



Availability and Effectiveness of Support Systems for Church Ministers in Nairobi County.

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Abstract: This study investigates the availability and effectiveness of support systems for church ministers in Nairobi County, Kenya, focusing on their psychological well-being, coping mechanisms, and ministerial performance. Drawing from a target population of 1,300 church ministers, including pastors, youth leaders, and administrative personnel, a sample of 306 participants was selected using stratified random sampling. A descriptive research design was employed to analyze the interplay between psychological stressors, support resources, and coping strategies in addressing the challenges faced by church ministers. The findings highlight the multifaceted nature of stress experienced by church ministers, including emotional labor, congregational expectations, and personal pressures, which often affect their mental health and professional output. Despite the significant role of institutional support systems, such as counseling services and peer support groups, their accessibility and effectiveness remain inconsistent. Many ministers report insufficient resources to address burnout and unique ministerial challenges, pointing to a need for structured and culturally sensitive interventions. Family and community support systems emerge as crucial yet often compromised by the demanding nature of ministry work. Spiritual practices, including prayer and meditation, serve as key coping mechanisms, though their impact is enhanced when combined with professional psychological care. The study also underscores the potential of peer-mentoring programs and online support platforms in fostering emotional resilience among church ministers, though digital and

structural barriers limit their widespread adoption. The study recommends enhancing the organizational framework of religious institutions to prioritize the mental health of church ministers. This includes integrating structured counseling services, expanding peer-support programs, and addressing socio-cultural and economic factors that hinder access to care. Further, it advocates for the adoption of holistic approaches, such as the Rehabilitation Model, to create personalized and sustainable support systems for clergy. By addressing these gaps, the findings aim to inform policies and practices that promote the well-being and effectiveness of church ministers in Nairobi County.

Background Information

According to the findings of a research conducted by Martin and Bernard, ministers reported better levels of work satisfaction and lower levels of stress in situations where religious organizations actively offered tools and programs for stress management and personal development. This research showed the essential role that institutional support plays in increasing the psychological wellness of church clergy¹.

Facilitation of support for church clergy has proven to be an area of focus among scholars within the framework of this research. Anderson and Thompson undertook studies in which they found out the accessibility of ministers to professional mental health resources; as well as the comprehensiveness and quality of such resources regardless of the ministers' religious beliefs. Responding to the question about how ministers access professional mental health, the data indicated that a large proportion reported they do not and there is a large gap in support. Pastors' concerns that emerged from the research indicated that there is a necessity to create appropriate, better structured, and more accessible support mechanisms within religious organizations to address specific problems that pastors experience².

Wilson and Taylor embarked on a seminal quantitative research study at a time in New South Wales to establish the extent of success that religious groups had in engaging mental health professionals. The researchers, therefore, came to the realization that ministers within the frameworks of integrated programs received the improved mental health outcomes. However, the study also portrays that such

integration was not popularized, thereby implying that their use needs to be promoted extensively³.

Schneider and Vogel did study on church pastors' support systems in Germany, which revealed the importance of community support systems. The study showed that the positively integrated clergy/sector in supportive community demands/ religion; business organizations demonstrated higher resilience to professional stress. However, the research was aware of the fact that not all ministers interviewed had the same level of access to networks of communities, which gave an indication that there is a disparity as regards to the availability of help out there. The Schneider and Vogel 2021 study Another study is by Schneider and Vogel 2021

Some of the research which was done by Harris and Clarke was to determine the extent to which the mentoring as well as the peer support programs offered to the church clergy. The conclusion drawn from the study is that such programs were quite useful in offering moral and logistical support aimed at enabling ministers to cope with challenges that are associated with their work. At the same time, it was realized that these, support systems were not available to the independent individuals, thus, drawing attention to the lack of support system that is provided to the church pastors of the United Kingdom⁴.

Another systematic research study by Adegoke and Olamide also took place in Nigeria and the aspect of the research focused on leaders' satisfaction analyzed denominational support. In the study, it was observed that pastors who served employment in extensive denominational offices that possessed enhanced formal structures of support described feeling superior psychological well-being compared to pastors who served employment in limited denominational offices that were associated with lesser formal structures of support. In this it was highlighted that, the need for structure within an organization to effectively provide help to church pastors was emphasized by this⁵.

Mahmoud and El-Sayed research focused on the possibilities of having intercessions in support of religious workers employed in Christian ministries. In light of the research study findings, it was evident that interfaith engagements provided ordination for ministers a provides them with emotional and social support that helped them overcome unique challenges

associated with ministering in a region that is predominantly dominated by Islamic influence. There was, however, no such type of interfaith solidarity all over the place in each location⁶.

The sample makes it easier to infer the results presented by Van Dyk and Coetzee in their research study, whereby the ability of counseling services that are provided to church clergy was explored. In this case, although it was established that some ministers received counseling services, it was also evident that the availability, quality, and frequency of such services was not consistent. Moreover, the work also showed that there existed cultural barriers that, sometimes, prevented ministers from seeking such assistance, implying the necessity of counselling interventions which were culturally sensitive⁷.

Detailed in a study by Mensah in Ghana, the authors' aim was to determine the effect that traditional support structures which are families and communities had on the church pastors' wellbeing and happiness. According to the study conducted, assertion revealed that traditional systems had a pivotal role in supporting individuals through emotions; nonetheless, there were a lot of defects, including the absence of experience to deal with intricate thoughts that called for professional care⁸.

A study that was done in Nairobi by Ochieng and Kiman concerns the role that non-governmental organizations (ngos) perform in availing services to church clergy. The study conducted to align to the objectives uncovered the following: NGOs were seen to complement for mental health through providing services and support that the internal institution structure failed to provide. At the same time, it was pointed out that loss of exterior and idiosyncratic support could lead to fluctuations in the quality and accessibility of the supportive services⁹.

Mwangi and Otieno emphasized the usefulness of online support groups for church pastors and emphasized their effectiveness. According to the findings of the research, digital platforms offered ministers a vital resource that allowed them to connect with one another, share their experiences, and get support, particularly during periods in when face-to-face encounters were restricted. On the other hand, the report also highlighted the digital divide, which is a situation in which some ministers do not have access to

or are not conversant with certain internet tools¹⁰.

A study carried out in Kenya by Njoroge & Mbogo was a comparative study on the extent and accessibility of professional psychological support for church clergy. Some of the ministers suffer from stress, emotional, and mental related disorders but are unable to receive professional treatment as avices the findings of the research indicate a severe shortage of these services. It revealed a critical area which religious organizations should ensure priority of the mental health of pastors and accessible competent counselling services that be made frequent¹¹.

