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In Search of the Healthy Church: A Meta-Ethnographic Study

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abstract

After a brief literature review, eight of the primary contemporary church health resources are subjected to a meta-ethnographic study. The resources' combined twenty-six health indicators are translated through the meta-themes of organizational structure, developing community, church characteristics, and personal characteristics. A discussion and visual synthesis of the translations point to the church literature developing community through organizational structure which in turn cultivates church and personal characteristics. Future research recommendations include expanding the study of church metaphors beyond "body" and identifying metaphor-specific characteristics through exegetical study.

Keywords: Meta-ethnography, church health, ecclesial leadership, organizational structure, developing community, church characteristics

Organizations are made up of individual people.¹ Each individual functions in a unique manner and relationship to all the other individuals within the organization. To the extent that the organization shares commitments and goals

¹ John M. Ivancevich, Robert Konopaske, and Michael T. Matteson, *Organizational Behavior and Management* (Boston: McGraw-Hill Irwin, 2008), 62.

amongst its individuals and is in a context in which those commitments and goals can be accomplished, it is likely to function in a manner that could be described as healthy. However, when things go wrong, it is not unusual for contemporary organizational theorists to suggest that an organizational diagnosis—much like a medical exam—is necessary.² Yet, this approach to organizational health is not a new concept. Over two millennia before the modern organizational theories, the apostle Paul was speaking of the church in similar terms. The people of God, according to Paul, were drawn together in a unique relationship that mirrored an organism (1 Cor. 12). To the extent that the church functions like an organism, it would be expected that certain indicators would exist that can be measured as markers of its general health regardless of context. The church health literature that has become prominent in the last forty years has attempted to identify the traits that must be measured in order to identify church health. This work will attempt to synthesize some of the primary resources available on church health to identify the characteristics that are being measured.

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literature review

Most of the academic literature written on church health is in the form of dissertations.³ A vast majority of this material is written to identify specific health characteristics of a particular ecclesial context. It is particularly interesting that a sampling of dissertations designed to measure a spectrum of health indicators in broad or global contexts have little or no peer-reviewed material included in their literature.⁴ Most of the theoretical foundation for these dissertations is drawn from popular press books or periodicals, which is not uncommon in ethnographic studies.⁵ Though this does not necessarily mean that the foundation is weak, it does suggest that there is a significant gap in the research of what constitutes a

² Gary Yukl, *Leadership in Organizations* (Upper Saddle River, NJ: Pearson Prentice Hall, 2006), 289–90.

³ A search using the term "church health" in ProQuest Dissertation and Theses database yielded 253 results.

⁴ Andrei E. Blinkov, "Church Health and Church Growth in Congregations of the Russian Church of Evangelical Christians" (D.Min., Asbury Theological Seminary, 2007); George Ray Cannon, Jr., "A Descriptive Study of the Additional Factors Needed to Transition a Troubled Church to Health" (D.Min., Liberty Baptist Theological Seminary, 2010); L. Thomas Crites, "Four Core Principles for Enhancing Ministry Effectiveness: A Factor Analysis Evaluating the Relationship between Select Variables and Church Health Observed in Churches of the Georgia Baptist Convention" (Ed.D., Southeastern Baptist Theological Seminary, 2009); Roger Alan De Noyelles, "How to Keep a Healthy Church Healthy: Developing an Educational Training Model for Pastors and Laity in Church Organizational Systems for Doing Congregational Pulse-Taking" (D.Min., Drew University, 2008); Mark Hopkins, "Toward Holistic Congregational Assessment of Church Health" (Ph.D., Fuller Theological Seminary, School of Intercultural Studies, 2006); Larry Richard Salsburey, "The Effect of the Healthy Church Initiative on Participating Congregations of the Missionary Church" (D.Min., Asbury Theological Seminary, 2009); Kichun Yoo, "A Strategy of Promoting Health in the Local Church" (D.Min., Liberty Baptist Theological Seminary, 2010).

⁵ George W. Noblit and R. Dwight Hare, *Meta-Ethnography: Synthesizing Qualitative Studies*, ed. John Van Maanen, Peter K. Manning, and Marc L. Miller, vol. 11, *Qualitative Research Methods* (Newbury Park, CA: Sage, 1988), 27.

