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## **ABSTRACT**

### **Church Health and Church Growth in the Western Canadian District of the Christian and Missionary Alliance in Canada**

by

Keith Conway Taylor

This collaborative research study explores the relationship between church health and church growth within the Western Canadian District of the Christian and Missionary Alliance in Canada.

The correlation between transferable church health characteristics and quantitative church growth is analyzed with the use of a researcher-designed questionnaire. The literature review studies the organic and organizational aspects of church health through a theological understanding of the church as community.

The findings demonstrate a positive relationship between the perception of church health and church growth. Spiritual disciplines and church and personal demographics proved to have a positive relationship to the perception of church health.

DISSERTATION APPROVAL

This is to certify that the dissertation entitled  
CHURCH HEALTH AND CHURCH GROWTH IN THE WESTERN CANADIAN  
DISTRICT OF THE CHRISTIAN AND MISSIONARY ALLIANCE IN CANADA

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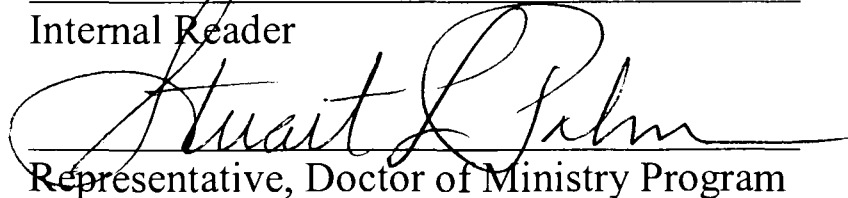
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A Dissertation

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In Partial Fulfillment  
Of the Requirements for the Degree  
Doctor of Ministry

by

Keith C. Taylor

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## CHAPTER 1

### UNDERSTANDING THE PROBLEM

The Chinese symbol for *crisis* is comprised of two parts. One is “danger” and the other is “opportunity.” The Church in North America is entering the second millennia in crisis. Many churches are clearly in trouble. George Barna states, “The vast majority of Christian churches in America are either stagnant or declining. Relatively few of the nation’s 300,000+ Protestant congregations are increasing the number of people (in worship attendance) by at least 10 percent a year” (15). According to George Hunter, as many as 80 percent of churches in America today are plateaued and/or declining (Leading 10). In contrast, he cites that of the other 20 percent, 15 percent or more are growing by transfer and perhaps as little as 5 percent are growing by conversion. One can focus upon the danger of decline or realize the opportunity for evangelism and spiritual growth has never been greater. In reviewing sample statistics, the problem of plateaued and declining churches appears to be “no respecter of denomination.” Decline is not localized to any particular geographical area or limited to any particular size church.

While the problem has been well documented and solutions presented, no evidence exists to date that the problem is receding. The issue appears to be accelerating. As the number of plateaued and declining churches continues to grow and as the age of these congregations increase, many North American churches are in danger of extinction unless something changes. The crisis of declining and plateaued churches can cause one to question how the Church can turn around.

In contrast to this common decline, I have witnessed consistent numerical growth

in churches I have served over the past twenty years. Since I came to Beulah Alliance Church in Edmonton, Alberta in 1991, the church has experienced considerable congregational increase. The Sunday morning worship attendance grew from 650 to exceed two thousand in the fall of 1999. This period of time has been marked by a redefinition of the philosophy of ministry and an intentional plan to redirect the church toward a greater commitment to mission.

When the church approached 1,700 in worship attendance, we decided to move from short-term planning to the developing of a strategic plan that would give shape to the direction of our church ministry for the next three to five years. As the planning progressed, we discerned the need to define essential areas of ministry to help shape our planning initiatives. These areas needed to be developed from biblical purposes and be applicable to the totality of the ministry. Each department and program area needed to consider these areas in their planning. Following a cycle using focus groups, surveys, and leadership meetings, we defined six key areas to help provide a framework for our ministry planning.

Christian Schwarz presents eight characteristics that healthy churches have in common (Natural 12-13). Schwarz developed this list of “universal principles” from the hundreds of model churches he studied as a church consultant (12). I was surprised to see some parallels between the healthy church characteristics presented in his study and my own list of key focus areas. From his field research, he observed a direct correlation between the overall health of a church and the probability of the growth of that congregation (116). Many pastors questioned how to recognize church health. I wondered which church health indicators were the right ones to use; was Schwarz’s list accurate? In

addition to Schwarz's list of essential qualities of healthy churches, other books have proposed lists. Macchia suggests ten characteristics of healthy churches (23); Galloway defines ten characteristics (Becoming), while Hemphill lists eight (Antioch vii).

Bob Logan first identified this trend in the church growth movement toward the issue of church health in 1989. He observes, "Effective churches are healthy churches; healthy churches are growing churches—they make more and better disciples. This is precisely the focus of the church-growth movement" (17). The challenge is determining from the different lists which characteristics are essential for defining what constitutes a healthy church. Perhaps in certain contexts different indices would be needed.

### **Denominational Context**

The Christian and Missionary Alliance in Canada (CMAC) has a large number of plateaued and declining churches. In the Western Canadian District (WCDCMA) 1998 annual report, 54 percent of the 108 churches reporting had not experienced 10 percent growth in the four-year period between 1994-1998. The district has been passionate about turning this trend around in order to see all their churches growing and thriving.

During the last two years, the WCDCMA completed an extensive strategic planning process for the entire district around the themes of "Healthy Pastors/ Healthy Churches." Rather than focus on numerical growth, the WCDCMA placed their priority on church health. This was an important shift. Up to this point, formal reporting to the denomination was limited to numerical indices. The WCDCMA monitors attendance at various ministries such as the Sunday school, Sunday morning and evening worship attendance, membership, baptisms, and the total number of conversions. No monitoring of other factors that may be linked to church health has been pursued.



All the churches of the WCDCMA have been founded within the past eighty years. The Christian and Missionary Alliance viewed western Canada as a pioneer outpost in the early twentieth century, as settlers established farms and cities across the province of Alberta. The aggressive church planting initiatives of the Alliance during the past forty years reflect the entrepreneurial spirit of this province. Many of the churches within this district are between fifteen and twenty-five years old. Mirroring the trend across North America, urban migration has led to the growth of robust urban centers entering the twenty-first century with economic strength, in contrast to generally declining rural populations. Both Calgary and Edmonton have large, growing, Alliance congregations numbering over two thousand in worship attendance, while many rural congregations struggle to sustain themselves amidst declining populations. The province is also experiencing a large population increase from international immigration. The pluralistic nature of the Canadian cultural mosaic has also encouraged the WCDCMA to plant churches among various ethnic groups, including the First Nations, Chinese, East Indian, and Filipino.

Another important factor of the WCDCMA is that the growth of many churches has come through the transfer of attendees from declining mainline congregations or through Christians moving into the church's proximity. Although the stated goal is the evangelism of the lost, the predominant growth of WCDCMA churches during the past twenty-five years has come through transfer growth. Across the district a number of churches continue to grow and thrive, while in contrast many are plateaued or declining.

I sought to study these WCDCMA churches and discover their relative health and strength. I was curious if quantitative growth could find a direct correlation to qualitative

growth. I also wondered how the church growth movement and the church health movement are similar or different? Does the church health paradigm provide a theologically sound approach to monitoring and measuring a church's well-being? What are the characteristics that reflect the essential health of effective churches? These ideas deserved a more careful analysis and testing in order to help churches stem the tide of decline.

### **Purpose**

The purpose of this study was to describe the relationship between church health and church growth in the Western Canadian District of the Christian and Missionary Alliance in Canada. The correlate characteristics of church health were derived from literature on church health and contrasted with certain particular indices of growth. This gave a snapshot of church health in the Christian and Missionary Alliance in a particular region of Canada.

This study determined the correlation between church health characteristics and the evidences of growth in the congregation. This was not an exhaustive study of every possible quality present in a church but rather of those essential characteristics that are instrumental to health and growth. The Christian and Missionary Alliance can use this research in the promotion of church health and growth and in the determination of plans to address plateaued and declining congregational life.

### **Research Questions**

1. How do the WDCMA churches rate on each of the eight "Beeson Church Health Characteristics"?
2. How does the health of the surveyed churches correlate to church growth over

the past five years?

3. What are the contextual factors apart from the eight Beeson Church Health Characteristics that may help explain church health and growth?

### **Definition of Terms**

In this study, the principal terms are defined as follows.

*Beeson Church Health Characteristics* (BCHC) are various components of church health that, when taken together, can be used to identify the overall health of the church. For the purpose of this study, the characteristics are defined as empowering leadership, passionate spirituality, authentic community, functional structures, transforming discipleship, engaging worship, intentional evangelism, and mobilized laity.

*Church Growth* is the increase of the average number of persons attending the principal weekend adult worship services each year, as well as the rate of growth over a five-year period. Growth also includes the annual number of recorded conversions and baptisms.

*Church Health* is defined as the manifestation and strength of the health characteristics present in a local congregation.

*Community* is defined as the expression of the Christian life in the context of authentic, mutually supportive relationships.

*Structure* is “the skeletal system that the congregation constructs in order to hold the various parts of the system together” (Shawchuck and Heuser, Leading 213).

*Baptisms* are defined as the number of individuals who professed their faith publicly in the ordinance of believer’s baptism as reported by each participating congregation in the study.

*Conversions* are the total number of professions of faith in Christ as reported by each individual congregation participating in the study.

### **Methodology**

This research was an exploratory correlational study utilizing a researcher-designed survey instrument.<sup>1</sup> Following thorough research, a list of quality characteristics of healthy churches was created. Based upon this list of quality characteristics, a tool in the form of a questionnaire was formulated after further researching each characteristic. The results of the survey created a “snapshot” of those churches sampled and their relative health. Each church’s health index was compared to their growth statistics to find any correlation between health and growth.

### **Population and Subjects**

The population for this study consisted of all 110 churches of the Western Canadian District of the Christian and Missionary Alliance in Canada. The sample consists of twenty-seven churches of the WCDCMA churches participating in the study. This survey created a picture of the health of the churches sampled. Another separate instrument was given to the pastor that collected additional information about the churches that were studied. Each church’s health statistics were compared to the growth statistics to uncover any correlation between church growth and health.

### **Instrumentation**

A researcher-designed questionnaire was developed through an extensive literature review in correlation with other dissertation team members. The instrument has

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<sup>1</sup> This study is part of a collaborative effort of four Beeson Pastors completing the Doctor of Ministry program at Asbury Theological Seminary. James Kinder, Brian Law, and Scott McKee conducted similar research in different population samples with minor variations of methodology. The design of the study and research tool was similar.

fifty-five questions on a five-point Likert scale. Sixteen demographic questions were also given to each participant.

The project assessed the current church growth capacity of the church. A separate questionnaire consisting of six statistical questions was given to a key church leader to complete. Each church in the sample was asked to submit worship attendance numbers and numbers of baptisms and conversions over the five-year period (1996-2000).

### **Variables**

The independent variables of this research project were the Beeson quality characteristics of a healthy church. These eight characteristics are

1. Functional Structures,
2. Authentic Community,
3. Transforming Discipleship,
4. Engaging Worship,
5. Mobilized Laity,
6. Passionate Spirituality,
7. Empowering Leadership, and
8. Intentional Evangelism.

These qualities were defined through research and by the collaborative team. The variables are the rate of growth in the weekend worship service(s) attendance over a five-year period from 1996-2000 and the number of conversions and baptisms reported by the churches participating in the study. Other variables that might influence or help to explain outcomes included monitoring the size of congregation, rural or urban setting, and community contextual issues such as rapid growth or decline.

## **Data Collection**

The data was collected through the use of the researcher-designed questionnaire. A church health questionnaire was created and distributed to a sampling of the churches. I obtained the support of the District Executive Committee and the Superintendent of the WDCMA to present and promote the study within the district churches.

The senior pastors of all the WDCMA churches were contacted and invited to participate in the study. Detailed instructions were delivered to each participating pastor or key lay leader regarding the administration of the survey tool. A return envelope was provided to return the surveys to the project coordinator. The survey was administered to the selected churches between 1 September 2001 and 30 October 2001.

The completed surveys were sent to Asbury Theological Seminary for processing and for statistical analysis. This information was used to identify the perceived health of each individual church studied and the overall health of the sample group. The church health indicators were compared to the church growth statistics to determine any correlation between church health and church growth.

## **Delimitations and Generalizability**

This study utilized a convenient sampling and the voluntary participation of churches in the Western Canadian District of the Christian and Missionary Alliance in Canada. The study measured church health indicators rather than typical growth indicators by focusing on the “Beeson Quality Characteristics of Church Health.” The purpose of this project was to determine if a correlation exists between qualitative church health and quantitative church growth. Extenuating circumstances, such as pastoral turnover or unusual problems in the life of the churches, are beyond the control of this

study.

This study explored the correlation between church growth and church health. This research adds to existing studies by providing a foundation for prescriptive measures to move declining churches towards vitality. These findings also have direct implications on churches of the WCDCMA and how the district evaluates church growth and church health. The research methods employed also have application to other denominations that are similar to those of the WCDCMA both within the CMA and beyond. The data was collected concurrently with the other team members and compared to those churches, thus confirming and extending the findings of this study.

### **Theological Foundation**

The theological foundation for this study is discovered in the concept of community as reflected in the person and purposes of God. The organic nature of the Church as a dynamic community alive with the Spirit of God provides an evaluative framework upon which to monitor and measure the well-being of a congregation. The Church, in its relationship with God, in fellowship with one another, and in its mission fulfillment, should reflect the dynamics and interrelatedness of the Trinity. Theologian Colin Gunton suggests that “the church is . . . a temporal echo of the eternal community that God is” (qtd. in Banks 42). In Chapter 2 of this study, the foundations of the church as community are further explored.

The entire story of redemption can be traced as a story of community, beginning with the creation, the Fall, and the establishment of the children of Israel as the people of God. The story culminates with the coming of Christ and the beginning of a new community. It was initiated with Jesus’ disciples and was completed when the Spirit

came upon the Church in Acts following the resurrection. The story of community illustrates the organic nature of the Church, and is described through the use of various metaphors in the New Testament. The Apostle Paul instructs that God's goal for this new community is health and growth:

Instead, speaking the truth to one another in love, we will in all things grow up into him who is the Head, that is Christ. From Him the whole body, joined and held together by every supporting ligament, grows and builds itself up in love, as each part does its work. (Eph. 4:15-16)

The "body of Christ" is to be an interdependent people empowered and indwelt by the risen Christ. The analogy of "growing and building" gives credibility to the paradigm of church health. God's desire for the Church is to be mature, vital, and fruitful. The Church must be intentional about its growth and health.

The Church is a living organism, alive with the Spirit and spiritually appraised. God works through human agency as we invest our efforts in planting spiritual seed and allowing God to bring growth. When things are working right, when the Spirit is working in the Church, and when impediments to health are addressed, spontaneous growth may occur. God will entrust people to the Church because there they will encounter the reality of Christ and the life of his Spirit.

Careful and prayerful analysis should be employed to assess the spiritual condition of the Church. The task of analyzing health and growth is operationalized through the eight quality characteristics identified in this study.

### **Overview of Study**

In Chapter 2, selected literature and research pertinent to this study are reviewed. The theological foundations of community and its relationship to church health are studied. Contemporary writings on church health and church growth are examined, and a



list of quality characteristics of church health is defined. While two Beeson Church Health Characteristics are explored in depth, the remaining six characteristics are only summarized.

In Chapter 3, a detailed explanation regarding the design of the project, the research methods, and the methods of data analysis are presented. Chapter 4 furnishes an analysis of the survey findings. Chapter 5 reports major findings of the study and practical applications that flow out of the research. It also offers suggestions for further inquiry.

## CHAPTER 2

### REVIEW OF SELECTED LITERATURE

The literature review focuses on the theological understanding of the Church as community and the relationship of community to both the organic and organizational aspects of church health. This review also explores the church growth movement and its relationship to the church health movement. The study focuses upon two particular health characteristics of authentic community and functional structures. Finally, it includes a summary of the research conducted by the other members of the collaborative team. This summary includes a definition of the six additional health characteristics: mobilized laity, intentional evangelism, transforming discipleship, engaging worship, passionate spirituality, and empowering leadership.

#### **Foundations of Community**

In order to establish an understanding of church health, I explored the nature of the Church as community, both biblically and historically, and evaluated the accuracy of church health as a framework upon which to assess the well-being of a local church ministry.

A formal definition of the church is “a company of people divinely called and separated from the world and who are united in worship and service under the supreme authority of Christ and His Word as their rule of faith and practice” (Shawchuck and Perry 118). The church is a “company of people,” a community formed around a common calling and connection to God through faith in Jesus Christ.

#### **The Trinity and Community**

The doctrine of the Trinity serves as a foundation for understanding both the

individual and the Church as a community of people. “In the creation of mankind there appears to be a consultation and united effort of the Triune God to create the unique image bearer of God’s image” (Russell 24).

The exact way of perceiving the three persons within the Trinity and the one God has different emphasis within the Eastern and Western churches in church history. The Eastern outlook tends towards emphasizing procession within the Godhead. This viewpoint focuses upon the Father as the source of divinity from whom the Son and the Spirit proceed (Grenz, Theology 79). The three individual members of the Trinity share a common essence, but their unique workings in creation and salvation highlight the specific roles of each and focus less upon their interdependency. In contrast, the Western church emphasizes more the one divine essence or substance, rather than the “threeness” characteristic of the Eastern understanding (80). Within this one substance, the “threeness” is relational. Grenz observes the widespread use of the triangle as a Western symbol for the Trinity, which depicts each Trinitarian member in reference to, or in relationship with, each other (80). “The West focuses upon the communion of the three persons as an occurrence within the eternal divine reality, whereas the East situated the mystery of the communion of the three within the divine economy” (Grenz, Social 56). Both insist upon the triadic relationship among the Father, Son, and Holy Spirit.

When God said, “Let us make man in our image, in our likeness” (Gen. 1:26), the pronouns “us” and “our” emphasize this communal dimension to God. The phrase “in our image” indicates persons are a reflection of him, a reflection of the divine interdependency in the community of the Godhead. Personhood finds its essence and definition deep within the being of God:

In light of the Trinity, being a person in the image and likeness of the divine Persons means acting as a permanently active web of relationships: Relating backwards and upwards to one's origin in the unfathomable mystery of the Father, relating outwards to one's fellow human beings by revealing oneself to them and welcoming the revelation of them in the mystery of the Son, relating inwards to the depths of one's own personality in the mystery of the Spirit. (Boff, Trinity 149)

God's image portrays community. In the creative genesis of the human family, God creates Adam to reflect his image, yet he pronounces his creation of humanity to be "not good." God was displeased that the man was alone (Gen. 2:18). Belezikian suggests only through a plurality of persons could this human creation be in God's image (20). God intends for people to live in relationship. "With the forming of woman, the supreme achievement was the creation of human community" (22).

This community expressed in the Godhead has far reaching implications for the capacity to relate in the human family. The plurality of the Trinity is carefully sustained in unity amidst the plurality of the three persons. An oneness of purpose, will, and perfect love is expressed within the Godhead. "Oneness is primarily a divine mode of being that pertains to God's own existence, independently from and prior to any of his works of creation" (Belezikian 16). The relatedness of the Trinity reveals the solidarity, wholeness, and mutuality present in the Godhead—the same qualities desired in the church (God's image in the world), and declared by Jesus and the Apostle Paul (John 17; Rom. 12; 1 Cor. 12). Kraus writes, "It is the 'Human Family' that stands at the pinnacle of the creation process, and not the perfected, rational, individual male of Aristotelian vintage" (81). Individualism is a foreign concept in contrast to the spirit of mutuality and reciprocity God envisioned for Adam and Eve. The human family was designed for connection and community.

## **Community Destroyed**

Within the Garden of Eden, man and woman enjoyed oneness with God and with one another (Gen. 3:8-9). Sin entered the human family when they violated their relationship with God by an act of selfish independence, and oneness was shattered. Not only did sin separate humans from God, it also separated them from one another (Gen. 3:15).

