Evaluating the Role of Empowering Leadership and Church Health

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EVALUATING THE ROLE OF
EMPOWERING LEADERSHIP
AND CHURCH HEALTH

By
BRENT COLBY

A doctoral dissertation submitted to the
College of Education
in partial fulfillment of the requirements
for the degree Doctor of Education
in Organizational Leadership

Southeastern University
March, 2020
EVALUATING THE ROLE OF
EMPOWERING LEADERSHIP
AND CHURCH HEALTH

by

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I dedicate this work to my loving wife Bria. You make me laugh every day and are the source of my encouragement, motivation, and joy. You encouraged me when things were hard and motivated me when I wanted to quit. In the face of thousands of hours of reading and writing, you have always brought joy to our home. This experience has been a huge sacrifice for us both, and I am eternally grateful to you and for all that you have done to make this possible. You are the best.
ACKNOWLEDGEMENTS

I would like to acknowledge my academic team for their incredible support and encouragement. To Dr. Karen Ingle, Dr. Cassandra Lopez, Dr. Thomas Gollery, Dr. Joshua Ziefle, and Dr. Steven Henderson, your generous support has made this journey a life changing experience.

I would also like to acknowledge the leaders in my life who supported my continuing education. Tom Duchemin, Jim Ladd, Les Welk, Mel Ming, Don Ross, and Kent Ingle: your personal investments have shaped me into the leader I am becoming today. Thank you for believing in me, thank you for mentoring me, and thank you for modeling what real leadership looks like.

I would like to thank the team at Natural Church Development including Dr. Petr Cincala and Dr. Christian A. Schwarz for their faithful commitment to research and developing leaders within the Church.

Finally, I must acknowledge the most influential pastor in my life who has always loved me and cheered me on. Dad, you have been a great father from the beginning, and I can’t thank you and Mom enough.
ABSTRACT

The purpose of this study was to examine the influence of empowering leadership on overall church health. This quantitative study evaluated data collected by Natural Church Development from Assemblies of God churches in the United States between 2006 and 2016. Examining results from 361 churches and 9,619 surveys, this research answered questions relating to the statistical significance of empowering leadership on overall church health, the statistical significance of empowering leadership as a predictive domain of church health, and the most statistically significant predictor of church health. The one sample t-test, binary logistic regression test statistic, and multiple linear regression test statistic were utilized in this quantitative study. The results of this study demonstrated that empowering leadership has a statistically significant impact on overall church health and that it, along with functional structures, forms the two greatest predictors of church health.

Keywords: Assemblies of God, church, church growth, church health, education, equipping leadership, evangelical, leadership, natural church development, organizational leadership, transformational leadership
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I. INTRODUCTION

The health of the local church has been the focus of pastoral leadership for hundreds of years (Crowe, 2017; McIntosh, 2012; Morgan & Stigile, 2016; Scazzero, 2015; Schwarz, 1996). Kitchens (2017) defined a healthy church as a “community of Jesus followers with shared vision, thriving ministry, and trusted leadership” (para. 8). The local church is not healthy by default as it may be often assumed. Scripture provides many examples of unhealthy churches. These churches tend to dominate the biblical landscape. There are a wide number of variables to be considered when evaluating church health, and these variables are highly dependent on local context (Ecclesiastes 1:9, New International Version). The Pauline epistles regularly instructed congregations in the cities of Thessaloniki, Colossae, and Philippi to care for each other, live in peace, and follow the teachings of Jesus. Challenges relating to marriage (Colossians 3:18-19), ethnic traditions (Philippians 3:2-5), and dietary restrictions (1 Corinthians 8:1-13) bore considerable strain on the Early Church of the Bible.

Today, church health models commonly follow topical approaches and may focus on growth (George & Bird, 2017), pastoral leadership (L. E. Schaller, 1980; Stanley, 2006), indigenous factors (Wood, 2008; Wright, 2010), outreach (Hirsch, Vanderstelt, & Stetzer, 2016; Johnson, 2013), or spirit empowerment (Ma, 2015; Watling, 2005). While King Solomon observed that “there is nothing new under the sun” (Ecclesiastes 1:9), the number of existing
church health models continue to produce a wide array of literature. There are 13,004 Assemblies of God (AG) churches in the United States who host more than three million adherents every weekend (General Council of the Assemblies of God, n.d.). A comprehensive diagnostic of the health of these churches does not exist. However, a representative from each congregation is required to submit an Annual Church Ministries Report. The results of these reports may be shared on a regional level and are shared selectively on a national level (General Council of the Assemblies of God, n.d.). Although the insights from these reports paint a picture of denominational health, they do little to assess the health of the local church.

Detrick (2013) and Crowe (2017) agreed that a holistic assessment of church health may be the most effective way to evaluate the state of the church today. Schwarz (1996) developed such a tool decades earlier through an organization called Natural Church Development (NCD). Their research identified eight domains of church health including empowering leadership, gift-based ministry, passionate spirituality, effective structures, inspiring worship services, holistic small groups, need-oriented evangelism, and loving relationships (Schwarz, 1996). Numerical growth is viewed as a naturally occurring result of alignment between the eight domains of church health. Schwarz (1998) considered numerical growth as a byproduct of church health.