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healthy church. Two researchers provide the footings to bridge this gap. Nel has two peer-reviewed articles attempting to give a synopsis of the empirical work endeavoring to measure church health and a theological basis for assessing the health of a congregation.⁶ The second researcher is Day, whose lecture attempted to provide a definition of church health.⁷

The significant point that Day's lecture provided for those identifying healthy church characteristics is his simple, yet often overlooked, point that the metaphors for the church in Christian Scripture include not only a body but also a temple and family.⁸ Additionally, the church is commissioned by Christ with a mission that includes certain functions.⁹ Thus, any comprehensive measurement of church health ought to include constructs that measure it as an organism, place of worship, and family while measuring the accomplishment of its mission and functions. However, as Stevens pointed out in his response to Day's lecture, the development of these constructs and measurements must come from an inductive study of the relevant Scripture recognizing that the purpose of the original autographs was not to be a research study on the attributes of church health.¹⁰

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Nel, using a more creedal approach than Day, came to similar conclusions.¹¹ Nel rooted the measurement of church health in the theological concept of the incarnational nature of the church. As God reveals Himself to the church, He uses the church to reveal Himself to the world.¹² Thus, it is imperative to measure the health of a church since an unhealthy church is necessarily a skewed or outright sinful representation of the glory of God. Nel recommended using Calvin's description of the purposes of the church—the ministry of the Word, observation of the sacraments, and the faithful living as disciples of Christ—as the structure around which a measurement of church health could be developed.¹³

Nel's other article is the thread that ties the peer-reviewed material to the dissertation material.¹⁴ Nel listed a number of church health measurement approaches that supposedly included empirical support for constructs and measurements. Nel went on, however, to show how many, if not all, of these

⁶ Malan Nel, "Congregational Analysis: A Theological and Ministerial Approach," *Hervormde Teologiese Studies* 65, no. 1 (2009); Malan Nel, "Congregational Analysis Revisited: Empirical Approaches," *Hervormde Teologiese Studies* 65, no. 1 (2009).

⁷ William H. Day, Jr., "The Development of a Comprehensive Definition of Church Health," (The Ola Farmer Lenaz Lecture, New Orleans Baptist Theological Seminary: December 19, 2002), 48–50.

⁸ *Ibid.*, 19–22.

⁹ *Ibid.*, 22–25.

¹⁰ Gerald L. Stevens, "Defining Church Health through Biblical Modeling: An Exploration of Rev. 2:1–7," (The Ola Farmer Lenaz Lecture, New Orleans Baptist Theological Seminary: December 19, 2002), 22.

¹¹ Nel, "Congregational Analysis: A Theological and Ministerial Approach," 13–14.

¹² *Ibid.*, 7.

¹³ *Ibid.*, 13–14.

¹⁴ Nel, "Congregational Analysis Revisited: Empirical Approaches."

approaches lack strong exegetical and empirical support. However, it is some of these very empirical approaches that many of the dissertations are using as the foundation for their studies. Given the influence of these resources upon the development and understanding of church health indicators, it is appropriate to question if a prevalent meta-model exists across these resources.

meta-ethnography

The church has its own culture, if by culture is meant the “collection of behavior patterns and beliefs that constitute standards for deciding what is . . . what can be . . . how one feels about it . . . what to do about it . . . and how to go about doing it.”¹⁵ As such, the church health literature essentially constitutes ethnographic studies of the church and the author’s interpretations of those studies. The inclusion of any underlying exegetical study of Hebrew or Christian Scripture within the literature does not dilute its ultimate ethnographic nature since Scripture is recognized as one of, or even as the primary authority, for the behaviors and beliefs that constitute the culture.

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As such, the question becomes how to study multiple ethnographic studies in order to synthesize their interpretations. Meta-analysis of quantitative studies shows that convergence of results across multiple studies of similar data can assist in overcoming some “generalizability” issues.¹⁶ Meta-ethnography is a similar approach designed for the analysis of convergence of results generally in qualitative studies and specifically in ethnographic studies.¹⁷ However, meta-ethnography is not simply developing generalizations between the studies but rather interpreting the studies into each other.¹⁸ The analogy would be of taking several studies on the same topic written in different languages and translating them into one common language that captures the various cultural meanings contained in the symbols of the language. It is this primary focus on the translation of several interpretations of study that requires the meta-ethnographic approach to be limited to a small number of studies.¹⁹ Noblit and Hare identified seven phases to the meta-ethnography approach which will form the structure of the rest of this work.²⁰

¹⁵ Michael Quinn Patton, *Qualitative Research & Evaluation Methods*, 3rd ed. (Thousand Oaks, CA: Sage Publications, 2002), 81.