## **Restoration of Community**

God did not abandon his eternal project of community building. Out of the wreckage of the Fall, he designed a new community. In Genesis 12:2-3, God called Abram with the purpose of developing a chosen community through which the nations would be blessed:

I will make you into a great nation, and I will bless you;  
I will make your name great, and you will be a blessing.  
I will bless those who bless you, and whoever curses you I will curse;  
And all peoples on earth will be blessed through you.

In Abraham's calling the new community is visibly set up through the covenant God made with him (Lindgren 39). The history of salvation began with God's call to him and through his descendants (Harrington 5). "Far from being simply the story of an individual and his exploits, the Abraham narratives are significant because they tell of a people's beginnings" (Bannerman 43). "Abraham obeyed the Lord and in so doing, Israel became God's chosen community" (Lindgren 39).

God promised Abraham that he would be the father of many nations. He revealed that through his wife Sarah, a son would be born and a new covenant would abide with him (Gen. 15). The historical foundation of God's chosen community began through Abraham and his descendents. In tracing the patriarchs, God's anointing followed each

successive generation. God met each one personally and the continuation of this chosen community extended forward (Gen. 26) (Russell 5). From Abraham to Isaac the covenant continued, and little by little God's revelation of himself in community with his people was being unfolded. God spoke to Jacob at Bethel and sealed the covenant with him by changing his name to Israel (Gen. 35).

Following Israel, the responsibility to preserve the community came to Joseph. While still a young man, and prior to his betrayal by his brothers, Joseph's dreams revealed that God was setting the stage for a great deliverance of his people. Following Joseph's rise to power in Egypt, he understood God's plan and believed that God had brought him to Egypt to preserve a remnant of the chosen community (Gen. 46:3).

This covenant community was perpetuated as God preserved his chosen people. Through Moses and Joshua, God led the people out of slavery and into the promised land (Exod.; Josh.). Through the book of Judges, God delivered Israel from the other nations and called them back to a life of faith and obedience (Judg. 3-12). During times of deliberate disobedience, the prophets called Israel back to a life of purity, devotion, and communion with the Lord (Kraus 35-43). The prophets lamented over the decline of this "holy nation," but they envisioned a future when God's reign would encompass the whole earth, as the nations would be drawn to worship and to participate in God's community.

Throughout the Old Testament, God kept this covenant of community with Israel. The people of God, as viewed in the Old Testament, were a community called out from the pagan world to live a life of faith and obedience to God (Hanke 108-09). God opened the Israelites to a special relationship with himself and also with one another. They would

together become his priests, his holy nation. Each person would find his or her own identity in relationship to the community (Gorman 36).

The Old Testament serves as a narrative describing God's establishment and preservation of this chosen community, and it provides a clear backdrop for the establishment of the Church. The persons whom God called and set apart were "a community of persons, to whom and through whom God's love is revealed" (Lindgren 42). The Old Testament closes with an anticipation of the day of the Messiah's coming, of his reign over God's people.

### **The New Community**

Israel rejected its identity as God's blessing to the nations so God established a new community of people in the New Testament. Bonhoeffer spoke of the restoration of community as being linked to the image of God stamped in their humanity:

Since this community is destroyed by moral failure, clearly it has moral character originally, and is part of the divine image in man in the narrator's view. Divine and human community are in some way part of the original moral and spiritual life of man and that means part also of his future life (restored in Christ)... This points us to the church. (qtd. in Gorman 33)

Jesus came proclaiming a gospel that has at its very essence the establishment of community. Leonardo Boff asserts that believers in Christ formed the new community based upon the new covenant established by Christ:

Jesus' whole preaching may be seen as an effort to awaken the strength of these community aspects. In the horizontal dimension, Jesus called human beings to mutual respect, generosity, a communion of sisters and brothers, and simplicity in relationships. Vertically, he sought to open the human being to a sincere filial relationship with God, to the artlessness of simple prayer, and to generous love for God. (Ecclesiogenesis 7)

Jesus modeled life and ministry in community. The very method of his ministry

with the disciples was the model of a new community. Jesus called his disciples “that they might be with him” (Mark 3:14).

Jesus’ intent was not simply to bring the twelve together as a study group but to actually encounter life together. This experience of working and learning with Jesus was the formation of a community as the disciples experienced life with Jesus (Snyder, Problem 67).

The essential nature of community is revealed just prior to Jesus’ death. His priestly prayer on behalf of his Church expressed his overwhelming burden for the pursuit of oneness by his disciples. In John 17:11 he prayed, “Protect them Father . . . so that they may be one as we are one.” Jesus also expressly forbade his followers to structure their communities according to patterns borrowed from the secular world. Jesus warned his followers not to “lord it over” others as the Gentile leaders did but rather to take on the role of a servant (Matt. 20:25-28). The model they were given to follow was the interrelationship of oneness within the Trinity (John 17:11, 20-22). “The disciples were bonded together by an intense loyalty to each other in community and by the principles of mutuality and reciprocal servanthood” (Belezikian 49). Ogden observes that the “call to Christ is simultaneously a call into community” (193).

### **The Community of the Spirit**

The empowering of the new community is outlined in Acts 2:1-4 as the Holy Spirit is imparted to the hearts of the waiting disciples. This early account of the believers’ lives together describes the nature and actions of the early Church:

Everyone around was in awe—all those wonders and signs done through the apostles! And all the believers lived in a wonderful harmony, holding everything in common. They sold whatever they owned and pooled their resources so that each person’s need was met.



They followed a daily discipline of worship in the Temple followed by meals at home, every meal a celebration, exuberant and joyful, as they praised God. People in general liked what they saw. Every day their number grew as God added those who were saved. (Acts 2:42-46, Peterson)

These Spirit-empowered people were committed to awe-inspired worship, transformational instruction, joyful and spontaneous fellowship, and natural expansion. The image of the early Church is one of a balanced and interconnected community that served the purposes of God under the influence of the Holy Spirit. The believers experienced the *koinonia* of the Spirit, sharing their daily meals with a joyful willingness. To those around them, the community of believers itself became the means of validating the authority of their message, resulting in daily conversions. Snyder defines the basic roots of *koinonia* as a shared faith, a shared salvation, and a shared divine nature. The basic idea of the word is to share something in common (Problem 92).

The early Church was unacquainted with individualism, as:

The importance of the church as a community is as basic to the New Testament concept of the church as to the Old Testament. From the outset, the Christian church was a community of those who had experienced the presence of the risen Christ. From the very first, to be a Christian meant to belong to a community. Surely the New Testament accounts are clear that no one thought it possible to be a Christian “by himself,” but only in relation to the fellowship of his brethren. (Lindgren 42)

### **Community Portraits**

More than ninety-six word pictures are used to describe the Church in the New Testament (Ogden 29). This community of the Spirit was simply called *ekklesia*, which is understood to mean an assembly of people who have been called by God. They have been called into the grace of Christ (Gal. 1:6), called into God’s marvelous light (1 Pet. 2:9), and called to be saints together with all those who call on the name of the Lord Jesus

Christ (1 Cor. 1:2). As saints together, they were to enjoy community. This call includes the mission to serve with God in the world. “The community of called ones is to have an outward focus of ministry, both by serving through their example and by their witness” (Adams 29). Most of the organic metaphors used to describe the new community were brought from the Old Testament. The Church is called a holy priesthood (1 Pet. 2:5), a holy nation (1 Pet. 2:9), and a people belonging to God (1 Pet. 2:9c).

Peter also uses structural language describing the community as a building: “You also, like living stones, are being built into a spiritual house” (1 Pet. 2:5). This image of the building denotes the process of construction and development as Christ, the foundation (1 Cor. 3:11) and chief cornerstone, builds up the Church toward full maturity (Eph. 2:20-21). The building of the Church is described as growing and developing, “as the whole building is joined together and rises to become a holy temple in the Lord” (Eph. 2:21). For the sake of illustration, spiritual gifts can be viewed as mortar that joins the “living stones” (1 Pet. 2:5). These bricks or stones must be carefully “joined together” for maximum health and growth (Eph. 2:21).

The community is alive with the presence of God’s Spirit, becoming both the object of God’s creative activity as well as a witness to this presence. Thomas Oden has captured this uniqueness:

Christianity is distinctive as a religious faith in that it understands itself to be living as a continuing community through the living Christ. Its uniqueness lies in its particular relationship with its founder. It is the resurrected presence of this living Lord that continues to be the sole basis of the present reality of the church. (117)

The organic nature of the church as the body of Christ is the most comprehensive of the New Testament images of the church (Lindgren 38). This new community was

organic in its inception. Ogden describes the church as “organism” to mean “we are a people in whom Jesus invests his life; we are a people who remain connected and receive direct signals from the head; and we are a people through whom divine life is transmitted to one another” (43). The Apostle Paul favors this description as he discourses on the nature of the Church:

Now you are the body of Christ, and each one of you is part of it... The body is a unit, though it is made up of many parts; and though all its parts are many, they form one body. So it is with Christ. For we were all baptized by one Spirit into one body— whether Jews or Greeks, slave or free—and we were all given the one Spirit to drink. (1 Cor. 12:27, 12:12-13)

To prepare God’s people for works of service, so that the body of Christ may be built up. (Eph. 4:12)

According to Paul’s “body” metaphor, all the parts are interdependent and necessary for the community’s health. Robert Banks writes, “God has so designed things that the involvement of every person with his special contribution is necessary for the proper functioning of the community” (64). By design, God has fit each member of the new community together in such a way as to be interdependent by nature of the distribution of gifts and abilities to every member, “now the body is not made up of one part but of many” (1 Cor. 12:14).

The empowering presence of the Holy Spirit working through the corporate body of believers represents the living Christ until he returns. The Church exists to enjoy relationship with him, to reconcile relationships with one another, and to fulfill his will on earth—the extension of his incarnation. This is both a corporate and individual privilege.

Each of these images of the new community in the New Testament reveals it to be

a dynamic, living entity indwelt by the Holy Spirit (John 14:26; 1 Cor. 3:16-17). This living organism is capable of health or disease, growth or decline; vulnerable to the forces of death or life. Since the Church pulsates with the life of Christ, the church should grow unless inhibited by disease. “The Body of Christ today—the Church—is not free from sin. Nor is it free from sickness. I believe we do not stretch the biblical analogy too far to suppose the Body of Christ can be sick, or it can be healthy” (Wagner 32).

### **Community Lost**

The explosive growth of the new community required the introduction of structures that began to shift the Church from organism to organization. This increase of structure moved the community incrementally toward institutionalism (Ogden 45). Early in the book of Acts, the Church began to add structure to help direct the increasing demands of this community. New roles were added to that of the apostle in Acts 6 when Stephen was appointed as a deacon. In the epistles, church leadership positions were defined, and increased attention given to the structural aspects of the church.

Church history outlines that following the birthing of this dynamic Spirit-filled community, a gradual drift occurred towards an unhealthy emphasis upon organization. This trend surfaced at various points throughout the Church ages, for although the Spirit utilizes structures through which God’s work is fulfilled, organization without the life of the Spirit leads to formalism.

Beckham suggests the institutionalizing of the Church was always preceded by a loss of devotion to Christ or a growing dependency upon structure over Spirit (41). The early Church gradually aligned with the political systems of the day as servant leadership was replaced by authoritarianism. In terms of evangelism, the Church generally moved

toward a passive rather than active stance. Another shift was in the emphasis upon formal liturgy and a focus on human ability and effort in the place of spiritual power (42).

This general trend is illustrated with the conversion of the Roman Emperor Constantine in AD 313. Christianity gradually became the official religion of the Empire in name and in law (Mead 14). Constantine established what some describe as an anti-community Church structure that influenced Church life for centuries. In its extreme form, institutionalism reduced faith to a set of rituals:

- People go to a building (cathedral),
- On a certain day of the week (Sunday),
- And someone (a priest, or today, a pastor),
- Does something to them (teaching, preaching, absolution, or healing),
- Or for them (a ritual or entertainment), and
- For a price (offerings) (Beckham 43).

Greg Ogden credits the proliferation of institutionalism to the hierarchical, sacerdotal, and clerical framework. During the Middle Ages, the clergy's positions of honor and status left them vulnerable to corruption as the Church increased in power religiously and politically. The natural outcome was the development of a theology that placed the dispensing of grace into the hands of the Church hierarchy (49).

This unhealthy paradigm focused the Church on organizational concerns and less on issues pertaining to the Church as an organism. When Christianity became the official state religion, "The church ceased to function as a transforming community, it's clergy grudgingly dispensed salvation to the faithful in order to secure their allegiance" (Belezekian 50).

A well-run organization can be mistaken for a Spirit-empowered endeavor. Organization must always serve to support the organic aspects of authentic spiritual community, a community where biblical purposes are exemplified, and where spiritual formation is of primary importance. The tension between community and organization became evident wherever the Church shifted toward institutionalism, and the significance of community was lost.

Throughout Church history, pockets of community did persist as expressions of renewal and spiritual life within the Church. When Augustine became a priest at Hippo in 391, he was dismayed at having to give up the kind of life that suited him so well, a life of meditation that turned spontaneously into spiritual conversation with friends and disciples. He sought to again arrange his life around “the interchange of solitude and community with other clergy in the work of service and fellowship” (Bouyer 498).

The early monastic movement also expressed a type of New Testament community. The Benedictine order held the conviction that the life of the monk included expressions of humility so as to be rightly related to his brothers in the rule of Christ over them. The early Church fathers sought to create a form of society with the primary goal to make love the basis of all mutual relationships (Bouyer 518). History attests that much of the life of the Desert Fathers and Mothers was carried out in community. Their example would serve as a great inspiration to the Celtic church in Ireland.

In the third and fourth centuries, Patrick’s evangelism of Ireland was influenced by his own monastic experience. Ian Bradley observes the extensive engagement in community within the Celtic monastery:

The dominant institution of Celtic Christianity was neither the parish church nor the cathedral, but the monastery, which sometimes began as a

solitary hermit's cell and often grew to become a combination of commune, retreat house, mission station, hotel, hospital, school, university, arts center, and power-house for the local community—a source not just of spiritual energy but also of hospitality, learning and cultural enlightenment. (70)

Celtic faith was unlike Roman structures that were more hierarchical and authoritative. These monastic communities produced a far less individualistic and more community-minded approach to the Christian life. This affected the way in which the people supported each other, prayed for each other, worked out their salvation together, and lived out the Christian life together. Every person had multiple role models for living as a Christian and in a more profound and pervasive sense than on the continent. These Irish Christians experienced the Church as community.

Life in the Celtic communities was attractive to the people surrounding them, and served a key role in evangelism. They invited people into the community and through this encounter outsiders came to experience the Christ the people followed. “The Celtic Church was a model of community life that was non-exclusive and deeply attractive to a society that was confused and broken” (Hunter, Celtic 39). The evidence of healthy community is witnessed throughout Church history where Spirit and structure are held in careful balance.

The monasticism of the Benedictine order in the sixth century awakened the need for both personal piety and spiritual development in addition to the benefits of community with other believers. The practice of mutual spiritual accountability was reflected in the Benedictine Rule #21:

If the community is rather large, some brothers chosen for their good repute and holy life should be made deans. They will take care of their groups of ten, managing all of the affairs according to the commandments of God and the order of the abbot. (Hunter, Celtic 129)

Every person was assigned a “soul friend” who served as a kind of spiritual guide or counselor—someone with whom you could share your spiritual growth. This was not a person with authority but rather someone with whom you shared life (Hunter, Celtic 129).

Faith was strongest throughout Church history in these cenobitic communities (Holmes 30, 51). Where spiritual fervency was evident, organization renewal accommodated the organic reality of the Spirit’s work within the community. In the twelfth century, small communities like the Waldensians in the Italian Alps emerged to preserve the truth of the gospel from the increasing corruption within the Church (Long 94). A major expression of renewed community was encountered as God began to restore the wider experience of biblical community through the Protestant reformation.

Martin Luther intended to reform Church structure along with Church theology. He identified a type of worship in addition to the Latin mass and the German liturgy. It involved a relational connection as an aspect of worship:

Those who want to be Christian in earnest and who profess the gospel with hand and mouth should sign their names and meet alone in a house somewhere to pray, to read, to baptize, to receive the sacrament, and to do other Christian works. (qtd. in Beckham 116)

Lloyd-Jones points out that although Luther failed to implement this plan, other groups around him (e.g., Anabapists) embraced the development of this type of community among their members (60). “Luther had to admit that there was a quality of life in their churches which was absent in the churches to which he belonged” (Beckham 116). The health of the Church was jeopardized by a reluctance to align it with biblical purposes. Luther was discouraged that the health of his churches was below that of other reformers, yet he was unable and unwilling to change the structure.



During John and Charles Wesley's ministry structural change accompanied the vision for the renewal of the dynamics of community as Snyder explains:

The Methodist societies were divided into classes and bands. Perhaps it would be more accurate to say the societies were the sum total of class and band members, since the primary point of belonging was that this more intimate level of community and membership in a class was required. The classes normally met one evening a week for an hour or so. Each person reported on his or her spiritual progress, or on particular needs or problems, and received the support and prayers of the others. Advice or reproof was given as need required, quarrels were made up, misunderstandings removed: And after an hour or two spent in this labor of love, they concluded with prayer and thanksgiving. (Radical Wesley 54-55)

For the Church to thrive as a healthy community, the Wesleys understood new paradigms of structure, biblical in style, were required.

The tension between organism and organization continues to this day. A modern paradigm that threatens community within Western culture is radical individualism. Individualism is evident when the Church functions as a dispenser of religious service instead of a community of the righteous. This trend places a subtle pressure upon church leaders to restructure the Church toward what Lyle Schaller calls a distribution mind-set rather than a contribution mind-set. The individualist views the community in terms of "what can I receive," as opposed to "what can I contribute" (Change Agent 97). For the community to remain healthy, it must discover a structure that promotes and releases functioning, healthy biblical community. The pursuits of corporate and personal spiritual renewal must be accompanied by structural renewal whereby systems are continually reviewed and redesigned in order to enhance and encourage the expression of the Spirit.

Theologian Colin Gunton suggests that "the church is . . . a temporal echo of the eternal community that God is" (qtd. in Banks 42). The Church should reflect the

dynamics and interrelatedness of the Trinity. The Church is a living entity, spiritually connected to Christ. As the body of Christ, the Church is linked to its head, Jesus Christ. He is also in the “midst” of his community (Eph. 2:11-22). Living in relationship within his *ekklesia* means to live in relationship with other believers as brothers and sisters in Christ. This new community is a living entity, alive with the Spirit of Christ. As a living entity, its health is vulnerable to sickness and disease. The health of the community, in its functioning and in its relating to God and one another, can be assessed.

Throughout Church history, the tension to balance the dynamic aspects of community as a living organism and the static aspects of organization within the Church still remains. These two essential aspects of a healthy church must be present and in a healthy balance for the church to be healthy.

### **Church Growth and Health**

In recent years the study of church health has received greater attention than church growth. The church health movement might be defined as the process of examining a constellation of predetermined church health characteristics in order to assist churches to capitalize on their strengths, maintain ministry balance, and increase proficiency in each area of health.

### **Church Growth Defined**

Gary McIntosh, editor of the Journal of American Church Growth and professor of church growth at Biola University, explained in a personal e-mail that he sees the church health movement as having grown out of the church growth movement.

McIntosh defines church growth as “that science which investigates the planting, multiplication, function and health of Christian churches as they relate specifically to the

effective implementation of God's commission to 'make disciples of all nations' (Matt. 28:19-20)." He notes that the concept of church health is included in the church growth definition. This definition also recommends the use of survey research and statistical analysis for determining church health. The importance of quantitative and qualitative growth is mentioned by most of the early church growth writers (e.g., Wagner; Towns; Jenson and Stevens).

Carl George insists that church health is not something new but has been around at least since mentioned in Wagner's book Your Church Can Be Healthy, written in the late 1970s. George observes that the resistance to the church growth literature by many church leaders is due to the numerical accountability accompanying the quantitative aspects of church growth, especially in older churches and for "shepherd skilled" pastors.