Prior to this study, no research existed regarding the correlation between AG church health and the eight domains presented by Schwarz (1996). The Assemblies of God World Mission (AGWM) has benefited from a number of health and growth studies on international congregations in locations including Australia (Gros, 2010), Philippines (Lumahan, 2005), and Samoa (Rodgers, 2008). However, the domestic branch of the AG has not benefited from a focused study using the NCD assessment tool. Given the lack of information in the area of the relationship between church health of Assemblies of God churches and the eight domains of the
NCD, the research for this dissertation focused on the correlation of these two constructs with a special emphasis on the domain of empowering leadership. Empowering leadership has been identified as an approach which falls under the theoretical framework of transformational leadership (Hickman, 2015). The theoretical framework of transformational leadership, as defined by Burns (2004), Sczazzero (2015), and Yukl (2009), is essential for the establishment of healthy organizations, including churches.

**Background and Review of Relevant Literature**

Evidence of church decline has been observed (Olson & Beckworth, 2011) with attending members appearing to engage with the local church less frequently (Hadaway & Marler, 2005). A majority of church leaders depend on attendance as the primary indicator to assess church health instead of measuring church health according to a more holistic assessment tool (Detrick, 2013). Although growth and health are closely associated in the lifespan of a church, the two are not identical (Stetzer & Alpharetta, 2006). McIntosh and Engle (2004) assessed the modern church growth movement in North America and rebutted the idea that all growing churches are healthy. They found that growth is an indicator of health, but health is not always an indicator of growth. Rick Warren (1995a), lead pastor of one of America’s leading churches in the 21st century, stated that “the key issue for churches in the twenty-first century will be church health, not church growth” (p. 16). Osborne (2006), Eswine (2012), and Piper (2013) argued that church health is based on a leadership style that is sensitive to the teaching and ecclesiastical calling of Jesus. Other scholars (Ross, 2013; Sczazzero, Ford, & Bird, 2003) made the argument more clearly, stating that it is impossible for an unhealthy pastor to develop a healthy church. Sczazzero (2015) stated that “the overall health of any church or ministry depends primarily on the emotional and spiritual health of its leadership” (p. 20).
Church health has been discussed in a variety of ways through the history of the church. The fundamental understanding of church health, however, pivots directly to the understanding of church as a construct. *Eerdmans Bible Dictionary* (Myers, Simpson, Frank, Jenney, & Vunderink, 1996) highlighted the Old Testament use of the word church as “belonging to the Lord” or as “belonging to the house of the Lord” (p. 215). Marshall, Millard, Packer, and Wiseman (1996) interpreted the biblical word church in the New Testament as “ekklēsia, which mostly designates a local congregation of Christians and never a building” (p. 199). The Old Testament word for church focuses on physical spaces or property while the New Testament use of church describes body of believers.

This metaphorical body takes shape most clearly in the epistle of 1 Corinthians. Paul wrote to his fellow believers in the city of Corinth stating, “Just as a body, though one, has many parts, but all its many parts form one body, so it is with Christ” (1 Corinthians 12:12). The *Expositor’s Bible Commentary* (Harrison, Mare, Harris, & Boice, 1977) described the state of the church as multi-faceted and interdependent. The function of the whole body is reliant on each part working together and complimenting one another. Christ is the head of the Church, and so too is he the head of the body. This interdependence between individual parts to make up the whole has consistently illustrated the diversity in church composition and complexity of diagnosis of church health.

Although many models of church health have been developed over the years, the researcher has focused on the role of empowering leadership as it relates to church health. Empowerment can be defined as “the development of personal competence as well as the opportunities a person then has within the organization to demonstrate that competence” (Short, 1998, para. 2). The combination of the development and application of skills is critical when
assessing the health of the local church. According to Schwarz (1996), empowering leadership in the local church “inverts the pyramid of authority so that the leader assists Christians to attain the spiritual potential God has for them” (p. 22). This inversion of leadership embraces the Pauline call to “to equip his people for works of service, so that the body of Christ may be built up” (Ephesians 4.12).

The nomenclature of church health and empowering leadership emerged in the early 21st century, but the concepts can be traced through the history of the church. A review of literature will present historical views of church health and empowering leadership. These historical views will include epochs defined as the Early Church, the Christian Roman Empire, Middle Ages, Reformation and Post-reformation, the Modern Age, and the Postmodern Age.

The Early Church (A.D. 33-312) defined the health of the local church through unified doctrinal beliefs (Bingham, 2010). Church leaders strived to clearly define theological doctrine to those inside and outside of the church (MacCulloch, 2011). The Early Church understood empowering leadership through the integration of the individual Christian into the Body of Christ (D’Ambrosio, 2014; von Harnack, 1962).

The Christian Roman Empire (A.D. 313-590) defined church health by forming Ecumenical Councils to settle theological disputes (Lane, 2006), centralizing power structures of the Roman Church (B. Shelley, 2012), and emphasizing cross-cultural evangelism and mission (Amt & Smith, 2018; Shaw, 2018). The Christian Roman Empire experienced empowering leadership through Papal commission (Bingham, 2002) and monasticism (Hedstrom, 2009; Sheldrake, 2013). The end of the Christian Roman Empire, and the beginning of the Middle Ages is marked by the dissemination of the Church across Western Europe. The Middle Ages (A.D. 590-1500s) hosted an expansion of the church as a result of the Gregorian Mission.
throughout Western Europe (Southern, 1998). The vacuum created by the diminished Christian
Roman Empire encouraged a number of power struggles throughout the newly converted
Christian Europeans (Sarris, 2011).

The control of the church shifted geographically from Rome to France, Germany, and
England (Halverson, 2007). Empowering leadership in the Middle Ages was defined through
evangelism, scholasticism, and mysticism (Halverson, 2007; Lane, 2006; Noll, 2012).

