



Duke | CLERGY  
HEALTH INITIATIVE

# THE STATE OF CLERGY WELLBEING IN 2023

Top-level Findings from the 2023 Statewide Clergy Health Survey  
of North Carolina United Methodist Clergy



*The Duke Clergy Health Initiative (CHI) identifies, tests, and promotes evidence-based practices to support the health and wellbeing of United Methodist clergy in North Carolina.*



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Funded by The Duke Endowment

# Background

**In 2023, we completed the 8th wave of the Statewide Clergy Health Survey.**

Every two years, clergy members of the North Carolina and Western North Carolina United Methodist Conferences who are under current appointment or within five years of their retirement are invited to participate in the Statewide Clergy Health Survey. Clergy have responded to the survey at impressively high rates. The survey combines physical, mental, and spiritual wellbeing measures with questions about a wide variety of clergy experiences. The result is the capability to identify wellbeing trends over time and actionable insights to support not just the amelioration of poor health, but also the presence of wellbeing for UMC clergy.

The Duke Clergy Health Initiative walks alongside UMC clergy in North Carolina. We are producing a series of in-depth reports which can be found on our website, [clergyreligion-research.duke.edu](http://clergyreligion-research.duke.edu), under Clergy Health Initiative Longitudinal Survey and Related Links. The current report is briefer and lifts up the top-level findings.

This report is divided into three sections: physical wellbeing, mental wellbeing, and spiritual wellbeing.



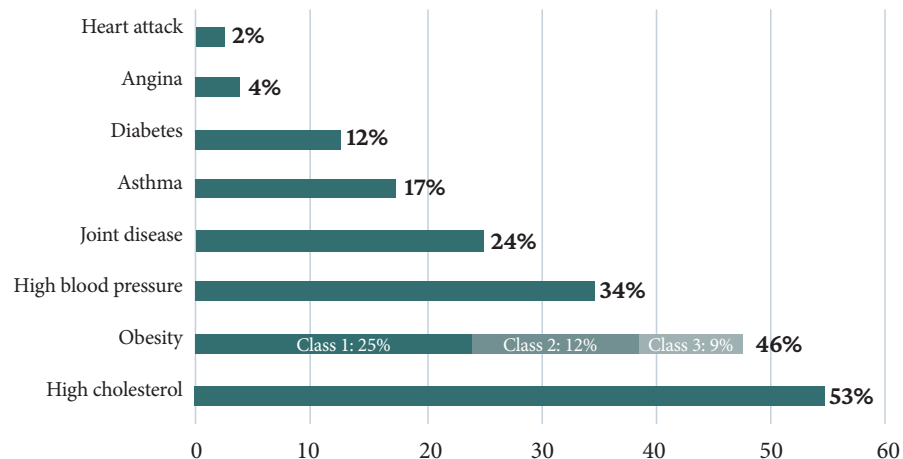
## PHYSICAL WELLBEING

**Disease rates, which were increasing through 2014, remain stable in 2023.**

UMC clergy in North Carolina experience a high burden of chronic diseases, including asthma, high cholesterol, and obesity at rates that are significantly higher than those of comparable North Carolinians (see Figure 1). While rates of high cholesterol, hypertension, and heart attacks increased for clergy between 2008 and 2014, they have remained stable since 2019, as have rates of diabetes, asthma, and arthritis. Class 3 obesity, which is associated with higher odds of cardiovascular disease, diabetes, cancer, and asthma, has a high rate (9%) among clergy but importantly has been stable in recent years.