The principles of the early church growth movement are basic to emerging church practices and paradigms over the past twenty-five years. Elmer Towns' Complete Book of Church Growth, first written in 1985, yields many church growth principles that shaped much of church ministry over the past fifteen years. They include

- The stability of longer tenured pastors,
- The importance of fervent faith and expectancy,
- Lay deployment and spiritual gift discovery,
- Outward focus on evangelism and need meeting,
- Home cell units/multiplied points of connection for newcomers,
- The principle of flexible structures,
- The discipling of new converts to spiritual maturity, and
- A strong belief in the local church.

Most writers on church health do not discredit the church growth movement, but, rather, they provide a focus on the overall well-being of the congregation, which they predict will yield qualitative and often quantitative growth (e.g., Macchia; Hemphill; Galloway; Anderson; Wagner). Other church growth leaders are hesitant about the shift to the church health focus. McIntosh sees an unfortunate attachment to the word health in our therapeutic society:

I'm not so sure we should focus on health. Where in the Bible are we commissioned to focus on church health? It appears to me that the term "church growth" is still a better term since it is an "outward focused" paradigm which matches with our Lord's command to "make disciples."

McIntosh also looks back on the "renewal movement" in the USA in the 1950s. Churches focused so intently on inward renewal that they forgot to look outward in ministry to the unchurched. He concludes that the church renewal movement was a failure regarding church growth and evangelism. He warns, "My fear is that the same will come about as churches focus on church health: i.e. they will look inward to become more healthy and eventually forget to look outward in ministry."

The danger inherent in both approaches is that either can be taken to an extreme. Church leaders might define church growth primarily in terms of quantitative growth and neglect the monitoring of qualitative growth. They might err on a narrow definition of church health that excludes an intentional focus on evangelism. A church can be large or small and yet not be healthy in certain areas. The goal is not simply to grow numerically but to be healthy and balanced. The goal is to make more and better disciples of Christ. Quantitative growth is predicted to be an outcome of overall church health (Warren, "Comprehensive" 24; Schwarz, Paradigm 15).

Another possible reason suggested for the shift away from church growth toward

church health is an understanding that church growth is influenced largely by modernism, while church health tends to accommodate more of the postmodern mind-set (Prather v). Perhaps church health achieves a better balance between a variety of areas related to the biblical mission and pattern for the Church and an increased sense of watching for the mystical element of God's intervention. The church health approach evaluates how each of the parts of ministry contributes to the whole. Church growth, although principle based, is often defined only by methodologies for church ministry.

### **Church Health Defined**

The process of defining health characteristics relates to the biblical purposes and mission of the Church and by the observed characteristics discovered through the years of research by the church growth movement. Leith Anderson recommends that each church define health for itself, seeing it as a process of "comparison, consultation, and self-evaluation" (128). He generalizes the characteristics of health as including (1) glorifying God, (2) producing disciples, (3) exercising spiritual gifts, (4) reproducing through evangelism, (5) incorporating newcomers, (6) being open to change, (7) trusting God, and (8) looking good on the outside (70).

Peter Wagner analyzes seven vital signs of a healthy church: (1) the pastor, (2) the people of the church, (3) church size, (4) structure and functions, (5) homogeneous unit, (6) methods, and (7) priorities (Your Church 32). This early list describes the areas where health needs to exist, but it seems to mix categories between principles, practice, and positions.

Charles Singletary identifies seven indicators of health in a growing church: (1) a strong emphasis on prayer, (2) an obvious ministry of the Holy Spirit, (3) biblical

balance, (4) individual and organic reproduction, (5) high level of lay mobilization, and (6) qualitative and quantitative growth of the membership (114).

Christian Schwarz studied this link between church health and growth through his Natural Church Development survey. With the aid of this survey tool, he has studied over one thousand churches in thirty-two countries, on all five continents. The results confirm that healthy churches are making more and better disciples. Health was defined by Schwarz as an interlinking connection between eight qualities: empowering leadership, a gift-oriented ministry, passionate spirituality, functional structures, inspiring worship services, holistic small groups, need-oriented evangelism, and loving relationships (Natural 38).

Stephen Macchia did extensive research, surveys, and field testing in order to develop a list of ten church health characteristics to help churches review their well-being. His definition of health includes (1) God-empowered presence, (2) God-exalting worship, (3) spiritual disciplines, (4) learning and growing in community, (5) a commitment to loving and caring relationships, (6) servant-leadership development, (7) an outward focus, (8) wise administration and accountability, (9) networking with the body of Christ, and (10) stewardship and generosity (7).

After reviewing and contrasting these and a number of other lists of health characteristics (see Table 2.1), our collaborative research team defined eight church health characteristics to provide the foundation of our research. These health characteristics also relate to the purpose definitions listed by Rick Warren in Purpose Driven Church.<sup>2</sup> The health characteristics must relate to and monitor the biblical

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<sup>2</sup> Five purposes of the church: Outreach, Worship, Fellowship, Discipleship, Service (Warren 119).

mandate God has given to his Church. The characteristics are made specific by the adjectives for the adjectives help to define the qualitative aspect of each of the areas.

Our collaborative team has delimited our research to the following eight health characteristics:

1. Functional Structures,
2. Authentic Community,
3. Transforming Discipleship
4. Engaging Worship,
5. Mobilized Laity,
6. Passionate Spirituality,
7. Empowering Leadership, and
8. Intentional Evangelism.

The following lists comparing church health demonstrate the common themes presented by various writers. The Beeson Church Health Characteristics were defined through study of the relevant literature, reviewing Beeson lectures, the observation of relevant ministries, and personal ministry experience of the collaborative team members.

**Table 2.1. Comparative Lists of Church Health Characteristics**

<b>Hemphill</b>	<b>Macchia</b>	<b>Schwarz</b>	<b>Leadership Network</b>	<b>Beeson Characteristics</b>
Servant leaders	Servant-leadership development	Gift-oriented ministry	Lay mobilization	Mobilized laity
Christ-exalting worship	God-exalting worship	Inspiring worship service		Engaging worship
Passion for the lost	Outward focus	Need-oriented evangelism	Responsible evangelism	Intentional evangelism
Kingdom family relationships	Loving and caring relationships	Loving relationships	Authentic community	Authentic community
Maturation of believers	Learning and growing in community	Holistic small groups		Transforming discipleship
God-Connecting Prayer	Spiritual Disciplines	Passionate spirituality		Passionate spirituality
God-sized vision	Wise administration and accountability	Empowering leadership	Effective leadership	Empowering leadership
Supernatural power	God's empowering presence			
	Stewardship and generosity			
	Networking with the body of Christ		Cultural connected-ness	Functional structures



**Table 2.1 Comparative Lists of Church Health Characteristics, continued**

<b>Anderson</b>	<b>Singletary</b>	<b>Wagner</b>	<b>Galloway</b>	<b>Beeson Characteristics</b>
Glorifying God	Strong emphasis on prayer	A well-mobilized laity	Clear-cut vision	Mobilized laity
Producing disciples	Obvious ministry of the holy spirit		Passion for the lost	Engaging worship
Exercising spiritual gifts	Biblical balance	Effective evangelistic methods	Shared ministry together	Intentional evangelism
Reproducing through evangelism	Individual and organic reproduction	Meeting member's needs	Empowering leadership	Authentic community
Incorporating newcomers	High level of lay mobilization	A common homogeneous denominator	Fervent spirituality	Transforming discipleship
Open to change	Qualitative and quantitative growth		Flexible and functional structures	Passionate spirituality
Trusting God	Healthy body life	A positive pastor	Celebrative worship	Empowering leadership
Looking good on the outside			Connecting small groups	Functional structures
		Celebration, congregation and cell	Seeker-friendly evangelism	
		Biblical priorities	Loving relationships	

## Church Health and Growth Compared

In 1 Corinthians 3:6 the Apostle Paul recognizes that the ultimate source of church growth is up to God: “I planted the seed, Apollos watered it, but God made it grow.” Paul acknowledges the divine role in the organic growth of the Church, yet he also identifies the human agency of planting and watering. When a church prayerfully and strategically addresses the health issue, a correlative result in growth both qualitatively and quantitatively results. Rick Warren says that church growth will naturally spring from church health. As the church becomes more attractive qualitatively and more intentional in its outreach and evangelism, the more disciples will be attracted to the church (Purpose 51).

In living creatures, health is not an end in itself but a means to fulfill the purpose of life. Health is a resource for life, not the object of living. The purpose of church health is to glorify God and to accomplish his purposes for it. “Health is the capacity for life, and what a living system does to respond to its environment” (Steinke 9).

Schwarz notes a link between each of his health characteristics and the churches’ ability to thrive. He observes that declining churches score below his calculated median, and growing churches score above the qualitative median in each of the eight categories (Natural 38). Whenever all eight variables scored a value of sixty-five on his median score (or higher), the statistical probability that the church was experiencing growth was 99.4 percent. He concluded, “This is one of the few church growth principles for which we have yet to find a single exception anywhere in the world” (32).

This research reveals the value of a harmonious interplay between all of the health characteristics. “Just as a barrel holds no more water than its lowest stave, in the

same way the weakest health characteristic of a church will limit the overall health potential and the number of believers entrusted to it” (Schwarz, Natural 56). Churches are encouraged to use their strongest area to undergird and strengthen the weakest areas.

Schwarz explains that the focus of the church health movement is to separate the methods used to develop quality from those of the church growth movement that target only quantity. This accusation against the church growth movement is not substantiated. In a review of leading church growth writers, the separation between quality and quantity is not made. Schwarz adds that the methods employed to produce qualitative results will automatically produce quantitative results (Natural 42). Schwarz’s quality characteristic “Need-meeting evangelism” is targeted toward numerical increase. Perhaps growth is not purely automatic if one of his health characteristics implies numerical growth by its definition. Another significant finding of Schwarz is that bigger is not always better. Many churches are large in size yet not balanced in their spiritual maturity or ministry (46).

### **Contextual Factors**

A thorough assessment of church health must include both the internal and external variables affecting the local congregation. Peter Wagner presents five basic sets of factors that influence the growth and decline of churches:

1. National Contextual Factors: These include those factors relating to national trends in population, attitudes, values and social conditions.
2. National Institutional Factors: These include denominational priorities, theological stance, church polity factors at every level that effect local church decisions.
3. Local Contextual Factors: This relates to social trends in the local community, and neighborhood surrounding the local church.

4. Local Institutional Factors: These conditions exist within the leadership and membership of the local church.
5. Spiritual Factors: The interrelationship between human effort and God's actions (12).

In the studies of church health, external contextual factors are often overlooked, although they may have a direct effect upon the growth of a congregation (Macchia; Schwarz, Natural; Hemphill, Antioch).

In a book review of Natural Church Development printed in the Journal of the American Society of Church Growth, John Ellas and Flavil Yeakley question the accuracy of Schwarz's survey results. They observe that Schwarz's survey, as a scientific study, does not include an analysis of "hard" data. Hard data includes the areas that produce quantifiable results such as membership, attendance, staff ratios, group ratios, baptism ratios, involvement ratios, etc. (90). Schwarz's study also avoids possible critical institutional factors that influence growth trends, such as leadership, staffing, facilities, finances, and size barriers. Ellas and Yeakley question the reliability of Schwarz's claim: "But to our knowledge, no researcher in the field of Christian ministry has ever claimed such a grandiose accomplishment as discovering universal principles" (91). These concerns directed toward Schwarz support the further study of the relationship between health and growth. The development of another instrument to check the correlation between church health and growth will add to existing research. The Natural Church Development (NCD) questionnaire is cost prohibitive to use in a large number of churches at one time. The NCD survey is only completed by thirty people selected from within any one congregation, thus the extent of the feedback is also somewhat restricted.

In view of the eight church health characteristics isolated for examination, this

paper focused more extensively on the study of two specific health characteristics. I focused on “Authentic Community” and “Functional Structures.” These two characteristics are sequential in their development in the early Church and provide an interesting tension between organism and organization. These two characteristics must be kept in careful balance in order for community to be strong as it grows in maturity while at the same time effectively accomplishing the outward mission of the church to reach the lost.

The book of Acts outlines the Church as operating in four progressive spheres. The first sphere is the Church as a qualitative community (Acts 1:1-5:42). The second sphere is the Church forming an adequate and serviceable structure (Acts 6:1-7). In the third sphere the Church is forced out in aggressive evangelism (Acts 8:1-12:25), and the fourth sphere is ministry focused toward world evangelization (Acts 13-28:31) (Peters 135). This study delimited its literature review of church health characteristics to community and structure.

### **Authentic Community and Church Health**

The quality characteristic Authentic Community reflects the functioning and relating of the church together as the people of God. Authentic community is defined as the expression of the Christian life in the context of relationships. It finds its expression in small gatherings of believers where mutually accountable relationships are forged in a genuine spirit of love and servanthood.

### **Biblical Foundation**

Biblical community reflects the beauty of the image of God expressed in his people as the church functions within his love. Elton Trueblood states, “If God, as we

believe, is truly revealed in the life of Christ, the most important thing to Him is the creation of centers of loving fellowship, which in turn infects the world” (113).

Jesus came proclaiming a gospel that has relationships at its very essence. A. B. Bruce comments on this pattern:

A cursory glance at the content of Jesus’ teaching reveals numerous examples of this. The Sermon on the Mount addresses anger between brothers (Matt. 5:22), and responses towards enemies: “Love your enemies and pray for those who persecute you, that you may be sons of your Father in Heaven” (Matt. 5:44-45). (18)

Jesus not only proclaimed loving relationships, he constructed them. He spent most of his time with, and reserved most of his instruction for, the twelve. He modeled life and ministry in the context of community. Jesus did not intend to form his disciples into a group only to be founders of the Church. “His intent was to establish the twelve disciples as a community, as a messianic, eschatological church” (Gorman 51). The disciples’ fellowship during those three years involved a growing commitment to Christ and to each other. Devotion to Christ was not enough. They were to learn to live together, to love one another, to serve one another, and to work in harmony. Jesus directed his most severe criticism toward the religious keepers of the law who forfeited relationships to preserve their “religious purity” (Matt. 23:23). Jesus modeled the kind of life to which he called his disciples, a life of oneness with God and with other believers (John 17). “The disciples were bonded together by an intense loyalty to each other in community by the principles of mutuality and reciprocal servanthood” (Belezikian 49).

The ultimate discovery of God’s love is found in relationship. Paul prays in Ephesians 3:17-19 for the discovery of the full expression of God’s love “with all the saints” (v. 18). Note that individually Christians will never know the love of Christ that

surpasses knowing, it can only be known “with all the saints.” It can only be known in community.

In Acts, the Church is the new community in progress; a community of unity, functioning in harmony and with one accord, being of one mind, one soul, one heart (Acts 1:14; 2:46; 4:24; 5:12). It was a community of liberality, freely sharing its substance (2:44; 4:32). It was a community of fellowship in word, deed, and prayer (2:42, 44; 4:32). It was a community of equality: a congregation, a body of believers, of disciples, of brethren (4:32; 6:2-3; 9:19, 26, 30); (Peters 146).

Beckham presents three ways people relate to God through faith in Christ:

- I meet God as an *individual*,
- I meet God in a *mass* with a large group of people, and
- I meet God in *community* with a small group of people (128).

This was the pattern of the Church in early Acts. In Acts 2:1-3 the Holy Spirit came upon individuals with unique manifestations of power; conversion was an individual decision. Believers gathered in homes and shared meals and belongings as they met for praise, fellowship, and teaching (1 Cor. 16:19; Rom. 16:5). Large gatherings of believers also met in the temple courts (Acts 5:42). The Church experienced a rhythm of meeting in homes where they would instruct one another, study and pray together, share in the use of their spiritual gifts, and meet in large, public gatherings (Beckham 106). George Hunter affirms this parallel pattern of structure for the early church:

The early church experienced two structures as necessary and normative for the Messianic movement. They met as cells (small groups) in “house churches;” and the Christians of the city also met together in a common celebration or congregation (except for periods when persecution prohibited public celebrations). (Celtic 95)

## **Community and Proximity**

In Colossians 3:1-7, Paul creates a picture of life in the community of believers. It requires a context for forgiving one another, bearing one another's burdens, and being forbearing toward one another. Without entering into closer relational proximity with one another, true community as Jesus taught and modelled will not occur. Healthy churches must embrace some kind of formal connection in meaningful group life. The outworking of spiritual passion must be expressed in community. This is increasingly difficult in our highly mobile society.

## **Family Relationships**

Healthy churches seek to build and maintain intimate, community relationships within the church. People have an innate desire to belong, to know, to be known, and to be sheltered (Hemphill, Antioch 105). God created the human family to function as a family, to be rightly related to God and to one another.

Hemphill describes the type of relationships intended for a healthy church as "kingdom family relationships" (Antioch 105). He uses the family typology as a metaphor to describe the type of community the healthy church seeks to create. Jesus himself described his followers as family. Jesus said, "My mother and my brothers are these who hear the word of God and do it" (Luke 8:19-21). The Apostle Paul used the term "brothers" throughout his writings to address his fellow believers. "The early followers of Christ would have faced enormous social rejection from their families, so they formed themselves into caring bands of commitment modeling the family support in the culture around them" (109).

The family of believers is to be a place where mutual care occurs. Paul wrote to



the believers in Thessalonica: “Having a fond affection for you, we were well pleased to impart to you not only the gospel of our God but also our own lives, because you had become very dear to us” (1 Thess. 2:8) (Hemphill, Official Rule Book 120). The kind of love Christ intends to be expressed within the Church is to be a self-giving love that is the fruit of the Holy Spirit.

Ken Hemphill affirms the significance of community to spiritual development:

Any claim to a vital relationship with God that does not find expression in human fellowship is a fraud. Christian community is not a sentimental easy attachment of a random selection of individuals, but the profoundly mutual relationship of those who remain in Christ and therefore belong to one another. (88)

### **Authentic Community Defined**

Authentic community is reflected in Paul’s instruction in Romans 12:9-21. Paul describes a genuine love, a love having no hint of hypocrisy (v. 9). A genuine love, both authentic in its expression and motivated by the Holy Spirit. The health characteristic, “Authentic Community,” focuses upon the organic aspect of the body of Christ as it relates together. It includes the quality of its fellowship and the locale of its connection in both large and small groups.

Authentic community is defined as the expression of the Christian life in the context of relationships. It finds its expression in small gatherings of believers where mutually accountable relationships are forged in a genuine spirit of love and servanthood. It provides the context for encouragement, support, and instruction to help believers mature in Christ, in service, and in witness. It also extends to include the larger gathering of believers in community for worship and fellowship.

In our North American culture today, community is defined by geography, but

love was the ethos of the Christian community as Jesus shaped it. M. Scott Peck defines the essence of true community:

If we are to use the word (community) meaningfully we must restrict it to a group of individuals who have learned how to communicate honestly with each other, whose relationships go deeper than their masks of composure, and who have developed some significant commitment to “rejoice together, mourn together,” and to “delight in each other, make others’ conditions our own.” (59)

Believers in Christ are called to live in mutually accountable relationships as they reflect the loving character of God, walk in step with the Spirit, and build up the Church in order to proclaim the gospel to the world. The very witness of the contemporary Church rests on its ability to demonstrate the living Christ working through his people as described by Francis Schaeffer:

There is no use saying you have a community of love for each other if it does not get down into the tough stuff of life.... I am convinced in the 20th century people all over the world will not listen if we have the right doctrine, the right polity, but are not exhibiting community. (63)

The practical evidence of caring relationships is defined and elaborated upon by Macchia. He lists seven directives for building community:

- Express unconditional love and acceptance;
- Encourage authenticity, transparency, honesty, and integrity;
- Exhibit grace, mercy, and forgiveness;
- Communicate and resolve conflicts;
- Establish means for bearing each other’s burdens;
- Welcome diversity into your fellowship; and,
- Equip families through intentional ministries.