The Reformation and Post-reformation age (A.D. 1500s-1700s) was significant because
of the Protestant movements which broke away from the Roman Church (Halverson, 2007).
Church health was defined by independence from Rome and the establishment of a clearly
defined biblical apologetic (Parsons, 2014). This independence included a redefined theology of
salvation that was independent of Rome (McFarland, Fergusson, Kilby, & Torrance, 2011).
There was no single reformation at this time; instead, many reformations spread throughout
Europe and established faith traditions with a renewed dependence on Scripture (Metaxas, 2017;
Wengert, 1998).

The Modern Age (1800s-1900s) emphasized science, philosophy, sociology, and
economics, and the church was no exception (Lane, 2006). The church developed new ways of
operating in Modernity and hosted a resurgence in humanism and scholasticism (Massing, 2018).
Church health in Modernity was defined by rationalism, denominationalism, and evangelicalism
(Green, 1974; Massing, 2018; McKim, 1989). Empowering leadership was expressed through
spiritual revivals (Bingham, 2010), evangelicalism (Middlekauff, 2005), and protestant
liberalism (B. Shelley, 2012). Each of these expressions allowed individuals to critically
participate in a faith which had become their own.
The Postmodern church (mid-20th century – early 21st century) responded critically to the Modern Age and emphasized subjectivism (Aylesworth, 2005), ecumenicalism (Lane, 2006), and growth movements (Keller, 2012). The Church shifted its focus outward and began to define itself and its purpose through the lens of others (Schilling, 2018). Postmodern notions of empowering leadership focused on individual gifts including spiritual gifts (Bugbee, 1995; Carter, 1968), psychosocial gifts (Collins, 1977; Estep & Kim, 2010; Fowler, 1995), and professional competencies (J. Maxwell, 1987; Scazzero, 2015; Stanley, Jones, & Joiner, 2004). Empowering leadership realigned the role of the individual with the mission of the church at large (Goheen, 2016; Hirschi, 2011; Ladd, 1996) and embraced spiritual health (Foster, 1981; Mulholland, 1993) and psychological self-care (Greenleaf, 1998; Shawchuck & Heuser, 1993).

Recently, much of the research concerning church health and empowering leadership has focused on developing systematic approaches to assessing church health as seen with Natural Church Development and The U. S. Congregational Life Survey. These tools quantify church health while utilizing empowering leadership as an independent variable. Researchers have used the NCD and USCLS to measure social and congregational influence on church health (S. Reimer, 2007; Stroope, Franzen, & Uecker, 2015). However, no research had been conducted to measure the direct impact on church health by empowering leadership using the NCD assessment tool.

For the purposes of the study, church health was defined by the composition of the eight factors described by NCD which include empowering leadership, gift-oriented ministry, passionate spirituality, functional structures, inspiring worship service, holistic small groups, need-oriented evangelism, and loving relationships (Schwarz, 1996). Empowering leadership was defined by the ability to equip and engage church members in the work of the local church.
**Numerical growth** was defined by an increase in average weekend attendance in the local church and was considered to be a natural outcome of strong results of the eight domains of church health.

**Purpose Statement**

The purpose of the quantitative study was to evaluate the role of empowering leadership in overall church health. Data collected by Natural Church Development provided a unique opportunity to examine the predictive nature of empowering leadership within the Assemblies of God U.S. Church growth and church health are closely related but are not the same: it is possible to have a growing church that is unhealthy (McIntosh & Engle, 2004). Whereas engines of growth are not created equal, it was important to look closely at engines that produce health for the local church.

The aim of the study was to examine the significance of the domains of church health in Assemblies of God churches to determine which domains exert the greatest degree of effect upon church health and which are most predictive of overall church health. Church leaders have argued “since the church is a living organism, it is natural for it to grow if it is healthy.” (Warren, 1995a, p. 16). The issue of church health has represented an important topic for church leaders over time, and gaining greater understanding of the topic of church health has largely been dependent on an understanding of leadership styles associated with mobilizing the local church (Ross, 2013; Scazzero, 2015).

**Research Questions and Hypotheses**

The relationship between church health and empowering leadership as defined by Natural Church Development International (NCD) was the focus of the study. Churches affiliated with the Assemblies of God (AG) in the United States of America were invited to participate in the
study. The research questions focused on the eight domains of church health function including empowering leadership, gift-oriented ministry, passionate spirituality, functional structures, inspiriting worship service, holistic small groups, need-oriented evangelism, and loving relationships. The research questions that guided the study reflected empowering leadership and church health.

1. Considering the eight domains of church health function, which domains are statistically significant?

\[ H_0^1: \text{None of the domains of church health function will manifest at a statistically significant level.} \]

2. Considering the role of empowering leadership in overall church health, is empowering leadership a statistically significant predictor of overall church health?

\[ H_0^2: \text{Empowering leadership does not represent a statistically significant predictor of overall church health.} \]

3. Considering domains other than empowering leadership, which is the most statistically significant predictor of church health?

\[ H_0^3: \text{Excluding empowering leadership, none of the domains represent statistically significant predictors of church health.} \]

**Theoretical Framework**

The study was developed within the theoretical framework of transformational leadership. *Transformational leadership* is defined as the metamorphosis of an individual or organizational in a way that incorporates new values, beliefs, and systems of being over time (Burke, 2013; Burns, 2004; Covey, 1992; Yukl, 2009). The concept of transformational leadership has been present throughout Western history and occupied a prominent role within the
church. Paul instructed Christians in Rome to be transformed by the renewing their thoughts in order to change their entire way of being (Romans 12:2). Burns (1978) helped define the modern framework of transformational leadership through the contrasting lens of transactional leadership. He would later explain that an internal change, both quantitative and qualitative, distinguishes transformational leadership from transactional leadership (Burns, 2004).