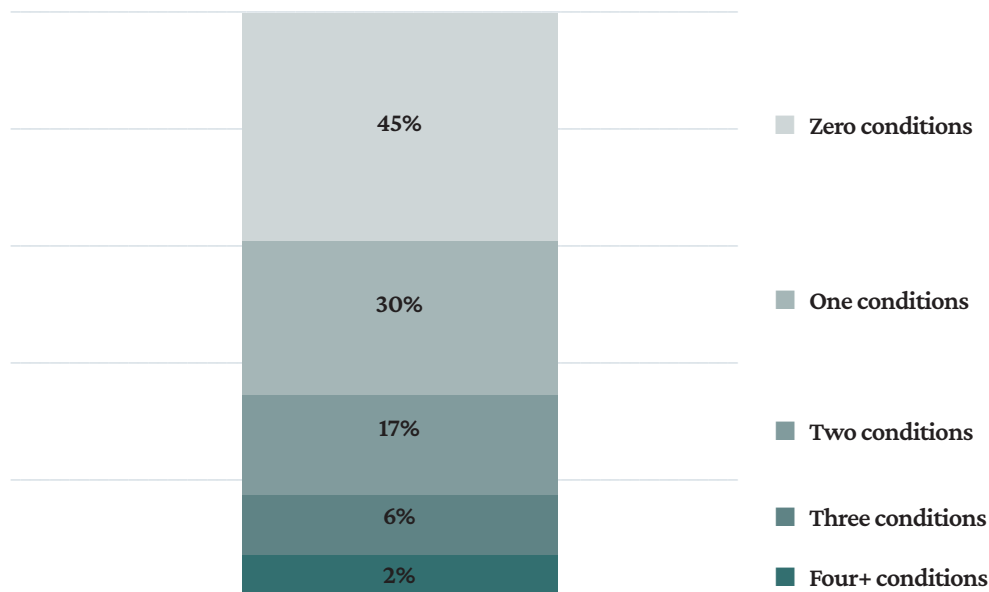
**Figure 1. Percentage of clergy in 2023 who have ever been diagnosed with the condition**

*Ever been told by a doctor you have:*



From an individual clergy perspective, 45% of clergy have none of 6 chronic diseases measured, whereas 55% of clergy manage 1 or more and 25% manage 2 or more diseases (see Figure 2).

**Figure 2. Percentage of clergy with the number of conditions, among possible conditions of diabetes, joint disease, asthma, hypertension, COPD, and angina**



**Vigorous physical activity minutes, which decreased in 2019, remain low in 2023. Adding back in the missing 41 minutes/week could make a big difference for physical and mental wellbeing.**

We know that physical activity is like a wonder drug in that it improves energy, strength, flexibility, disease risk, and longevity. It also enhances mental wellbeing by improving mood and cognitive functioning, and decreases stress, anxiety, and depression.

In one of the most cited and groundbreaking studies on physical activity vs antidepressants (Hoffman et al., 2011; the SMILE Study<sup>1</sup>), Duke and Emory University researchers recruited 202 sedentary adults with a mean age of 52 – notably similar to the mean age of UMC clergy!

The physical activity intervention group attended three 45-minute exercise classes/week (2.25 hours/week), where they encouraged bringing one's heart rate to 70%-85% of one's heart rate reserve. Another group took an antidepressant and still another group received a placebo pill. They all did this for 4 months and provided data, and then were allowed to combine or stop approaches. After an additional 8 months, they provided data again.

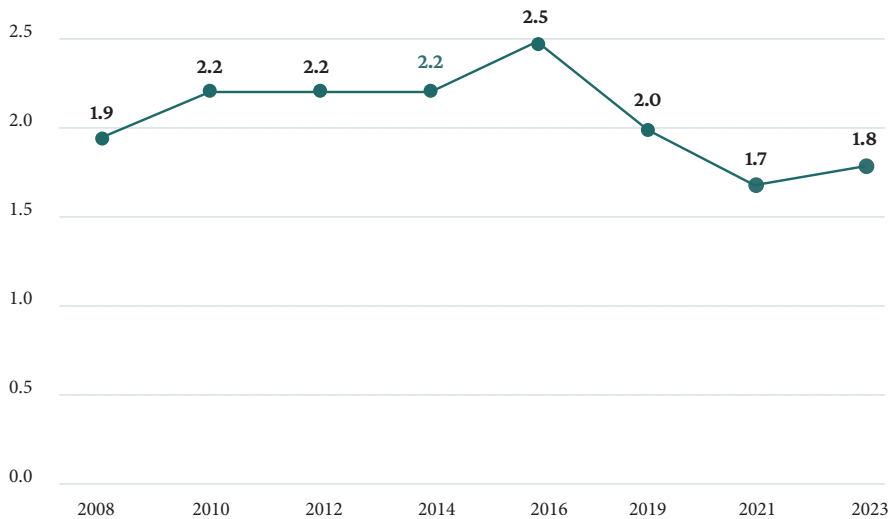
Participants in the antidepressant condition and those in the physical activity condition

experienced full remission of depression at 4 months at equal rates. Vigorous activity is as good as taking an antidepressant for many people!

