

Priestly Pressure: Lived Experiences of Seventh-Day Adventist Pastors During the COVID-19 Pandemic in Singapore¹

Margihon Bayu Putra Kaumpungan, Asia-Pacific International University, Thailand

Date Received: 5 January 2023 Revised: 3 March 2023 Accepted: 7 March 2023

Abstract

The impact of COVID-19 on mental health has received significant attention. However, the data remains limited when it comes to examining its effects upon the clergy. In this study, the experiences of six Seventh-day Adventist pastors working in Singapore were explored in regards to their mental health status during the COVID-19 pandemic. Their relationships with people, their ability to navigate changing policies, and their sense of self-worth were themes identified as affecting mental health. Conflict involving parishioners, loss of interaction, and the lack of boundaries at home affected pastors' mental health and their dealings with people. Under the theme of policy, pastors needed to navigate through constant directional changes specified by government authorities and higher-level church organizations. Pastors felt a constant pressure to adhere to all the requirements when managing their churches. Supplementing these two themes, pastors were also constantly struggling internally, particularly with the sense of helplessness and incompetency. The findings from this study contrast with other similar studies, and point to potentially distinctive socioeconomic factors that may have played a role in the pandemic experiences of pastors in Singapore.

Keywords: *Pastoral ministry, mental health, COVID-19, Asian studies*

Introduction

As the world battled the COVID-19 pandemic that affected people around the globe, the virus brought with it a distinctive challenge. The easily transmissible nature of COVID-19, spread through aerial droplets, severely affected human interaction, particularly areas of life that involved public gatherings and social activities. Around the world, constant lockdowns and suspension of social gatherings were mandated in one form or another. Some lockdowns even involved a nationwide shutdown of public activities. These changes had a tremendous impact on how societies operated, including how churches ran their services and activities. For about two years, worship services and religious activities across the world were affected. The pastor (or equivalent) was the individual called to navigate all these changes. Pastors are often perceived as pillars of strength and hope in a crisis. In times of distress, people tend to look to their religious leaders for counsel and support. The expectations and hopes that people put on pastors are often high. Yet, COVID-19 brought a set of challenges that was new and unique to the field of pastoral ministry.

Studies on the effects of the COVID-19 pandemic on different professions have emerged as vital research areas. Studies on the impact of COVID-19 on various professions have increased rapidly in number, and included healthcare workers (Mascayano et al., 2022; Pappa et al., 2022) and educators (Jin, 2022; Spadafora et al., 2023). However, available data about its effects on pastoral ministry—especially in Southeast Asia—remains limited.

This study was designed to fill the knowledge gap regarding the experiences of Seventh-day Adventist (SDA) pastors dealing with the impacts of the pandemic on their lives and ministry. The data collected in the study may be used to facilitate further research in understanding the mental health challenges faced by pastors, specifically those due to the COVID-19 pandemic and designing intervention steps to help them to function better in their ministry.

¹ This paper was presented at the 9th International Scholars' Conference held on October 25–26, 2022 at Asia-Pacific International University, Muak Lek, Thailand, and selected for publication in HBDS.

Literature Review

Pastoral Ministry during the COVID-19 Pandemic

As the COVID-19 pandemic continued in 2022, a steady stream of literature pertaining to pastors and the pandemic—though still quite limited—began to appear slowly. In Italy, pastors were at the forefront of the battle with COVID-19. They provided spiritual assistance, moral support, and tireless service conducting religious rites for both patients and healthcare workers, and at times risked their personal safety by serving without protective gear (Chirico & Nucera, 2020). As a result, at least 75 Catholic priests were reported to have been direct casualties of the virus due to their exposure to COVID-19 while conducting religious rites for its victims (Bramstedt, 2020).

Osei-Tutu et al. (2021a) indicated that pastors in Ghana were actively preaching messages of hope to sustain the faith of their members, promoting hygienic practices, and reducing the stigma toward those infected by the COVID-19 virus. Similar evidence was presented by Wijesinghe et al. (2021) in relating how religious leaders from different faiths in Sri Lanka worked together to promote preventive testing, mitigate misinformation, remove stigma and discrimination, encourage vaccination, and become involved in contact tracing efforts. In terms of religious rites and traditions in the church such as baptismal and communion services, pastors needed to modify the ways that these rituals were conducted in order to reduce the risk of COVID-19 transmission (Budaev, 2021). Such adaptation did not come quickly to some, since breaking time-honored traditions may be considered sinful. Since for Christians these rituals are platforms of transcendence with the divine, such sentiments are to be expected (Norman & Reiss, 2020). Sandwiched between concerns relating to both theological correctness and protection of public health, pastors experienced a tension between perspectives that sometimes conflicted. The severe limitations for conducting religious rites was particularly significant for funeral services. Bidding farewell to loved ones in normal circumstances can be challenging for many. Wake and funeral services provide a platform for those left behind to grieve and mourn. However, during the COVID-19 pandemic, such opportunities were severely limited, leaving stronger feelings of loss for those left behind (Fernández & González-González, 2022). Pastors often had to conduct funeral services on their own without the presence of anyone else, meaning that they had to carry additional burdens while still giving comfort and strength to bereaving families. Such demands may take an intense toll on the well-being of pastors. In terms of church service disruption, pastors went through struggles in their ministry, too. Levin (2020) pointed out that some clergymen actually played a role in the spread of COVID-19 by promoting pseudoscientific information about the virus, leading to misinformation or disinformation among their parishioners. Furthermore, some were responsible for spreading misinformation with a Christian twist, such as associating the pandemic with demonic powers or conspiracy theories (Sturm & Albrecht, 2021).