## Loving Relationships

The development of loving relationships is essential for the healthy congregation. Jesus commanded his disciples “to love one another as I have loved you” (John 15:12). The great commandment is to love God and others, even enemies (Matt. 5:44-45). The Apostle Paul presented love as the highest virtue (1 Cor. 13), and as the goal of his instruction (1 Tim. 1:5). John writes that love is the chief indicator of authentic spiritual life: “Dear friends, let us love one another, for love comes from God. Everyone who loves is born of God and knows God” (1 John 4:7).

Schwarz discovered a clear linkage between love and the growth of the congregation. He defined love as action, more than simply a feeling. He noted a lower correlation of love in congregations larger than one thousand. His definition of loving relationships includes such expressions as hospitality and the amount of laughter in the church (Natural 38). “Healthy congregations place a high value in expressing tangible love toward one another” (36).

Win Arn discovered the link between a church’s ability to love and its ability to attract new people. Through a study of 8,658 persons, representing thirty-nine denominations and 168 churches, he defined love as both an attitude and an action to be learned and practiced. He suggests eight reasons why love should be the priority of the church:

- A loving church sees sinners repent and become Christians;
- A loving church authenticates its message;
- A loving church contributes to joy, health, and vitality in its members;
- A loving church attracts members;

- A loving church assimilates and holds people;
- A loving church runs more smoothly;
- A loving church is obedient to God's command; and,
- A loving church is the best hope for changing our world (Arn, Nyquist and Arn 125-31).

### **Importance of Small Groups**

Many authors build a case for the building of small groups as the logical place for the expression of authentic community (e.g., Wagner; Hemphill; Macchia; Schwarz). The need for community in today's impersonal society is like a gravitational pull. The breakdown of the traditional family structure, increased mobility, even modern technologies have all contributed to the need most of us have for community. Around the world churches are rediscovering the importance of the church functioning as a new community.

### **Functional Structures**

Churches evaluate their structures in order to discover the most effective and efficient means of accomplishing their mission and vision. Functional church structures are multidimensional, flexible, intentional, and dynamic.

### **Multidimensional**

Every church is multidimensional. Jim Dethmer illustrates the interconnectedness of organization and organism through his helpful threefold dimensions of the church. The church is biblically structured around three primary dimensions: the church as cause, community, and corporation (Malphurs, Dynamics 90).

**The Church as cause.** The Church received marching orders to accomplish

something bigger than itself. In Acts 1:8 the community of believers was to wait until the Holy Spirit came upon them with power. Then they were to be his witnesses to the nations. The Church was given a clear call to mission and is to be a force in the world redemptively. This includes leadership that will passionately communicate the cause and rally followers who feel challenged and attracted to the cause of Christ. The military metaphors of “fighting the good fight” (Rom. 7:23) and “soldiers for Christ” (2 Tim. 2:4) illustrate this *cause* focus. The focus is outward toward the world and meeting the needs surrounding the Church community.

The significance of a church being clear about its missional purposes is underscored from the perspective of effective systems functioning as well as from a theological and spiritual point of view. “From a purely systems perspective, whenever any system is unclear about what it is trying to accomplish (its mission), the impact on the rest of the system will be confusion, fuzziness, frustration and ineffectiveness” (Lindgren and Shawchuck 50).

**The Church as corporation.** This metaphor focuses on the structural aspect of organization. Churches build organizational structure to help govern and to give order to the fulfillment of the cause. “Christ is the head of the organization because the Father has given him all the authority to direct the affairs of his church” (Malpurs, Dynamics 88). When the Church is well governed, Malpurs observes that the congregation will experience greater peace, instead of confusion and disorder (88). The word for administration in 1 Corinthians 12:28 and Romans 12:8 is *kubernesis*. The word is translated as leading, governing, ruling, organizing, administering the same Greek word for *helmsman*. The image is one of a ship’s pilot directing the way (25). In the body of

Christ, some are gifted in administration (1 Cor. 12), and this gift must be released within a church so that structures assist in the fulfillment of the church's mission and vision.

Organization is essential in any human enterprise. Scripture is not anti-structure; rather structure is a matter of priority. The structure must be the servant of the purposes and the movement of the Spirit within the Church. Structure and organization is adaptable while biblical purposes remain fixed and certain.

**The Church as community.** This metaphor focuses upon God's family relationships. The writer of Hebrews describes believers as brothers with Christ (Heb. 2:11-13). The biblical imagery of the Church being related as a family is used often throughout the New Testament. Examples of community abound within Scripture. In Acts 2:44-46 the early Church experienced spontaneous mutual encouragement, edification, instruction, and sharing of goods and meals. "The church as community includes the relational living out of the life of the Spirit as believers love and are loved, serve and are served, minister and are ministered to, care and are cared for, admonish and are admonished" (Malphurs, Dynamics 91).

The interrelatedness of these three aspects of structure are witnessed in Philippians 2:25. Paul refers to Epaphroditus functioning in all three roles: as brother, as fellow worker, and as soldier. All three dynamics were evident in the life of this early believer.

### **Flexible**

The Church by design is an organism, and it possesses all the elements of organization. Healthy churches are intentional about designing systems that will promote the mission of the congregation while embracing the interconnectedness of each ministry

part. Systems theory is informative at this point. It provides a comprehensive and interconnected understanding of how structure works in a church setting. Systemic thinking addresses organizational effectiveness in the midst of rapidly changing environmental conditions and is concerned with the purpose and mission of an organization. It also addresses the interrelatedness and interdependency of the organization. "Systems thinking offers a perspective of wholeness, a *gestalt* view of the entire church that is often easily overlooked, as independent issues are examined alone" (Lindgren and Shawchuck 24). Shawchuck and Heuser also define systems theory as the most effective approach for church organization:

The gap between what the congregation desires to accomplish and what it actually does accomplish is more often than not a symptom of problems that are present in the relationships between the congregation's mission, structures, relationships, and spirituality. (Managing 214)

Systems provide the planned connection between each of the separate components of ministry in order to effectively and efficiently accomplish the church's ministry objectives. Systems need to be flexible and be adapted to changing environments inside and outside of the church.

### **Intentional**

Functional structures need to be intentional in their design and operation. Peter Drucker outlines three major tasks that management must perform to enable the institution to function. The first task is clarifying the specific purpose and mission of the institution, the second is making the work productive and the worker achieve, and the third task is managing social impacts and responsibilities (40). Too often church leaders do not adequately address the role of planning. Without a plan and structure, the church is leaving the fulfillment of its mission to happenstance. Bob Logan discovered through

extensive research that over 80 percent of churches do not have plans for impacting their community, for reaching pre-Christian people, or an informed plan for their future (Beyond).

Churches, as organizations, need to pay careful attention to the development of appropriate structures and systems around which they organize their ministries and programs. Rick Warren notes that “while the kind of structure a church has does not cause growth, it does control the rate of growth. Every church must eventually decide whether it will be structured for control or structured for growth” (Purpose 378).

“Balance occurs when there is a strategy and structure to fulfill every one of the New Testament purposes. Health is a result of balance” (“Comprehensive” 24).

The biblical purposes of the church must be supported by the structures developed for their fulfillment. Christian Schwarz and Christoph Schalk pose an evaluative question regarding structure: “Are the forms, regulations, and institutions of the church designed according to the criterion of what is demonstrably the most useful for the development of the church here and now?” (74). These systems need to be routinely evaluated and then streamlined in order to eliminate inefficiency and ineffectiveness of unnecessary boards, committees, meetings, and programs. Dan Spader and Gary Mayer recommend every time a church grows by 45 percent it requires restructuring (37). Churches risk institutionalization if they increase the number and complexity of their systems of operation without review. Logan and Clegg likens this process of making structures functional to the activities of a vine grower:

- *Removing* unproductive branches,
- *Pruning* the structure with the greatest potential,



- *Shaping* through continuous evaluation of fruit-bearing,
- *Cultivating* through training and coaching for increased fruitfulness, and
- *Reproducing* via apprenticing and permission-giving for new ministries (5-10).

George Barna's research in User Friendly Churches uncovers the pitfall of ineffective structures:

Although successful churches did not utilize a common structure, they did subscribe to a common philosophy: The ministry is not called to fit the church's structure; the structure exists to further effective ministry. These churches had a keen sense of direction and purpose.... Their top priority was to achieve their ministry goals. If the organizational charts and structural procedures inhibited such ministry, they would cautiously but willingly work around the barriers. They were not about to let a man-made system hinder their ability to take advantage of a God-given opportunity to change lives for the Kingdom.... The structures they used had been developed, accepted, implemented, reevaluated and upgraded. At all times, the focus was upon ministry, not structure. (137-38)

Healthy churches evaluate their structures in order to discover the most effective and efficient means of accomplishing their mission and vision. Structures are understood to serve the ministry and not to be its master.

### **Dynamic**

In order to facilitate the mission of the church, structural systems ideally need to be adequate to help fulfill the mission of the church yet not be entrenched to such a degree that they cannot be changed. Snyder insists that "structures should always be understood as not being the essence of the church, and therefore as being subject to revision, adaptation, or even dissolution" (Problem 125). Gene Getz encourages church structure to be dynamic and changing:

Whatever structures the twentieth century church develops, they must never be allowed to become absolute or an end in themselves. If they do,

we will fall into the same subtle trap that the church has fallen into throughout church history. (82)

In a rapidly changing society, structures will need to be open to adaptation and designed to address the complexity of a changing world. Lyle Schaller observed that the number one issue facing Christian congregations in North America today is the need to initiate and implement planned change (Change 15). Dale Galloway observes that effective leaders spend up to one third of their time managing conflict and change (35).

The healthy church needs functional structures that serve the purpose, mission, and values of the community. Ongoing evaluation and renewal will streamline the structure in order to help the church function in an orderly and productive way. Structures must also be both horizontal and vertical in nature. Horizontal structures are relational in nature and promote better relations between people. The vertical structural element is the governance aspect of the church that directs matters concerning polity and organizational procedure (Malphurs, Values 89). Healthy churches will build and review systems that effectively direct and develop the cause, community, and corporate aspects of the church in mission fulfillment.

Structures need to be flexible because an organism that is healthy and strong is an ever-growing and ever-changing entity; consequently, the structure must be flexible and adaptable, never fixed or restrictive. “Functionalism and structuralism are not polarities or enemies, but they must be held in a certain degree of tension, with the former always holding the upper hand and being the determining force” (Schwarz, Paradigm 172).

In summary, functional organizational structures must be flexible and dynamic, appropriate for the fulfillment of the mission and purpose of the church. They must be consistent with the values of the church and assist in the wise allocation of the resources

of the church both financially and physically. Structures should be designed to fit the various systems of the church together for maximum effectiveness.

Authentic community is essential if the church is to function fully as the body of Christ. In community the mutual deployment of spiritual gifts will be released for the building up of the church toward maturity. In community, “two or three are gathered together” and the living Jesus is encountered.

### **Summary of the Other Beeson Health Characteristics**

The remaining six health characteristics were fully researched by the other members of this group study. For a thorough treatise of these characteristics, refer to James Kinder’s dissertation, Brian Law’s dissertation, and the proposal of Scott McKee. The following is a brief summary of their key discoveries.

#### **Intentional Evangelism Summary**

Healthy churches are intentional about evangelism. To be missional is to be concerned about and engaged with people in the evangelistic enterprise. Missional churches recognize their own community as a fertile mission field (McKee 38).

Evangelism is a biblical mandate clearly presented in the early Church directive given by Jesus just prior to his ascension. “You will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth” (Acts 1:8). The meaning of evangelism is to announce good news. The word *evangelizo* includes the proclamation of the story of the life, death, and resurrection of Jesus. Evangelism includes the active intent of making disciples of Christ. Healthy evangelistic churches understand and embrace the theological conviction that Jesus Christ is the only means to salvation. Without this conviction, an evangelistic

passion could be displaced by other internal concerns within the congregation.

The New Testament understanding of evangelism clearly presents an ambitious effort by Christ's followers to bring others into a saving relationship with Jesus Christ. McKee observes various principles that highlight the importance of this evangelistic enterprise in a healthy congregation. An intentional evangelism focus understands the priority of reaching lost people as a primary function of the church. The desire to reach the lost is expressed through teaching, vision casting, and then through organizing programs and ministries targeted towards evangelism (40).

Healthy evangelistic churches encourage the building of relationships with pre-Christian people with the intent that they might be introduced to Christ. Intentional evangelism includes this active participation of believers in giving verbal witness of the faith with their friends. People within an existing relational network of friends and family are most open to the gospel. Evangelistically-oriented churches are intentional to support these "bridges of relationship" in order to support the personal witness of their members.

The intentionally evangelistic church will also seek to touch the felt needs of people and design ways to reach out to serve these needs. Carefully designed, seeker-targeted services and practical need-meeting ministries are commonly employed methods.

Evangelistically-oriented churches teach and train their members in how to share their faith and how to build bridges of relationship. Healthy churches intentionally incorporate the spiritually seeking into community life prior to a personal commitment to Christ, trusting that this encounter with believers will move them closer towards embracing Christ.

Healthy churches also understand that to be evangelistically effective, they are required to be culturally flexible so that new believers might experience Christ within their own cultural forms, such as through culturally relevant music, language, dance, and other art forms.

Intentional evangelism involves training, opportunity, and clear focus. Evangelism is expressed through both word and deed. Healthy churches understand that the seed must be sown, confident that the Lord of the harvest will give the increase.

### **Mobilized Laity Summary**

The health characteristic “mobilized laity” has at its center the theological understanding that ministry belongs not to the clergy alone but to the entire body of Christ. A healthy church is one that moves its people from simple membership into a life-changing ministry of evangelism and service (McKee 50). A healthy church fulfills the equipping and releasing of laity, thus the clergy seek “to prepare God’s people for works of service” (Eph. 4:12-13).

The two-tiered distinction of clergy and laity has served to institutionalize the church in a hierarchical view of ministry, enhancing the notion that the clergy do the ministry while the laity observe. These distinctions paralleled the priestly system of Israel. The Apostle Peter redefined the church as he described each believer by nature as part of the new priesthood (1 Pet. 2:5). The reformation served to awaken this neglected understanding, and today healthy churches are applying this to contemporary ministry.

Healthy churches mobilize their laity in ministry, helping them to discover God’s unique calling on their lives. Churches active in lay mobilization develop systems to help match individuals with roles suited to their unique gifts, abilities, and interests. Those

who are serving are encouraged, coached, and trained in order to increase fruitfulness and effectiveness. Healthy churches empower the laity to establish new ministries for fresh expressions of service.

McKee presents four basic pillars of belief for the deployment of the laity. The first pillar is that every member is a minister. The healthy church expects every member to be in ministry. The second states that every ministry is important. The third pillar affirms believers are dependent upon one another. The fourth pillar presents ministry as the expression of the way God made us (53).

The healthy church will create a culture of servanthood. The clergy will help support that culture through training, teaching, coaching, and modeling servanthood. The result is a shared ministry with a leveraged impact of spiritual service both within the church and beyond.

### **Engaging Worship Summary**

Engaging worship seeks to create a response of the created to the creator. True worship connects the worshippers with the one who is worshipped. The healthy church seeks to glorify God through its worship so that through revelation and response, the worshipper responds to all that God is with all of their being. Worship throughout Scripture is an appropriate response to who God is revealed to be (1 Chron. 16:29) and for what he has done through Christ.

The primary purpose of corporate worship is to experience faith in the community of worship in such a way that the Christian faith is not just known intellectually but experienced as a reality. Twenty-first century people desire to do more than intellectually investigate the claims of Christ. They desire to meet Christ experientially through his

people and in worship. In a healthy church, the ultimate desire in worship is a “Spirit filled congregation—a warm, loving, and caring community of people—the community of faith in action” (Law 89).

Engaging worship possesses a two-fold dimension. The first is the vertical relationship with God. The basic elements of relationship can be expressed through worship: nearness, knowledge, vulnerability, and interaction. Worship is the opening of the human spirit to speak to and meet with God. Worship is participatory; something done by people, directed towards God.

The horizontal dimension of worship is the impact worship brings to the community of faith. Worship that is sincere and God centered will draw believers closer together. A sense of warmth, acceptance, and support not unlike a family group will result. Worshippers interacting together in the corporate worship experience will enhance “a sense of unity, opportunities to minister to one another, reinforce biblical truths, declare the glories of God, and have an increased receptivity for the Word” (Law 56).

Healthy worship should inspire and be culturally relevant. The unchurched are interested in experiencing the presence of God in worship. This kind of authentic worship has a strong evangelistic potential.

Vital, engaging worship is the goal of healthy churches. Although worship is not limited to the church gathered, the corporate experience of worship must connect people to God, as well as to fellow worshippers. A sense of anticipation and expectancy will characterize such worship gatherings. Effective worship encourages the worshippers to worship more, not less. It will engage the whole person, mind, will, and emotions. The goal is knowing that God is with us.

## **Transforming Discipleship Summary**

The church health characteristic transforming discipleship represents a commitment towards life change. Transforming disciples seek to build a desire within the heart of believers to read Scripture, pray, fast, and participate in those disciplines that will draw them closer to God.

In the great commission, Jesus instructs his followers to go and make disciples (Matt. 28:19). The invitation of salvation through faith is an invitation to follow Christ. A disciple is a learner or student; someone who desires to conform to the model of his or her mentor. Healthy churches intentionally develop ways to assist believers to grow in Christlikeness. Transforming discipleship is a process of conforming the disciple's way of life, attitudes, and actions to those of Christ. The process of growing in Christlikeness is a lifelong process.

The strategy of disciple making Jesus employed was a whole life model. It included selection, association, consecration, impartation, demonstration, delegation, supervision, and reproduction (Coleman 13).

Healthy churches plan to help people grow in matters of faith. They model life-to-life sharing, and teach the essential habit patterns that help nurture a relationship with God. These include the spiritual practices of prayer, Bible study, memorization, fasting, worship in community, and accountability. The process of discipleship will vary with each church, but some kind of intentional system will be in place to help grow believers in their faith.

## **Passionate Spirituality Summary**

“Passionate spirituality is the reliance upon the life-giving power of God to



empower faithful people within a congregation to pursue God's vision for their lives and their church" (Kinder 52). This health characteristic involves the supernatural, dynamic component of the church. The spiritual health of the church is dependent upon being passionately centered on God.

The biblical paradigm for passionate spirituality is the Acts experience of the Holy Spirit being poured out upon the church. Acts 11:21 states that the hand of the Lord was with the Church, and because of the Lord's favor many great things were done. The early Church experienced a spiritual vitality that was visible and powerful. This same reliance upon the Holy Spirit to guide and work within the Church marks the healthy congregation. Ken Hemphill believes that the result of this reliance will include the following: a hungering for spiritual prayer, a renewed passion for the lost, healing relationships among God's people, an atmosphere of spontaneous generosity, and a development of personalized methods to achieve the purposes of the church (Antioch 34).

Kinder observes that when a church is exercising passionate spirituality, it will flow through the entire congregation affecting every other health characteristic. These are interpreted as signs of God's hand upon the ministry (54). Conversions will occur on a regular basis. Cultural barriers will be broken down. Possessions will be shared among the people. The prayer life of the church will grow. Apostolic teaching will be taking place; (Hemphill, Antioch 22-28).

A healthy church is one that is actively seeking the Holy Spirit's direction and power for daily life and ministry with a clear dependence upon God. One of the great sins of the modern Church is to depend upon method alone. The height of carnality is when the Church has the form of godliness but denies the power of it.

## **Empowering Leadership Summary**

Kinder defines this health characteristic as the ability of church pastors to set a vision for the direction of the church, establish goals, motivate, and equip people for the work of achieving the vision. He defines the spiritual leader as one who is involved in the process of influencing and developing a group of people in order to accomplish a purpose by means of supernatural power (56).

Jesus modeled the essential nature of leadership as a servant leader. In Matthew 20:25-28 he declared that greatness is found in servanthood. He modeled this value through humbling himself, taking the role of a servant, and by washing his disciples' feet. Prior to his ascension in Acts 2, Jesus told his disciples to wait until they were filled with power from on high. He gave them power to do ministry.