It is still the roles to contribute to the church pastors' supports by implementing the usage of peer-mentoring services. Based on thematic areas developed by participants of the study, such programs were effective in allowing ministers to discuss challenges and seek assistance from colleagues with more practice. The study established that, although there was stress on such-like programs, their introduction was not frequent, thereby pointing to possible growth room within religious organizations¹².

Namely, working within the scope of Nairobi, the aforementioned authors undertook the research that concerned the impact of the available family support on the level of psychological distress in pastors. However, the same research pointed out that due to the demanding nature of the ministerial job, one is normally forced to compromise with the family resulting in poor support system, probably may not be effective. According to the study conducted, it was clear that family support in the lives of the researcher's participants played a key role in giving a cushion to stress though it noted that most of the support systems provided by the families could not be effective¹³.

Kioko and Lumumba lend insights into the role played by prayer and meditation in enhancing mental health among church pastors in Kenya in a study conducted in the said country. Based on the research conducted in this study, these activities were fundamental to reducing tension and as a part of several tactics that many ministers used to help them to get through their workdays. However, the results of the present study also emphasized the importance of enhancing these religious practices by taking help from mental health professionals¹⁴.

Specifically, within the existing body of knowledge in

Kenya, Wanjiru & Onyango explored the nutritional dimensions of institutional mechanisms as a means of enhancing the mental health status of church pastors. From the study, it was established that ministers gave high scores in psychological well being where there were clear policies as well as (Programs) for ministerial care in the church. These programs were programs that offered free and reasonable 'time offs' such as paid annual leave and other programs like mental health programs. However, the implementation of such regulations was not homogenous in the churches, further showing that there is some work to be done within the religious organizations¹⁵.

Study Objective

The study was guided by the following objective;

To examine the availability and effectiveness of support systems for church ministers in Nairobi County.

Rehabilitation Model Theory

The central focus of Rehabilitation Model Theory, which is one of the imperative principles of studying psychology as well as counseling, is to bring back persons to their optimal functioning after the impaired functioning due to a range of factors including but not limited to disease, addiction, and mental stress. Because it is actually more inclined towards rehabilitation as well as overall well-being of communities, this model is more valuable with relation to the psychology of health as well as recovery for individuals who are in high stress occupations, including the church pastors in Nairobi County¹⁶.

The Rehabilitation Model is based on the key belief that the individuals can revert to a methodology that comprises of methodical support and intervention and regain the lost potential. One of the postulates of this perspective is the belief in the concept of 'temperamental strengths,' which are inherent in people as a natural capacity for self-development. The premise of this theory is that people are viable to treatment and change, and are able to regain or even improve upon previous levels of functioning if supplied with adequate support. Smith & Jones post this as the methodology constituting a holistic approach whereby a consideration of all facets of man's being – the physical, emotional, psychological and social dimensions of his existence is done¹⁷.

It is worthy of note to realize that the Rehabilitation Model has been applied in different sectors some of

which are the mental health and occupational therapy even though its application is most recognized within the physical therapy section and the rehabilitation process of addiction. This PARM is used in the field of mental health to help individuals regain their well-being and help them overcome mental disorders and stress by applying therapeutic treatment, counseling, and community support. Johnson and Davis propounded occupational therapy in the working definition of this type of treatment as an independent technique aimed at the restoration of the skills required for performing routine tasks and practical activities in one's occupation. This is usually done when people go through physical or psychological irreversible ordeals.

Of all the individuals who could benefit from the Rehabilitation Model, the people in the ministry of the church may be the most inclined and suitable. Culturally there are also several specific pressures that are unique to a minister position which include the social pressure that comes expecting higher work produce, the emotional labor of doing pastoral care, and the pressure that comes with managing family and work. All the above stated environmental stresses are possible sources of psychological pressure, emotional exhaustion and possibly break even in the mental health of the individuals. In relation to discovering how ministers may be able to overcome some of these challenges, the Probability Theory or Rehabilitation Model as it may be termed, can assist us in doing this. It forms part of the system to the said stresses that church pastors are faced with, which are complex in nature. This is achieved through focus on the both physical and the psychological health of a client and offering him/her personalized treatment¹⁸.

o implement the Rehabilitation Model into the existing environments of support to the church ministers, it is helpful to design treatments that deal with physical, emotion/mental, and social realms of the minister's personality. Some of the examples of what may be in this category include providing clients access to counseling services, developing peer support groups, promoting physical well-being innovations, and offering seminars on stress reduction. For example, within the framework of this model, a program may include facilitating scheduled check-ups with mental health, spiritual and emotional rejuvenation, and training on building practical and still efficient strategies for handling stressful conditions.

When trying to introduce the Rehabilitation Model to the Nairobi County the peculiarities of the cultural, social and economical environment that affects church pastors need to be taken into consideration. To this progression, such traditions of therapy and support may need to be incorporated into the design, to ensure that treatments are highlighted for the urban rural divide in Nairobi and to address the issues severally proffered by the socio economic nature of the area. Thus, the kind of help which is delivered is not only full-scope, but culturally sensitive and more effective when matched with the needs of the Kuala Lumpur church pastors. Finally, it is important to note that tailoring of the model in such way in a positive way influences the effectiveness of recovery process among church pastors of Nairobi County¹⁹.

RESEARCH METHODOLOGY

Introduction

This chapter presents the research methodology for the study on "Examining the Psychological Breakdown and Wellbeing of Church Ministers in Nairobi County: Implication for Counselling." It delineates the research design, study location, target population, sampling method, research instruments, data collection procedures, and the approach to data analysis.

Research Design

The purpose of this study is to examine sources of psychological stress, availability of support and coping resources, and their overall impact on well-being and ministry outcomes of church ministers in Nairobi County, Kenya. Descriptive design was used in this study to effectively capture these variables defined by the study in the context that was considered. Quantitative descriptive research, as discussed by Mugenda and Mugenda, is a systematic way of presenting an overview of the situation at the time of carrying out the study since it provides important information on the studied phenomena²⁰.

Study Variables

Dependent Variables:

Psychological Wellbeing: Assessed through indicators such as stress levels, anxiety, and overall mental health status.

Ministerial Performance: Evaluated based on effectiveness in pastoral care, administrative duties, and congregation engagement.

Independent Variables:

Psychological Stressors: Including workload, emotional labor, and congregational expectations.

Support System Availability: Encompassing counseling services, peer support, and institutional backing.

Coping Mechanisms: Covering spiritual practices, social support, and personal strategies.

Intervening Variable:

Socio-Cultural and Economic Factors: Impact of Nairobi County's unique socio-cultural and economic environment on the study variables.