Relatively few studies are currently available that explore the relationship between COVID-19 and the mental health of clergymen. In one study in Italy, a negative correlation was found between emotional stability, conscientiousness, and positivity against anxiety among Catholic priests (Crea, 2021). However, when wellness was used as a measurement tool for Church of England priests, Village and Francis (2021) found that while their fatigue significantly increased, at the same time, their positive attitude towards God also strengthened and mitigated against disengagement. Lastly, using the same population of clergymen in the Church of England, Village and Francis (2021) showed that a pastor's personality played a major role in regulating mental health problems during the COVID-19 pandemic. Individuals with certain personality types tended to more prone to suffer from mental health issues.

The Effects of COVID-19 on Mental Health

Interest in examining the impact of COVID-19 on mental health has continued to emerge alongside knowledge generated about the virus and its effects on physical health. While information about how the COVID-19 virus directly affects brain functions still lacks firm empirical support, several studies have suggested observable effects of COVID-19 infection that alter human cognitive function. Data from a longitudinal study in the United Kingdom indicated that people who had contracted COVID-19

had significantly poorer outcomes in terms of depression and anxiety (Wilding et al., 2022). Among those who were suffering from long COVID, deterioration in mental health was also noticeable, indicating that the virus likely affected brain function (Palmer, 2021). Sonuga-Barke and Fearon (2021) argued that the observed effects of COVID-19 might have been largely by-products of the lockdowns and conflicts that affected the neurobiological function of the brain.

The way COVID-19 affects anxiety is particularly important, since data consistently has indicated a strong relationship between infection and anxiety. Using the Anxiety Sensitive Index-3 (ASI-3) and the Fear of COVID-19 Scale as measurement instruments, Warren et al. (2021) showed that in the United States, the ASI-3 total score was associated with above average COVID-19 fear ($\beta = .19$). Using two different samples from Portugal and Brazil, Vitorino et al. (2021) also observed a significant increase in anxiety during the COVID-19 pandemic, with significant differences between the countries ($F = 4.203$; $p < .001$); access to healthcare providers was the common predictor for these differences. In contrasting studies in Israel and Italy by Amit Aharon et al. (2021), the increase in anxiety due to COVID-19 pandemic was much higher among the Italian population, presumably because of the pandemic's greater severity there. The effect of COVID-19 on anxiety is also likely to be age-related because of constant news reports about how the older generation is more vulnerable to developing severe side effects (Maxfield & Pituch, 2021). The consistency of this data indicating a relationship between COVID-19 and anxiety suggests that mitigating COVID-19 related anxiety may warrant deeper research in the future (Hofmann, 2021).

The mental health of families was also significantly impacted by the COVID-19 pandemic. Glasper (2020), Racine et al. (2020), and Ravens-Sieberer et al. (2021) argued that COVID-19 was uniquely affecting childrens' mental health across different age groups in Europe, since their access to the regular social activities had been severely curtailed due to lockdowns and infection control regulations. Similar evidence of unique impacts of COVID-19 towards younger populations was shown in China (Liang et al., 2020). On the parental side, a significant increase in stress and other COVID-19 related mental health problems has been reported among American (Russell et al., 2021), German (Calvano et al., 2021), and Italian (Spinelli et al., 2021) populations. Furthermore, COVID-19 can affect grandparents' mental health as well, especially when they function as the main caretakers of their grandchildren (Xu et al., 2020).

Material and Methods

Ethical Protocol

This study received approval from the Singapore Adventist Conference (SAC) Administrative Committee. Before the research was undertaken, all participants received an information sheet on the purpose and methods to be used in the research. The information sheet included a clause that all participants were free to withdraw from the study at any time should they wish to do so. Finally, all participants consented to participate in the research and have their interviews recorded. These were later transcribed with no personal identification markers inserted. Interviews were stored in a secure computer, and the researcher was the only one who could access this information. Since the interviews were conducted using teleconferencing tools, the researcher ensured that interviews were completed private and confidentially, which was accomplished by conducting the interviews in an empty room and using headphones as the listening device.

Interview Process

Semi-structured interviews were prearranged at a mutually agreed time, and the question guide was provided as a baseline for further exploration based on the topic of interest. The questions were designed to explore the lived experiences of pastors during the COVID-19 pandemic in the context of Singapore. Where appropriate, the researcher prompted participants to give additional details to expand their responses with deeper insights. When debriefing participants at the end of every interview, they were asked if any clarification was needed, or if they wished to provide any other

specific feedback. All participants indicated that they did not have any specific concerns with the interview process.