Leaders who empower others will foster the spiritual gifts evident within the lives of the people within the church. Empowering leaders have a strong confidence in people and desire to release the full potential of each leader they influence. Discipleship, mentoring, delegation, and multiplication are a priority in order to develop a growing number of leaders who can share in ministry authority and responsibility.

Healthy churches will be led by leaders who are servant hearted, who seek to clarify the goals, objectives, and strategies of the congregation while recruiting and developing the leaders within the congregation to share the ministry.

## **Research Methodology**

The Beeson Church Health instrument was created through a collaborative effort of the dissertation team using Robert DeVellis' guidelines in scale development (51-89). The first step was determining specifically what to assess. In this instance church health

was the variable needing to be measured.

Step two was the generation of an item pool. This was accomplished through a thorough literature review and through consultation with various church resources. The outcome was a list of eight church health characteristics with twenty corresponding questions relating to each characteristic.

Step three was to determine the format for measurement. A five-point Likert scale was chosen to provide ordinal scale measurement. These points were assigned numerical values of one to five, one being highest (Wiersma 182).

Step four involved a review of the initial item pool by an assortment of church leaders. Many of these leaders were involved in the Beeson Pastor Program at Asbury Theological Seminary. Based upon their review, the pool of 160 questions was narrowed to fifty-five. Care was taken to make sure the questions were specific, concrete, and free of hidden biases (Fink and Kosecoff 31).

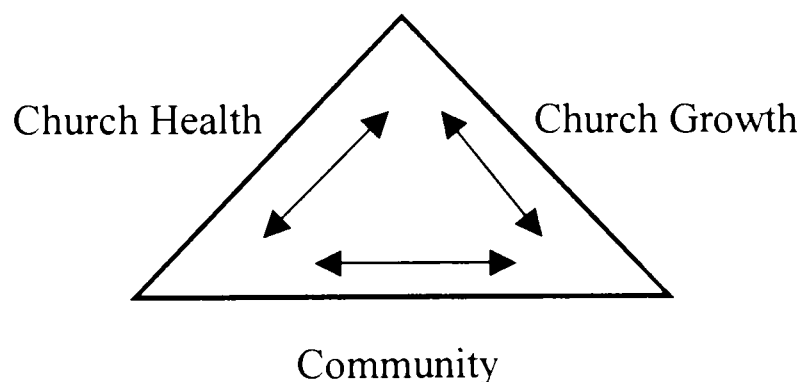
Step five was a field pretest of the Beeson Health Instrument. Two churches in the Lexington Kentucky area, Centenary UMC and Southland Christian, were selected. Two members of the dissertation team presented the self-administered questionnaire, answering any questions or clarifications as needed (Fowler 102). Question and answer time followed the completion of the survey by the respondents to gain beneficial information utilized to refine the instrument.

Evaluation of the items utilized a split-half reliability test based on correlations between scale scores (DeVellis 34). Questions having significant correlations were included in the final survey.

## Conclusion

The theology of community provides a common foundation upon which the two disciplines of church health and church growth are established. These two paradigms understand the Church as an organic entity, as a community of believers. They converge with a common desire to see churches thriving in evangelism, discipleship, and in community. Both movements promote the identification and addressing of those factors that restrict a church's effectiveness as the body of Christ. The literature review discovered a large overlap in principles and methodology. Both groups seek to help churches grow towards greater health and fruitfulness. The relationship might be demonstrated as seen in Figure 2.1.

**Figure 2.1. Relationship of Church Growth, Health, and Community**



The divergence of the two movements is a matter of assumptions and approaches. The church health movement identifies growth as a byproduct of a balanced and healthy church life. Numerical growth is viewed as a natural and spontaneous result of organic health. The church health movement recommends addressing the structural side of church life in order to help strengthen the identified weaker areas. In contrast to the church health approach, the church growth movement does not focus upon the systemic

relationships of the various health components. It emphasizes more of an organizational and pragmatic approach to help the church fulfill its mission to reach the lost and build disciples.

Without an adequate theology of community, methods and practices might be implemented in human strength and wisdom alone. As an organic entity, the interrelationship of various health characteristics directly affects the ability of a congregation to reach and minister to more people. A healthy church seeks to discover and follow the biblical purposes for the church in the power of the Holy Spirit.

## CHAPTER 3

### DESIGN OF THE STUDY

This study was part of a collaborative effort of four Beeson Pastors in the Doctor of Ministry program at Asbury Theological Seminary. Each member of the team conducted similar research in a unique population sample with minor variations of methodology. The design of the study and research tool was identical. Only the implementation and population differed significantly.

The purpose of the overall study was to describe the relationship between church health and church growth. This study focuses upon this relationship within churches of the Western Canadian District of the Christian and Missionary Alliance in Canada (WCDCMA). This was accomplished through correlating the eight scales corresponding to the Beeson Church Health Characteristics drawn from a thorough literature review and a comparative study of the dissertation team. This study identifies areas of health that predominate in the churches of the WCDCMA.

#### Research Questions

Three primary research questions guide this study.

##### Research Question 1

How do WCDCMA churches rate on each of the eight Beeson Church Health Characteristics?

A survey tool was created to measure the eight quality health characteristics in a congregation. These characteristics are functional structures, authentic community, transforming discipleship, engaging worship, mobilized laity, passionate spirituality, empowering leadership, and intentional evangelism.

**Research Question 2**

How does the health of the surveyed churches correlate to church growth in the past five years?

A positive correlation between church health and church growth is the premise of this project. The primary index for growth was defined as annual rate of change of the average number of persons attending the principal weekend worship service(s). This average annual attendance was calculated for the time period of 1996-2000. Other indices for growth include recorded conversions and baptisms over the same period of time.

**Research Question 3**

What are the contextual factors apart from the eight Beeson Church Health Characteristics that may help explain church health and growth apart from these health characteristics?

Our survey tools measure the following contextual factors: length of senior pastor tenure, perceptions of the staffing ratio, age of the church facility, adequacy of the church facility for ministry, growth rate of community, and population size of the community.

**Population and Sample**

The population and sample are identical and consisted of the churches across the province of Alberta, Canada, within the Christian and Missionary Alliance in Canada. The population includes urban, suburban, and rural churches. The district also includes multi-ethnic churches, thus the sample represented a variety of types of churches. The age of the churches varied from recent church plants to congregations over eighty years old. The average total weekend worship attendance of the WCDCMA was 22,870 (1999 stats), of which 1,080 participated in this study, representing about 5 percent of the total

number attending.

The means of participation was through a direct letter of introduction mailed to each church in the district inviting their participation in the study. A general invitation to participate in the Beeson Church Health Survey was also circulated through a district newsletter. This sample was a convenience sample from within the population of churches participating in the study.

Of the 110 WDCMA churches, twenty-seven participated in the study. In conversation with Ken Driedger, the district superintendent, he suggested that the limited participation was influenced by a district thrust over the previous few years to promote the Natural Church Development Survey. The following table presents the percentages of participation targeted for each church (see Table 3.1).

**Table 3.1. Distribution of Population**

<b>Church Size by Avg. Worship</b>	<b>N</b>	<b>%</b>	<b>Number of Surveys</b>
25-100	15	75%	75
100-200	4	50%	50-75
200-400	3	30%	60-80
400-600	3	20%	80-100
600-1000	1	15%	90-100
1000+	2	10%	100-200



Due to the wide variance in size of churches, the number of subjects from each participating church was determined by the size of congregation. The subjects were delimited to those who are 18 years of age and older.

### **Instrumentation**

This project was an evaluation study in the descriptive mode, which utilizes researcher-designed questionnaires to measure church health and church growth. The primary instrument consisted of a self-administered questionnaire with seventy-one items measuring church health (see Appendix A). A secondary researcher-designed questionnaire (pastoral) consists of ten items to measure church growth (see Appendix B).

### **Church Health Characteristics**

Based on literature review and team discussion, eight critical categories of church life were identified. These categories include leadership, spirituality, discipleship, worship, structures, community, lay involvement, and evangelism. Each member of the team selected two categories to develop further. These were based on personal interest and expertise.

Each individual reviewed relevant literature in their particular categories and qualified each category by proposing an appropriate adjective to further define the health characteristic. Following a team meeting and discussion, each adjective was approved to further define the category, thus making it a characteristic of church health. The following is the completed list of church health characteristics:

- Empowering Leadership,
- Passionate Spirituality,

- Transforming Discipleship,
- Engaging Worship,
- Functional Structures,
- Authentic Community,
- Mobilized Laity, and
- Intentional Evangelism.

### **Congregational Questionnaire**

Each team member consulted other instruments and surveys used to measure church health. The individual members then developed twenty questions to measure each specific characteristic. Following a team meeting to review each question's face validity, the list was narrowed to a maximum of twelve and a minimum of nine questions for each characteristic. This resulted in a seventy-one item questionnaire designed to measure church health as well as demographic and contextual questions. This tool was created with a Likert-type scale.

### **Pastoral Questionnaire**

A secondary questionnaire consisting of sixteen items was developed to collect statistics on church growth, baptisms, conversions,<sup>3</sup> membership and specific contextual factors. The persons completing this questionnaire were instructed to complete it based upon their understanding of the terms (see Appendix B).

### **Validity and Reliability**

Construct validity was determined as each question was checked against the

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<sup>3</sup> In the context of this study, *baptisms* are defined as the number of individuals who profess their faith publicly in the ordinance of believer's baptism as reported in each participating church's annual report to the CMA. *Conversions* are the total number of professions of faith in Christ as reported in each participating church's annual report to the CMA.

literature review to verify its representation in Chapter 2. The surveys were pretested in two separate churches in the Lexington, Kentucky, area in order to test the validity of the instrument. The pretest was administered on-site in a classroom setting with the researchers present. A copy of both questionnaires was sent to the host pastor prior to the pretest. Reliability was determined with “split half” reliability and factor analysis.

### **Pretest**

The Centenary United Methodist Church administration council completed twenty-two surveys. Four adult Bible fellowship classes at Southland Christian Church completed seventy-two surveys for a combined ninety-four pretest surveys. In addition, the pastoral data and statistics were also collected. The average completion time was about fifteen – twenty minutes.

The survey data was manually entered into the StatPac computer program. The results of the survey were processed, and the reliability coefficients were measured for the scales of each separate church health characteristic. Reliability was determined by “split-half” reliability analysis and factor analysis.

### **Data Collection**

In the fall of 2001, I approached the district superintendent of the WCDCMA with the request to study the district churches. He gave his approval to the study, and through the district superintendents’ newsletter, encouraged churches to participate. The District Executive Committee also formally approved the project. In addition, a verbal recommendation was given at the District Prayer Retreat in November 2000.

Personal invitations from me were mailed to the churches in the WCDCMA. A

self-addressed, stamped response postcard was included. Following the mailer, I contacted the responding churches by letter and by e-mail.

An information packet with suggested protocol was sent to each participating church. Each participating pastor was requested to secure elders board approval for the surveys to be completed by their congregation. The senior pastor (or designate) completed the pastoral survey and returned it with the congregational surveys. The pastors were requested to make the surveys available to their adult attendees, attempting to have all the surveys completed. The “self-selected” participants were directed to complete the questionnaire and return it to a well-identified location at the church.

The questionnaires were administered to the selected churches between 1 October and 30 December 2002. The completed surveys were returned to me in order to be verified for coding of the local church.

### **Data Analysis**

The completed surveys were mailed to the Doctor of Ministry office of Asbury Theological Seminary for computer inputting and statistical analysis. The results were analyzed with the help of Dr. Leslie Andrews. The data from the surveys were summarized with frequency distributions, descriptive statistics, the use of Pearson’s product moment correlation, the T-test, and analysis of variance measures. The results were sent back to me for further analysis.

### **Variables**

The dependent variable of the study is church growth. Rate of church growth is operationalized as weekend worship attendance, baptisms, and conversions for the five-year time period of 1996 – 2000. The independent variable of the study includes the

Beeson quality characteristics of a healthy church and the general characteristics of the WCDCMA.

The intervening variables of the subjects included spiritual disciplines, personal demographics, and church demographics. Spiritual disciplines were personal devotions, family devotions, ministry involvement, prayer, sharing of faith, Bible study, and other disciplines. Personal demographics were church membership, number of years involved in their church, frequency of worship attendance, percentage of income given to the church, participation in a small group or ministry team, other church involvement, perception of community, (i.e., plateaued or declining), age, gender, marital status, and number of children. Church demographics were tenure of senior pastor, age of facility, adequacy of facility size, community growth, adequacy of staffing, and population of the community.

### **Generalizability**

This study was delimited to include churches only in the Western District of the Christian and Missionary Alliance in Canada. The purpose of this study was to find correlations between qualitative and quantitative church growth. Extenuating circumstances may exist within the life of an individual church that are beyond the control of this study. Findings may possibly benefit comparable evangelical denominations. Results of the study were summarized and displayed in Chapter 4.

## CHAPTER 4

### FINDINGS OF THE STUDY

During the latter part of the twentieth century, the common measure of a church's success was to monitor its growth or decline in worship attendance. Although this limited viewpoint accurately identified the attendance trends of the church, it failed to monitor the broader health of the congregation. A more complete approach to measuring and evaluating the church was required. This led to the development of the Beeson Church Health Characteristics and the preparation of a survey tool that could measure church health. The purpose of this study is to describe the relationship between church health and church growth of the churches of the Western Canadian District of the Christian and Missionary Alliance.

Three questions have directed this study. How do churches of the WCDCMA rate on each of the eight Beeson Church Health Characteristics? How does the health of the surveyed churches correlate to the rate of church growth over the past five years? What are the contextual factors apart from the eight Beeson Church Health Characteristics that may help explain church health and growth?

#### **Profile of Subjects**

Surveys were distributed to the pastors of the participating churches with instructions to distribute them within their congregations to adults who were willing to take part in the study. The total population of this study represented twenty-eight local churches. The total number of surveys completed was 1,080. Seven hundred of the respondents were members of their respective churches. Four hundred identified their involvement in their church was less than five years. Over 92.9 percent of the

respondents indicated they attend worship three times or more per month. Over 60 percent reported that they donated more than 10 percent of their income to the church. About 47 percent identified themselves as pastoral staff members, ministry leaders, or as leadership board members.

The survey examined participation in various spiritual disciplines (see Table 4.1).

**Table 4.1. Spiritual Disciplines of Subjects (N=1080)**

<b>Personal Spiritual Disciplines</b>	<b>N</b>	<b>%</b>
Bible study is a regular part of my spiritual life.		
Yes	773	71.2
No	305	28.3
Devotional times are a regular part of my spiritual life.		
Yes	756	70.1
No	322	29.9
Family devotional time is a regular part of my spiritual life.		
Yes	337	31.3
No	741	68.7
Involvement in ministry is a regular part of my spiritual life.		
Yes	737	68.4
No	341	31.6
Prayer is a regular part of my spiritual life.		
Yes	942	87.4
No	136	12.6
Sharing my faith is a regular part of my spiritual life.		
Yes	598	55.6
No	480	44.5
Other spiritual disciplines are a regular part of my spiritual life.		
Yes	210	19.5
No	867	80.5

The respondents reported the highest participation in prayer, followed in order by Bible study, devotional times, involvement in ministry, and sharing one's faith. The two lowest practices were family devotional time and other spiritual disciplines. Eighty percent described their personal spiritual life as growing.

### **Church Health Characteristics**

The Beeson Church Health Survey examined the following eight indicators of health in each participating church: transforming discipleship, passionate spirituality, engaging worship, empowering leadership, authentic community, functional structures, intentional evangelism, and mobilized laity (see Table 4.2).

**Table 4.2. Church Health Characteristics for Churches in the Western Canadian District of the Christian and Missionary Alliance in Canada**

<b>Beeson Health Characteristic</b>	<b>M</b>	<b>SD</b>
Engaging worship	1.94	.67
Functional structures	2.01	.55
Intentional evangelism	2.04	.49
Passionate spirituality	2.07	.58
Mobilized laity	2.14	.59
Empowering leadership	2.19	.54
Transforming discipleship	2.33	.47
Authentic community	2.39	.40

Subjects tended to perceive engaging worship, functional structures, intentional



evangelism, and passionate spirituality as the strongest of the health characteristics while transforming discipleship and authentic community were perceived as the weakest of the health characteristics. The difference between the strongest characteristic (engaging worship) and the weakest characteristic (authentic community) was .45, with similar variations (see Table 4.2).

### **Church Health Comparisons**

A comparison was made between the health characteristics of the WCDCMA churches, the West Ohio Conference United Methodist Churches (WOCUMC), and the General Association of Baptist Churches (GAGBC). The top ranking health characteristic for all three populations was engaging worship. The WOCUMC and the GAGBC had identical rankings in their top five characteristics. The WCDCMA had similar rankings with the exception of functional structures, which ranked second within the WCDCMA and fifth by the others. The two lowest ranking in all three denominations were the health characteristics transforming discipleship and authentic community.

The WCDCMA churches showed a higher sense of church health in contrast to the other populations in the health characteristics engaging worship, functional structures, intentional evangelism, mobilized laity, and empowering leadership. The health characteristics authentic community and passionate spirituality were rated higher in the two other groups. Transforming discipleship was rated the same as the GAGBC (see Table 4.3).

**Table 4.3. Church Health Characteristics Comparison between the WCDCMA, the WOCUMC, and the GAGBC**

Health Characteristic	WCDCMA (N=27)		WOCUMC (N=45)		GAGBC (N=9)	
	M	SD	M	SD	M	SD
Engaging Worship	1.94	.67	1.86	.58	1.86	.58
Functional structures	2.01	.55	2.17	.56	2.29	.59
Intentional evangelism	2.04	.49	2.11	.48	2.09	.45
Passionate spirituality	2.07	.58	2.01	.54	1.96	.53
Mobilized laity	2.14	.59	2.17	.56	2.26	.51
Empowering leadership	2.19	.54	2.29	.54	2.44	.57
Transforming discipleship	2.33	.47	2.36	.50	2.33	.46
Authentic community	2.39	.40	2.34	.40	2.34	.42

### Church Growth and Church Health

The Beeson Church Health Survey measured several demographic variables such as membership, conversions, baptisms, and weekend worship attendance (see Table 4.4).

**Table 4.4. Five-Year Growth Rate for the Western Canadian District (N=130)**

Growth Factor	Rate of Change
Weekend worship attendance	51%
Baptisms	57%
Conversions	89%
Membership	48%

For each of these statistics, the rate of change was calculated for a five-year period beginning in 1995 and concluding in 1999. A positive rate of change was recorded for all growth measures.

Correlations were made between each church health measurements and church growth measures in WDCMA churches. Only those correlations that were statistically significant are represented (see Table 4.5). While the correlations were small to modest, they do reflect the tendency for the church health characteristics to be related in demonstrable ways to weekend attendance and membership.

**Table 4.5. Relationship of Church Growth to Congregational Perceptions of Church Health**

<b>Health Characteristic</b>	<b>Attendance</b>	<b>Baptisms</b>	<b>Conversions</b>	<b>Membership</b>
Authentic community	.31*	--	--	.27*
Empowering leadership	.25*	--	--	.16*
Engaging worship	.36*	--	--	.26*
Functional structures	.32*	--	--	.25*
Intentional evangelism	.21*	--	--	.14*
Mobilized laity	.14*	.07***	.10**	.12*
Passionate spirituality	.32*	--	.08***	.26*
Transforming discipleship	.10**	--	--	.11**

\* $p = 0$ ; \*\* $p < .01$ ; \*\*\* $p < .05$ .

- Average weekend worship attendance correlated positively with authentic

community, empowering leadership, engaging worship, functional structures, evangelism, mobilized laity, passionate spirituality, and transforming discipleship.

- Baptism showed no significant correlation to the health characteristics except in the health characteristic mobilized laity.
- Conversions correlated positively in the area of mobilized laity and passionate spirituality although the correlations are small.
- Membership correlated positively with all eight characteristics.

While the correlations were small to modest, they do reflect the tendency for the church health characteristics to be related in demonstrable ways to weekend attendance and membership.

The Beeson Church Health Survey measured average attendance changes during the five-year period of 1995-1999. The church health perceptions of those twenty-one congregations that reported attendance growth (even of 1 percent) were compared to seven churches whose average weekend worship attendance declined over the same period (see Table 4.6).