At 12 months, SMILE Study participants reported a median of 1.7 hours/week of moderate or vigorous physical activity. More minutes of moderate or vigorous physical activity (but not mild physical activity) were associated with lower depression symptoms. Depression scores were substantially lower at 1 and 1.5 hours/week of moderate or vigorous physical activity. There was no extra benefit on depression symptoms of exercising more than 3 hours/week.

**How does exercise among UMC clergy compare?** Statewide Clergy Health Survey participants reported an average of 1.8 hours of vigorous physical activity/week. While that sounds good, it is down from the 2.5 hours of vigorous physical activity reported in 2016 – an average of 41 minutes less per week. Adding back just 28 of those missing 41 minutes of vigorous activity/week would bring the physical activity level of clergy to that of the SMILE Study’s intervention group, which was three 45-minute exercise classes/week.

**Figure 3. The average number of hours of vigorous activity per week declined in 2019 and has stayed lower**



<sup>1</sup>Hoffman, et al. (2011). Exercise and pharmacotherapy in patients with major depression: One-year follow-up of the SMILE study. *Psychosomatic Medicine*, 73(2), 127-133.

## **A high percentage of clergy report poor sleep quality, which is amenable to change.**

Good quality sleep lowers the risk of heart disease, hypertension, stroke, and type 2 diabetes. It helps our cells repair at night and it prevents us from getting sick as often. Sleep is also squarely linked to mental wellbeing; it helps us think more clearly and make better decisions, even in the face of stress. Sleep improves our mood and helps us maintain a healthy weight.

Clergy report sleeping an average of 6.9 hours/night. What matters more than sleep duration, is sleep quality. In 2023, we asked clergy a validated single item about sleep: “Please think about the quality of your sleep overall, such as how many hours of sleep you got, how easily you fell asleep, how often you woke up during the night, how often you woke earlier than you had to in the morning, and how refreshing your sleep was. During the past 7 days, how would you rate your sleep quality overall? Terrible, poor, fair, good, or excellent.” 42% of UMC clergy in 2023 reported having poor or only fair quality sleep. It was the same percentage in 2021.

We suspect this figure is actually higher. In the *Selah* Stress Management trial, clergy answered not just one item about sleep but 19 sleep items, revealing that 60% of clergy qualified for poor sleep quality. While there is not a good US national comparison using this 19-item measure, a large study of Germans found that only 36% qualified for poor sleep quality. The UMC clergy data using the 19 items were collected in 2020 and 2021, and it’s possible that the pandemic was disrupting sleep. However, using the single item on the Statewide Clergy Health Survey, we saw no difference in perceived sleep quality between 2021 and 2023, leading us to believe that poor sleep quality is true for more than 42% of UMC clergy – it may even be true for 60% of clergy.

Poor sleep quality could be greatly affecting both clergy mental and physical wellbeing. There are highly effective interventions for sleep that could be considered.

### **Considering these findings together.**

These new findings on sleep and physical activity point to directions to improve overall wellbeing. Clergy with an interest in improving their physical health may consider learning more about ways to structure and improve their sleep quality, which will support better physical health and help with stress. Adding more physical activity to one’s week can help not just with muscle tone, but also with sleep, stress, and overall mood.



Supporting weight loss could improve overall health and even reverse health diagnoses. Weight loss of 5%—even if someone remains obese—is associated with noticeable health improvements in blood pressure, and, among people with type 2 diabetes, blood sugar regulation. The Clergy Health Initiative recommends several behavioral approaches to weight loss, including health coaching (check out Diabetes Free NC and Naturally Slim). These two approaches were tested by over 1,100 UMC clergy through the Spirited Life intervention; clergy experienced significant reductions in metabolic syndrome and those at the highest levels of obesity sustained weight loss. Naturally Slim is now called Wondr Health. For a church-based approach, we recommend the Faith, Activity and Nutrition Program with its strong evidence base from South Carolina. Further, there are powerful new medications available to consider as adjuncts to behavior change.

For more physical health findings and details, see the *Physical Health Trends* report at [clergyreligionresearch.duke.edu](http://clergyreligionresearch.duke.edu) under Clergy Health Initiative Longitudinal Survey and Related Links.