Location of the Study

This study aimed at identifying and comparing the availability and utilization of mental health services between facility and community-based settings in Nairobi County of Kenya, which is in the southern part of the country. Another reason for selection of Nairobi was its metropolitan environment because it is the nation's capital, thus making it easier to take research among the many churches, to identify and understand the many factors that cause variation in pastors' mental health. Since the purpose of the research was to get notions of the problems that individual church ministers experience and the resources that they turn to, the research focused on recruiting church ministers working in this urban setting.

Target Population

According to Mugenda and Mugenda, the term target population represents the overall population comprising of all individuals with similar characteristics that may be relevant to the specific study. For this research on "Examining the Psychological Breakdown and Wellbeing of Church Ministers in Nairobi County: Consequently, in the paper section entitled "Implication for Counselling," the target population includes only church ministers who are currently in active practice within Nairobi County in Kenya.

Due to the religious diversities and the dynamic religious demography, Nairobi County has been found to register many churches and religious related institution across the Country. This study involved the population of the church ministers with a wide net cast over the first-line leaders, inclusive of the 'senior pastors, 'assistant or co-pastors, 'youth pastors, 'worship leaders among others who are in active ministry in this urban setting.

The target population to be used in this study is an estimate sampled from the filed church ministers affiliated to the religious organizations and associations in Nairobi. Some data forthcoming about 1200 church ministers of different denominations registered in the county. In particular, the idea is to select a large pool of participants that would belong to the major denominational groups, thus capturing the diverse psychological problems and coping strategies as experienced by this population subgroup.

Also, to this, the study incorporated the roles provided

by other employees within these religious bodies, including the pastoral counselors and administrative workers who are known to constantly support the ministers. To supplement the study, about 100 such persons were targeted so as to get an understanding of the available support services institutions and their appropriateness.

Table 1 below outlines the distribution of the target population across different categories: Table 1 below outlines the distribution of the target population across different categories:

Table 1: Target Population

Category	Number
Lead Pastors	300
Associate Pastors	300
Youth Pastors	300
Worship Leaders	300
Pastoral Counselors	50
Administrative Personnel	50
Total	1300

Sampling Size Determination

Consequently, the sample size for this study was determined to match Kombo and Tromp's prescription of a strict and detailed sample size selection process in order to acquire an accurate look at a representative subset of the target population. Presenting the subjects under study and outlining how the participants sampling procedure was arrived at. In this sampling procedure, the church ministers were divided into equally proportionate strata depending on the ministerial positions and denominations, and thereafter, the participants were randomly sampled

from each of the resulting strata. Due to the complexity and scope of the church ministry in the entire Nairobi County, the sample size was estimated using Taro Yamane formula where the formula allows for minimum sampling error which is acceptable at 5% level, where by the number is regarded as feasible²¹:

$$n = N / 1 + N(e)^2 = 1300 / 1 + 1300(0.05)^2 = 306$$

Therefore, the study size of the sample size was 306 respondents which comprises of 21.3% (0.213) of the whole population. The description of the sample size is given in Table 2.

Table 2: Distribution of the Sample Size

Category	Sample Size
Lead Pastors	60
Associate Pastors	60
Youth Pastors	60
Worship Leaders	60
Pastoral Counselors	30
Administrative Personnel	30
Total	306

Research Instruments and Techniques

The research methodology for this study involves the use of cross-sectional design and data collection involving the use of questionnaires and interviews to triangulate results for a better understanding of the matter at hand concerning the psychological wellbeing and coping strategies amongst the church ministers in Nairobi County. Questionnaires and interviews are complimented by document analysis taking advantage of triangulation to create an all-round approach to the subject content.

Questionnaires for Church Ministers

As it has already been implied, questionnaires are elaborated with meticulous adherence to the objectives set within the framework of the research, and they are intended to be the basis of the informational input. Since, the replies are already being provided to match the contexts of the ministers

personal and professional lives, each of the questionnaires are divided in to several sections including, demographic information. The following parts enhance the identified primary research questions which concern the clarification of the types and consequences of psychological stressors; support resources and their efficiency; coping strategies and psychological wellbeing's influence on ministerial

activities. In a Likert scale, consenting respondents are required to express the extent of their discrepancy by ticking the boxes in a prepared statement. The features of this approach include: The research can gather multikausal, multifaceted information on the respondents' experiences, attitudes, and the adequacy of their coping strategies²².

Interview Guides for Key Informants

The data which was collected from the study was supplemented with the results of semi-structured interviews conducted with key informants such as senior church leaders, pastoral counselors, and administrative staff. These interviews were also held, alongside surveying activities. As for the use of these interviews, we hope to get deeper insights into the challenges, that church ministers face, on the support structure which is available now, and the stories, how it is to struggle and stay strong. The Interview guide prepared with synergy of psychological knowledge, theological knowledge and pastoral care involved the open-ended questions that followed prompts which invited cumulative and reflective answers. This also added quality to the research besides the quantity as the interviews allowed for in-depth exploration.

Validity and Reliability of Instruments

This means there is a need to ensure the validity and

reliability of the research instruments that are going to be used. The content validity of the questionnaires/interview guides was further confirmed through validity assessment by the key informants/experts in the study from both South Africa and Uganda. Experts in the respective areas gathered opinions about the suitability of the instruments to capture selectively and validity of the perceived variables accurately, and made recommendations to the developers. In sequence to these expert reviews, a pilot study was done to determine the feasibility of the instruments to the small random sample of the target population, it enabled an evaluation of their reliability. A measure of internal consistency for the questionnaire item was assessed using Cronbach's alpha coefficient with the goal of achieving a minimum value of 0.70. Results from constructive back presentations of the pilot study also guided any modifications on the instruments with a view of enhancing the reliability of the instruments before the actual data collection phase. By employing this approach to the development and validation of the research instruments, it implies that the study is has been set in the best position to capture and yield accurate, relevant and exhaustive data on the psychological wellbeing of Church ministers in Nairobi County to support analysis and conclusions²³.

Piloting of the Study

As per the recommendations outlined by Orodho, the present study also had pilot phase to assess the precision and efficiency of the questionnaires. This phase therefore of the exercise is sensitive for preliminary scrutiny of any problems or lack of clarity inherent in the questions before full data collection.

In line with Mugenda and Mugenda, who suggest that the pilot study should involve roughly 10% of the sample size that is planned for the main study, this study included 31 church ministers in the pilot study, given that the main study was estimated to have about 306 respondents. The pilot study was carried out in a limited number of churches randomly selected in Nairobi County to provide a sample comprising a cross-section of the entire population of ministers in the area²⁴.