- The churches that reported growth perceived engaging worship, functional structures, evangelism, empowering leadership, discipleship, and authentic community as higher than those in declining churches.
- The participants in both growing and declining churches seemed to perceive empowering leadership, transforming discipleship, and authentic community as the lowest health characteristics.
- The order of ranking is similar in healthy churches to the group norms of the CMA.

**Table 4.6. Relationship of Church Attendance Growth and Decline to Congregational Perceptions of Church Health**

Church Attendance Growth	Yes (N=682)		No (N=142)		t	p* <
	M	SD	M	SD		
Engaging worship	1.90	.68	2.10	.57	3.43	.0006
Functional structures	1.97	.54	2.17	.50	4.33	0
Intentional evangelism	1.99	.48	2.26	.49	6.40	0
Passionate spirituality	2.05	.57	2.14	.55	1.88	--
Mobilized laity	2.12	.59	2.22	.56	1.98	--
Empowering leadership	2.14	.53	2.38	.48	4.98	0
Transforming discipleship	2.31	.47	2.44	.43	3.33	.0009
Authentic community	2.37	.49	2.50	.36	3.67	.0003

\*2-tailed

### Church Health and Spiritual Practices

The Beeson study sought to distinguish any variables that might influence the perceived health of the churches. Certain spiritual practices were measured: Bible study, devotional times, family devotional time, ministry involvement, prayer, sharing of one's faith, and other spiritual disciplines. Participants were asked to indicate whether they participated in these spiritual practices. The differences in church health perceptions between those who do and do not practice the disciplines were examined in two different ways, through a correlational analysis and through a T-test analysis (see Table 4.7).

**Table 4.7. Relationship of Perceptions of Church Health to Spiritual Practices**

<b>Health Char.</b>	<b>Bible Study</b>	<b>Personal Dev.</b>	<b>Family Dev.</b>	<b>Ministry</b>	<b>Prayer</b>	<b>Faith-Sharing</b>	<b>Other Disc.</b>
Empowering leadership	.03	.03	.01	.03	.03	.08***	.04
Engaging worship	.08**	.00	.03	.00	.08***	.12*	.11**
Functional structures	.09**	.06	.06	.08***	.09**	.13*	.15*
Intentional evangelism	.08***	.02	.05	.05	.09**	.23*	.07***
Mobilized laity	.16*	.20*	.08***	.42*	.17*	.21*	.21*
Authentic community	.11**	.08***	.12**	.10**	.10**	.16*	.16*
Passionate spirituality	.06	.05	.03	.04	.05	.13*	.09**
Transforming discipleship	.19*	.27*	.14*	.11**	.21*	.27*	.22*

\* $p = 0$ ; \*\* $p < .01$ ; \*\*\* $p < .05$ .

- Those who engage in Bible study seemed to perceive authentic community, functional structures, engaging worship, mobilized laity, and transforming discipleship more positively.
- Subjects who reported participation in personal devotions seemed to perceive mobilized laity and transforming discipleship more positively.
- Those who practiced family devotions perceived mobilized laity, transforming discipleship, and authentic community higher.
- Those who practiced prayer as spiritual discipline perceived all health

categories with the exception of empowering leadership more positively.

- The participation in faith sharing influenced the positive perception of all eight health characteristics.
- Those who practiced other spiritual disciplines also seemed to perceive the church in a healthier light with the exception of empowering leadership.
- Those who practiced any of the seven spiritual practices perceived mobilized laity, authentic community, and transforming discipleship more positively.

Participation in each discipline is correlated to each separate church health characteristic through the use of a t-test analysis (see Table 4.8)

**Table 4.8. Differences in Perceptions of Church Health Based upon Participation in Spiritual Practices**

Christian Practices	Yes		No		t	p* <
	M	SD	M	SD		
<b>Bible Study</b>						
Community	2.36	.40	2.47	.41	3.29	.001
Leadership	2.18	.54	2.21	.53	.91	--
Worship	1.90	.66	2.02	.68	2.47	.01
Structures	1.98	.55	2.09	.53	2.67	.01
Evangelism	2.02	.49	2.10	.50	2.30	.02
Mobilized	2.08	.56	2.29	.64	5.06	0
Spirituality	2.05	.58	2.13	.58	1.84	--
Discipleship	2.28	.44	2.48	.50	6.07	0
<b>Personal Devotions</b>						
Community	2.37	.39	2.44	.42	2.37	.02
Leadership	2.20	.55	2.16	.52	.89	--
Worship	1.93	.67	1.94	.66	.06	--
Structures	1.99	.55	2.06	.54	1.84	--
Evangelism	2.04	.49	2.05	.49	.48	--
Mobilized	2.06	.57	2.32	.59	6.28	0
Spirituality	2.09	.59	2.02	.55	1.70	--
Discipleship	2.25	.44	2.52	.47	8.61	0

**Table 4.8. Differences in Perceptions of Church Health Based upon Participation in Spiritual Practices, continued**

**Family Devotions**

Community	2.33	.40	2.43	.40	3.36	.001
Leadership	2.18	.54	2.19	.53	.38	--
Worship	1.90	.68	1.95	.67	1.00	--
Structures	1.96	.55	2.03	.54	1.67	--
Evangelism	2.00	.49	2.06	.49	1.61	--
Mobilized	2.07	.58	2.17	.59	2.36	.02
Spirituality	2.05	.59	2.08	.57	.81	--
Discipleship	2.23	.44	2.38	.48	4.32	0

**Ministry**

Community	2.37	.39	2.46	.43	2.95	.01
Leadership	2.18	.53	2.22	.54	.99	--
Worship	1.93	.67	1.94	.67	.02	--
Structures	1.98	.56	2.08	.54	2.51	.02
Evangelism	2.02	.50	2.08	.48	1.55	--
Mobilized	1.98	.50	2.53	.61	14.05	0
Spirituality	2.08	.57	2.04	.59	1.16	--
Discipleship	2.30	.44	2.41	.52	3.44	.001

**Prayer**

Community	2.38	.39	2.49	.44	2.75	.01
Leadership	2.18	.54	2.23	.50	.97	--
Worship	1.92	.66	2.07	.69	2.44	.02
Structures	1.99	.55	2.14	.54	2.71	.01
Evangelism	2.02	.48	2.16	.54	2.74	.01
Mobilized	2.10	.56	2.41	.68	5.25	0
Spirituality	2.06	.57	2.14	.59	1.41	--
Discipleship	2.30	.45	2.60	.51	6.58	0

**Faith-Sharing**

Community	2.34	.40	2.46	.39	4.54	0
Leadership	2.15	.55	2.23	.52	2.30	.03
Worship	1.85	.67	2.02	.66	3.93	.001
Structures	1.94	.55	2.08	.53	3.88	.001
Evangelism	1.94	.48	2.16	.48	7.16	0
Mobilized	2.02	.58	2.27	.57	6.64	0
Spirituality	2.00	.58	2.16	.56	4.12	0
Discipleship	2.22	.44	2.47	.46	8.76	0



**Table 4.8. Differences in Perceptions of Church Health Based upon Participation in Spiritual Practices, continued**

<b>Other Disciplines</b>						
Community	2.27	.40	2.43	.40	4.62	0
Leadership	2.14	.53	2.20	.54	1.28	--
Worship	1.79	.65	1.97	.67	3.38	.001
Structures	1.85	.51	2.05	.55	4.52	0
Evangelism	1.97	.49	2.06	.49	2.19	.03
Mobilized	1.89	.53	2.20	.58	6.66	0
Spirituality	1.97	.64	2.10	.56	.73	.01
Discipleship	2.12	.41	2.39	.47	7.04	0

\*2-tailed

- Those who practiced spiritual disciplines generally perceived the health characteristics as higher than those who did not participate.
- The perception of the health characteristic empowering leadership was only influenced by the spiritual practice of faith sharing.
- Spiritual disciplines clearly related to transforming discipleship.
- The perception of the health characteristic authentic community was positively influenced by the practice of each discipline.
- Participation in family devotions did not seem to relate to a significant perception of any of the church health characteristics.
- Participation in personal devotions seemed to relate to the perceived church health in transforming discipleship, mobilized laity, and authentic community.
- For mobilized laity, all seven of the spiritual disciplines measured seemed to have increased the positive perception of health.
- Faith sharing reflected favorable perceptions of all eight of the health

characteristics.

- The practice of spiritual disciplines did not seem to increase the perception of the health characteristic passionate spirituality.

The respondents who described their spiritual lives as growing seemed to perceive each of the health characteristics more positively than those whose spiritual lives were plateaued or declining. The impact of spiritual practices was very favorable in the perceptions of church health of the WCDCMA churches. Those who reported the absence of the same practices seemed not to view the church as healthy.

### **Church Health and Personal and Church Characteristics**

The Beeson Church Health Survey also examined certain personal demographics and church context issues that might relate to church health. These variables included church membership, number of years attending this church, perceptions about the community in which the church is located (growing, plateaued, or declining), personal spiritual perception (growing, plateaued, or declining), frequency of worship attendance, stewardship issues (level of donations), participation in a small group or ministry team, age, gender, marital status, and number of children.

The percentage of total income given to the church held the strongest correlation to intentional discipleship followed by mobilized laity and passionate spirituality.

(Nineteen percent of respondents failed to answer this question on the survey.)

No statistically significant relationship was observed between the number of children and perceptions of church health characteristics. Those who were involved in ministry correlated a stronger health value in authentic community, functional structures, intentional evangelism, mobilized laity, and transforming discipleship.

Church attendance correlated with all eight health characteristics. Those who attended most often seemed to perceive greater church health. Church membership was reported by 65 percent of respondents. All eight health categories correlated stronger for those who held membership.

The following tables present some of the statistically significant personal and context factors discovered through the study.

### Church Health and Gender

The perceptions and ranking of the church health characteristics were compared to see if differences existed for male and female respondents (see Table 4.9).

**Table 4.9. Relationship of Gender Differences in Perceptions of Church Health**

Church Health Characteristic	Male (n=363)		Female (n=460)		t	p* <
	M	SD	M	SD		
Engaging Worship	2.04	.66	1.86	.67	4.25	0
Functional Structures	2.09	.54	1.95	.54	4.11	0
Intentional Evangelism	2.10	.47	1.99	.50	3.31	.01
Passionate Spirituality	2.15	.58	2.01	.57	3.63	.001
Mobilized Laity	2.20	.59	2.09	.58	2.81	.01
Empowering Leadership	2.22	.51	2.16	.55	1.82	--
Transforming Discipleship	2.43	.46	2.26	.46	5.77	0
Authentic Community	2.46	.39	2.34	.41	4.50	0

\*2-tailed

- Women tend to perceive the church to be healthier than men in every category except empowering leadership.

When examined in more detail, the differences in perception of church health between men and women seemed to be accurate in that men and women participated in the disciplines at the same level (see Table 4.10).

**Table 4.10. Practice of Spiritual Disciplines by Gender**

Spiritual Practices	Male (N=459)				Female (N=616)			
	Yes	%	No	%	Yes	%	No	%
Prayer	387	84.3	72	15.7	552	89.6	64	10.4
Bible study	335	73.0	124	27.0	436	70.8	180	29.2
Ministry involved	306	66.7	153	33.3	430	69.8	186	30.2
Personal devotions	301	65.6	158	34.4	454	73.7	162	26.3
Faith sharing	235	51.2	224	48.8	360	58.4	256	41.6
Family devotions	166	36.2	293	63.8	170	27.6	446	72.4
Other disciplines	97	21.1	362	78.9	111	18.0	504	82.0

- A similarity is evident in the comparable rate of participation in level of spiritual practices reported between men and women.
- At least two-thirds of men and women practice prayer, Bible study, ministry involvement, and personal devotions.
- Family devotions and other disciplines are the least practiced for both genders.

- In rank order, the top five are the same for both men and women.

### Church Health and Marital Status

The respondents who identified marital status included 78 percent who indicated they are married and 22 percent are single. The ranking and perceptions of church health are compared by marital status in Table 4.11.

**Table 4.11. Marital Status Differences in Perceptions of Church Health**

Church Health Characteristic	Single (n=177)		Married (n= 646)		t	p* <
	M	SD	M	SD		
Engaging worship	1.83	.62	1.83	.67	2.40	.016
Functional structures	1.93	.49	2.02	.55	2.14	.013
Intentional evangelism	1.96	.44	2.06	.50	2.44	.014
Passionate spirituality	1.98	.52	2.09	.58	2.22	.026
Empowering leadership	2.15	.52	2.19	.53	.98	--
Mobilized laity	2.15	.57	2.13	.58	.48	--
Authentic community	2.31	.38	2.41	.40	3.02	.0026
Transforming discipleship	2.35	.47	2.32	.46	.59	--

\*2-tailed

- The single population responded with a higher perception of the health characteristics intentional evangelism, passionate spirituality, empowering leadership, mobilized laity, authentic community, and functional structures.
- Married and single people did not differ in their perception of engaging

worship.

### Church Health and Small Group Participation

The perceptions and ranking of church health characteristics were compared according to small group participation (see Table 4.12).

**Table 4.12. Small Group Participation in Perceptions of Church Health**

Church Health Characteristic	Yes (N=743)		No (N=307)		t	p* <
	M	SD	M	SD		
Authentic community	2.35	.39	2.49	.39	4.65	0
Empowering leadership	2.14	.52	2.30	.54	4.01	.0001
Engaging worship	1.88	.65	2.05	.68	3.50	.0005
Functional structures	1.95	.54	2.13	.53	4.29	0
Intentional evangelism	1.99	.49	2.15	.47	4.43	0
Mobilized laity	2.01	.53	2.47	.59	11.40	0
Passionate spirituality	2.02	.55	2.17	.61	3.5	.003
Transforming discipleship	2.28	.44	2.44	.50	4.66	0

\*2-tailed

- About 70 percent of the respondents indicated that they participate in some form of small group.

- Participation in a small group seemed to relate to the perceptions of church health of every one of the eight church health characteristics.

## **Church Health and Demographic Factors**

Other intervening factors included various demographic and structural perceptions by the respondents. These variables included the tenure of the senior pastor, the age of the facility, whether the size of the facility was adequate for current ministries, whether the community in which the church was located was growing, plateaued, or declining.

Subjects who reported a population within twenty-miles of the local church to be greater than 200,000 perceived the church to be stronger in authentic community, empowering leadership, engaging worship, functional structures, intentional evangelism, empowered laity, passionate spirituality, and transforming discipleship. The characteristic engaging worship was perceived as strong in communities of fifteen to fifty thousand.

The question of how long a pastor has served the church reflected a seemingly higher perception of health for those who served ten – fifteen years in all but one health characteristic. The exception was passionate spirituality which scored highest. The pastors serving zero – two years showed the lowest perception of health in all but one characteristic.

For the item inquiring about the age of the facility, church facilities three–five years old were perceived strongest in transforming discipleship. Those in five – ten year old facilities perceived engaging worship, functional structures, intentional evangelism, and passionate spirituality as healthier. The respondents in the ten – fifteen year old facilities sensed that empowering leadership was healthier in this context. Authentic community was perceived higher where the facility was over fifteen years old. Subjects who consider the size of their facilities as adequate more favorably perceive functional structures, intentional evangelism, and mobilized laity.

Subjects who perceive their communities as growing view every church health characteristic more positively than those who perceive their communities to be plateaued or declining. Those who understood their church to be adequately staffed perceived empowering leadership, engaging worship, functional structures, intentional evangelism, and passionate spirituality as healthier than those who responded that their church was either understaffed or overstaffed.

### **Summary of Significant Findings**

Some of the significant findings of this study include the following:

1. Those who participated in the study attended church on a regular basis although only slightly more than half serve in lay ministry.
2. The widest variation between the highest (engaging worship) and lowest health characteristic (authentic community) was .45.
3. The majority (80 percent) of respondents identified that their spiritual lives were growing.
4. The spiritual practices of Bible study and prayer are practiced by a large percentage of respondents, and those who participated in spiritual practices overall tended to perceive church health higher than those who did not participate in the same. Sharing of one's faith positively influenced the perception of each health characteristic.
5. Those who lived in the largest communities viewed their churches as healthier than those in smaller communities.
6. Churches that were in decline perceived church health less favorably in all characteristics.
7. The health characteristic authentic community was perceived least healthy in



both growing and non-growing churches within the WCDCMA.

8. The three denominations sampled had similar rankings in their top characteristics with the exception of functional structures, which ranked second within the WCDCMA and fifth by the others. The two lowest ranking in all three denominations were the health characteristics transforming discipleship and authentic community.

9. The WCDCMA churches had higher perception of health than did the UMC or GBG churches and significantly higher worship attendance increase over the same time period.

10. A large percentage of subjects participated in a small group or ministry team (70 percent) and perceived a more favorable impression of church health.

11. Those indicating they experience a growing spiritual life and participate in ministry tend to affirm a greater level of church health.

In the following chapter, implications of the findings of this study are explored in greater detail.

## **CHAPTER 5**

### **DISCUSSION**

This project originated out of a desire to see if the health of a local church could be correlated with the growth or decline of churches within the Western Canadian District of the Christian and Missionary Alliance. A research group then created, tested, and implemented a statistically sound instrument that can be utilized to measure church health. The study measured the overall health of a sample group of churches, identifying factors that may tend to increase or decrease health and growth. This collective data may possibly assist other churches to diagnose hindrances to growth and discern ways to reinforce health.

#### **Participants' Profiles**

My personal interest in the Western Canadian District is due to my serving as senior pastor of a church within this district since 1991. It has developed further through opportunities to teach district pastors in various training venues and by serving on various denominational boards and committees. The current district superintendent also encouraged this study of the WCDCMA churches as these findings might serve to enhance church health and growth in churches under his leadership. With his endorsement, and through the relational connection I have enjoyed with the district pastors, I anticipated a strong level of participation from the district churches in the study.

I was surprised that of the 110 churches invited only twenty-seven churches participated in the study. Congregations in crisis did not readily embrace participation in the study; this may be in part due to a hesitation of pastors to surface areas of perceived weakness. The churches that did respond represented a good cross section of the district

in terms of demographics. Of those churches, two-thirds were growing (some by only 1 percent) while seven were in decline.

The health survey sought to explore the organic aspects of church health by measuring a number of spiritual well-being indicators. The study revealed that a large majority of the participants in the WCDCMA survey are active in spiritual disciplines. Prayer, Bible study, and sharing one's faith are examples of these practices. Respondents exhibit a high level of spiritual commitment. A significant percentage indicated that they were church leaders, members, participants in small groups, and donors who tithe. This suggests that this group includes a committed core that is serious in their spiritual life and expressions of that faith towards others. Almost half of the respondents were involved in some leadership or pastoral function. The balance of leader responses and general congregational responses give a good cross section of the perceptions of health.

Ogden points out that the Church is to be a people in whom Jesus invests his life, a people who remain connected to him, and a people through whom divine life is transmitted to one another (43). Perhaps a parallel is observed as those who practiced spiritual disciplines tended to see their church as healthier than those who did not. A conclusion one might draw from this strong correlation is that the spiritual well-being of a congregation is foundational in the affirmation of the values reflected in church health. The Alliance has a strong evangelical theology that affirms the importance of personal commitment to Christ and the practice of spiritual disciplines. The Church, to remain vital and healthy, must draw from the empowering presence of the Holy Spirit.

About half of those surveyed identified an involvement of less than five years in their church. This high percentage of new attendees accompanied by a high level of

commitment suggests a positive assimilation and a high level of spiritual formation within the surveyed churches.

### **Overall Health of the WCDCMA**

The interdependency between the organic and the organizational aspects of the Church must be kept in tension. The Church is first an organism alive with the life of Christ. The Church is also an organization; therefore, it possesses aspects of structure. The Church, in order to be healthy, needs a healthy interaction between the organic aspects of the spiritual life and the functional aspects of organization. Examining the findings of this study in relationship to Spirit and structure uncovers that the WCDCMA churches are strong in both areas. A closer examination of the findings explores this relationship.