¹⁶ Fred N. Kerlinger and Howard B. Lee, *Foundations of Behavioral Research* (Belmont, CA: Cengage Learning, 2000), 615.

¹⁷ Noblit and Hare, *Meta-Ethnography: Synthesizing Qualitative Studies*, 13.

¹⁸ *Ibid.*, 25.

¹⁹ Mike Weed, “‘Meta Interpretation’: A Method for the Interpretive Synthesis of Qualitative Research,” *Forum: Qualitative Social Research* 6, no. 1 (2005): 4.

²⁰ Noblit and Hare, *Meta-Ethnography: Synthesizing Qualitative Studies*, 26–29.

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phase 1: getting started

In this phase of the meta-ethnography, a topic of interest that may be informed by qualitative research is identified.²¹ Essentially, this should include a study that is worthy of synthesis either because of reciprocity, refutational results, or potential lines of argument that bridge differences in current qualitative research.²² The qualitative approach is especially useful when studying observable human experience, making qualitative studies on church health an especially rich place to mine data.²³ The primary research question to give the analysis structure is, “What are the primary characteristics of healthy churches in the prevalent church health literature?”

phase 2: deciding what is relevant to the initial interest

A review of the bibliographies in the reviewed literature reveals eight resources that are consistently referenced throughout.²⁴ The identification of these eight resources is not intended to suggest that the other literature referenced is secondary or of an inferior quality. Instead, the consistency of the use of these eight resources suggests that they have a significant impact on the direction that church health research is established on. Thus, these seem to represent the ‘prevalent church health literature’ foundational to church health research. The researcher throughout the course of this study remained attentive to the relevancy of the literature, prepared if necessary to remove it from the research if it did not meet the standards of prevalent church health literature. As the research progressed, it became apparent that all eight resources were relevant to the research.

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phase 3: reading the studies

Though it may seem superfluous to have a phase dedicated to reading the resources being studied, Noblit and Hare specifically added this phase in order to identify the importance of properly interpreting the text.²⁵ Returning to the analogy

²¹ Ibid., 26.

²² Ibid., 38.

²³ Patton, *Qualitative Research & Evaluation Methods*, 4.

²⁴ Mark Dever, *What Is a Healthy Church?* (Wheaton, IL: Crossway Books, 2007); Stephen A. Macchia, *Becoming a Healthy Church: Ten Traits of a Vital Ministry* (Grand Rapids, MI: Baker Books, 2003); Donald J. Macnair, *The Practices of a Healthy Church: Biblical Strategies for Vibrant Church Life and Ministry* (Phillipsburg, NJ: P&R Publishing, 1999); Christian A. Schwarz, *Natural Church Development: A Guide to Eight Essential Qualities of Healthy Churches* (St. Charles, IL: ChurchSmart Resources, 1996); Ebbie C. Smith, *Growing Healthy Churches: New Directions for Church Growth in the 21st Century* (Fort Worth, TX: Church Starting Network, 2003); Dann Spader and Gary Mayes, *Growing a Healthy Church: Complete with Study Guide* (Chicago: Moody Press, 1991); Rick Warren, *The Purpose Driven Church: Growth without Compromising Your Message and Mission* (Grand Rapids, MI: Zondervan Publishing House, 1995); Waldo J. Werning, *12 Pillars of a Healthy Church: Be a Life-Giving Church and Center for Missionary Formation* (Saint Charles, IL: Churchsmart Resources, 2001).

²⁵ Noblit and Hare, *Meta-Ethnography: Synthesizing Qualitative Studies*, 28.

presented earlier of meta-ethnography being the translating of multiple languages into one common language, this phase of meta-ethnography is the process of learning each resource's 'language,' which is more comprehensive than simply comparing word meanings. Thus, this phase involved a careful reading of the resources in order to understand not only the church health characteristics in each resource but an understanding of what each characteristic meant within its particular context.

phase 4: determining how the studies are related

It is anticipated that resources analyzing the same type of topic would share related themes and concepts.²⁶ Each of the resources offers several characteristics or measurements of a healthy church with some that overlap and are related across resources. Table 1 lists the twenty-six distinct indicators with summarized definitions. Table 2 presents for comparison the relationships between the data sources by listing out the indicators by author. These twenty-six characteristics can be further categorized into four meta-themes: a) organizational structure, b) developing community, c) personal characteristics, and d) church characteristics. Table 3 presents the number of uses by an author of these categorized themes.