The relationship between transformational leadership and other leadership styles has been examined by Bass and Riggio (2016) who identified connections to motivational leadership, transactional leadership, and charismatic leadership. Each of these leadership styles contained variables which included the directed change of others and organizations. However, motivational leadership, transactional leadership, and charismatic leadership lack the intrinsic shift in values, beliefs, and systems found in transformational leadership (Blanchard, 2010; Yukl, 2009).

**Significance of the Study**

The study has the potential to affect the organizational leadership of Assembly of God churches within the United States. By examining data from church surveys, the researcher has attempted to show which domain of church health has the most statically significance on overall church health. The research may help local churches develop more effective strategies to empower transformational leaders and achieve greater levels of health.

**Overview of Methodology**

NCD International has been assessing the health of churches since 1996 (“About NCD international,” n.d.). Between the years of 2006 and 2016, the organization assessed 361 AG churches through 9,619 surveys of church staff and attenders. The surveys and results were provided by NCD International to the researcher in order to study the relationship between
empowering leadership and church health. AG pastors in the United States of America (US) were invited to participate in the Natural Church Development Assessment (Appendix B). In the absence of a lead pastor, church board members were invited to utilize the Natural Church Development (NCD) Assessment. Participating churches included in the data set were required to be affiliated with the AG through their regional district. The AG is made up of 75 geographical and ethnic districts across the US. The assessment was provided by NCD International. Participation in the assessment was voluntary, and the assessment was made available physically and digitally. Paper assessments were collected at the local church and mailed back to NCD America for calculation. Personal identification of each respondent and their affiliated church have been kept confidential. NCD International removed any personally identifiable data before making it available to the researcher. Churches were invited to participate in the survey by registering online or locally at a ministry conferences, training events, or through personal relationships.

The researcher desired to assess a representative sample of more than 1% of the average total number of AG churches and adherents in the US between the years of 2006 and 2016. The average number of churches was 12,610 with 2,814,457 adherents. NCD International was able to provide a total of 361 churches equal to 2.8% of total average number. Additionally, a total of 9,619 surveys were provided equal to .03% of total average adherents between the years described. Membership with the AG was the only criteria required for participation; church size, tenure of pastor, and location did not affect the sampling method.

Each church completed an NCD Assessment before it could be included in the study. NDC International encouraged churches to complete 15 studies per church in order to properly assess the health of the congregation from the perspective of lead pastor, staff pastors,
elders/deacons, and church members. Each church was required to fill out a “Pastor’s Form” (Appendix A) in order to provide current data on key church metrics including contact information, pastor’s age, educational background, gender, and leadership styles. Pastors were also asked to report on the five-year size and growth of their church, church planting history, and other congregational demographic information. The researcher only utilized data from churches who submitted a minimum of two surveys per church as provided by NCD International. Churches who submitted data agreed to share their results with NCD International and release their data for further research by NCD affiliates.

The NCD Assessment survey consisted of 91 questions and provided a comprehensive assessment of the health of the church according to Schwarz’s (1996) eight domains of church health. The eight domains included statements regarding the quality of empowering leadership, gift-based ministry, passionate spirituality, effective structures, inspiring worship services, holistic small groups, need-oriented evangelism, and loving relationships. A Likert scale ranging from 0 (a very great extent) to 4 (not at all) was utilized to score the questions.

NCD International has carefully developed their assessment tools for more than 22 years. Under the leadership of Schwarz, the organization has conducted the NCD Assessment in more than 40 languages in 84 countries (“About NCD International,” n.d.). The NCD Assessment has been used by more than 70,000 churches and within 112 denominations. It is officially recognized as a church leadership model by the AG Annual Church Ministries Report (ACMR) and has been incorporated into a number of leadership studies through the US over the past 20 years.
Analysis

Upon completion of the surveys, data collected was coded and analyzed. Unique identifiers for each church were removed by NCD to protect the identity of participants. Prior to formally addressing the stated research questions of the study, preliminary analyses were conducted. Missing data, internal reliability of participant response to the research instrument, and essential demographic represented the primary analyses conducted for the reporting of the study’s findings by research questions posed. Missing data analyses were undertaken using Little’s MCAR statistic. Internal reliability was analyzed using Cronbach’s alpha test statistic. Essential demographic information was analyzed to determine the composition of gender, education, and age of pastor.

The research questions were addressed through a combination of descriptive and inferential statistical techniques. The following represents how research questions have been addressed analytically:

Research Question 1: Statistical significance of finding was determined using a one sample t-test to assess domain mean scores from the null test value. The probability level of \( p < .05 \) represented the threshold of statistical significance of finding. Cohen’s \( d \) was used to assess the magnitude of effect or effect size of finding.

Research Question 2: The statistical significance of empowering leadership as a predictive domain was assessed through the use of the binary logistic regression test statistic. All assumptions associated with the use of the binary logistic regression test statistic were addressed. Predictive model fitness was assessed through the interpretation of the predictive model \( x^2 \) value. Wald values will be interpreted for statistical significance of finding. The probability level of \( p < .05 \) represented the threshold of statistical significance of finding. Nagelkerke’s \( R^2 \) was used as
the means of determining the predictive effect exerted by the independent variable in the 
predictive model. $\exp \beta$ or the model’s odds ratio was interpreted to determine the likelihood of 
attainment of church health status.