Participants

All participants were SDA pastors currently working for the SAC and holding long-term residency status in Singapore as citizens, permanent residents, or long-term work visa holders. All participants who join the research were over the age of 21 and were full-time, paid employees of the SDA church. Six participants were interviewed for this study. These participants represented 85% of the English-speaking pastors working for SAC. In the past three years, all participants had been serving in one of the SDA churches in Singapore. Thus, they had been fully engaged in church dynamics since the emergence of COVID-19 as a pandemic in late 2019.

All the pastors participating in the research were married. Therefore, data on the dynamics of their family lives was obtained as well. Such information was critical since pastors' family lives significantly influence the dynamics of their professional service (Johnson, 2010; Koenig & Langford, 1998; Lee, 2017).

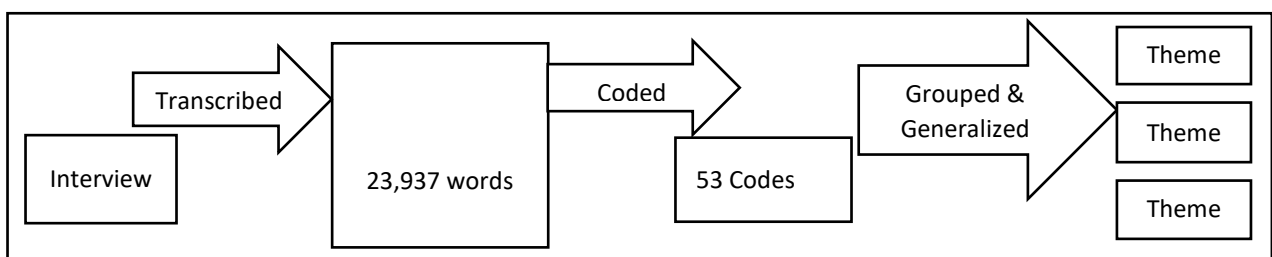
Data Analysis

An open ended thematic analysis method often is used to explore patterns of specific themes relating to phenomena of interest (Braun & Clarke, 2021; Maguire & Delahunt, 2017). The idea is to extract specific themes from the transcribed text, after subjecting it to a coding process.

Following the guidelines presented by Liu (2016), the 40 pages of text (23, 937 words) obtained through the interviews was divided into three main segments. The content of the manuscript that represented the research objectives was retained, and codes were generated to identify emerging patterns from the text (Nowell et al., 2017). The interview process was done deductively, starting with generic questions and gradually moving to specific areas related to mental health, such as stress that the pastors experienced during the pandemic. Each pastor was specific in expressing his experience. However, the underlying themes expressed in their responses were consistent for each participant (Ibrahim, 2012).

From the transcribed texts, 53 codes were generated. These codes were categorized by similarities in wording to establish generalized themes that covered most of the statements expressed in the text. Figure 1 illustrates the data analysis process from the interviews to the generation of themes.

Figure 1 *Thematic Analysis Sequence*



Results

Initial Response:

None of the participants expected COVID-19 would affect their ministry, let alone their entire life. During the interview, the first question asked of all participants was their initial reaction when they heard about the COVID-19 virus on the news. All the participants perceived the virus as something that would be a localized problem in China. However, as the COVID-19 virus developed into a pandemic, all participants started to experience some form of stress related to the situation. Participants pinpointed an increase in their COVID-19 related stress when Singapore started to impose some forms of infection control measures in public places, especially in churches.

As the interviews explored each pastor's experience in dealing with changes that COVID-19 brought to his ministry, they provided substantial explanations that could be grouped under three primary themes. These themes were identified under the headings of People, Policy, and Personal Issues.

Theme 1: People Issues

A robust and consistent pattern of expression related to interpersonal relationships emerged from all participants. The patterns of expression in the transcribed interviews revealed that pastors underwent significant stress due to constant exposure to other people. All participants expressed that the tension they experienced was not a burst of intense stress, but rather stress built-up slowly and eventually become a significant factor.

Sub-theme 1: Church Members

All participants expressed that interaction with their church members was one of the primary sources of emotional tension that they encountered. In the context of the COVID-19 pandemic, participants described several specific situations where interaction with members brought stress to them. Two groups of people with polarized positions were evident. The tension between the two opposing sides placed pastors in a challenging situation, as described by one interviewee as follows:

A lot (of challenges), but I think the biggest one for [me] was balancing disagreeing parties, you know, it became very divisive. There was [the necessity] to stand on many things, in the beginning, like to shut the church, or to keep it open; or, to later on, [relating] to the health protocol, how strict we [were] gonna be. Then finally, as we all struggling with the vaccination, for and against, to stand in between that and not to take [a] side for the right reason. So that still today, I feel, I am affected to the fact I have lost some relationship[s], because of not that I have done anything, but because they think I have chosen a side in this whole situation, and they have cut themselves from us. That has been the biggest challenge for me. (P2)