The overall measure of church health characteristics for the WCDCMA churches is high. In examining the rankings, engaging worship was the strongest health characteristic while authentic community was the weakest. The results cluster in three stratifications. Engaging worship, functional structures, intentional evangelism, and passionate spirituality are perceived as strongest, followed by mobilized laity and empowering leadership. Transforming discipleship and authentic community were perceived as weakest.

A strong ranking in the characteristics engaging worship, functional structures, intentional evangelism, and passionate spirituality suggests a serious commitment to both personal spiritual expression as well as a positively perceived corporate identity.

The highest ranking of engaging worship relates to the worship content and style in these respective churches. Effective worship involves meaningful spiritual encounters

and may identify a significant reason for participation and commitment to a particular church. Effectiveness in providing meaningful worship experiences could serve as a starting point for church leaders to enhance the health of the congregation.

The importance of the organizational aspect of church health is observed in the second highest ranking, functional structures. Participants positively identified a clear mission statement and defined ministry strategies and clear vision in their respective churches. About 30 percent of the survey respondents were from larger churches. Perhaps a connection between clear vision and church growth is witnessed by existence of these large, growing churches.

The third overall health characteristic was intentional evangelism. These churches reflect a positive impression of the importance of reaching the lost. One must wonder if the high health score for intentional evangelism is a product of actual behavior or a result of teaching. Church members may say they hold a high value in evangelism, but the study does not measure individual participation. The growing churches reported positive conversion rates, but the limited number of conversions reported over the five-year timeline suggests that the evangelism characteristic might not be interpreted into effective action.

A high participation in spiritual disciplines, serving, and membership clearly suggests a high level of commitment in WCDCMA churches. This commitment to personal spiritual formation would also help explain the higher ranking of engaging worship and passionate spirituality. The Christian and Missionary Alliance identifies a strong commitment to the doctrine of sanctification. Perhaps the high level of participation in spiritual practices in these churches reflects this value.

The characteristics of transforming discipleship and authentic community were ranked lowest. Perhaps the adjective “authentic” community might have been a stumbling block, as it measures a level of accountability in community that the low scores suggest is uncommon. Comparing the high level of small group participation to the low score on authentic community prompted a review of the pretest scores for the community characteristic. This characteristic ranked the lowest in statistical reliability.

In spiritual practices, the level of financial giving was strong. Two-thirds of respondents reported that they gave at or above 10 percent of their income to the church. This seemed to be a high percentage in comparison to the giving practices of most congregations. Giving levels may have been inflated by a sense of obligation to give at the 10 percent level. This question also had the highest level of incompleteness, indicating that some were either unaware of their giving or sensed some vulnerability in reporting.

The percentage of stewardship held the strongest correlation to the health characteristics intentional discipleship, followed by mobilized laity and passionate spirituality. Giving is a matter of the heart and the result of clear biblical instruction. Those who are actively growing in their faith, are excited about their walk with God, and are involved in ministry are more likely to support their church financially.

### **Comparisons between the WCDCMA, the WOCUMC, and the GAGC**

The primary objective of the study was to understand churches of the WCDCMA. A four-member research team prepared the Beeson Church Health Survey, with each member studying different populations. A comparative study with two other denominational samples (the WOCUMC and GAGB) revealed interesting findings. Although the three denominational settings are varied in geography, theology, church

structure, and governance, the survey revealed similar perceptions and trends. Church health seems to transcend denominational differences and traditions.

The WCDCMA overall experienced a considerably higher growth rate than the other two denominational groups. The WCDCMA also showed a higher sense of church health in six characteristics with the exception of authentic community and passionate spirituality. The most significant difference was the health characteristic functional structures ranked second strongest only within the WCDCMA. The participating WCDCMA churches seem to have a clear, well-communicated vision and strategy.

The top-ranking characteristic within all three denominations surveyed by the Beeson team was engaging worship. Church leaders might recognize the importance of this health characteristic in their preparation of the primary worship service for clearly the worship experience is the common starting point for perceptions of health.

The low ranking of authentic community by all three denominations might indicate that the questions surrounding this characteristic defined a level of interpersonal connection that is beyond the experience or expectation of the three population samples.

Comparisons of the three denominations reveal that WCDCMA experiences greater growth and health overall. This difference might be due in part to differences in culture with the WCDCMA churches located in Alberta, Canada, while both of the other denominations are located in the Midwestern United States. The culture of Alberta is very entrepreneurial and has recently experienced rapid population growth. Although this might help create a positive environment, a correlation exists between the higher level of church health and corresponding growth within the WCDCMA churches.

## Church Health and Church Growth

The Beeson Church Health Survey attempted to correlate the health of local churches with the growth rate of the same churches to see if church growth and health actually are related. The New Testament reveals the church to be a dynamic, living entity, indwelt by the Holy Spirit (John 14; 1 Cor. 3:16-17). This living organism is capable of health or disease, growth or decline; vulnerable to the forces of death or life. Since the church possesses the life of Christ, expect the church to grow unless growth is inhibited by disease. “The Body of Christ today—the Church—is not free from sin. Nor is it free from sickness. I believe we do not stretch the biblical analogy too far to suppose the Body of Christ can be sick, or it can be healthy” (Wagner 32).

In recent years Church scholars have debated the interrelationship between church growth and church health. Some suggest that the church health movement is only an outgrowth of the church growth movement while others believe that the two movements are entirely unique. The church health movement identifies growth as a byproduct of a balanced and healthy church life. Numerical growth is viewed as a natural and spontaneous result of organic health (Schwarz, Natural 42). Rick Warren and Peter Wagner assumed that if a church were healthy, it would be growing (Schaller, Your Church 17). Reviewing the survey results, a positive correlation is observed between church health and growth.

In this study correlations were made between the individual health characteristics and the growth measures. The growth rate for attendance and membership had the most significant findings. All eight health characteristics proved to have a modest positive correlation to the increase in attendance and membership. The higher the level of health,



the greater the likelihood of growth.

Only mobilized laity had a positive correlation upon each measurement: attendance, membership, conversions, and baptisms. Lay mobilization is identified as a growth principle by the church growth movement. This study demonstrates this connection. The engagement of people in ministry creates a sense of ownership, spiritual fulfillment, and a high degree of commitment to the accomplishment of mission.

By comparing church health ratings of growing churches against declining churches, growing churches rated engaging worship, functional structures, intentional evangelism, transforming discipleship, and authentic community at a higher level. Growing churches indicated higher levels of health overall.

Churches that were in decline, however, did not indicate an entire absence of perceived health, just a lower level in contrast to those experiencing growth. Engaging worship was the highest ranked characteristic in both growing and declining churches. Perhaps a congregation can experience a sense of well-being even while the church is in decline.

Although not strong as might have been expected, a positive correlation does exist between church health and church growth. Higher church health may not cause growth in every situation, but the overall presence of health fosters a favorable environment for growth.

### **Church Health and Spiritual Practices**

The church is a living organism, alive with the Spirit and spiritually appraised. Ogden describes the church as “organism” to mean, “we are a people in whom Jesus invests his life; we are a people who remain connected and receive direct signals from the

head; and we are a people through whom divine life is transmitted to one another” (43).

The dynamic of this organic connection with Christ is observed in how the practice of certain spiritual disciplines had a direct correlation to the perception of church health.

Survey participants were asked if they participated in a select list of common spiritual practices. Health perceptions were clearly influenced by the practice of these disciplines. In general, those who described their spiritual lives as growing seemed to perceive each of the health characteristics more positively.

All seven of the spiritual practices positively influence the response towards mobilized laity and authentic community. An interdependent relationship seems to exist between the vertical dimension of spiritual formation and the horizontal connection of believers both within the community and for service.

Engaging worship and passionate spirituality highlight a congregation’s desire to connect with God. Those who practice the discipline of prayer viewed all health categories, with the exception of empowering leadership, more positively. The health characteristic empowering leadership was only influenced by the practice of faith sharing.

Sharing one’s faith had the greatest overall effect upon perceived church health. Those who report that they share their faith viewed the church as healthier in all seven characteristics than those who did not. Those who are actively sharing Christ have moved faith into action and seem to be more sensitive to the power of God at work through the church. Perhaps those who share their faith take their eyes off of their own needs and are more sensitive to the needs of those who are not yet in Christ.

These correlations raised an interesting question. Is church health really an outgrowth of spiritual health? Our research discovered that the spiritual dynamic

evidences the greatest influence on perceptions of health. Church health is clearly a spiritual issue, not merely a structural or contextual matter. Church health is the dynamic interaction between the spiritual and relational connection of the people within the church.

Quite possibly church leaders need to focus on the basics of spiritual formation. In order to influence perceptions of church health, the spiritual habits of believers need to be visioned, explained, and encouraged. Health characteristics can be collectively addressed if church leaders seek to nurture the spiritual well-being of the church.

The impact of spiritual disciplines is evidenced as people begin to see the church through different lenses, for the things of God are spiritually appraised. The careful study of Scripture combined with the inner working of the Holy Spirit as experienced through the practice of spiritual disciplines will shape expectations for the church. Jesus said in John 15 that spiritual fruit was dependent upon abiding in Christ. The connection between the practice of spiritual disciplines and the perceptions of church health illustrates the reality of this biblical principle.

Within the WCDCMA, the organizational aspect of functional structures was also perceived to be a significant health factor. The interplay of organism and organization collectively works toward the development of both an effective spiritual life and a collective mission within the local church. Shawchuck and Heuser explain the organizational nature of the church as being systemically connected to the spiritual dynamic:

The gap between what the congregation desires to accomplish and what it actually does accomplish is more often than not a symptom of problems that are present in the relationships between the congregation's mission, structures, relationships, and spirituality (214).

Organization must always serve to support the organic aspects of authentic spiritual community, a community where biblical purposes are lived out, and where spiritual formation is of primary importance. Churches can build upon the foundation of spiritual life by carefully defining a clear vision and mission. The development of techniques, methods, and strategies to accomplish the mission and fulfill the vision will assist the church in the growth process.

God works through human agency as we invest our efforts in planting spiritual seed and allowing God to bring growth. In Acts 2, as the church expressed the Spirit's presence within the believer's lives through worship, dedicated discipleship, and joyful and spontaneous fellowship, "every day their number grew as God added those who were being saved" (Acts 2:46, Peterson). When things are working right, when the Spirit is working in the church, and when impediments to health are addressed, growth will occur. God will entrust people to the church because there they will encounter the reality of Christ and the life of his Spirit.

### **Church Health and Personal Demographics**

In an attempt to further understand this correlation between health and growth, the Beeson research group sought to gather data that would correlate to the characteristics of the church and community. In other surveys, information is often limited to practices and impressions about the church itself. Clearly a connection between these other demographic factors is observed.

### **Church Health and Gender**

The results demonstrate that men and women practice the spiritual disciplines to nearly the same degree. At least two-thirds of the men and women practice prayer, Bible

study, ministry involvement, and personal devotions. One cannot overlook this as a strong contributing factor to the overall health of WCDCMA churches. Women tend to perceive the church to be healthier in every category with the exception of empowering leadership. The lower rating on empowering leadership by women may be in part due to the Alliance culture in Alberta that tends towards limiting women in leadership roles and functions. A reason for the higher rating in the other areas might be due to the overall higher level of participation of women in the WCDCMA churches.

### **Church Health and Marital Status**

The single population represented nearly 30 percent of the respondents. Singles have a positive perception of their church's health. They held higher perceptions of health in almost every characteristic. The perception of engaging worship was the same for both singles and married. The large percentage of singles suggests that church leaders need to be aware of the demographics within their churches. The day of the "family" church, which was biased towards married couples, has changed considerably.

### **Church Health and Church Demographics**

The survey also sought to understand the environmental influences that might impact church health. These characteristics revealed some interesting correlations. Subjects from communities over 200,000 perceived the church to be healthier in seven of the characteristics; only engaging worship was rated higher in communities under 15,000. One might speculate that the larger centers have expanded resources available to them. Large congregations are able to address a variety of needs and a diverse population. Many smaller communities in Alberta are facing population decline as they face urban migration.

Linked to the perception of population is the general health of the community wherein the church is located. Congregations whose communities are perceived to be in decline viewed their church's health in a less positive way. This is instructive to pastors in rural towns and municipalities. Possibly a bias exists that yields a more negative perception of the church, or the loss of families leads to discouragement or disillusionment. Leadership in such locations might develop strategies that will address this apparent pessimism.

Pastoral tenure was polarized in two directions. First, the longer the pastoral tenure, the higher the perception of health. Second, pastors serving for less than two years reveal a lower perception of health within their churches. This may be due in part to the limited time of connection with the new congregation. Forging relationships and developing trust requires time and the building of new corporate experiences. Using this information, a pastor might start a new ministry by being attentive to the "engaging worship" health characteristic. Remembering that worship is the highest rated health characteristic within every population sample, the worship and teaching component is the key to developing rapport with a new congregation.

### **Church Health and Small Group Participation**

Hemphill observes that people have an innate desire to belong, to know, to be known, and to be sheltered (Antioch 105). Healthy churches must embrace some kind of formal connection in meaningful group life. Two-thirds of respondents participate in some form of small group experience. Participants in small groups rated all the health characteristics higher than those who did not. In contrast, although the number of small group members was high, the health characteristic authentic community rated lowest.

This may be due to the nature of the items surveyed for authentic community.

The questions on authentic community included the dealing with interpersonal conflict, highly transparent and accountable relationships, the inviting of newcomers, and the level of hospitality and friendliness. The fact that this health characteristic remained lowest, while small group attendance was very high, might raise questions on the level of community being experienced within group life. The level of accountability surveyed might be higher than what the average small group experiences.

### **Comparison of Beeson Versus Schwarz**

Christian Schwarz popularized church health as a way of understanding the local church with the Natural Church Development Survey. The Beeson Church Health Survey seeks to gather a wider base of information on the health of a local congregation. The Natural Church Development survey does not extend to include some of the wider demographic and circumstantial information of a local church. The Beeson survey provides additional scientific data in order to demonstrate statistically significant correlations.

Another difference between the two approaches includes the methods of surveying. The protocol for the NCD survey includes a carefully selected group of thirty from each church. The Beeson survey was distributed by a convenience sampling invited to participate from each church, made up of a defined percentage of church attendees over sixteen years of age.

The survey population reflected a high level of commitment in terms of membership, ministry, and spiritual disciplines. One of the strengths of this sample is that it reflects the values of the church leadership. If they are not reflecting a positive health

it's doubtful that the church would be healthy overall. The leadership set the example in values and practices they reflect. In the future, the distribution methodology may need to be improved in order to survey a broader spectrum of people.

Some of the results of this survey support Schwarz's observations while others fall into question. He identifies small group participation as one of his health indicators. The results of the Beeson survey suggest that small group membership does have a positive impact upon church health. Schwarz also recommends the harmonious interplay between all of his health characteristics:

Just as a barrel holds no more water than its lowest stave, in the same way the weakest health characteristic of a church will limit the overall health potential and the number of believers entrusted to it. Churches are encouraged to use their strongest characteristic to undergird and strengthen the weakest areas. (Natural Church 56)

Although this might make sense logically, the correlations discovered in the study do not immediately point to this conclusion. A congregation might instead build upon their strengths, develop specific plans to address their weaknesses, and also consider addressing the intervening variables that are affecting church health. Structurally, there is no assurance that a stronger health characteristic can be utilized to bolster a weaker area.

One of the advantages of this study over the Natural Church Development study was to analyze various contextual dynamics, including adequacy of staffing, facilities capacity, size of community, etc. The Beeson study adds to the NCD survey by considering these other variables that clearly influence church health.

### **Implications of the Study**

This study provides excellent groundwork for expanding the existing body of knowledge regarding church health. The Beeson Church Health Survey was created



through the examination of an extensive body of knowledge written regarding church health. The study was tested prior to implementation; whereas, the NCD approach was in reverse. Schwarz created his categories of church health while he was surveying churches. Only then was the tool statistically verified. The Beeson study extended the research of health measurements to include the other variables that influence perceptions of church health.

The study identified eight out of twelve church growth principles outlined by Elmer Towns in 1985 evident in the healthy, growing churches:

- The stability of longer tenured pastors,
- The importance of fervent faith and expectancy,
- Lay deployment and spiritual gift discovery,
- Outward focus on evangelism and need meeting,
- Home cell units/multiplied points of connection for newcomers,
- The principle of flexible structures,
- The discipling of new converts to spiritual maturity, and
- A strong belief in the local church (Complete Book).

The Church health movement may indeed be simply an outgrowth of the church growth movement after all.

Perhaps the greatest learnings discovered through this study is that the Beeson survey demonstrates the causal relationship between spiritual disciplines and perceptions of church health. Where the disciplines are active, health and growth seem to be stronger. The level of personal involvement and participation also illustrate a positive connection to perceptions of health.

## Limitations

Not unlike the complexity of the analysis of one's own personal health, whether physical, spiritual, or emotional, the analysis of church health is equally complex. In the same way, a number of limitations became apparent. The limitations were related to the population participating in the survey, in the tool itself, and in the general study of church health and growth.

I discovered that the WCDCMA churches were widely using the NCD survey. Some churches were hesitant to embrace another study, thus reducing the number of churches willing to participate. Many churches in decline did not participate in the study; one can only speculate the reasons. The sad reality is that the outcomes might have assisted them in further understanding and addressing their strengths and weaknesses.

A second limitation concerned the survey methodology. The largest churches discovered no convenient venue to distribute the survey so a large number of people could complete the survey at one time. Churches also discovered that unless carefully followed, surveys circulated were not returned.

The third limitation concerned the complicated aspects of adequately measuring church health. The complex nature of church health is very difficult to quantify. Many variables might tend to skew the results. The survey addressed some questions, yet opened up many more possibilities for exploration. The tool measures perceptions but it would be helpful also to observe a predefined set of behaviors.

The fourth limitation concerns the tool itself. The survey showed authentic community to be the lowest in all groups. Upon review of the pretest, this characteristic had the lowest correlation of all the health characteristics. Perhaps this item needs to be

reformatted and retested.

### **Contributions to Research Methodology**

The Beeson Church Health Survey has contributed to the body of research through the creation of, and implementation of, a scientifically designed, tested, and applied instrument that measures church health and growth. This tool adds an increased number of variables to be monitored in the review of church health.

The application of the tool in multiple settings provides assessments of diverse samplings that might serve as a baseline for further study. The Beeson health study provides additional information to supplement the survey results of Natural Church Development.

### **Further Studies**

Due to the substantial information collected through this collaborative study, it would be interesting to reexamine the instrument in order to refine it and clarify the items in the survey that rated lowest in the various populations. The survey could benefit from a standard testing procedure that is designed to compensate for the varied sizes of churches participating in a study. Someone might use this survey in other contexts in order to further verify its effectiveness and identify improvements.

The survey could be used as a pre- and posttest conducted along with a carefully implemented teaching regimen covering the health characteristics with a spiritual formation component. In order to validate the impact of spiritual disciplines within the congregation, the teaching component might only include a spiritual disciplines strategy combined with a pre- and posttest.

A more extensive demographic study of the participants in the survey would also

be helpful in understanding the health of the church.

### **Reflections**

At the beginning of this project, my interest was to help WDCMA churches towards health and renewal and to assist in strengthening growing churches. My hope is that these discoveries will serve to inspire churches towards developing specific plans to enhance existing health and capitalize upon potential growth.

As a pastor, this process has been very instructive to me. The diagnostic tool has helped our church to identify the strongest aspects of health and the ones that are weakest. It also has given me a way to monitor how our perception of health compares with other WDCMA churches and other denominational groups.

Through this study the metaphor of the church as the body of Christ has increased in meaning to me. I have observed that the church is spiritually discerned. The church is a living entity indwelt by the Holy Spirit, a living organism capable of health or disease, growth, or decline. For churches to seek biblical church health and growth, apart from Christ, we can do nothing, not even build a church (see John 15:5).