### **Clergy who remained in the UMC were in better physical health than those who disaffiliated.**

UMC clergy remaining with the denomination reported better physical health in 2021 than clergy who were in the UMC in 2021 and went on to disaffiliate. Clergy staying with the denomination had a lower body mass index (BMI) on average (30 vs. 31), and lower rates of obesity (38% vs. 42%), diabetes (12% vs. 18%), high blood pressure (33% vs. 36%), and high cholesterol (48% vs. 53%). Likely these modest differences are a result of regional patterns in disaffiliation, as clergy in rural areas were more likely to leave the denomination than those in urban areas, and research has shown that people living in the rural South have worse physical health. It does not appear that disaffiliation will exacerbate any challenges for the denomination in supporting the physical health of clergy.

For more details, see the Religion and Social Change Lab report: *Disaffiliation from the United Methodist Church in North Carolina: Challenges and Opportunities* at [clergyreligionresearch.duke.edu](http://clergyreligionresearch.duke.edu) under RaSCL Resources.

## MENTAL WELLBEING

### **After years of worsening trends, mental distress is elevated but stable.**

On average, 2014 and 2016 were good mental health years for UMC clergy in North Carolina. Rates of elevated depressive symptoms had decreased from 11% in 2008 to 8% in 2016, and rates of elevated anxiety symptoms and three components of burnout were holding steady. But then came 2019, with General Conference 2019 bringing unexpected and unsettling decisions about how the UMC would handle issues of sexuality and increased national political tension. Rates of elevated anxiety symptoms jumped from 8% to 13%, elevated depressive symptoms rose from 8% to 11%, and elevated emotional exhaustion symptoms increased from 14% to 18%. Not surprisingly given the COVID-19 pandemic, in 2021, rates of elevated anxiety, emotional exhaustion and lack of personal accomplishment got significantly worse, and the rate of high positive mental health decreased.

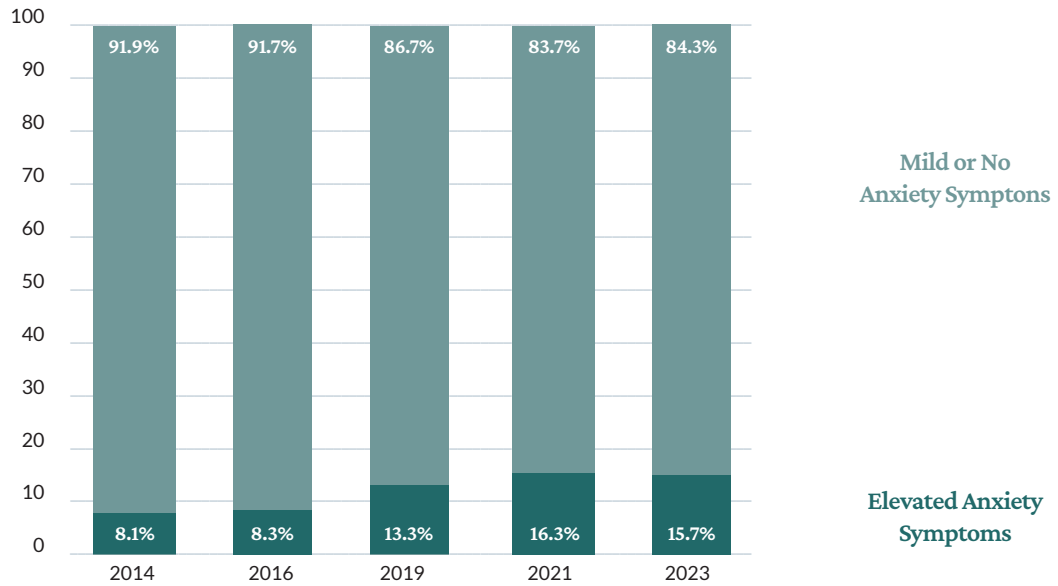
2023 saw an end to the worsening trends in mental distress, with all indicators of mental distress holding steady: elevated anxiety symptoms (15.7%), elevated depressive symptoms (10.3%), high emotional exhaustion (46%), and high positive mental health (70%).

These steady rates of depressive, anxiety, and burnout symptoms mean they are still at the level of the pandemic and GC19 years, which indicates a continued need for relief.