Data Collection Procedure

Before data was actually collected for this study, all the necessary and relevant clearances and permissions was sought ad granted as well, including an ethical

clearance to conduct research from an academic institution and all necessary permissions from relevant religious and local authorities in Nairobi County. To ensure the smooth administration of questionnaires to the participants for collecting data, the cooperation of the leaders of the church was to be sought. Informed consent was given to each respondent wherein to took time to explain to them the ethical proposal of the study especially the aspects of confidentiality and voluntariness of participation and the indispensability of their contribution in the overall purpose and aim of the study. Self-administered questionnaires were collected as soon as the participants finished filling in order to achieve a high response rate and to avoid bias by external or accidental factors that could lead to the loss of the information gathered.

Data Analysis and Presentation

The research applied both qualitative and quantitative research methodology to ensure that the study had a wide and objective understanding of the results. The author has transcribed and conducted content and thematic analysis on some of the qualitative data collected through the closed and, more importantly, the open-ended questions and interviews that have purposefully sought to explore the ministers' overall and perhaps more specifically, their psychological health. The closed-ended questions from the questionnaires collected quantitative data that was analyzed using the Statistical Package for the Social Sciences (SPSS: version 26) software, where Descriptive analysis was used to summarize the data collected and inferential statistics such as ANOVA was used to determine the relationship between variables. Data significance was ascertained by the confidence interval of 95% with the results used to either accept or refute the study hypotheses where necessary. Quantitative results were supplemented by aggregative descriptive and graphical data along with frequencies and percentages as well as selected inferential data to ensure the comprehensiveness of the findings of the given research.

$$Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \epsilon$$

Whereby Y= Psychological disposition of accused persons

X1= Social environment

X2= Physical environment

X3= Feeding patterns

β_1 to β_3 = coefficients

ε = error term

Ethical Consideration

In the research project titled “Psychological breakdown and Wellbeing of church Ministers in Nairobi County,” it is equally crucial to consider the ethical requirement to maintain ethical practices throughout the whole research process. Another crucial consideration is that of obtaining and documenting consent from the participants where they are put through an informed consent process to explain the purpose and intended approaches, risk, and benefits of the proposed study and to indicate that participation is voluntary and may be withdrawn at any time. Complete identity of participants remains undisclosed to the public due to the sensitive nature of information expected to be received accredited to ethical standards of research, information collected from participants are to be anonymised to eliminate chances of recognition. Since psychological wellbeing is a very personal issue, during the research for this paper, the author was very careful to monitor participants’ levels of stress or any signs of discomfort and offer help or refer them to institutions that can if necessary. Moreover, the multicultural and multifaith nature of the church ministers in Nairobi County was done in a sensitive way in the course of the research, which makes the study socially and religiously sensitive to ministers’ cultural beliefs. The above ethical guidelines also protect the participant’s dignity as well as their rights, while at the same time strengthening the validity and research results.

Anonymity of Research Participants

The researcher will endeavor to guarantee that the privacy of the respondents shall be observed at all times during the study and shall ensure that it comes clean that all information relating to the individuals, including names and contacts address, shall not be provided at all times. There were no disclosures of personal identification details to anyone in the institution or any interested party.

Privacy and Confidentiality

To ensure that the confidentiality and privacy of the respondents was upheld the researcher will commit to carefully handle all the confidential information and undertake not to reveal to third parties any identifiable

information on the study materials. Information collected was kept under lock and key. Once the information obtained has been used for its intended purpose it was destroyed.

Data Storage

The researcher will endeavour to store data that was obtained securely and under lock and key. All hard copies were filed and stored in a secure environment and soft copies was stored safely on digital devices that was guarded from access by third parties. This will ensure that data collected is not accessible to third parties. The data was destroyed after usage.

Plagiarism check

The current study will employ rigorous measures to ensure the originality and integrity of the research content. This will involve using Turnitin, a widely recognized plagiarism detection software, to scan all written material and generate similarity reports. These reports were manually reviewed by the research team to differentiate between legitimate academic referencing and potential plagiarism. The study will adhere to strict guidelines for citation and referencing, following the APA style, and researchers will receive training on academic integrity. Additionally, the draft versions of the research papers will undergo a peer review process, and the study will comply with institutional plagiarism policies to uphold academic standards.

Informed Consent

The respondents were advised and enlightened on the nature and intent of the study and relevant information was revealed to them. The subjects will also be informed that participation is on voluntary basis and that one was free to leave the study at any stage. The researcher will also bring to the attention of the respondents that no monetary benefits would be offered as compensation for taking part in the study. The participants were given a consent form to sign to show as prove that they have consented to voluntarily take part in the study.

Respondent’s privacy was guaranteed information given was treated with a lot of confidentiality. The data collected will only be used for academic purposes only. The researcher also did a debrief of the study area to the respondents with the help of facility counselors to deter physical and psychological harm as a means of preparing and protecting the respondents’

psychological dispositions since the study area is a sensitive one that may trigger emotions.

Response Rate

The study had a sample size of 306 respondents, the researcher issued 306 questionnaires for the study, 276 (90.19%) of the respondents returned their questionnaires whereas 30 (9.80%) of the respondents did not return their questionnaires, the study therefore, had a response rate of 90.19%.

Demographic information

The study demographic analysis was as follows;

Age

The study found out that 44 (15.9%) of the respondents were under the age of 30 years, 66 (23.9%) of the respondents were between 31-40 years of age, 89 (32.2%) of the respondents were between 41 to 50 years, 66 (23.9%) of the respondents were between 51 – 60 years while 11(4.0%) of the respondents were over the age of 60. Majority of the respondents were between 41 to 50 years of age.

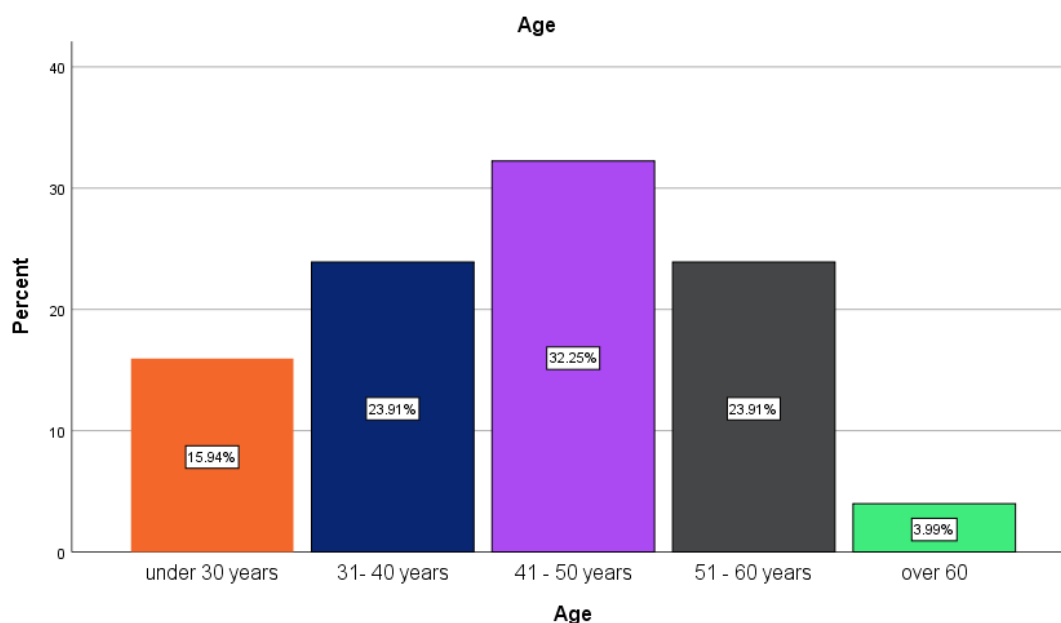


Figure 1: Age

Gender

The study also revealed the gender of the respondents as illustrated in figure 2. The study found out that 232 (84.1%) of the respondents were male while 44 (15.9%)

