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Occupational conditions, self-care, and obesity among clergy in the United States



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ABSTRACT

Prior research has shown that a variety of occupational conditions such as long work hours are associated with increased likelihood of obesity. In this study, we use the specific case of the clergy to explore how occupational conditions are linked to increased or decreased odds of being obese. We hypothesize that stressful conditions are associated with increased odds of obesity and that self-care practices are associated with decreased odds. Using the 2008/9 U.S. Congregational Life Survey's national sample of clergy from multiple religious traditions, we find support for our hypotheses. Clergy who experience more stress, work more hours, or are bi-vocational have higher odds of obesity. Those who take a day off each week, have taken a sabbatical, or are involved in a support group experience lower odds. For Protestant clergy, being involved in a support group or taking a day off moderates the association between certain stressful occupational conditions and obesity.

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1. Introduction

The growth of obesity has been described as an epidemic and is possibly the most serious contemporary health problem facing Americans (CDC, 2009; James et al., 2001). Obesity is a risk factor for a range of health problems (Calle et al., 2003; Mokdad et al., 2003) including mortality, heart disease, hypertension, diabetes, cancer, infertility, depression, lower body disability, and orthopedic, endocrine and psychological problems (Bender et al., 1998; Durazo-Arvizu et al., 1998; Ferraro and Kelley-Moore, 2003; Frisco et al., 2012). Any adult with a body mass index (BMI) over 30 is considered obese, a category which now applies to 35.9% of all Americans (Flegal et al., 2012) and 27.7% of workers in the U.S. (Luckhaupt et al., 2014). The severity of this state of affairs has recently led delegates to the 2013 annual meeting of the American Medical Association to reclassify obesity as a disease (Moyer, 2013; Pollack, 2013).

Previous studies show a connection between several occupational conditions and greater likelihoods of obesity. Individuals in shift work, stressful work environments, or who work more hours per week experience a greater risk of obesity (Courtemanche, 2009; Ko et al., 2006; Luckhaupt et al., 2014; Milia and Mummery, 2009; Solovieva et al., 2013). These studies focus on occupational factors that are associated with higher BMIs or greater chances of being obese. While there are studies that examine workplace wellness programs specifically aimed at reducing obesity (e.g. Gabel et al., 2009; Heinen and Darling, 2009; Morgan et al., 2011), other occupational conditions that may reduce the likelihood for obesity

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are understudied and remain overlooked. Our goal is to extend the existing literature on work and obesity by focusing on one particular profession—the clergy—and by examining whether specific occupational conditions are associated with being obese.

The clergy are a distinctive professional group that allows us to examine the relationship between work conditions and obesity. Clergy, unlike many other professions, have self-care practices built into the nature of their jobs. Clergy often observe a regular day off from work, are involved in support groups, and have careers that offer sabbaticals after years of work. These self-care practices can be protective against obesity and make the clergy an important case worth studying the relationship between occupational conditions and being obese.

Limited research has been devoted to obesity among clergy. As leaders of religious congregations, clergy play a central and public role in America's most popular voluntary association (Putnam and Campbell, 2010:29–30). Clergy health and obesity are important issues because many Americans take cues from visible public figures about normative behavior. Indeed, obesity can “spread” via social ties (Christakis and Fowler, 2007), and clergy are the public leaders in an “important repository of social capital in America”—the religious congregation (Putnam, 2000:66). Individual congregants may thus take cues from clergy regarding normative weight. This dynamic is of particular concern with regard to clergy because of their role as moral teachers and exemplars in communities and because some large religious groups, such as Baptists, have higher rates of obesity than the general population (Cline and Ferraro, 2006). This is also a vital issue for denominational policy makers, their health-care providers, and the many American church-goers that look to ministers, not only for civic leadership, but also for social support and guidance in choosing a lifestyle and navigating life's trials.

Historically, clergy have been among the healthiest of major professions; only teachers have had lower mortality rates (Flannely et al., 2002; King and Bailar, 1969; Proeschold-Bell and McDevitt, 2012). However, recent research shows that clergy have relatively high rates of obesity (Proeschold-Bell and LeGrand, 2010, 2012). Proeschold-Bell and LeGrand (2010) examined 1726 United Methodist Church (UMC) clergy in North Carolina and found that 39.7% are obese, 10.3% points higher than their gender and age counterparts in the state. Similarly, pastors within the Evangelical Lutheran Church of America (ELCA) have high rates of obesity (34%) (Halaas, 2002). Additionally, in a 2001 national survey of 883 pastors, a *Pulpit and Pew* study found that 30% of all clergy are obese (Carroll, 2006). Two of these previous studies on clergy and obesity are limited to clergy in specific denominational traditions and states: the ELCA and the UMC in North Carolina. The *Pulpit and Pew* is national and includes various Protestant denominations but is limited in that it only includes a relatively small sample of Catholic priests (4.9%).

There are two ways this study advances extant research. The first is that it broadens the scope of clergy health studies by examining the factors associated with clergy obesity across a more representative sample with a broader spectrum of religious traditions. Second, this study uses the clergy as a case-study in order to examine not only how some occupational conditions are linked to an increased likelihood of obesity, but also how other occupational conditions are linked to reduced chances of obesity. To accomplish this, we use data from the U.S. Congregational Life Survey, a national sample of clergy from major religious traditions in the United States ($n = 539$).

2. Clergy and obesity

2.1. Theoretical framework

Proeschold-Bell et al. (2011) provide a useful theoretical framework for understanding clergy health. After conducting qualitative focus groups with 87 UMC clergy about their health and work, they construct a multidimensional set of “conditions” that influence clergy health. These conditions range from the intrapersonal (e.g., age, gender, and socioeconomic status), the interpersonal (e.g., relationships with colleagues or congregants), the congregational level (e.g., congregation size), and the community level (e.g., community economic conditions). Stress can flow from these conditions. However, these conditions may also help facilitate self-care practices, such as support group involvement. Thus, we use this framework to conceptualize how conditions within a clergy person's life are connected to both stress and self-care, elements which can profoundly shape obesity.

2.2. Stress and obesity

Although much prior research focuses on diet and exercise, researchers argue that other factors also contribute as sources of obesity (Keith et al., 2006). Stress is increasingly important in our understanding of a variety of health outcomes, including obesity (Garasky et al., 2009; Pearlin et al., 1981; Proeschold-Bell et al., 2011). When people experience stress and have insufficient coping resources, they respond by “banking,” or overeating foods rich in fats and carbohydrates (Wisman and Capehart, 2010). This may be an evolutionary response that helps to ensure physical survival (Prentice et al., 2008; c.f. Speakman, 2007). However, it can place the long-term health of these individuals in jeopardy, as it increases the chances for obesity (Jackson et al., 2010; Jackson and Knight, 2006). The connection between stress and obesity is not only about coping through the consumption of high-fat and high-sugar foods. Stress also discourages physical exercise (Ng and Jeffery, 2003), and chronic stress can disrupt physiological functioning leading to metabolic syndrome and visceral obesity (Chrousos, 2000; McEwen, 2000).

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