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As can be seen from Table 3, all the resources recognize organizational structure, developing community, personal characteristics, and church characteristics when considering the health of a church.

phase 5: translating the studies into one another

The four meta-themes then become a type of Rosetta Stone in translating the studies into one another. Noblit and Hare noted that this is one of the most important steps within the meta-ethnographical study since it is not simply a summary or a synthesis of the research but actually a retranslation of each of the studies into a language common to them all.²⁷ The following resources are analyzed chronologically. The first study is translated into the second, then those results into the third, and so on.

Spader and Mayes theorized that growing a healthy church depended on the ability of a church to progress through four stages of development: a) building, b) equipping, c) winning, and d) multiplying.²⁸ As healthy characteristics were built into the everyday function of the church community, those who respond to the church's message could be equipped to proclaim the Gospel to others, which would eventually result in growing numbers for the church. This in turn would require a

²⁶ Ibid., 28.

²⁷ Ibid., 28.

²⁸ Spader and Mayes, *Growing a Healthy Church: Complete with Study Guide*, 46.

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Table 1

Definitions of Related Indicators in Church Health Literature

Indicators—Definitions

Evangelism—The activity of believers in proclaiming the Gospel to those who are not believers
Discipleship—Building maturity in Christ in thought, word, and deed through personal relationships
Gifted Ministry—Individuals knowing and using gifts supplied by God through personality or supernaturally
God's Word—A local church maintaining Bible-centered, faithful communication of Old and New Testaments
Leadership—Representing the qualifications and responsibilities of ecclesial oversight
Loving Relationships—Practical caring for others that promotes quality relationships
Worship—Representing the characteristics and activities that reveal God's glory
Mission/Vision—Leadership understanding God's goals for the church and how they will be accomplished
Membership—Maintaining the characteristics, goals, and activities of developing formal ecclesial commitment
Prayer—Humble reliance upon the empowerment of God
Spirituality—Practicing faith through spiritual disciplines
Structures—Functional organizational arrangement for administration and accountability
Church Planting—Actively multiplying ministry through starting new congregations
No Dysfunction—Free from teachings or activities that threaten the function of the church.
Small Groups—Practical application provided through group Bible discussion designed to multiply groups
Stewardship—Practicing biblical financial management and generosity
Adjust Methodologies—Modifying ministry functions to contextual changes while maintaining mission/vision
Church Life-phase—An understanding of the life-stage or phase of ministry that the church is in
Conversion—Repentance through faith, based upon conviction
Discipline—A church activity of removing unholiness from the presence of the church body
God's Presence—Praying for God's initiative and anticipating His supernatural empowerment for ministry
Gospel—The proclaimed message of the ministry of Jesus that requires a response from the hearer
Networking—Interacting and working together with other Bible-focused churches to complement ministries
Preaching—Corporate messages that explain and apply a passage from knowledge of its original context
Resource Leaders—Providing necessary means for those in authority to meet the mission/vision
Spiritual Warfare—Identifying false teachings, harmful influences, and areas of sin while encouraging holiness

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Table 2

Comparison of Related Indicators in Church Health Literature

Indicators	Spader/							
	Mayes	Warren	Schwarz	Macchia	MacNair	Werning	Smith	Dever
Evangelism	X	X	X	X	X	X		X
Discipleship	X	X		X	X			X
Gifted Ministry		X	X		X	X	X	
God's Word	X			X	X	X		X
Leadership			X	X	X	X		X
Loving Relat.	X		X	X		X	X	
Worship		X	X	X	X	X		
Mission/Vision		X			X	X	X	
Membership	X	X						X
Prayer	X			X	X			
Spirituality			X	X		X		
Structures			X	X		X		
Church Planting						X	X	
No Dysfunction					X		X	
Small Groups			X			X		
Stewardship				X		X		
Adjust Methods							X	
Church Life-phase							X	
Conversion								X
Discipline								X
God's Presence				X				
Gospel								X
Networking				X				
Preaching								X
Resource Leaders							X	
Spiritual Warfare							X	