The second area of stress was because pastors lost the ability to interact with members in meaningful ways. Since strict controls on social interaction were enforced, particularly early in the pandemic, many participants expressed a sense of loss related to their interactions with members. Following are some excerpts of the expressions of loss that the participants experienced. "There is a shift you know because I am an outgoing type of person; [I] like to be with people. I think the pandemic has moved me away from doing that" (P1) and "I am a person who like [*sic*] to travel and to meet people, visit them and socialize, and these are not possible during this pandemic so that ... puts me in challenging situation, a little bit in [a] difficult situation" (P4). Lastly, participants also expressed the loss they witnessed in terms of members not returning to church, even after restrictions were lifted. One participant said it in this way:

I think that every church experience [*sic*] a loss in the pandemic, where people stop coming, especially among the younger generation, and this is the lost generation that is very hard to bring back, when they've gotten used to online and eventually not watching at all. (P3)

Sub-theme 2: Family

A pastor must deal with stress from interaction with people in their professional settings, along with the challenges that come from family members. Due to COVID restrictions, all participants needed to start working from home, and for most of the participants, parenting their children while juggling church responsibilities. This was a major challenge, as expressed by one participant:

It's hard to work, especially from home with two young kids; they were very young. To work in the room where my wife [is] attending to the kids outside: it's not easy. Parenting from home with kids its tough while working. I think that is one of the challenges that we face[d]. (P3)

The tension of parenting was not the only challenge that pastors faced due to the need to conduct worship services from home. The lockdowns in Singapore formed an official “circuit breaker” period. During this time, the only church services were online; furthermore, strict restrictions governed movement nationwide. Thus, pastors had only limited support from members in running these services. As a result, pastors could only ask for support from their spouses to run online streaming services from home. The pressure of running the services with very limited manpower caused tension and stress between pastors and their spouses. One of the participants expressed the issue as follows:

Most of the time, it's my wife that has to be my full-time assistant to help me with the technical support that I need for the operation of the system and everything. So [I] also pass my stress to her. The vibe passes down to her. (P4)

Theme 2: Policy Issues

The second theme that consistently emerged during the interviews was the stress pastors had to contend with in managing their churches during the pandemic; their parishioners also experienced similar challenges. However, some distinctive expressions were observable in the coding sequence in the area in which pastors expressed how adherence to regulations caused emotional tensions. Thus, a separate theme from the others has been used to categorize this material.

Sub-theme 1: Government Policy

Among all the expressions recorded in the interviews, constant changes in government regulations forced pastors to modify local church operations rapidly. This stress was mainly at the beginning of the pandemic, and related primarily to navigating through the unknown, while having to be responsible for the church. The problems encountered by many participants are illustrated by the following comments:

I think it's still added on to the stress, especially in the pandemic as the rules keep changing. So, we have to apply and communicate. I think this is a very [difficult], not just tedious, but it [is] the constant change [that] makes it very hard to do. (P5)

I don't know if challenge is the right word; I guess challenge can be the right word, but definitely I think all the government rulings that keep changing last time in 2020, I think definitely create a lot of work. Thankfully, we don't have to keep submitting document [sic] anymore, but last time it keeps changing, every week they keep changing.” (P6)

Sub-Theme 2: Upper-Level Church Administrators

Participants also expressed some tension involving dynamics between local church responsibilities and direction provided by upper leadership. Most participants mentioned the pressure that they encountered due to impractical demands from upper-level management that created increased pressure on the local church level, as described below:

They were overcompensating, so they double down on their surveillance on pastor [sic]. So Tuesday we must meet, to see [that] we are actually working, I think there is where the stress [is] coming in. And

things are implemented (in the way that) you meet this week, next week you want it to be implemented, how can it be implemented? We are not even meeting members. (P1)

The tension was relatively high, especially at the beginning of the pandemic.

You know, even before (the authorities) announce, I think there was a huge stress from us where some churches closed already. Even though it was not announced, you remember those time[s]. Our conference is not willing to close; some churches want to close. We are like oh! We should not be the one! So, the whole debates start to come out in Singapore right now, at that time. So, the strain is, do we close the church or go online? Then the government haven't [sic] said anything yet at that time. So that is one of the stresses. (P1)