Although the church by design is an organism, it possesses all the elements of an organization. Churches that wish to experience biblical church growth will use proper techniques, methods, and strategies. Church leaders will use the power of their personalities in setting vision and direction for the future. One must caution that a well-run organization can be mistaken for a Spirit-empowered endeavor. The inner work of Christ in the lives of individuals will generate the spiritual capital that will express itself in ministry and community life. Organization must always serve to support the living out of the organic aspects of authentic spiritual community; a community where biblical

purposes and spiritual formation is of primary importance.

I have observed that the interrelatedness and interdependency of the church health characteristics provide a perspective of wholeness as ministry is evaluated. The systemic connection between each of these separate components provides a framework to effectively lead and manage towards the development of a healthy church. A healthy church may use proper techniques, methods, and strategies to address each characteristic. The ultimate goal is to make more and better disciples of Christ (Matt. 28:19-20).

The positive correlation between the practice of spiritual disciplines and church health suggests an intangible aspect of church ministry that can only be spiritually discerned. Addressing this organic component of the body of Christ is the starting point for renewal and growth for our total dependency must be upon the work and leadership of the Holy Spirit. Jesus promised, “I will build my church” (Matt. 16:18). The Apostle Paul confirms this ultimate source of church growth is God: “I planted the seed, Apollos watered it, but God made it grow” (1 Cor.3:6).

## APPENDIX A

## BEESON CHURCH HEALTH CHARACTERISTICS SCALES

**Authentic Community:**

- 18. I enjoy getting together with other people from my church outside of church events.
- 25. I have a close enough relationship with several people in my church that I can discuss my deepest concerns with them.
- 31. I believe that interpersonal conflict or misconduct is dealt with appropriately and in a biblical manner.
- 38. I have experienced a lot of joy and laughter in our church.
- 45. I experience deep, honest relationships with a few other people in my church.
- 52. The love and acceptance I have experienced inspires me to invite others to my church.

**Empowering Leadership:**

- 59. The leaders and members of our church enjoy and trust one another.
- 66. The leaders of our church seem to be available when needed.
- 19. The leaders of our church seem rather defensive.
- 26. Our church is led by individual(s) who articulate vision and achieve results.
- 32. New ministry ideas are normally appreciated and encouraged.
- 39. There are few training opportunities in our church.
- 46. The lay people of our church receive frequent training.

**Engaging Worship:**

- 53. I look forward to attending worship services at this church.
- 60. When I leave a worship service, I feel like I have “connected” with other worshippers.
- 67. When I leave a worship service, I feel I have had a meaningful experience with God.
- 20. I find the sermons convicting, challenging, and encouraging to my walk with God.
- 27. I find the worship services spiritually inspiring.
- 33. The music in the church services helps me worship God.
- 40. The worship at this church is so inspiring that I would like to invite my friends.

**Functional Structures:**

- 47. Excellence is an important value in how we accomplish ministry.
- 54. I have confidence in the management and spending of our church’s financial resources.
- 61. My church is open to changes that would increase our ability to reach and disciple people.
- 67. We have an effective and efficient decision-making process in my church.
- 21. Our church has a very clear purpose and well-defined values.
- 28. Our church clearly communicates our mission statement.
- 34. I do not know my church’s plans and direction for the years ahead.

**Intentional Evangelism:**

- 41. This church teaches that Jesus Christ is the only way to heaven.
- 48. This church shows the love of Christ in practical ways.
- 55. In our church the importance of sharing Christ is often discussed.
- 62. Our church has very few programs that appeal to non-Christians.
- 69. People rarely come to know Jesus Christ as their savior in our church.
- 22. My local church actively reaches out to its neighborhood through spiritual and community service.
- 63. I share my faith with non-believing family and friends.

**Mobilized Laity:**

- 35. I am actively involved in a ministry of this church.
- 42. I do not know my spiritual gift(s).
- 49. I enjoy the tasks I do in the church.
- 56. I feel that my role in the church is very important.
- 23. My church affirms me in my ministry tasks.
- 70. The teaching ministry of this church encourages me to be involved in ministry.

**Passionate Spirituality:**

- 29. Prayer is a highlight of the worship service.
- 36. Our church relies upon the power and presence of God to accomplish ministry.
- 43. There is a sense of expectation surrounding our church.
- 50. There is an atmosphere of generosity within our church.
- 57. Our church emphasizes the person and presence of the Holy Spirit.
- 64. This church operates through the power and presence of God.
- 71. I currently enjoy a greater intimacy with God than at any other time in my life.

**Transforming Discipleship:**

- 24. I regularly practice the spiritual disciplines (prayer, Bible study, fasting, and meditation).
- 30. Tithing is a priority in my life.
- 37. My prayer life reflects a deep dependence on God concerning the practical aspects of life.
- 44. Our church has a clear process that develops people's spiritual gift(s).
- 51. I would describe my personal spiritual life as growing.
- 58. My church needs to place more emphasis on the power of prayer.
- 65. I rarely consult God's word to find answers to life's issues.

**Demographic Question:**

- 17. The size of our facility is adequate for our current ministries.

**APPENDIX B**

**PASTOR'S SURVEY CONTEXTUAL FACTORS**

1. What is the name of your church? \_\_\_\_\_

2. What is the name of the town your church is located in? \_\_\_\_\_  
\_\_\_\_\_

3. How long have you served as senior pastor of this church? (Circle one)

0-2 yrs.      3-6 yrs.      7-10 yrs.      10-15yrs.      Over 15yrs.

4. What is the age of the facility? (Circle one)

1-3 yrs.      3-5yrs.      5-10yrs.      10-15yrs.      Over 15yrs.

5. How large is the population within 20 minutes of your church? (Circle one)

Under 5,000    5,000-15,000    15,000-5,0000    50,000-200,000    200,000+

6. What was the average weekend worship attendance for the following years:

1996 \_\_\_\_\_

1997 \_\_\_\_\_

1998 \_\_\_\_\_

1999 \_\_\_\_\_

2000 \_\_\_\_\_

7. How many baptisms occurred in the following years:

1996 \_\_\_\_\_

1997 \_\_\_\_\_

1998 \_\_\_\_\_

1999 \_\_\_\_\_

2000 \_\_\_\_\_



8. How many conversions were recorded in the following years:

1996 \_\_\_\_\_

1997 \_\_\_\_\_

1998 \_\_\_\_\_

1999 \_\_\_\_\_

2000 \_\_\_\_\_

## APPENDIX C

## CONGREGATIONAL QUESTIONNAIRE

## WHAT IS YOUR CHURCH'S HEALTH QUOTIENT?

**Instructions:** This survey is designed to assess the general health of local congregations. The entire survey generally takes 10-15 minutes to complete. Your name and answers will remain anonymous. For best results, complete the survey quickly without pausing to consider any one item in depth. Thank you for participating.

1. Name of your church? \_\_\_\_\_
2. Name of the town in which your church is located? \_\_\_\_\_
3. Your age \_\_\_\_\_
4. Gender
  - 4.1 \_\_\_\_\_ Male
  - 4.2 \_\_\_\_\_ Female
5. Marital status
  - 5.1 \_\_\_\_\_ Single
  - 5.2 \_\_\_\_\_ Married
  - 5.3 \_\_\_\_\_ Widowed
  - 5.4 \_\_\_\_\_ Other:
6. Number of children \_\_\_\_\_
7. The following are a regular part of my spiritual life (check all that apply):
  - 7.1 \_\_\_\_\_ Bible Study
  - 7.2 \_\_\_\_\_ Devotional times
  - 7.3 \_\_\_\_\_ Family devotional time
  - 7.4 \_\_\_\_\_ Involvement in ministry (Christian service)
  - 7.5 \_\_\_\_\_ Prayer
  - 7.6 \_\_\_\_\_ Sharing my faith with others
  - 7.7 \_\_\_\_\_ Other spiritual disciplines (fasting, etc.):
8. Are you a member of this church?
  - 8.1 \_\_\_\_\_ Yes
  - 8.2 \_\_\_\_\_ No

9. Which best describes your current involvement with the local church you attend most? (check one)
- 9.1  Attendee only
  - 9.2  Leadership board member
  - 9.3  Ministry leader/teacher
  - 9.4  Pastoral Staff
10. Approximately how many years have you been involved with this particular church?
11. Which of the following best describes how often you attend weekend worship services? (check one)
- 11.1  Visitor
  - 11.2  Less than once a month
  - 11.3  1-2 times a month
  - 11.4  3 + times a month
12. In the past year, approximately what percentage of your total income from all sources did you give to your local church? \_\_\_\_\_ %
13. The current staff, for the ministries of your church, is (check one)
- 13.1  Understaffed
  - 13.2  Adequate
  - 13.3  Overstaffed
14. I actively participate in a small group or ministry team:
- 14.1  Yes
  - 14.2  No
15. How would you describe the community within which your church is located? (check one)
- 15.1  Growing and thriving
  - 15.2  Plateaued
  - 15.3  Declining
16. I would describe my personal spiritual life as: (check one only)
- 16.1  Growing
  - 16.2  Plateaued
  - 16.3  Declining

Instructions: Using the scale provided below, fill in the number beside each statement which corresponds most nearly to your assessment of that aspect of your church.

1=Strongly Agree 2=Agree 3=Somewhat Agree 4=Disagree 5=Strongly Disagree

**MARKING INSTRUCTIONS**

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

CORRECT: ●

INCORRECT: 

*Strongly Agree*
*Agree*
*Somewhat Agree*
*Disagree*
*Strongly Disagree*

17. The size of our facility is adequate for our current ministries.
18. I enjoy getting together with other people from my church outside of church events.
19. The leaders of our church seem rather defensive.
20. I find the sermons convicting, challenging and encouraging to my walk with God.
21. My local church has a very clear purpose and well-defined values.
22. My local church actively reaches out to its neighborhood through spiritual and community service.
23. My church affirms me in my ministry tasks.
24. I regularly practice the spiritual disciplines (prayer, Bible study, fasting, and meditation).
25. I have a close enough relationship with several people in my church that I can discuss my deepest concerns with them.
26. Our church is lead by individual(s) who articulate vision and achieve results. The leaders of our church articulate vision and achieve results.
27. I find the worship services spiritually inspiring.
28. Our church clearly communicates our mission statement
29. Prayer is a highlight of the worship service.
30. Tithing is a priority in my life.
31. I believe that interpersonal conflict is health with appropriately and in a biblical manner.
32. New ministry ideas are normally appreciated and encouraged.
33. The music in the church services help me worship God.
34. I do not know my church's plans and direction for the years ahead.
35. I am actively involved in a ministry of this church.
36. Our church relies upon the power and presence of God to accomplish ministry.
37. My prayer life reflects a deep dependence on God concerning the practical aspects of life.
38. I have experienced a lot of joy and laughter in my church.

		Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
39.	There are few training opportunities in our church.					
40.	The worship at this church is so inspiring that I like to invite my friends.					
41.	This church teaches that Jesus Christ is the only way to heaven.					
42.	I do not know my spiritual gift(s).					
43.	There is a sense of expectation surrounding our church.					
44.	This church has a clear process that develops people's spiritual gift(s).					
45.	I experience deep, honest relationships with a few other people in my church.					
46.	The lay people of our church receive frequent training.					
47.	Excellence is an important value in how we accomplish ministry.					
48.	This church shows the love of Christ in practical ways.					
49.	I enjoy the tasks I do in church.					
50.	There is an atmosphere of generosity within our church.					
51.	I would describe my personal spiritual life as growing.					
52.	The love and acceptance I have experienced inspires me to invite others to my church.					
53.	I look forward to attending worship serves at this church.					
54.	I have confidence in the management and spending of our church's financial resources.					
55.	In our church the importance of sharing Christ is often discussed.					
56.	I feel that my role in the church is very important.					
57.	Our church emphasizes the person and presence of the Holy Spirit.					
58.	My church needs to place more emphasis on the power of prayer.					
59.	The leaders and members of our church enjoy and trust one another.					
60.	When I leave a worship service, I feel like I have "connected" with other worshippers.					
61.	My church is open to changes that would increase our ability to reach and disciple people.					
62.	Our church has very few programs, which appeal to non-Christians.					
63.	I share my faith with non-believing family and friends.					
64.	This church operates through the power and presence of God.					
65.	I rarely consult God's word to find answers to life's issues.					
66.	The leaders of our church seem to be available when needed.					
67.	When I leave a worship service I feel I have had a meaningful experience with God.					
68.	We have an effective and efficient decision making process in our church.					
69.	People rarely come to know Jesus Christ as their savior in our church.					
70.	The teaching ministry of this church encourages me to be involved in ministry.					
71.	I currently enjoy a greater intimacy with God than at any other time in my life.					

## APPENDIX D

## BEESON CHURCH HEALTH QUESTIONNAIRE REFORMATTED

## BEESON CHURCH HEALTH QUESTIONNAIRE

**INSTRUCTIONS:** Listed below are 54 statements that describe characteristics of our church and your relationship to it followed by 13 personal questions. Please rate your perceptions of the strength of each characteristic by using the scale provided and writing the appropriate number in the box to the right of the statement. Your responses will be treated confidentially, and your participation will help our church leaders be better informed as we seek to discern future strategic initiatives for our church.

5	4	3	2	1
STRONGLY AGREE	MODERATELY AGREE	NEITHER AGREE OR DISAGREE	MODERATELY DISAGREE	STRONGLY DISAGREE

1. I enjoy getting together with other people from my church outside of church events .....
2. The leaders of our church seem rather defensive.\* .....
3. I find the sermons convicting, challenging, and encouraging to my walk with God. ....
4. Our church has a very clear purpose and well-defined values.....
5. My local church actively reaches out to its neighborhood through spiritual and community service.....
6. My church affirms me in my ministry tasks.....
7. I regularly practice the spiritual disciplines (prayer, Bible study, fasting, and meditation) .....
8. I have a close enough relationship with several people in my church that I can discuss my deepest concerns with them.....
9. Our church is led by individual(s) who articulate vision and achieve results.....
10. I find the worship services spiritually inspiring.....
11. Our church clearly communicates our mission statement. ....
12. Prayer is a highlight of the worship service .....
13. Tithing is a priority in my life, .....
14. New ministry ideas are normally appreciated and encouraged. ....
15. The music in the church services helps me worship God. ....

BEESON CHURCH HEALTH QUESTIONNAIRE

5	4	3	2	1
STRONGLY AGREE	MODERATELY AGREE	NEITHER AGREE OR DISAGREE	MODERATELY DISAGREE	STRONGLY DISAGREE

- 16. I do not know my church's plans and direction for the years ahead.....
- 17. I am actively involved in a ministry of this church.....
- 18. Our church relies upon the power and presence of God to accomplish ministry.....
- 19. My prayer life reflects a deep dependence on God concerning the practical aspects of life.....
- 20. I have experienced a lot of joy and laughter in our church.....
  
- 21. There are few training opportunities in our church.....
- 22. The worship at this church is so inspiring that I would like to invite my friends.....
- 23. This church teaches that Jesus Christ is the only way to heaven.....
- 24. I do not know my spiritual gift(s).....
- 25. There is a sense of expectation surrounding our church.....
  
- 26. Our church has a clear process that develops people's spiritual gift(s).....
- 27. I experience deep, honest relationships with a few other people in my church.....
- 28. The lay people of our church receive frequent training.....
- 29. Excellence is an important value in how we accomplish ministry.....
- 30. This church shows the love of Christ in practical ways.....
  
- 31. I enjoy the tasks I do in the church.....
- 32. There is an atmosphere of generosity within our church.....
- 33. I would describe my personal spiritual life as growing.....
- 34. The love and acceptance I have experienced inspires me to invite others to my church.....
- 35. I look forward to attending worship services at this church.....

BEESON CHURCH HEALTH QUESTIONNAIRE

5	4	3	2	1
STRONGLY AGREE	MODERATELY AGREE	NEITHER AGREE OR DISAGREE	MODERATELY DISAGREE	STRONGLY DISAGREE

- 36. I have confidence in the management and spending of our church's financial resources. ....
- 37. In our church the importance of sharing Christ is often discussed. ....
- 38. I feel that my role in the church is very important. ....
- 39. Our church emphasizes the person and presence of the Holy Spirit. ....
- 40. My church needs to place more emphasis on the power of prayer. ....
  
- 41. The leaders and members of our church enjoy and trust one another. ....
- 42. When I leave a worship service, I feel like I have "connected" with other worshippers. ....
- 43. My church is open to changes that would increase our ability to reach and disciple people. ....
- 44. Our church has very few programs that appeal to non-Christians. ....
- 45. I share my faith with non-believing family and friends. ....
  
- 46. This church operates through the power and presence of God. ....
- 47. I rarely consult God's word to find answers to life's issues. ....
- 48. The leaders of our church seem to be available when needed. ....
- 49. We have an effective and efficient decision-making process in my church. ....
- 50. When I leave a worship service, I feel I have had a meaningful experience with God. ....
  
- 51. People rarely come to know Jesus Christ as their savior in our church. ....
- 52. The teaching ministry of this church encourages me to be involved in ministry. ....
- 53. I currently enjoy a greater intimacy with God than at any other time in my life. ....
- 54. I believe that interpersonal conflict or misconduct is dealt with appropriately and in a biblical manner. ....



BEESON CHURCH HEALTH QUESTIONNAIRE

4

**PERSONAL INFORMATION**

55. Your age .....

56. Gender

1. Female .....

2. Male .....

57. Marital status

1. Single .....

2. Married .....

3. Widowed .....

4. Other, .....

58. Number of children .....

59. The following are a regular part of my spiritual life. **Check all that apply.**

1. Bible Study .....

2. Devotional times .....

3. Family devotional time .....

4. Ministry .....

5. Prayer .....

6. Sharing my faith with others .....

7. Other spiritual disciplines (fasting, etc.) .....

60. Which best describes your current involvement with the local church you attend most? **Check only one.**

1. Attendee only .....

2. Leadership board member .....

2. Ministry leader/teacher .....

3. Pastoral Staff .....

61. Are you a member of this church?

1. Yes .....

2. No .....

62. Approximately how many years have you been involved with this particular church? .....

BEESON CHURCH HEALTH QUESTIONNAIRE

5

63. Which of the following best describes how often you attend weekend worship services? **Check one.**
- 1. Visitor .....
  - 2. 1-2 times a month .....
  - 3. 3 or more times a month .....
64. In the past year, what percentage of your total income from all sources did you give to your local church (approximately)? .....
65. Our current church staff is \_\_\_\_\_ for the ministries of our church. **Check one.**
- 1. understaffed .....
  - 2. adequate .....
  - 3. overstaffed .....
66. I actively participate in a small group or ministry team.
- 1. Yes .....
  - 2. No .....
66. How would you describe the community within which your church is located? **Check one.**
- 1. Growing and thriving .....
  - 2. Plateaued .....
  - 3. Declining .....
67. The size of our church facility is adequate for our current ministries.
- 1. Yes .....
  - 2. No .....
68. I would describe my personal spiritual life as...
- 1. growing .....
  - 2. plateaued .....
  - 3. declining .....

*Thank you very much for your participation in this important study of our church!*

BEESON CHURCH HEALTH QUESTIONNAIRE

6

**CONGREGATIONAL CONTEXTUAL FACTORS**  
 [to be answered by pastor of church]

1. What is the name of your church? \_\_\_\_\_

2. What is the name of the town your church is located in? \_\_\_\_\_

3. How long have you served as Senior Pastor of this church? (Check one)

- ..... 0-2 yrs
- ..... 3-6 yrs
- ..... 7-10 yrs
- ..... 10-15yrs
- ..... Over 15yrs

4. What is the age of your church facility? (Check one)

- ..... 1-3 yrs
- ..... 3-5yrs
- ..... 5-10yrs
- ..... 10-15yrs
- ..... Over 15yrs

5. How large is the population within 20 minutes of your church? (Check one)

- ..... Under 5000
- ..... 5000-15000
- ..... 15000-50000
- ..... 50,000-200,00
- ..... 200,000+

6. Annual Statistical Data

YEAR	AVERAGE WEEKLY WORSHIP ATTENDANCE	BAPTISMS	CONVERSIONS
1996			
1997			
1998			
1999			
2000			

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