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Table 3

Number of Indicators in Related Meta-Themes in Church Health Literature

Meta-Themes	Spader/							
	Mayes	Warren	Schwarz	Macchia	MacNair	Werning	Smith	Dever
Org. Structure ^a	1	2	2	3	3	4	5	2
Community ^b	1	2	3	3	2	3	1	2
Personal Char. ^c	1	1	2	3	2	3	1	1
Church Char. ^d	3	1	1	3	2	2	2	4

^aIncludes: Leadership, Structures, Mission/Vision, Church Planting, Membership, Church Life-Phase, Resource Leaders, Adjust Methodologies, Networking

^bIncludes: Small Groups, Evangelism, Loving Relationships, Discipleship,

^cIncludes: Gifted Ministry, Spirituality, Stewardship, Prayer, Conversion

^dIncludes: Worship, God's Word, Preaching, Gospel, Discipline, No Dysfunction, Spiritual Warfare, God's Presence

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multiplication of leadership who would assist in furthering the ministry. This whole process is seen as functioning under the lordship of Christ. Three of the six primary healthy characteristics identified by Spader and Mayes fall into the meta-theme of developing community (evangelism, loving relationships, and discipleship).²⁹ The other three are God's Word, prayer, and membership.³⁰ Though this indicates an emphasis on developing community, church characteristics, personal characteristics, and organizational structure are all represented. The least emphasized area is church characteristics.

One of the difficulties with Spader and Mayes' approach is that it sets out the starting point but then becomes somewhat unclear as to what the goal is. In their visual model, there is just ongoing growth. Warren adjusted this somewhat with his model of a healthy church ministry, which came to be known as the purpose driven model. In Warren's view, the foundation for healthy church ministry is a clear vision and mission.³¹ Much like modern structures, the church cannot grow larger than the foundation can handle.³² The purpose driven model then had a goal as its purpose and used a baseball diamond as its metaphor.³³ The purpose was to move people through the process of membership, discipleship, gifted ministry, and evangelism. All of this was done within the context of worship in which God's presence was felt and became a powerful message to non-believers.³⁴ Through mission/vision and membership, the emphasis within Warren's approach was on organizational structure, though, again, personal characteristics, church characteristics, and developing community are included through the other emphases.

Though Warren's goal-oriented model proved an enhancement on Spader and Mayes' open-ended model, still questions remained within Warren's model as to what happened when an individual got back to "home base." Schwarz's method of health assessment overcame this. Schwarz, likely the most referenced church health resource, developed eight quality characteristics. Three characteristics represented developing community (small groups, evangelism, and loving relationships), two represented personal characteristics (gifted ministry, spirituality), two characteristics represented organizational structure (leadership, structures), and one represented church characteristics (worship).³⁵ What was unique to Schwarz was that each of the eight characteristics was measured quantitatively in order to

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²⁹ Ibid., 48–50.

³⁰ Ibid., 48–50.

³¹ Warren, *The Purpose Driven Church: Growth without Compromising Your Message and Mission*, 28.

³² Ibid., 86.

³³ Ibid., 144.

³⁴ Ibid., 241.

³⁵ Schwarz, *Natural Church Development: A Guide to Eight Essential Qualities of Healthy Churches*, 22–37.

determine maximum (highest scoring indicators) and minimum factors (lowest scoring indicators). Churches would use maximum factors to strengthen the minimum factor.³⁶ In this manner, churches could continuously reanalyze their church health based on these eight factors and focus on the weakest measures. Schwarz's research suggested that following this process would increase a growth in attendance, which in turn was the measurement of church health since biotic entities naturally grow.³⁷

Starting with Scripture and prayer, Macchia provided a listing of ten essential traits of a healthy church.³⁸ Since both Scripture and prayer are indicators identified throughout the literature, they will be added to the other traits to say that Macchia identified twelve traits. Interestingly, Macchia saw the traits falling into similar meta-themes as developed in Table 3, dividing the traits into personal relationship with God, relationship with other believers, and ministry administration and management.³⁹ Macchia believed that if each church went through recurring periods of reflection, affirmation, evaluation, and application, that the twelve traits could be properly balanced within the ministry leading to health. Of the twelve traits, three are organizational structure (leadership, structures, and networking), three are personal characteristics (spirituality, stewardship, and prayer), three are church characteristics (worship, God's presence, and God's Word), and three are developing community (evangelism, loving relationships, and discipleship). This represented the most balanced representation of the meta-themes.