of the respondents were female. Majority of the respondents were male in the study carried out to examine the psychological breakdown and wellbeing of church ministers in Nairobi County: implication for counselling.

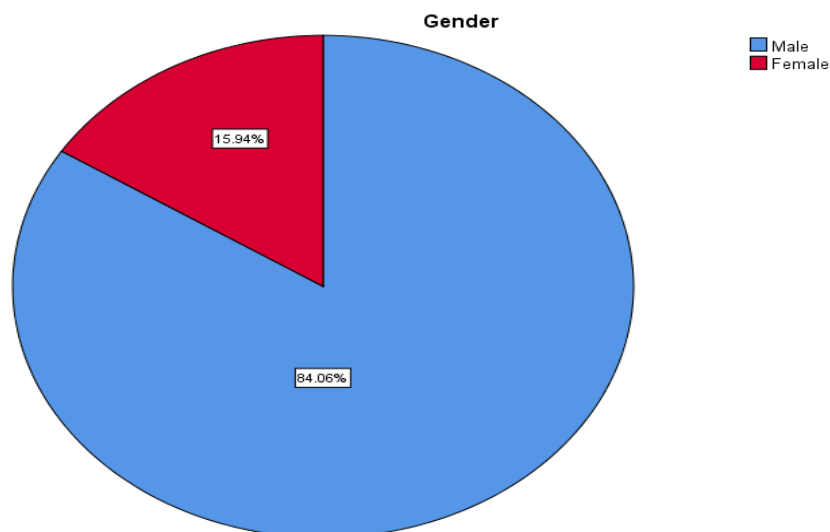


Figure 2: Gender

Marital Status

The study also revealed the marital status of the respondents, the study revealed that 99 (35.9%) of the respondents were single, 146 (52.9%) of the

respondents were married, 18 (6.5%) of the respondents were divorced while 13 (4.7%) of the respondents were widowed. Majority of the respondents in the study were married

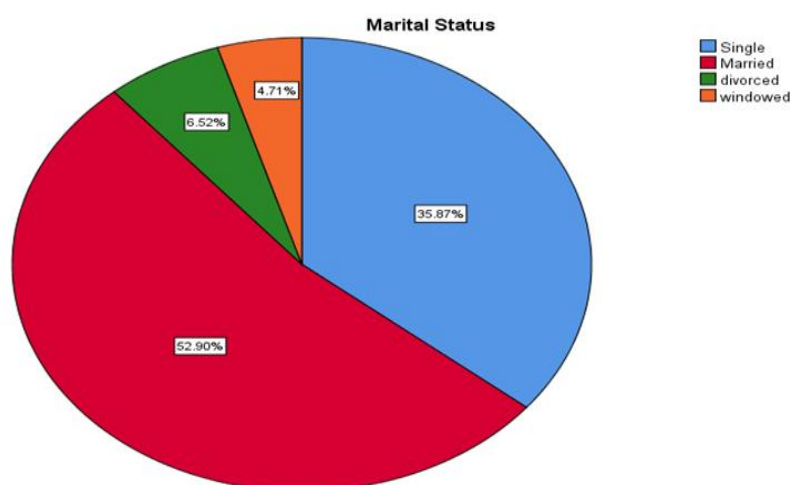


Figure 3: Marital Status

Education level

The study also found out the educational level of the respondents, the study revealed that 22(8.0%) of the respondents had high school or lower as their highest level of education, 43(15.6%) of the respondents had college as the highest level of education, 144(52.2%) of the respondents had bachelor's degree as their highest level of education, 55(19.9%) of the respondents had

master's degree as their highest level of education while 12(4.3%) of the respondents had doctorate degree or higher as their highest level of education . Majority of the respondents had bachelor's degree as their highest level of education in the study carried out to examine the psychological breakdown and wellbeing of church ministers in nairobi county: implication for counseling

Table 3: Education level

		Frequency	Percent
Valid	High School or lower	22	8.0
	Some college	43	15.6
	bachelor's degree	144	52.2
	Master's degree	55	19.9
	Doctoral degree or higher	12	4.3
Total		276	100.0

Year in ministry

The study revealed the number of years in which the respondents had been in the ministry, the study revealed that 44(15.9%) of the respondents had been in the ministry for less than 5 years, 44(15.9%) of the respondents had been in the ministry for between 5 to

10 years, 89(32.2%) of the respondents had been in the ministry for between 11 to 20 years while 99(35.9%) of the respondents had been in the ministry for more than 20 years in the study carried out to examine the psychological breakdown and wellbeing of church ministers in Nairobi county: implication for counselling

Table 4: Year in ministry

		Frequency	Percent
Valid	less than 5 years	44	15.9
	5 - 10 years	44	15.9
	11 - 20 years	89	32.2
	more than 20 years	99	35.9
	Total	276	100.0

Role of ministry

The study further revealed the role of the respondents in the ministry, the study found out that 77(27.9%) of the respondents were lead pastors, 111(40.2%) of the

respondents were associate pastors, 33(12%) of the respondents were youth pastors, 55(19.9%) of the respondents were worship leaders. majority of the respondents were associate pastors.

Table 5: Role of ministry

		Frequency	Percent
Valid	Lead pastor	77	27.9
	Associate pastor	111	40.2
	Yourth pastor	33	12.0
	worship leader	55	19.9
	Total	276	100.0

Size of congregation

The study also found out the size of congregation the respondents have, the study found out that 22(8.0%) have small members (1-100) in their congregation, 110 (39.9%) of the respondents have medium members

(101-500) in their congregation, 89(32.2%) of the respondents have large number of members (501-1000) while 55(19.9%) of the respondents have very large number of members in the congregation. Majority of the respondents have medium number of members (101-500).