Research Question 3: The most statistically significant predictor of church health was 
assessed using the multiple linear regression test statistic. All assumptions associated with the 
use of the multiple linear regression test statistic were addressed through either statistical means 
or visual inspection. Independent variable predictive slope ($t$) values were interpreted for 
statistical significance of finding. The probability level of $p < .05$ represented the threshold of 
statistical significance of finding. The $f^2$ statistic was used and converted to a Cohen’s $d$ value 
as the means of determining the predictive effect exerted by the independent variables in the 
predictive model.

Limitations

The participants of the study were lead pastors and members of Assemblies of God 
churches between the years of 2006 and 2016 in the United States of America. Each church 
completed NCD assessment surveys including the New NCD Survey – Pastor’s Form (Appendix 
A) and the NCD New Survey (Appendix B). The New NCD Survey – Pastor’s Form was 
utilized by a single individual identified as the lead pastor of a local church. The NCD New 
Survey was completed by parishioners of the same church. The selection of these parishioners 
was at the discretion of the local church. Both surveys were administered under the supervision 
of an approved NCD coach following an introduction of terminology utilized in the survey.

All churches voluntarily completed the NCD assessment surveys within the United 
States. Churches were not sorted by size, geography, education of pastor, or church 
demographics. All Assemblies of God churches, within the United States, were exposed to the
NCD model through the mandatory participation of the Annual Church Membership Report survey.

Definition of Key Terms

Church

Church describes a population of God’s people who live community with Him and each other. The word is derived from the Greek *ek* “out” and *klētos* “called” and can be used to describe the global population of Jesus followers or a local community of Jesus followers (Myers et al., 1996, p. 215). The latter definition is represented with a lower case “c” and the former with a capitol “C.” There is one global Church made up of many local churches. It is important to note that church does not describe a building but a congregation of individuals. It is best understood as a “meeting or assembly” (Marshall et al., 1996, pp. 199–200) of individuals.

Church Health and the Domains of Church Health

Church health and the domains of church health were defined by the composition of the eight factors defined by the NCD including empowering leadership, gift-oriented ministry, passionate spirituality, functional structures, inspiring worship service, holistic small groups, need-oriented evangelism, and loving relationships (Schwarz, 1996). While other models of church health were discussed in the literature, the research was limited to the definition of church health and domains of church health presented by NCD and the NCD assessment surveys.

Empowering Leadership

Empowering leadership was defined by the ability to equip and engage church members in the work of the local church (Geiger & Peck, 2016; Schwarz, 1996). Empowering leadership is one of the eight domains of church health but is found outside of literature produced by NCD. J.C. Maxwell (2008), Osborne (2006), and Scazzero (2015) reinforced this definition of
empowering leadership as the process by which individuals are equipped and engaged with the work of the local church.

**Natural Church Development**

Natural church development is a theory of church health posited by Charles Schwarz in 1996. Schwarz (1996) defined natural church development as the process through which growth automatisms are released in the local church. These automatisms are an intrinsic part of the local church and make up the domains of church health. Schwarz (1998) considered growth of the local church as a naturally occurring event where church leaders need to remove hinderances to growth while creating positive growth environments.

**Transformational Leadership**

Transformational leadership was defined as the metamorphosis of an individual or organizational in a way that incorporates new values, beliefs, and systems of being over time (Burke, 2013; Burns, 2004; Covey, 1992; Yukl, 2009).

**Summary**

The health of the local church has been of importance to leaders since the time of the Early Church (Crowe, 2017; McIntosh, 2012; Morgan & Stigile, 2016; Scazzero, 2015; Schwarz, 1996). While the Assemblies of God, US has experienced growth in the early years of the 21st century (General Council of the Assemblies of God, n.d.), the broader evangelical church has plateaued or declined (Olson & Beckworth, 2011). The vitality of the local church cannot be simply defined by growth (Crowe, 2017; Detrick, 2013); therefore, distinguishing church health from church growth has become increasingly significant (George & Bird, 2017).

The purpose of the quantitative study was to evaluate the eight domains of church health as presented by NCD and determine which is the most predictive of overall church health. This
insight may provide considerable direction for church pastors and leaders to shape the form and function of their church. Empowering leadership was hypothesized to be the most significant predictor of overall church health. The implications of empowering leadership, through the theoretical framework of transformational leadership, may be instrumental in shaping new modes of discipleship and ministry.

The data collected by NCD between the years of 2006 and 2016 provide a unique lens into the health of the local church. With a robust sample of Assemblies of God churches, and a robust sample of Assemblies of God members, the study focused on developing a deeper understanding of church health. The theoretical framework of transformational leadership allowed the researcher to examine the relationship between empowering leadership and church health (Schwarz, 1996; Yukl, 2009). The limitations of the study include a limited number of independent variables when evaluating the overall health of the local church. The age of pastor, size of church, and socio-economic context of the ministry were not taken into consideration. However, it is understood that pastors who increase the overall health of their church create potential for their church to grow (Schalk & Schwarz, 1998).
II. REVIEW OF LITERATURE