Using the metaphor of a medical exam more than any of the other resources, MacNair identified three vital signs and six practices of a healthy church. Vital signs of church health include discipleship, evangelism, and no dysfunction.⁴⁰ The basics of body health included gifted ministry, worship, God's Word, and prayer.⁴¹ Nearly half of the book, however, is devoted to leadership and mission/vision.⁴² To be sure, MacNair stated that the model of the church is Christ, and its manual is the Bible. However, the strong emphasis on organizational structure over church characteristics, personal characteristics, and community development tends to suggest less of an emphasis on a person and His Word.

Werning attempted to synthesize the two most popularly-known church health measurements. Adding four additional indicators (God's Word, mission/vision,

³⁶ Ibid., 57.

³⁷ Ibid., 41, 106–25.

³⁸ Macchia, *Becoming a Healthy Church: Ten Traits of a Vital Ministry*, 23.

³⁹ Ibid., 23.

⁴⁰ Macnair, *The Practices of a Healthy Church: Biblical Strategies for Vibrant Church Life and Ministry*, 9.

⁴¹ Ibid., 19–106.

⁴² Ibid., 107–230.

Huizing: In Search of the Healthy Church: A Meta-Ethnographic Study stewardship, and church planting) to Schwarz's original eight indicators, Werning then developed them into an empowering and mobilizing model similar to Warren's four bases (though, Werning adds an additional "base").⁴³ This results in four organizational structure indicators (leadership, structures, mission/vision, and church planting), three developing community indicators (small groups, evangelism, and loving relationships), three personal characteristic indicators (gifted ministry, spirituality, and stewardship) and two church characteristic indicators (worship and God's Word). These are the results that would be anticipated given the outcomes of Schwarz and Warren. Werning's unique contribution is an attempt to give specific biblical basis to each of the elements of Schwarz's and Warren's material.

Up to this point in the resources, most measured church health by church growth. Smith is the first to make a specific distinction between church health and church growth, noting that they do not necessarily correlate to each other, though growth typically follows health.⁴⁴ Of Smith's nine indicators, five are focused on organizational structure (mission/vision, church planting, life-phase, and adjust methods), two on church characteristics (no dysfunction and spiritual warfare), and one each for personal characteristics (gifted ministry) and developing community (loving relationships).⁴⁵ Most of the book is dedicated to understanding church contextualization, church planting methods, and leadership styles, undergirding the emphasis on organizational structure.

The final resource is Dever's nine marks of a healthy church. His emphasis on the church as called to display the character and glory of God to all the universe shows itself in the indicators identified.⁴⁶ Dever has four church characteristic indicators (God's Word, preaching, Gospel, and discipline), two developing community indicators (evangelism and discipleship), two organizational structure indicators (leadership and membership), and one for personal characteristic indicators (conversion). The emphasis throughout the resource is that God's people together, as an ecclesial community, make a healthy church rather than simply organization, community, or personal characteristics.

Thus, each of the resources touch upon all four meta-themes and can be translated into these themes. When considering the emphasis of each meta-theme across all eight resources, organizational structure is the most emphasized (22 times), followed by developing community (19), church characteristics (14), and personal characteristics (14). The resource that focuses the most heavily on

⁴³ Werning, *12 Pillars of a Healthy Church: Be a Life-Giving Church and Center for Missionary Formation*, 89–103.

⁴⁴ Smith, *Growing Healthy Churches: New Directions for Church Growth in the 21st Century*, 23.

⁴⁵ *Ibid.*, 19.

⁴⁶ Dever, *What Is a Healthy Church?*, 48.

organizational structure is Smith with 50 percent of the indicators falling within that meta-theme. Both Spader and Mayes and Schwarz have an equal number of majority indicators within developing community. However, Spader and Mayes represented 50 percent of their indicators in developing community while Schwarz represented 38 percent of his total indicators. Church characteristics are best represented by Dever with 44 percent of indicators falling within that meta-theme. Twenty-five percent of the indicators falling within the personal characteristics meta-theme are represented by Macchia, Schwarz, and Werning. Macchia provided the most balanced approach with exactly 25 percent of indicators falling within each of the four meta-themes.

phase 6: synthesizing translations

In the next phase, Noblit and Hare recommended that the translations be synthesized together.⁴⁷ This implies that the synthesized translation communicates something more than alluded to by the individual translations. It is here that the meta-ethnographic process provides the field with greater insight of the message being communicated across the various data.