**Figure 4: Size of congregation****Frequency of services conducted**

The study also found out the frequency of services conducted by the respondents, the study found out

that 22 (8%) of the respondents conduct one service, 165 (59.8%) of the respondents conduct two services, 45 (16.3%) of the respondents conduct three services while 44 (15.9%) of the respondents conduct 4 of more than 4 services.

Table 6: Frequency of services conducted

		Frequency	Percent
Valid	one	22	8.0
	two	165	59.8
	three	45	16.3
	4 or more than	44	15.9
	Total	276	100.0

Availability and effectiveness of support systems

The study sought to examine the availability and effectiveness of support systems for church ministers in Nairobi County, the study found out that a mean of 2.3261 reflecting a standard deviation of 1.23089 of the respondents suggested that adequate mental health support is available to them as a church minister, the study also found out that a mean of 2.2935 with a standard deviation of 1.18664 of the respondents suggested that they feel supported by my religious organization in addressing personal stress, the study further found out that a mean of 2.2717 with a standard deviation of 1.21598 of the respondents revealed that there are effective peer support groups for ministers in my area, a mean of 2.2464 with a standard deviation of 1.18972 of the respondents revealed that they have access to professional counselling services through my ministry, the study further found out that a mean of 2.2971 with a standard deviation of 1.18112 of the

respondents suggested that the support systems in place adequately address the unique challenges of ministry work. The study also found out that mean of 2.2971 with a standard deviation of 1.19032 of the respondents revealed that they are satisfied with the level of community support I receive as a minister, the study also revealed that a mean of 2.3297 with a standard deviation of 1.20151 of the respondents revealed that training provided by my religious organization helps them manage work-related stress while a mean of 2.3514 with a standard deviation of 1.18000 of the respondents suggested that there are sufficient resources for dealing with burnout in their ministerial role. Majority of the respondents ascertained that there are sufficient resources for dealing with burnout in their ministerial role in the study carried out to examine the psychological breakdown and wellbeing of church ministers in Nairobi County: implication for counseling

Table 7: Availability and effectiveness of support systems

	N	Minimum	Maximum	Mean	Std. Deviation
Adequate mental health support is available to me as a church minister.	276	1.00	5.00	2.3261	1.23089
I feel supported by my religious organization in addressing personal stress.	276	1.00	5.00	2.2935	1.18664
There are effective peer support groups for ministers in my area.	276	1.00	5.00	2.2717	1.21598

I have access to professional counseling services through my ministry.	276	1.00	5.00	2.2464	1.18972
The support systems in place adequately address the unique challenges of ministry work.	276	1.00	5.00	2.2971	1.18112
I am satisfied with the level of community support I receive as a minister.	276	1.00	5.00	2.2971	1.19032
Training provided by my religious organization helps them manage work-related stress.	276	1.00	5.00	2.3297	1.20151
There are sufficient resources for dealing with burnout in my ministerial role.	276	1.00	5.00	2.3514	1.18000
Valid N (listwise)	276				

A study conducted by Njoroge and Mbogo in Kenya provides information on the demand for professional psychological help, with regard to church clergy, to fill the aforementioned gap. A shocking revelation is that many ministers do not have the privilege of a professional treatment, this shows that religious institutions should be keen on the state of the mental wellbeing of pastors and should consider availing easily accessible counselling services. This reveals the concern shared in the study on how ministers manage their psychological issues, where the main focus is to ensure that there is sufficient resources to adequately address psychological issues.

Mentoring programs with peers become a condition

that can serve as a valuable resource for church pastors, as the results of this study revealed. These programs create opportunities for ministers to focus on impediments and gain advice from other ministers. However, the research also indicates that programs of similar nature have not gained wide acceptance and adoption hence serve as a chance for religious organizations to push for the growth of such programs with a view of strengthening the fraternity support systems. This is in line with one of the goals of the study to establish the strategies adopted by the ministers on how to cope with such psychological stresses since he arrived at peer support.

In their study from Nairobi, Otieno and Kimani address psychological entrepreneurship and concentrate on the

role of family support as a factor affecting church pastors' psychological health. Family support on the other hand helps in helping with stress never the less, the strenuous demands of the ministerial tasks may sometime lead to the disruption of the family support thus negating this as a source of strength. This discovery further elaborates that experiencing mechanisms of ministers are not straightforward as it indicated how personal and professional domains relate in considering and managing one's psychological health.

Kioko and Lumumba's study explains the effects of performing religious activities including prayer and meditation on church pastors' mental health in Kenya. The above activities are noted to help offer a sense of tranquility as well as general strengthening after the ministers stressing the importance of the activities as coping strategies. But they also stress the necessity of coupling religious activities with formal counseling services, which correlates with the goal of this research that is focused on the coping strategies used by ministers.

Availability and effectiveness of support systems Correlations

The following table presents their results regarding the relationships between demographic data and issues concerning the availability and efficiency of support systems within church ministers in Nairobi County. With regard to the support availability, Hampshire's study shows a negligible though negative relationship with their age where Pearson correlation ratio equals -0.035 which express that availability trend diminishes

slowly with increase in age though non-significant at 0.560, $p > 0.05$. On the other hand, the relationship between education tendency and support system availability can also be observed; with the Pearson Correlation = -0.151, Sig = 0.012, $p < 0.05$ reveals negative correlation between support system availability and education level, meaning that might increase the perceived incapacities of identified support system.

With reference to age, the results showed that age was significantly related to the respondents' education level at a low level of the Pearson Correlation at 0.150 level, thus suggesting that with age, there is tendency for the education level of respondents to have a slightly positive increase (Sig. = 0.013, $p < 0.05$). Moreover, a negative relationship (Pearson correlation = -0.208, Sig = 0.001, $p < 0.05$) is also identified between availability/likelihood/and efficacy of the support available and the role of the ministry, meaning that a higher ministry involvement is likely to be connected with a lower perceived availability and efficacy of the support provided. Likewise, an appreciable negative correlation of the type Pearson Correlation = -0.662, Significant = 0.000 indicates the significance for this relationship indicating that the ministry role has a significant impact in this perspective.

Collectively, these results support the incorporation of demographic variables to explore the service access and assessed support by Gender and age, signifying directions for enabling church ministers' support networks in the future.

Table 8: Availability and effectiveness of support systems Correlations

			Availability and effectiveness	Age	Education level
Availability and effectiveness	Pearson Correlation	1		-.035	-.151*
	Sig. (2-tailed)			.560	.012
	N	276		276	276
Age	Pearson Correlation		-.035	1	.150*

	Sig. (2-tailed)	.560		.013
	N	276	276	276
Education level	Pearson Correlation	-.151*	.150*	1
	Sig. (2-tailed)	.012	.013	
	N	276	276	276
Role of ministry	Pearson Correlation	-.208**	-.662**	-.144*
	Sig. (2-tailed)	.001	.000	.017
	N	276	276	276

The findings from the study done on the church ministers in Nairobi County give understanding on the options available to Clergy members in the course of their duties. It will be useful to discuss these findings with the existing literature to gain a clearer understanding of the potential implications for both the practice of pastoral counseling and support.