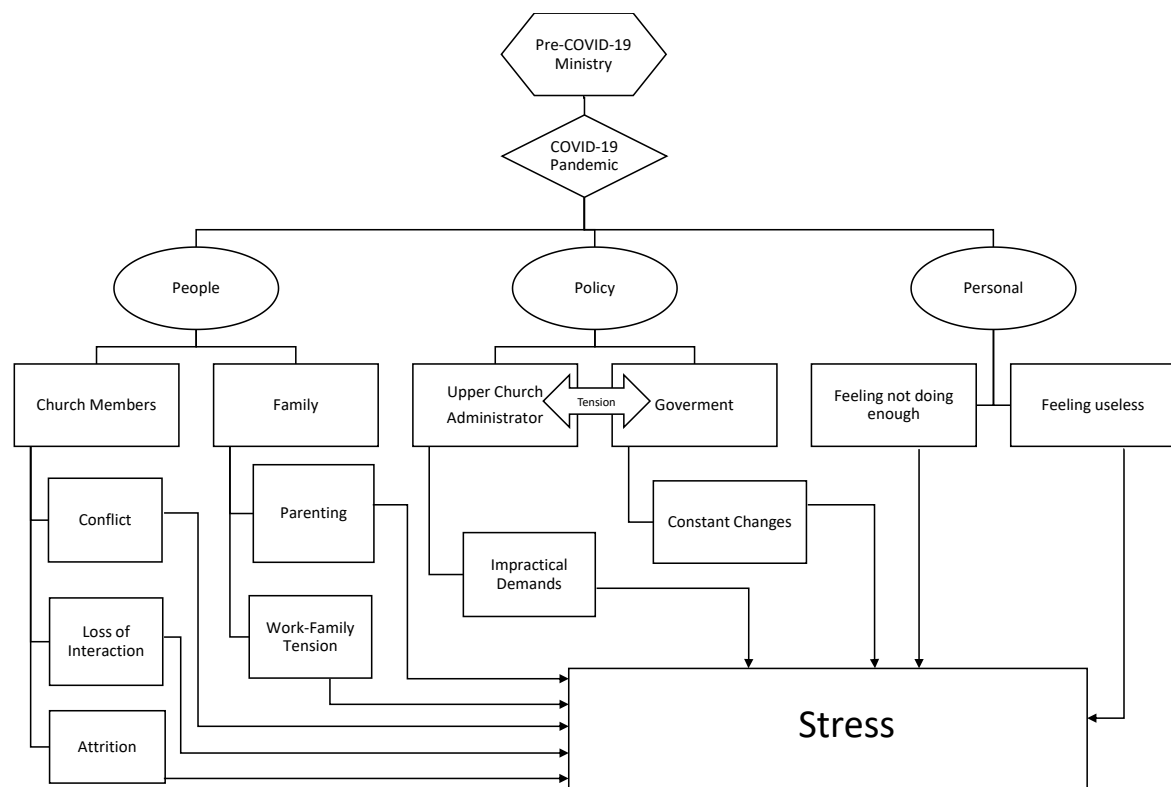
Theme 3: Personal Struggles

Beyond external factors that led to stress, some internal emotional issues caused increased stress to pastors as they attempted to navigate the pandemic. While pastors' personal struggles did not cause the same level of intensity or tension as reported under the first two themes, it was significant enough to be noticeable in the codes. The consistent pattern was a struggle to deal with the sense of not doing enough, and using the value of work to measure their self-worth. Two participants expressed this issue as follows:

I think [for] this one I will be honest; I would say that I didn't cope very well in the beginning Every time I manage to ease myself a bit I was thinking it's the time for me to add something more, since there are things that I haven't done. (P6)

I think for me, at the very beginning of the pandemic, I faced a challenge because I was unable to do anything, number one, in fact it comes to the point that I felt useless. ... I felt like I was not doing anything at all. (P2)

Figure 2 A Visual Model of SDA Pastor COVID-19 Experiences in Singapore



In summary, the three themes illustrated the main triggers causing pastors to feel constant stress in their ministry during the COVID-19 pandemic in Singapore. In Figure 2, the lived experiences of the pastors is illustrated, showing how stress affected pastors in their ministry roles during the pandemic.

Discussion

As indicated in the results section, all pastors were surprised at the effects of the pandemic on their ministry. Therefore, their stress response towards the changes that ensued was spontaneous. The findings further indicated that conflict, especially in situations where one party considered themselves in a disadvantaged position, might lead to a sense of job dissatisfaction. Choi (2013) indicated that workplace conflict, mainly where a dominant management culture is the norm, contributes significantly to job dissatisfaction. Especially in highly structured church organizations like those of Seventh-day Adventists, pastors not only need to live up to the expectations of their administrators, but also those of their members. Therefore, pastors may perceive their positions as being on the receiving end of many demands and expectations during conflict resolution. Since their ability to defend themselves is limited, such conflicting demands may lead to the feeling of dissatisfaction with their work and cause stress.

Additionally, the need for pastors to mediate among conflicting views may not come as an easy task. Often their decisions cannot be purely administrative, since in their pastoral role, they are simultaneously expected to function also as peacemakers and the keepers of God's flock. In a study by Faucett et al. (2013), role conflict and ambiguity were seen as critical factors that caused stress in pastoral work. This study further expanded these findings by explaining how role conflict may lead to increased pressure in pastoral ministry.

This study's data about how family relationships affected pastoral stress levels reinforced earlier findings. Maina et al. (2018) observed that pastors' children are often negatively affected by their father's work, mainly involving administrative matters and pastoral care. The results of this study add new information from the perspective of the pastor— working from home increases the stress of pastoral work. As indicated in this study, stress levels are even more acute when a pastor has young children.