### **The percentage of clergy with high positive mental health rose.**

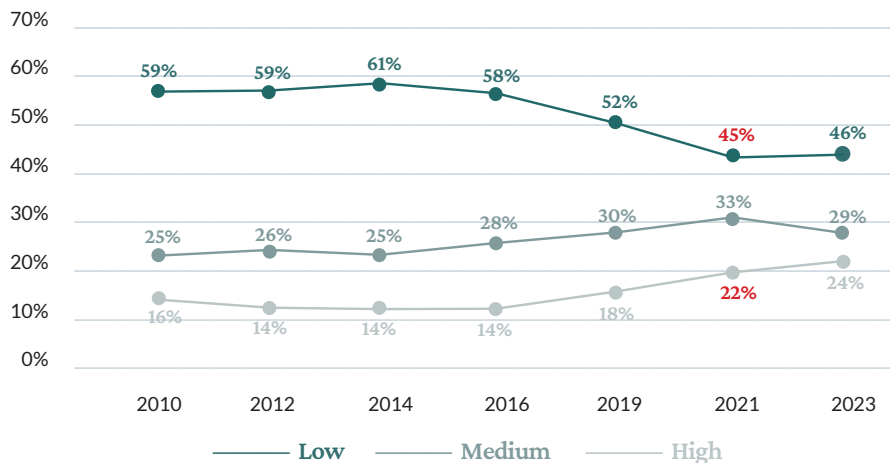
We assess positive mental health separately from mental distress. While they are associated with each other for many people, you can also experience movement in one and not the other. For example, positive mental health includes good psychological and social functioning, such that you may experience an increase in your personal growth, warm and trusting relationships, and sense of belonging even while continuing to have elevated anxiety symptoms. In good news, the rate of high positive mental health significantly increased from 64% in 2021 to 70% in 2023.

**Figure 4. Anxiety symptoms increased in 2019 and have remained elevated**



Note: This chart shows the severity of anxiety symptoms using the using GAD-7 scale – Generalized Anxiety Disorder scale. A score of 8 or higher was classified as elevated anxiety symptoms.

**Figure 5. Emotional Exhaustion Increased Between 2019 and 2021 and Held Steady Between 2021 and 2023**



Note 1: Percentage in red indicates a statistically significant change between 2019 and 2021. There were not significant differences between 2021 and 2023.

Note 2: The US UMC clergy report does not contain information on emotional exhaustion.

**Table 1 Individual-level trends over time among North Carolina UMC clergy with a current appointment**

Mental Health	Trend 2008 to 2014	Trend 2014 to 2019	Trend 2019 to 2021	Trend 2021 to 2023
Elevated depression symptoms	Stable	Increasing	Stable	Stable
Elevated anxiety symptoms	Stable	Increasing	Increasing	Stable
High Positive Mental Health	Not available	Stable	Decreasing	Increasing
Burnout: High Emotional Exhaustion	Stable	Increasing	Increasing	Stable
Burnout: High Depersonalization	Stable	Stable	Stable	Stable
Burnout: Low Personal Accomplishment	Stable	Stable	Increasing	Stable

Note: People who disaffiliated before the 2023 Statewide Clergy Health Survey were included in the first 3 trends but not in the last trend between 2021-2023.

For more mental health findings and details, see the *Mental Health Trends* report at [clergyreligionresearch.duke.edu](http://clergyreligionresearch.duke.edu) under Clergy Health Initiative Longitudinal Survey and Related Links.

**Clergy who stayed in the UMC reported greater mental distress than those who disaffiliated.**

UMC clergy remaining with the denomination reported higher symptoms of mental distress in 2021 than clergy who were in the UMC in 2021 and went on to disaffiliate. Using 2021 data, we saw that UMC clergy who remained had higher rates of symptoms consistent with the burnout component of emotional exhaustion (49% vs. 40%), depression (14% vs. 6%), and anxiety (18% vs. 12%).

For more details, see the Religion and Social Change Lab (RaSCL) report: *Disaffiliation from the United Methodist Church in North Carolina: Challenges and Opportunities* at [clergyreligionresearch.duke.edu](http://clergyreligionresearch.duke.edu) under RaSCL Resources.

**Flourishing mental health is protective against future mental distress.**

Mental health is a complex interplay that includes both negative symptoms (i.e. depressive and anxiety symptoms) as well as positive mental health. We identified four mental health profiles that were common to UMC clergy across a five-year period (2014-2019): Flourishing, Burdened But Fulfilled, Languishing, and Distressed.