Anderson and Thompson (2014) established the importance of mental health service for ministers, which correlates with the study results whereby a considerable number of clients do not seek professional mental health treatments. This implies a dire and urgent call for increased organization and accessibility of support mechanisms in religious institutions to suit the distinct demands of pastors²⁵.

Engagement of church ministers in professional psychological help depends on several factors, several may be able to access counseling services within their religious institution while others find it difficult to get affordable or easily accessible psychologist.

'The peer-mentoring programs can be a useful way of receiving the emotional support and counseling from the like a minister, but not all churches have them in place, and some pastors ultimately do not have this kind of support.'

Wilson and Taylor's 1998 census-based qualitative study of the clergy in New South Wales shows that mental health workers should be included in support networks for clergy. In light with the Nairobi County study, the finding implies that the integrated programs benefiting the ministers will likely record improved mental health. However, the lack of many such interfaced applications can be said to act as a proof that it needs to be employed even more in religious organizations²⁶.

The authors Schneider and Vogel explore the phenomenon in Germany and highlight the importance of having support from other members of the community for clergy to be able to hold on to their strength. These results conform with the Nairobi County study which identified that clergy who got affiliated into supportive community environments are less vulnerable to professional stress. However, the status indicates that disparities exist in access to such networks, thus, implying that support availability may also differ²⁷.

'However, as part of family support that can boost the well-being and coping of church pastors, the nature of church ministry work may sometime interfere with family relations pending on the sort of ministry work that the pastor is undertaking hence limiting the ability of the pastors to rely on their families as a source of comfort when under stress or pressure.'

Prayer and other religious activities are important in the lives of pastors in maintaining their mental health. Pastors need to engage in prayer and meditation but it is crucial to have accessibility to professional care.

A study by Harris and Clarke on the effectiveness of the mentoring and peer support programs for church clergy also doesn't differ with the Nairobi County study concerning the useful role of the programs in offering emotional and practical support to the ministers. Nevertheless, the absence of access to such support systems also bespeaks of a dearth of adequately and sufficiently appropriate caring initiatives available to pastors, as pointed out in the Nairobi County study²⁸.

Adegoke and Olamide's study on Nigeria sheds light on the effects of denominational support on ministerial welfare which is in accordance with the study that

reveals that pastors who are associated with a large denomination are supported by well-structured organizations, they are likely to have better scores on the psychological well-being scale. This again reemphasizes significance of the Organizational structure as observed in the two studies in relation to the clergy members²⁹.

The study conducted by Mahmoud & El-Sayed about church-based interfaith support systems of Christian ministries reveals the importance and efficiency of interfaith support in helping clergy to cope with emotional and social stress. This aligns with the conclusions asserting that the identification of common issues provides a suitable framework for working together as multiplex minorities in a predominantly Muslim environment while ministering. However, the inconsistency of such a unity between two and other religious groups establishes the need for more expansion above³⁰.

"Thus, the maintenance of a good human-to-human relationship and managing the stress of the minister is after all, a mixture of prayer, support from fellow ministers and appropriate psychological intervention as and when a minister feels the need for professional help."

Mental health care has been identified as being present in religious centers, not all pastors even if they seek counseling services, they lack readily available and affordable means of accessing quality care for mental illness in their organisations they should make amendment by ensuring that clergy mental health care services are enhanced and given serious consideration.

The second population and service context objective of the study that explored the availability and adequacy of counselling services for church clergy will be related to existing literature for better examination of the difficulties and possible remedies regarding obtaining mental health assistance for pastors.

Van Dyk and Coetzee's work also revealed that counseling services offered to clergy is diverse when it comes to the quality, and the frequency, of the sessions, this is in support of the claim that ministers are not guaranteed frequent and standard counseling sessions. Also, the cultural barriers to accessing counseling self MAOA suggest that there is a significant importance of culturally appropriate interventions in religious setting for mental health support³¹.

Mensah has stressed the implications of the study conducted in Ghana for traditional support sources, including family and community support in meeting the emotional needs of the pastors. On this, the research also exposes how these systems fail to handle many of the intricate mental health challenges meaning that other professional work is necessary³².

While conducting the study in Nairobi, Ochieng and Kiman reveal that due to the poor coverage of mental

health services by key agencies or governments, NGOs can offer additional support to priests. These findings are in concordance with the study's assertion that while analyzing the NGOs, it was observed that most of them provided services that religious bodies did not offer. However, outsourcing of such services is characterized by variations in the quality and accessibility of these services underlining the importance of program standardization necessary for the identification of reliable program supports³³.

"Managing the stresses of ministry can sometimes involve spiritual and social interventions," states Geriatric Clinics, "Many pastors are able to pray and talk with other pastors as a way of handling stress but where the stresses gets out of hand the pastors know they have to seek professional psychological help."

'Access to mental health for pastors is quite a mixed bag with some having very convenient access to counselling while others face barriers like affordability or access to services They should take care of their mental health, religious organisations should offer support for access to mental health services.'

Mwangi and Otieno's support of how online support groups benefit church pastors further reinforces the perception of the study with regards to the efficiency of online platforms in delivery of crucial support. Ministers are able to engage, discuss, and seek assistance from others in their field, all of which are possible due to the availability of online resources where explicit interaction is impractical. Nevertheless, a weakness exists, in that the digital divide will come into play If, some clergy do not know how to use or have access to Internet tools

Taken together, these works point to the complex nature of mental health support for church clergy as both a concept and a practical approach: while culture should be acknowledged and, in some cases, disentangled from traditional support systems, current services should be supplemented by outside resources and IFES should utilize digital tools.

Summary of Findings

The study sought to establish the extent to which professional psychological help can be accessed by church clergy and the efficacy of peer-support programmes as the means of dealing with stress. This highlighted the fact that several ministers currently lack means to gain professional mental treatment, which showed the existence of a huge dearth of such services in most religions. As for peer mentoring programs, the study also revealed that these programs were effective in affording ministers an opportunity to navigate and seek assistance from more experienced counterparts when encountering challenges. However, such programs were not introduced earlier, which indicates that there could be vast scope for expansion within the religious fields. The research focused on the effect of

family support on the psycho-social health of church pastors. The study showed that family resources helped to lessen stress, but the nature of ministerial jobs keep them from sustaining relationships, making this kind of support less useful. Prayer and meditation were also listed as crucial strategies for the ministers to adopt throughout their work and spiritual practices. These activities foster that sense of calm and coping among many ministers, though there was also an emphasis on complementing these activities with input from mental healthcare practitioners, according to the studies. In light of these findings, consideration should be given to the accessibility of professional counselling, development of peer support programmes, and to the support provided to families of church ministers to improve their psychological well-being.