It is worth noting that stress related to financial constraints or other economic factors were not mentioned. The absence of economic issues as a stressor is inconsistent with the findings of Osei-Tutu et al. (2021b) and Tagwirei (2022). They found that economic constraints were significant for pastors during the COVID-19 pandemic. The difference between the findings is possibly related to the geographical factor. Singapore is one of the wealthiest nations in the world, and financial security may not be an important stress factor for pastors in Singapore.

As the study also shows, internal struggles relating to self-value increased the stress level of pastors. When it comes to performance measurements, pastors often need to rely on external feedback to understand the impact of their efforts. People also usually associate pastoral work with the service sector. Therefore, customer satisfaction often is used to measure a pastor's performance. The nature of performance assessment that relies on external variables can make pastors feel inadequate or not good enough if they do not possess high internal self-esteem. When pastors rely too heavily on what people think and say about their ministry, it may make them feel that they need to continue to satisfy their church members in order to feel good about themselves. Such unhealthy thinking patterns may lead to increased stress when pastors face limitations in providing the best service to their members, such as during the COVID-19 situation.

Lastly, changes in pastoral working culture cannot be effected without organizational changes. While and Clark (2021) indicated that management's role is critical in mitigating work-related mental health problems in the workplace. The SDA Church organizational structure puts local church pastors under the direction of regional leaders such as mission or conference administrators. While these administrators may not be directly involved in the day-to-day activities of the local church, they can

help to establish policies to reduce work-related stress among pastors by reducing potential pressure on pastors during a pandemic.

Conclusion

The COVID-19 pandemic is unlikely to be the last public health crisis. Emerging infectious disease problems are likely to recur in the future. Based on the experience gathered from the present pandemic, work-related stress affected many professions, including pastors. The unique role of pastors and the broad parameters of their work may lead pastors to experience mental health issues that can affect their professional and personal lives.

By nature, pastoral work frequently deals with interpersonal relationships. Due to the nature of pastoral ministry, conflict is unavoidable. Enhancing skills to deal with conflict is necessary to reduce stress among pastors.

The role of pastoral ministry will continue to remain significant in the church's life. To the knowledge of the researcher, this study is the first research done among SDA pastors in Singapore over the last 20 years. Therefore, there is scope for further research on diverse topics. The knowledge gained from this research can be a catalyst for an increased focus on helping pastors to deal with their work challenges in order to enable them to continue providing optimal service for their parishioners.

References

- Amit Aharon, A., Dubovi, I., & Ruban, A. (2021). Differences in mental health and health-related quality of life between the Israeli and Italian population during a COVID-19 quarantine. *Quality of Life Research*, 30(6), 1675–1684. <https://doi.org/10.1007/s11136-020-02746-5>
- Bramstedt, K. A. (2020). COVID-19 as a Cause of Death for Catholic Priests in Italy: An Ethical and Occupational Health Crisis. *Health and Social Care Chaplaincy*, 8(2), 180–190. <https://doi.org/10.1558/hssc.41620>
- Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I *not* use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, 21(1), 37–47. <https://doi.org/10.1002/capr.12360>
- Budaev, S. V. (2021). Safety and Reverence: How Roman Catholic Liturgy Can Respond to the COVID-19 Pandemic. *Journal of Religion & Health*, 60(4), 2331–2352. <https://doi.org/10.1007/s10943-021-01282-x>
- Calvano, C., Engelke, L., Di Bella, J., Kindermann, J., Renneberg, B., & Winter, S. (2021). Families in the COVID-19 pandemic: parental stress, parent mental health and the occurrence of adverse childhood experiences—results of a representative survey in Germany. *European Child & Adolescent Psychiatry*, 31(7), 1–13. <https://doi.org/10.1007/s00787-021-01739-0>
- Chirico, F., & Nucera, G. (2020). An Italian experience of spirituality from the coronavirus pandemic. *Journal of Religion & Health*, 59(5), 2193–2195. <https://doi.org/10.1007/s10943-020-01036-1>
- Choi, Y. (2013). The influence of conflict management culture on job satisfaction. *Social Behavior and Personality*, 41(4), 687–692. <https://doi.org/10.2224/sbp.2013.41.4.687>
- Crea, G. (2021). Emotional distress in Catholic priests and religious sisters during COVID-19: The mediational role of trait positivity. *Mental Health, Religion & Culture*, 24(7), 728–744. <https://doi.org/10.1080/13674676.2021.1937586>
- Faucett, J. M., Corwyn, R. F., & Poling, T. H. (2013). Clergy role stress: interactive effects of role ambiguity and role conflict on intrinsic job satisfaction. *Pastoral Psychology*, 62(3), 291–304. <https://doi.org/10.1007/s11089-012-0490-8>
- Fernandez, O., & González, M. G. (2020). The dead with no wake, grieving with no closure: Illness and death in the days of coronavirus in Spain. *Journal of Religion & Health*, 61(1), 703–721. <https://doi.org/10.1007/s10943-020-01078-5>
- Glasper, A. (2020). Reports on the mental health of children during the current pandemic. *British Journal of Nursing*, 29(22), 1354–1355. <https://doi.org/10.12968/bjon.2020.29.22.1354>
- Ibrahim, M. A. (2012). Thematic analysis: A critical review of its process and evaluation. *West East Journal of Social Sciences*, 1(1), 39–47. https://faculty.ksu.edu.sa/sites/default/files/ta_thematic_analysis_dr_mohammed_alhojailan.pdf
- Jin, M. (2022). Preservice teachers' online teaching experiences during COVID-19. *Early Childhood Education Journal*, 51(2), 371–381. <https://doi.org/10.1007/s10643-022-01316-3>
- Johnson, L. (2010). *Exploring the relationship between work, family and religion among clergy families* [Doctoral Dissertation]. Loyola University Chicago.