The health of the local church has been a focus of pastoral leadership for hundreds of years (Crowe, 2017; McIntosh, 2012; Morgan & Stigile, 2016; Scazzero, 2015; Schwarz, 1996). Determining church health considers a wide number of variables and is highly dependent on local context. Today, church health models commonly follow topical approaches which focus on growth (George & Bird, 2017), pastoral leadership (L. E. Schaller, 1980; Stanley, 2006), indigenous factors (Wood, 2008; Wright, 2010), outreach (Hirsch et al., 2016; Johnson, 2013), or spirit empowerment (Ma, 2015; Watling, 2005). Many scholars, such as Detrick (2013) and Crowe (2017), agreed that a holistic assessment of church health may be the most effective way to evaluate the state of the church today. Schwarz (1996) developed such a tool through an organization called Natural Church Development (NCD). Their research identified eight domains of church health including empowering leadership, gift-based ministry, passionate spirituality, effective structures, inspiring worship services, holistic small groups, need-oriented evangelism, and loving relationships (Schwarz, 1996). Currently, no research exists on the correlation relating church health and the eight domains presented by Schwarz (1996) within the Assemblies of God (AG). Given the lack of information on the relationship between church health of AG congregations and the eight domains of the NCD, the research for this dissertation
focused on the correlation of these two constructs with a special emphasis on the domain of empowering leadership.

Transformational leadership is defined as the metamorphosis of an individual or organizational in a way that incorporates new values, beliefs, and systems of being over time (Burke, 2013; Covey, 1992; Yukl, 2009). Burns (1978) defined the modern framework of transformational leadership through the contrasting lens of transactional leadership. Burns (2004) explained that an internal change, both quantitative and qualitative, distinguishes transformational leadership from transactional leadership.

The first section of this literature review presents historical views of church health and empowering leadership. Historical eras include the Early Church, the Christian Roman Empire, Middle Ages, Reformation and Post-reformation, the Modern Age and the Postmodern Age. Finally, studies describing the relationship between church health and empowering leadership are discussed. Documents addressing the history of Christian thought are sourced from a wide variety of historical documents. A number of these documents have been translated from their original languages, including Latin, German, and French, in a manner subject to academic scrutiny and peer approval. Efforts have been made to include writings from each historical epoch, so the reader may gain a better understanding of contemporary Christian thought in context. Concerning the literature addressing Postmodern views of church health and empowering leadership, priority was given to current peer-reviewed articles.

Contemporary literature on transformational leadership and other leadership styles has been examined by Bass and Riggio (2016) who identified connections to motivational leadership, transactional leadership, and charismatic leadership. Each of these leadership styles contained variables which included the directed change of others and organizations. However,
motivational leadership, transactional leadership, and charismatic leadership lack the intrinsic shift in values, beliefs, and systems found in transformational leadership (Blanchard, 2010; Yukl, 2009).

**Defining Church Health and Empowering Leadership**

For the purposes of the study, church health was defined by the composition of the eight factors defined by the NCD including empowering leadership, gift-based ministry, passionate spirituality, effective structures, inspiring worship services, holistic small groups, need-oriented evangelism, and loving relationships (Schwarz, 1996). Empowering leadership was defined as the ability to equip and engage church members in the work of the local church.

It is critical to establish a theological framework for the study of the Church and church leadership. As Bingham (2002) said, “Church leaders must first be the church’s theologians” (p. 53). Bradley and Muller (2016) believed that church history and church doctrine are best understood as a unified field of study. These two arenas of research are so interwoven as to make them inseparable. A dual approach to understanding the history of the church may best be illustrated by the interdependence of the church and state through the Middle Ages when doctrine and diplomatic allegiances were often synonymous. The combination of theology and policy often resulted in devastating consequences but proved itself to be a consistent model of governance throughout the Middle Ages. However, other researchers have drawn a distinction between the history of Christian doctrine (Pelikan & Hotchkiss, 2014) and historical theology (McKim, 1989). These researchers believe that the study of church health should focus narrowly on the relationship between doctrine and theology; the former accommodates external influences more readily while the latter interprets theological constructs in strong correlation with historical events. Christian doctrine and historical theology have exerted political influences on the
Church. However, the framework of Christian doctrine and historical theology have not adequately described cultural influences on the church.

Ancient and modern times illustrate the Church’s tendency to find inspiration from ecumenical constructs outside of biblical texts alone. Bradley and Miller (2016) described the history of Christian thought as “a broader field of inquiry, inasmuch as it claims as its field of investigation the entire range of Christian thought, including those topics nominally beyond the bounds of theology” (p. 7). Furthermore, ecclesiastical trends of late and Postmodernity are more clearly viewed through the lens of Christian thought rather than that of church history, historical theology, or the history of Christian doctrine. Ideas relating to the development of the local church change more quickly and regionally than that of the global church. For the purpose of the study, the researcher reviewed the literature of empowering leadership and church health through the history of Christian thought. Additionally, the researcher has focused on the historical developments of the Western Church because of their primacy for the Christian church in North America. The Eastern Church, also referred to as Eastern Orthodoxy, will be discussed when relevant to the developments of the West. Where the literature has allowed, the researcher has narrowed the field of study to major influences in North America in order to identify influences on the AG churches included in this study.

The history of Christian thought can be divided into many parts. Each river of thought stems from a tributary of revolutionary, evolutionary, and recursive ideas. It is outside of the scope of this paper to wade into each of these waters. However, it is necessary to review the concepts of church health and empowering leadership in two major categories: historical and Postmodern. Historical views of church health and empowering leadership will be assessed through four epochs including the Early Church (33-589), Middle Ages (590-1516), Reformation
and Post-reformation (1517-1648), and Modernity (1649-1970). These epochs of Christian thought represent a simplified understanding of the intricate and overlapping trends of the church described by Bingham (2002), Bradley and Muller (2016), Kerr (1990), Lane (2006), McKim (1989), Noll (2012), and Shelley (2012). Each of these ages contains several distinct movements that intersect and overlap. The literature review will focus on Christian thought relating to church health and empowering leadership and the primary influences thereof.