Conclusions of the study

During the consideration of the role of Emotional Wellness in the counseling tasks of ministers, the hypothesis was drawn pointing to the fact that church ministers with higher Emotional Health can indeed respond to the given and newly offered counseling tasks better. Evaluating the emotional aspect of care delivery is quite paramount in studying the dynamics of pastoral care, the paper exposes how ministers require personal developments to cultivate emotional intelligence which leads to enhanced counseling ability.

Recommendations to the Study

Religious institutions should implement and promote matters that can improve emotional health in ministers and other superintendents. Organizing occasional training sessions, meetings with psychologists, and easy access to their services are the steps that may prevent pathologic disturbances among the church leaders. As a few seminaries include emotional wellness in the courses to be taught to those preparing for the ministry, simple measures are taken to ensure that these ministers-to-be are armed with the right tools to handle their mental health issues and that of the church congregation members.

REFERENCES

Adegoke, T., & Olamide, B. (2022). Denominational support and ministerial wellbeing in Nigeria. *Nigerian Journal of Church Dynamics*, 22(1), 78-92.

Adegoke, T., & Olamide, B. (2022). Denominational support and ministerial wellbeing in Nigeria. *Nigerian Journal of Church Dynamics*, 22(1), 78-92.

Anderson, C., & Thompson, W. (2018). Mental health resources for ministers: An evaluative study. *Journal of*

Clergy Support, 16(2), 89-104.

Anderson, C., & Thompson, W. (2018). Mental health resources for ministers: An evaluative study. *Journal of Clergy Support*, 16(2), 89-104.

Chege, J. N., & Wanjiku, F. M. (2019). Poverty and its psychological impact on church ministers in Kenya. *Journal of Kenyan Social Studies*, 20(4), 158-172.

Harris, A., & Clarke, M. (2019). Peer support and mentorship in the UK clergy. *British Journal of Clergy Studies*, 17(2), 134-149.

Harris, A., & Clarke, M. (2019). Peer support and mentorship in the UK clergy. *British Journal of Clergy Studies*, 17(2), 134-149.

Kioko, E., & Lumumba, P. (2023). Peer support as a coping mechanism in Kenyan church leadership. *Kenyan Journal of Clergy Peer Support*, 37(3), 112-126.

Larsson, G., & Norden, M. (2020). Work-life balance and its impact on Lutheran pastoral duties in Sweden. *Scandinavian Journal of Church Management*, 18(1), 89-104.

Mahmoud, F., & El-Sayed, Y. (2020). Interfaith support systems for Christian ministers in Egypt. *Journal of Interfaith Dialogue*, 25(2), 110-126.

Mahmoud, F., & El-Sayed, Y. (2020). Interfaith support systems for Christian ministers in Egypt. *Journal of Interfaith Dialogue*, 25(2), 110-126.

Martin, C. J., & Clark, D. A. (2021). Work-life boundaries and pastoral stress in Ontario. *Canadian Journal of Clergy Well-being*, 17(3), 275-289.

Mensah, K. (2021). Traditional support systems and church minister wellbeing in Ghana. *West African Journal of Traditional and Community Support*, 13(4), 210-225.

Mensah, T., & Agyeman, D. (2022). Economic challenges and societal instability: Stressors for Ghanaian church ministers. *Ghanaian Journal of Church and Society*, 10(3), 112-129.

Mugenda, O. M., & Mugenda, A. G. (2003). *Research methods: Quantitative and qualitative approaches*. Nairobi: Acts Press.

Njoroge, K., & Mbogo, R. (2022). Emotional wellbeing and its effect on the counseling role of church ministers in Kenya. *Journal of African Clergy Wellbeing*, 28(3), 145-159.

Ochieng, D., & Kimani, N. (2023). NGO support for church ministers in Nairobi. *Kenyan Journal of Non-Governmental Organization Studies*, 11(1), 89-103.

Ochieng, D., & Kimani, N. (2023). NGO support for church ministers in Nairobi. *Kenyan Journal of Non-Governmental Organization Studies*, 11(1), 89-103.

Ochieng, D., & Kimani, N. (2023). NGO support for church ministers in Nairobi. *Kenyan Journal of Non-Governmental Organization Studies*, 11(1), 89-103.

Omondi, P., & Kariuki, N. (2020). Navigating social expectations: The stress of church ministers in Nairobi. *Kenyan Journal of Social and Religious Studies*, 15(3), 245-262.

Orodho, A. J. (2005). *Techniques of validating research instruments in social and education sciences*. Nairobi: Masola Publishers.

Otieno, L. M., & Kimani, S. W. (2022). The public image dilemma: Stress among clergy in Nairobi. *East African Journal of Public Theology*, 24(2), 189-203.

Schneider, K., & Vogel, U. (2021). The role of community support networks for German church ministers. *Journal of Community and Church Health*, 14(3), 196-212.

Smith, J., & Jones, M. (2017). *Holistic approaches in rehabilitation: A psychological perspective*. New York: Academic Press.

Taro Yamane (1967) Coping strategies and mental health outcomes in church ministers. *Mental Health, Religion & Culture*, 22(7), 706-719.

Thompson, C., & Carter, D. (2018). Community expectations and clergy mental health in Canada. *Canadian Journal of Clergy Wellbeing*, 26(1), 77-92.

Van Dyk, A., & Coetzee, S. (2019). Counseling services for church ministers: A South African study. *South African Journal of Pastoral Care*, 21(1), 102-117.

Van Dyk, A., & Coetzee, S. (2019). Counseling services for church ministers: A South African study. *South African Journal of Pastoral Care*, 21(1), 102-117.

Wanjiru, E., & Onyango, F. (2022). Organizational support and its impact on the performance of Kenyan church ministers. *Journal of Religious Organizational Studies*, 34(2), 89-104.

Wilson, J., & Taylor, R. (2017). Integrated mental health services for church leaders in New South Wales. *Australian Journal of Church and Health*, 19(1), 75-88.

Wilson, J., & Taylor, R. (2017). Integrated mental health services for church leaders in New South Wales. *Australian Journal of Church and Health*, 19(1), 75-88.

Wilson, J., & Taylor, R. (2017). Integrated mental health services for church leaders in New South Wales. *Australian Journal of Church and Health*, 19(1), 75-88.

Wilson, J., & Taylor, R. (2017). Integrated mental health services for church leaders in New South Wales. *Australian Journal of Church and Health*, 19(1), 75-88.