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Though Dever represented an exception, Table 3 shows that as time progressed, the emphasis on organizational structure increased in the church health literature. As such, it is not surprising that organizational structure represents the majority emphasis of the church health literature. Closely behind it is developing community. This seems to develop out of the recognition that the ecclesia of Scripture represents more than simply an organizational structure but that it is imaged additionally as a body and family. Out of this organizational structure and community development emerges church characteristics that are unique to the local body of believers. It is through invitation into and participation within this environment that an individual develops personal characteristics that are reflective of a healthy church. Although different authors obviously place different emphasis on these meta-themes, essentially, the result is that a healthy structure and community will cultivate healthy ecclesial and personal characteristics.

phase 7: expressing the synthesis

The final phase in Noblit and Hare's meta-ethnographic method is expressing the synthesis.⁴⁸ Though this can be done through written word, symbolic forms of expression of the synthesis are encouraged. These forms will create an easily

⁴⁷ Noblit and Hare, *Meta-Ethnography: Synthesizing Qualitative Studies*, 28.

⁴⁸ *Ibid.*, 29.

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transportable representation of the translation, making its value to the overall studies that much more valuable.

Obviously, any one indicator likely has impact and influence on multiple meta-themes. For instance, small groups were placed within the developing community meta-theme because that is the area it is primarily designed to impact and influence. However, small groups also have impact on organizational structure since resourcing leaders is necessary for successful small groups. Additionally, small groups are impacted by the God's Word indicator as small groups are generally formed for a better understanding of the application of Scripture on the life of the individual. For the sake of translation, each indicator was assigned one meta-theme that it primarily related to. Still, it would be helpful in a final synthesis to recognize the interplay between the various indicators and the meta-themes that they could be associated with. Figure 1 attempts to synthesize all these different elements into a single symbolic form.

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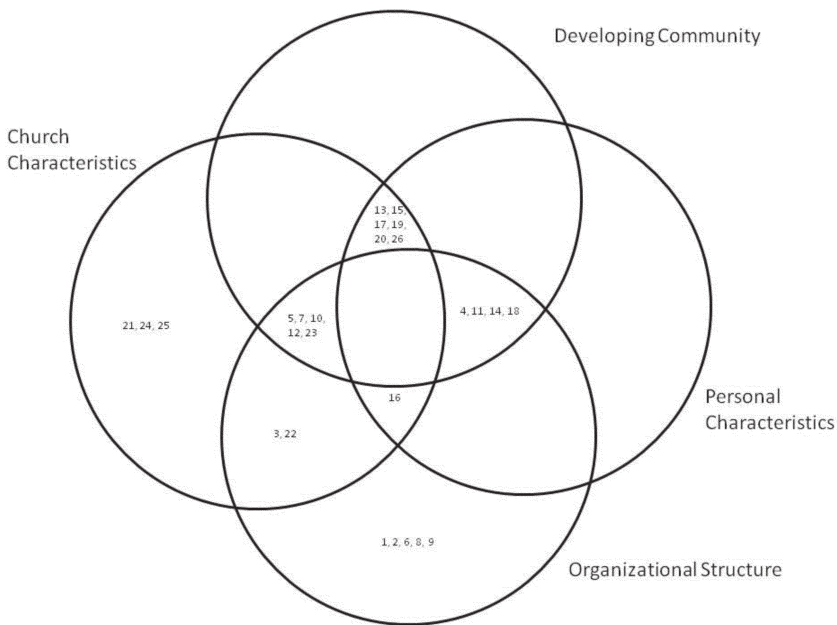