**Different Combinations of Clergy Mental Health**

<i>Flourishing</i>	<i>Burdened but Fulfilled</i>	<i>Languishing</i>	<i>Distressed</i>
<p><b>LOW</b> depressive &amp; anxiety symptoms</p> <p><b>LOW</b> burnout</p> <p><b>HIGH</b> personal accomplishment</p>	<p><b>MODERATE</b> depressive &amp; anxiety symptoms</p> <p><b>MODERATE</b> burnout but <b>HIGH</b> personal accomplishment</p> <p><b>HIGH</b> positive mental health</p>	<p><b>MODERATE</b> depressive &amp; anxiety symptoms</p> <p><b>MODERATE</b> burnout</p> <p><b>MODERATE</b> personal accomplishment</p> <p><b>MODERATE</b> positive mental health</p>	<p><b>HIGH</b> depressive &amp; anxiety symptoms</p> <p><b>HIGH</b> burnout</p> <p><b>LOW</b> personal accomplishment</p> <p><b>LOW</b> positive mental health</p>

The mental health of pastors was significantly impacted between 2019 and 2021, with individual outcomes varying based on pre-pandemic mental health profiles. Notably, pastors who were in the Flourishing group before the pandemic showed resiliency in their mental health, while substantial percentages of clergy with the other three profiles either kept their Distressed mental health profile or transitioned to the Distressed profile.

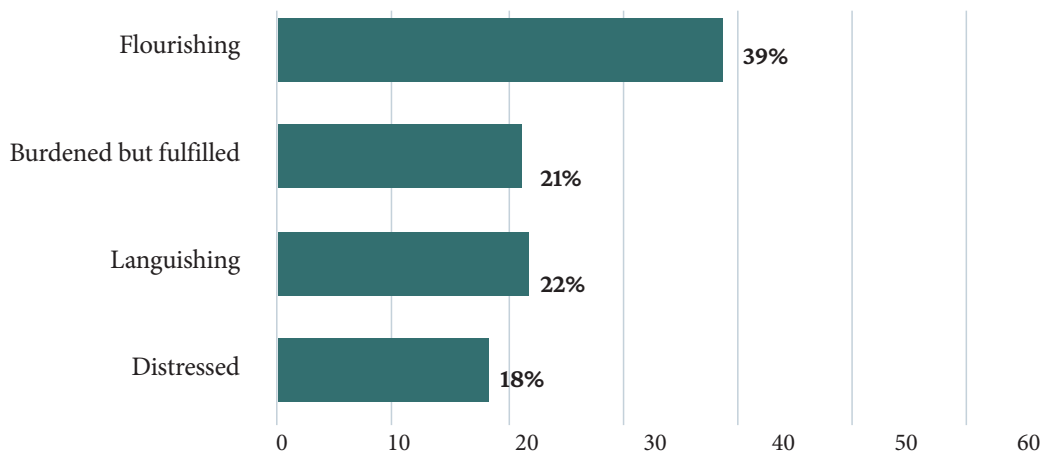
**Specifically:**

- Of clergy with a Flourishing mental health profile in 2019, 76% remained Flourishing in 2021 and only 2% transitioned to a Distressed profile in 2021.
- Of clergy with a Burdened But Fulfilled profile in 2019, 24% transitioned to a Distressed profile in 2021.
- Of clergy with a Languishing profile in 2019, 24% transitioned to a Distressed profile in 2021.
- Of clergy with a Distressed profile in 2019, 80% remained Distressed in 2021.

These findings suggest that it is important not only to bolster the mental health of currently Distressed clergy, but also to enhance the mental health of clergy in the Burdened But Fulfilled profile and the Languishing profile, as a way to prevent future distress.

Data from 2023 suggests a slight shift in mental health profiles, such that burnout may be higher in certain groups and warrant a fifth mental health profile. However, if we use the same criteria of the original four mental health profiles, the percentage of clergy experiencing each in 2023 is slightly improved from 2021.