**Historical Views of Church Health and Empowering Leadership**

The origin of the Christian church can be traced back to the events described in Acts 2 (New International Version) of the New Testament. After the death (Matthew 27), resurrection (Mark 16), and ascension (Luke 24) of Jesus, the disciples were told to wait for the empowerment of the Holy Spirit to begin the commission that Jesus had given to his followers (Matthew 28). Jesus instructed his followers to “go, tell, and teach” (Acts 1:8) through the empowerment of the Holy Spirit. This inspired ministry began in the city of Jerusalem during the Passover festival (Noll, 2012). Luke, the author of the book of Acts and the gospel that bears his name, described an event where followers of Jesus spoke supernaturally in foreign languages, drew the attention of the local population, and proclaimed the message of Jesus. Luke estimated that 3,000 people responded to the call to “save yourselves from this corrupt generation” (Acts 2:40) and converted to Christianity. In this way, the Christian church began and spread throughout the Mediterranean world and beyond. The date of these events is generally accepted to have taken place around A.D. 33 (Gaebelein, 1981).

The Church can be defined as an apostolic organization with a mandate to go, tell, and teach (Johnson, 2013). The actions of the apostles demonstrate a charismatic obedience to the call and spread Christianity throughout the known world. The writings of the apostles, which
have been preserved in the New Testament canon of Scripture, describe the role of empowerment for Christ followers so that they might lead themselves, their families, and their communities into deeper relationships with Christ (Colossians 1:11; Ephesians 3:16; 1 Timothy 1:12; Philippians 4:13; 1 Peter 5:10). These first-generation authors laid a foundation of Christian thought that will be examined throughout this literature review. Each generation has been responsible for understanding and expressing the notions of church health and empowering leadership within their own cultural context. While the apostolic mandate has not changed over the years, the setting in which the original followers of Jesus has changed substantially. While the terms church health and empowering leadership are Postmodern, they are derived from the original Biblical texts which have been circulating within the church and guiding the church for nearly two thousand years. In this way, it is possible to interpret the writings of past scholarship through the lens of church health and empowering leadership.

**Early Church**

The Early Church began with the ministry of the disciples of Christ in A.D. 33 and ended before the Edict of Milan in A.D. 312. The church was transformed from a persecuted minority to an influential majority in a matter of generations. Theological and doctrinal concepts were discovered, debated, and defended in the face of those who became heretics. The leadership of the Early Church was wielded by those who interpreted the text and ideas of the original church fathers as is illustrated by Irenaeus’s (A.D. 130-202) *Perversions of the Heretics*. Irenaeus said of contrarian theologians: “by their perversion and changes, and by making one thing out of another, they deceive many with their specious adaptations of the oracles of the Lord” (as cited by Kerr, 1990, p. 30). Empowering leadership is difficult to discern in a time when power was
held by few (Bradley & Muller, 2016). However, it is evident that the primary source of empowerment was found through education and the ability of persuasive speech.

Two distinct stages of Christian thought are revealed in this epoch including the ministry and writings of the apostles and the advent of catholic Christianity. The gospels of Matthew, Mark, Luke, and John outline the life and ministry of Jesus and were written by individuals who had direct access to the original events of the church between the years of A.D. 40 and A.D. 80 (Gaebelein, 1981). The epistles of the New Testament speak directly to the matters of discipleship and church health and form the primary lens through which church health and empowering leadership was viewed during this time. The dating of the youngest New Testament books is a subject of debate with dates ranging as early as A.D. 40 (Tenney, 1985) to as late as A.D. 110 (Perkins, 2012). The importance of these dates relates to the authority of the historical texts in regard to their relation to the original events and peoples. The second stage of Christian thought revealed through the Early Church is that of catholic Christianity which can be defined as a universal or united practice of faith (B. Shelley, 2012). Catholic Christianity, in this stage of history, should not be confused with Roman Catholicism which did not emerge as the central figure of Western Christianity until the Great Schism of A.D. 1054 (Noll, 2012).

**Church health in the Early Church.** A primary distinction of health for the Early Church was the establishment of unified doctrinal beliefs. Every generation of church leader combatted the unorthodox teaching of those who were deemed heretics. Ironically, heretical teachers served a major role in the formation of church belief. Their incorrect religious views helped the church discover where further theological discussion and debate was required. For example, Irenaeus of Lyon (Bingham, 2002, p. 37) combated Gnosticism, Marcionism, and other heresies. His writings “set the foundation for rendering all Scripture into Christological raw
material” (Bingham, 2010, p. 263). This raw material helped calcify the defensive posture of the Early Church and sustain its origin as a persecuted minority. External forces discriminated against the church while internal forces threatened to hijack catholic teachings from within (MacCulloch, 2011). Health was often defined as survival for those who risked political danger or heresy. However, the Church was not always represented by a persecuted few (Bingham, 2002). The message of Jesus, as taught by the disciples, proliferated despite widespread discrimination. Within three hundred years, Christianity transformed from a persecuted minority to a powerful majority in the Mediterranean. The oppressed Church of first generation leaders, like Peter and Paul, may not have recognized the state-sanctioned Church of Constantine or Augustine (Lane, 2006). It is remarkable to note that the Early Church survived and thrived through hundreds of years of persecution; Shelley (2012) described the church’s spread as an “explosion” (p. 29) that reached as far as Western India. Throughout this persecution, the writings of New Testament authors served as a constant source of encouragement and support (2 Corinthians 12:10; 2 Timothy 3:12; Romans 8:35).