- Langford, D., & Koenig, H. (1998). *The pastor's family: The challenges of family life and pastoral responsibilities*. Routledge.
- Lee, A. A. (2017). *Ministry, longevity, family contentment, and the male clergy family: A phenomenological study of the experience of ministry* [Doctoral Dissertation]. Liberty University.
- Levin, J. (2020). The faith community and the SARS-CoV-2 outbreak: Part of the problem or part of the solution? *Journal of Religion & Health*, 59(5), 2215–2228. <https://doi.org/10.1007/s10943-020-01048-x>
- Liang, L., Ren, H., Cao, R., Hu, Y., Qin, Z., Li, C., & Mei, S. (2020). The effect of COVID-19 on youth mental health. *Psychiatric Quarterly*, 91(3), 841–852. <https://doi.org/10.1007/s11126-020-09744-3>
- Liu, L. (2016). Using generic inductive approach in qualitative educational research: A case study analysis. *Journal of Education and Learning*, 5(2), 129. <https://doi.org/10.5539/jel.v5n2p129>
- Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Higher Education*, 9(3), 3351–33514.
- Maina, J. W., Kaaria, Z., & Kivanguli, G. (2018). Effect of pastor's church ministry on their family stability in Nairobi County, Kenya. *European Scientific Journal*, 14(29), 36–52. <https://doi.org/10.19044/esj.2018.v14n29p36>
- Mascayano, F., Van Der Ven, E., Moro, M. L., Schilling, S., Alarcón, S., Barathie, J. A., Alnasser, L., Asaoka, H., Ayinde, O., Balalian, A. A., Basagoitia, A., Brittain, K., Dohrenwend, B. P., Durand-Arias, S., Eskin, M., Fernández-Jiménez, E., Frey, M. I. F., Giménez, L. G., Gisle, L., . . . Susser, E. (2022). The impact of the COVID-19 pandemic on the mental health of healthcare workers: Study protocol for the COVID-19 health care workers (HEROES) study. *Social Psychiatry and Psychiatric Epidemiology*, 57(3), 633–645. <https://doi.org/10.1007/s00127-021-02211-9>
- Maxfield, M., & Pituch, K. A. (2021). COVID-19 worry, mental health indicators, and preparedness for future care needs across the adult lifespan. *Aging & Mental Health*, 25(7), 1273–1280. <https://doi.org/10.1080/13607863.2020.1828272>
- Norman, Z., & Reiss, M. (2020). Risk and sacrament: being human in a COVID-19 world. *Zygon*, 55(3), 577–590. <https://doi.org/10.1111/zygo.12618>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 160940691773384. <https://doi.org/10.1177/1609406917733847>
- Osei-Tutu, A., Affram, A. A., Mensah-Sarbah, C., Dzokoto, V., & Adams, G. (2021a). The impact of COVID-19 and religious restrictions on the well-being of Ghanaian Christians: The perspectives of religious leaders. *Journal of Religion & Health*, 60(4), 2232–2249. <https://doi.org/10.1007/s10943-021-01285-8>
- Osei-Tutu, A., Kenin, A., Affram, A. A., Kusi, A. A., Adams, G., & Dzokoto, V. (2021b). Ban of religious gatherings during the COVID-19 pandemic: impact on Christian church leaders' well-being in Ghana. *Pastoral Psychology*, 70(4), 335–347. <https://doi.org/10.1007/s11089-021-00954-5>
- Palmer, S. (2021). Long COVID and mental health. *British Journal of Community Nursing*, 26(8), 406–409. <https://doi.org/10.12968/bjcn.2021.26.8.406>
- Pappa, S., Chen, J., Barnett, J. T., Chang, A., Dong, R. K., Xu, W., Yin, A., Chen, B. G., Delios, A., Chen, R., Miller, S., Wan, X., & Zhang, S. X. (2022). A systematic review and meta-analysis of the mental health symptoms during the Covid-19 pandemic in Southeast Asia. *Psychiatry and Clinical Neurosciences*, 76(2), 41–50. <https://doi.org/10.1111/pcn.13306>
- Racine, N., Korczak, D. J., & Madigan, S. (2020). Evidence suggests children are being left behind in COVID-19 mental health research. *European Child & Adolescent Psychiatry*, 31(9), 1479–1480. <https://doi.org/10.1007/s00787-020-01672-8>
- Ravens-Sieberer, U., Kaman, A., Erhart, M., Devine, J., Schlack, R., & Otto, C. (2021). Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany. *European Child & Adolescent Psychiatry*, 31(6), 879–889. <https://doi.org/10.1007/s00787-021-01726-5>
- Russell, B., Tomkun, A. J., Hutchison, M., Tambling, R. B., & Horton, A. L. (2021). The protective role of parent resilience on mental health and the parent–child relationship during COVID-19. *Child Psychiatry & Human Development*, 53(1), 183–196. <https://doi.org/10.1007/s10578-021-01243-1>
- Sonuga-Barke, E., & Fearon, P. (2021). Editorial: Do lockdowns scar? Three putative mechanisms through which COVID-19 mitigation policies could cause long-term harm to young people's mental health. *Journal of Child Psychology and Psychiatry*, 62(12), 1375–1378. <https://doi.org/10.1111/jcpp.13537>
- Spadafora, N., Reid-Westoby, C., Pottruff, M., Wang, J., & Janus, M. (2023). From full day learning to 30 minutes a day: A descriptive study of early learning during the first COVID-19 pandemic school shutdown in Ontario. *Early Childhood Education Journal*, 51, 287–299. <https://doi.org/10.1007/s10643-021-01304-z>