**Figure 6. 2023 percentages for each mental health profile, using the 2014-2019 combinations**



For more details, see the open access journal article *Stability and Shifts in the Combined Positive and Negative Mental Health of Clergy in Social Science and Medicine*: <https://pubmed.ncbi.nlm.nih.gov/38340387/>

### **Clergy have evidence-based ways to enhance positive mental health.**

There are many avenues to flourishing. The Clergy Health Initiative recommends four practices that differentiated clergy with burnout from those with positive mental health in a qualitative study of UMC clergy in North Carolina. These practices are:

1. Keep an intentional physical, mental, and/or spiritual wellbeing
2. Create boundaries around work and personal lives
3. Nourish friendships and extend positive emotions by sharing good news with others
4. Work in alignment with God and give less weight to criticism that is not relevant to what God is calling you to do in this season

For more details, see *The Four Behaviors of Flourishing Clergy* under CHI Resources for Clergy on the website <https://clergyreligionresearch.duke.edu/clergy-health-initiative-chi/>.

To those ideas, the Clergy Health Initiative adds Mindfulness Based Stress Reduction and the Daily Examen prayer practice. We partnered with clergy to test these in the *Selah* Stress Management trial. Engagement with both practices resulted in significantly higher positive mental health scores than the waitlist control group. Mindfulness practices also improved physical health in clergy; clergy had better heart rate variability after 3 months, demonstrating the mind-body connection and how improving one can improve the other.

For more information on the *Selah* Stress Management interventions and findings, go to our website [clergyreligionresearch.duke.edu](http://clergyreligionresearch.duke.edu) and under Clergy Health Initiative, navigate to View Our Research / CHI Intervention Studies.



# SPIRITUAL WELLBEING

Spiritual wellbeing scores have remained constant, despite changes over time in mental distress and positive mental health scores.

We measure spiritual wellbeing in two ways: spiritual wellbeing in the everyday and spiritual wellbeing in ministry. Example items of spiritual wellbeing in the everyday are:

During the past 6 months, how often have you ...

- Experienced the presence and power of God in the ordinary?
- Felt God’s love for you as you are, apart from any accomplishments or good works?
- Felt that you have a vital relationship with God?

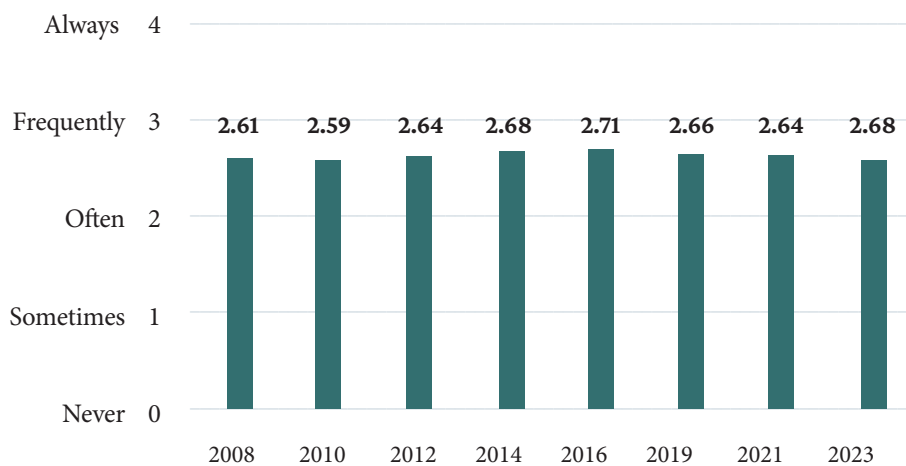
Example items of spiritual wellbeing in ministry are:

During the past 6 months, how often have you felt the presence and power of God ...

- In planning worship?
- When sharing in the sacraments?
- In the midst of serious conflict?