Figure 1

Synthesis of Church Health Indicators with Meta-Themes

1-Leadership; 2-Structures; 3-Mission/Vision; 4-Church Planting; 5-Membership; 6-Church Life-Phase; 7-Resource Leaders; 8-Adjust Methods; 9-Networking; 10-Small Groups; 11-Evangelism; 12-Loving Relationships; 13-Discipleship; 14-Gifted Ministry; 15-Spirituality; 16-Stewardship; 17-Prayer; 18-Conversion; 19-Worship; 20-God's Word; 21-Preaching; 22-Gospel; 23-Discipline; 24-No Dysfunction; 25-Spiritual Warfare; 26-God's Presence

discussion

Two significant gaps in research come out of the meta-ethnographic study of the prominent church health literature. First, the prevailing metaphor for the church health literature is that of a body. This is not by itself a bad approach since it is a metaphor provided for us by Paul (1 Cor 12). However, the writers of Scripture also describe the church as a temple (e.g. 1 Cor 6:19 and 1 Pet 2:5), as a family (e.g. 1 Cor 8:12 and 1 Pet 2:17), and as a bride (e.g. Eph 5:27 and Rev 19:7), among others. Thus, although the use of the metaphor of a body is appropriate, the question must also be asked about what “health” looks like from a Biblical perspective in these other metaphors. It is not anticipated that the indicators from these additional metaphors would contradict those established from the body metaphor, but certainly they would add perspectives and variables that may be missing from the current literature.

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This leads to the second gap. None of the current literature provided any exegetical study of relevant passages within its material. This is not to suggest that the authors may not have done exegetical study, only that it is not provided for the reader. Werning does the best job of connecting indicators with specific Scriptural passages.⁴⁹ However, Werning also highlights the difficulty of simply proof-texting passages to support health indicators. For instance, Werning uses five passages (Mt 28:19–20, Rom 14:19, 15:14, Col 3:16, 1 Thes 5:11) to support the need for small groups as an indicator of church health. Unfortunately, it is difficult to suggest that from any of these passages the original authors had in mind the contemporary concept of small groups. This tends to suggest a significant degree of anachronism. This seems to be common throughout the literature. The danger, of course, is that within various contexts, different indicators can be developed. Thus, for Calvin, the indicators of a healthy church were “true preaching of the Word, proper observance of the sacraments and faithful exercise of church discipline.”⁵⁰ It is unlikely that Calvin would recognize any of the other indicators of even the most Reformed of the contemporary church health literature because the entire ecclesial landscape was different.

In the contemporary literature, as Figure 1 begins to show, there is a significant weight placed on the organizational structure and church characteristics. This aligns well with a Western mindset of the neutrality of structures and their pragmatic application in diverse environments. From this perspective, the health

⁴⁹ Werning, *12 Pillars of a Healthy Church: Be a Life-Giving Church and Center for Missionary Formation*, 45.

⁵⁰ Nel, “Congregational Analysis: A Theological and Ministerial Approach,” 444.

Huizing: In Search of the Healthy Church: A Meta-Ethnographic Study literature is wildly effective. Schwarz can accurately state “every church in which a quality index of 65 or more was reached for each of the eight quality characteristics, is a growing church” (defined as increasing in numbers).⁵¹ Never asked, however, is whether the eight quality characteristics are exegetically developed indicators or whether they are simply pragmatic variables. Perhaps more importantly is the question of the type of structures and churches that are developed through the pursuit of the indicators. This question is not intended to impugn the churches that have adopted any of the methods of the contemporary health literature. However, structures can be sinful in the same way that people can be, and thus pragmatism cannot be the ideal measure of whether an approach is blessed by God.⁵² The emphasis in Scripture seems at first glance to be strongly focused on personal and church characteristics rather than organizational structure. If that is an accurate portrayal of the New Testament material, then the contemporary health literature emphasis on organizational structure seems to suggest a non-exegetical approach to the development of indicators.

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Despite these gaps, the prominent church health literature remains an important and necessary step in the identification of health indicators for churches. The next step appears to be confirming whether these indicators square with exegetical studies of the various metaphors used for the church. From this further research, primary and secondary measures can be developed similar to the measures used by a doctor (for a body), a counselor (for a family), or a contractor (for a building) to identify strengths. The goal should be church strength measures unaffected by time or location—these would then become the true indicators of church health.

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⁵¹ Schwarz, *Natural Church Development: A Guide to Eight Essential Qualities of Healthy Churches*, 39.

⁵² David A. Brondos, “Borders, Boundaries, and Blessing: Mission as Converting Hypocrites into Sinners,” *Dialog: A Journal of Theology* 49, no. 1 (2010); Laura Gauer, “A Christian Perspective on Poverty and Social Justice: Sin Is More Than Just Flawed Character,” *Social Work & Christianity* 32, no. 4 (2005).

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