- Spinelli, M., Lionetti, F., Setti, A., & Fasolo, M. (2021). Parenting stress during the COVID-19 outbreak: socioeconomic and environmental risk factors and implications for children emotion regulation. *Family Process*, 60(2), 639–653. <https://doi.org/10.1111/famp.12601>
- Sturm, T., & Albrecht, T. (2021). Constituent Covid-19 apocalypses: contagious conspiracism, 5G, and viral vaccinations. *Anthropology & Medicine*, 28(1), 122–139. <https://doi.org/10.1080/13648470.2020.1833684>
- Tagwirei, K. (2022). Sustaining pastoral work and welfare in Zimbabwe: Case study of pastors in Masvingo urban. *Verbum Et Ecclesia*, 43(1), a2359. <https://doi.org/10.4102/ve.v43i1.2359>
- Village, A., & Francis, L. J. (2021). Wellbeing and perceptions of receiving support among Church of England clergy during the 2020 Covid-19 pandemic. *Mental Health, Religion & Culture*, 24(5), 1–15. <https://doi.org/10.1080/13674676.2021.1906214>
- Vitorino, L. M., Sousa, L. M. M., Trzesniak, C., Valentim, O., Júnior, G. H. Y., José, H. M. G., & Lucchetti, G. (2021). Mental health, quality of life and optimism during the covid-19 pandemic: a comparison between Brazil and Portugal. *Quality of Life Research*, 31(6), 1775–1787. <https://doi.org/10.1007/s11136-021-03031-9>
- Warren, A. M., Zolfaghari, K., Fresnedo, M., Bennett, M., Pogue, J. R., Waddimba, A. C., Zvolensky, M. J., Carlbring, P., & Powers, M. B. (2021). Anxiety sensitivity, COVID-19 fear, and mental health: results from a United States population sample. *Cognitive Behaviour Therapy*, 50(3), 204–216. <https://doi.org/10.1080/16506073.2021.1874505>
- While, A., & Clark, L. L. (2021). Management of work stress and burnout among community nurses arising from the COVID-19 pandemic. *British Journal of Community Nursing*, 26(8), 384–389. <https://doi.org/10.12968/bjcn.2021.26.8.384>
- Wijesinghe, M. S. D., Ariyaratne, V., Gunawardana, B. M. I., Rajapaksha, R. M. N. U., Weerasinghe, W. M. P. C., Gomez, P., Chandraratna, S., Suveendran, T., & Karunapema, R. P. P. (2021). Role of religious leaders in COVID-19 prevention: A community-level prevention model in Sri Lanka. *Journal of Religion & Health*, 61(1), 687–702. <https://doi.org/10.1007/s10943-021-01463-8>
- Wilding, S., O'Connor, D. B., Ferguson, E., Cleare, S., Wetherall, K., O'Carroll, R. E., Robb, K. A., & O'Connor, R. (2022). Probable COVID-19 infection is associated with subsequent poorer mental health and greater loneliness in the UK COVID-19 mental health and wellbeing study. *Scientific Reports*. <https://doi.org/10.31234/osf.io/sjbav>
- Xu, Y., Wu, Q., Jedwab, M., & Levkoff, S. E. (2020). Understanding the relationships between parenting stress and mental health with grandparent kinship caregivers' risky parenting behaviors in the time of COVID-19. *Journal of Family Violence*, 37(5), 847–859. <https://doi.org/10.1007/s10896-020-00228-3>