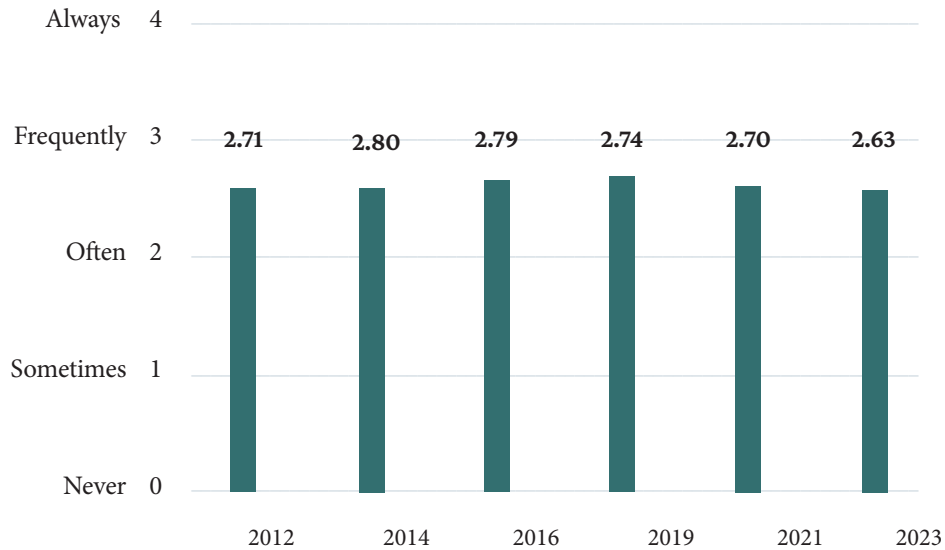
Scores on these measures do change for individuals over time, so we thought they might get worse during the pandemic. We were surprised to see that, on average, spiritual wellbeing scores remained steady from 2019 to 2021 – years when both mental distress and positive mental health indicators were getting worse. The small decrease in 2023 is not significant.

Figure 7. Spiritual wellbeing in the everyday has remained constant over time





**Figure 8. Spiritual wellbeing in ministry has remained constant over time**



**Spiritual wellbeing is protective against future depression symptoms.**

Having strong spiritual wellbeing is good in and of itself. Data from UMC clergy in North Carolina also shows that high spiritual wellbeing scores are protective against elevated depression scores one year later. Once again, improving wellbeing in one area positively affects other wellbeing areas.

For more details, see our research brief, *Prospective study points to the importance of attending to depressive symptoms early and to the protective benefits of spiritual wellbeing for clergy*, at [clergyreligionresearch.duke.edu](http://clergyreligionresearch.duke.edu) under Clergy Health Initiative / View Our Research / CHI Reports & Briefs.

**The Daily Examen prayer practice and Mindfulness Based Stress Reduction enhance spiritual wellbeing plus mental wellbeing.**

Not many rigorous trials of specific prayer practices exist, making the Clergy Health Initiative proud to have tested the Daily Examen prayer practice through partnering with clergy in the *Selah* Stress Management trial. Although the trial was focused on stress symptom reduction and alleviating mental distress, we also tested if spiritual wellbeing would be impacted – because again, wellbeing improvements in one realm affect other realms.

First, we found that clergy engaged in the Daily Examen at high levels across 6 months. And yes! Clergy who practiced the Daily Examen saw significantly higher spiritual wellbeing scores than clergy in the waitlist control group. We were less sure that mindfulness practices would also improve spiritual wellbeing compared to the control group, but they did, too! These are two evidence-based practices that not only improve spiritual wellbeing, but also improve positive mental health and reduce mental distress.

The Mindfulness Based Stress Reduction course clergy participated in is the Duke Integrative Medicine Mindfulness Based Stress Reduction Distance Learning.

The Daily Examen retreat is accessible as a self-paced retreat at the Redwood Center for Spiritual Care & Education, Finding God: An Examen Prayer Retreat, <https://courses.redwoodspiritualcare.com/courses/finding-god>



## CONCLUSION

Several key findings emerged from the 2023 Statewide Clergy Health Survey data. In terms of trends over time, chronic disease rates for UMC clergy in North Carolina remain high but stable. Mental distress remains elevated at 2021 levels but has not worsened. The percentage of clergy with high positive mental health increased in 2023 and spiritual wellbeing remained stable.

New data indicate that a very high percentage of clergy suffer from poor quality sleep and that time spent engaging in vigorous physical activity decreased in 2019 and has not rebounded. Attending to either area – sleep or physical activity – can yield large benefits to both physical and mental wellbeing.

In addition, other important intervention research findings from studies partnered on by UMC clergy in North Carolina and the Duke Clergy Health Initiative offer concrete suggestions to improve physical, mental, and spiritual wellbeing. Please check out our growing set of resources, in addition to more in-depth reports, on our website, [clergyreligionresearch.duke.edu](http://clergyreligionresearch.duke.edu).



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This is a volume in a series of reports on clergy wellbeing from 2008-2023. To learn more about this series on our website, scan the QR code.