving in the churches in Central Jamaica were given a copy of the instrument. A standardized questionnaire was developed to evaluate the various research objectives. This was administered between August and September 2019. The general instrument comprised of two major established questionnaires (The Multifactor Leadership Questionnaire (MLQ 5X)

and Self-reported health status (SF-36)), which were designed by Bass and Avolio (1989, 1995, 1997, 2000) and RAND Corporation respectively.

**Table 1:** Demographic characteristics of sampled respondents, n=206

| Details | N (%) |
|---|---|
| **Leadership entity** | |
| Church | 206 |
| **Gender** | |
| Male | 76 (39.4) |
| Female | 117 (60.6) |
| **Marital Status** | |
| None/Single | 38 (20.1) |
| Married | 125 (66.1) |
| Common-Law | 6 (3.2) |
| Widowed | 6 (3.2) |
| Divorced | 11 (5.8) |
| Separated | 1 (0.5) |
| Visiting | 2 (1.1) |
| **Non-communicable diseases** | |
| No | 88 (43.3) |
| Yes | 115 (56.7) |
| **Healthcare seeking behaviour** | |
| No | 44 (22.2) |
| Yes | 154 (77.8) |
| **Religiosity** | 4 times (range = 15 days) |
| **Age** | 49.6 years±16.6 years, 95%CI: 47.1-52.1 years |

To accommodate the analysis of the large volume of data, Statistical Packages for the Social Sciences (SPSS) for Windows Version 25.0 (SPSS Inc; Chicago, IL, USA) was used. Data were analyzed by way of descriptive statistics, percentage and frequency distributions (include percentages and frequency counts), and multivariate analysis. Descriptive statistics allowed the researcher to meaningfully describe the many pieces of data collected that provide for background information on the study (Gay, Mills, & Airasian, 2009). Statistical significance was determined a p-value less than or equal to five percentage points (≤ 0.05)– two-tailed test. Bivariate analysis was conducted by way of 1) Independent sample t-test and 2) cross-tabulation. Furthermore, Ordinary Least Square (OLS) regression was used to model factors that influence general

fatigue among religious leaders in Central Jamaica.

Health is defined as a self-reported assessment of health by way of employing RAND's corporation SF-36 items. So, this research extrapolated fatigue and emotional well-being from the general SF-36 index as aspects of well-being to assess the psychological state of leaders' well-being. Furthermore, good health status for this study means self-reported excellent and very good health status (1=Yes, and 0=Otherwise).

**Discussion**

Globally, major depressive disorder (major depression or unipolar depressive disorder) is a mental health issue that affects peoples' mood, thinking, and behaviour (Harvard Medical School, 2018; Lieber, 2019; American Psychiatric Association, 2019). It is sometimes referred to as clinical or severe depression disorder, which includes fatigue, insomnia, impaired concentration, the feeling of worthlessness, restlessness, and anhedonia.

The current study found that 3.5 per cent of the sampled religious leaders in Central Jamaica suffered from a major depressive disorder, which is substantially lower than that for Jamaicans (20.3 per cent as found by Wilks and colleagues (2008)) This research found that 57.1 per cent of those who suffer from major depression sought medical care for their illness and 42.9 per cent of them reported bad health. The extent of the mood disorder of the sampled religious leaders is captured in the level of fatigue among the respondents. Also, fatigue was moderate among those who suffered from a major depressive disorder. This study established that mental fatigue among the sampled leaders was high, which provides some explanation for poor decision made by these leaders.

**Conclusion**

A major depressive disorder is a mental health condition that affects the individual's mood and behaviour as well as decision-making choices. With a part of this phenomenon being irritability, sadness, and lack of interest, religious leaders who suffer from this condition pose a problem to effective leadership. The Jamaican churches have a responsibility to identify symptoms of the major depressive disorder to address the matter before it leads to suicide and other destructive acts as the case of Rev Danner and Pastor Jim Howard.

## Biography

Professor Paul Andrew Bourne working as a Director in Socio-Medical Research Institute, at Kingston. He has done his PhD from the University of West Indies in Family health care. He has published many articles in the field of General practice one of which includes "Mortality and Inflation: A 21-Year Analysis of Data on Jamaica".

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