As evidenced in Scripture, New Testament authors were primarily concerned with matters of unity (1 Corinthians 1:10), discipleship (Colossians 1.28-29), and doctrine (Titus 2:1). Of these three, doctrine proved the most influential for the Early Church. Orthodox faith was established where no orthodoxy previously existed. While first generation Christians were defined by what they believed, post-canonical leaders defined the church by what it did not believe. The first generation of church leaders, often referred to as the Apostolic Fathers (A.D. 33-150), inaugurated the biblical text with their own interpretations and applications of the apostles’ writings to determine what was, and what was not, Christian. As a result, the definition of heresy became as important as the definition of believer (Noll, 2012). Bingham (2010)
described the complexity of the Early Church and its conflicting attitude towards catholic and heretic. “Sacred writings were being identified and collected, in some cases they were being written” (Bingham, 2010, p. 12).

While a majority of the discussion surrounding church health was focused inwardly, several leading thinkers encouraged the church to look outwardly to spread the gospel (Matthew 28). Bingham (2002) described Athenagoras of Athens (A.D. 133-190) as an Apostolic Father concerned with the proclamation and persuasion of the gospel. Kirby (2002) described Athenagoras as one of Paul’s converts as a result of his ministry at Mars Hill (Acts 17:22-31). As a philosopher, Athenagoras’ conversion and advocacy for Christianity was first among its type (McKim, 1989). In his writings, titled *Embassy for the Christians* (A.D. 166-167), Athenagoras strengthened the Church through logical arguments. It is notable that these arguments were made to combat existing Athenian belief systems (Lane, 2006). Additional Christian apologists began to use logic and reasoning in defense of the gospel. Justin the Martyr (A.D. 100-165) believed in the inspiration of Biblical texts and in the deity of Christ. He also used his background in philosophy to defend the Christian faith to the sitting emperor in Rome (Kerr, 1990). According to these early fathers, church health is also defined through philosophic apologetic designed to engage the outside world in understanding the Christian faith (Bingham, 2002, p. 35).

**Empowering leadership in the Early Church.** The concept of empowering leadership does not show itself in earnest in the early years of the church. However, three distinct leadership principles of leadership emerged including the understanding of community, practical theology, and the willingness to sacrifice and suffer for the cause of Christ.
The integration of the individual into the corporate serves as a bridge for an understanding of empowering leadership. Von Harnack first published *The Mission and Expansion of Christianity in the First Three Centuries* in 1902 and highlighted the centrality of community and church health. He observed that, “every community was at once a unit, complete in itself; but it was also a reproduction of the collective church of God, and it had to recognize and manifest itself as such” (von Harnack, 1962, p. 269). The ability of the church to thrive under the influence of a wide number of political and cultural structures was an essential characteristic of health in the first three hundred years. The apostolic fathers placed a great emphasis on church unity. Clement (A.D. 35-99) and Ignatius (A.D. 35-115) illustrated a call to Church unity (Bingham, 2002, p. 24). Ignatius was the second bishop of Antioch, which quickly emerged as one the most influential seats of Christendom. His teachings emphasize the unity of Christ followers and provide the first example of the use of the terms Christian and catholic. D’Ambrosio (2014) explained that,

for [Ignatius] catholic means that the Church is more than a collection of isolated and disconnected congregations. Rather, it is the united, universal community of believers on Christ that is… intended to include all people and extend over the whole world. (p. 26)

The ability for an individual to contribute to the greater whole was a powerful one. The mission of the Church may have been centrally defended, but it could only be lived out one Christian at a time. Empowering leadership in the Early Church was distributed by the books of the early apostles themselves. Jesus promised divine empowerment to His early followers (Acts 1.8), Paul described the function of the individual as part of the whole (1 Corinthians 12), and the author of
Hebrews described a “priesthood of all believers” (Hebrews 7:23-28). The united church grew to include members throughout the Roman world as well as parts of Asia.

Another perspective on empowering leadership can be viewed through the administration of the Eucharist through the eyes of Justin Martyr (A.D. 100-165). In his First Apology, Martyr wrote about the practice of the Eucharist being carried out by deacons and other church leaders (Spinks, 2013). The delegation of church leadership can be seen here through the practice of the communion that serves to reinforce the community of believers through the practical application of theological practice. The empowerment laypersons to administer communion took place despite debates surrounding the theological principles of communion. At the time of the Early Church, the nature of Christ took center stage as theologians debated the interpretation of the Eucharist as described in Matthew 26:17-13, Mark 14:12-26, and Luke 22:7-39. The physical consumption of bread and wine, representative of the body and blood of Christ, shaped the church’s view of Christ himself.

An additional aspect of practical theology included the sacrament of baptism. As modeled by John the Baptizer (John 3), baptism was demonstrated as the submersion of a pronouncing Christian in water.

Baptism was the line of demarcation between the church and the world. The second and third centuries saw an increasing formalization of the process of entry into the church, reaching a climax in the impressive baptismal liturgies of the fourth and fifth centuries. (Bingham, 2010, p. 321)

This liturgy was an essential part of church culture and identity. Clergy and laypersons both identified as members of the church through baptism.
A final hallmark of empowering leadership in the Early Church was that of suffering. The shared experience of suffering was so universal for the Early Church that it served as a mark of authenticity for all who experienced it. Indeed, many Early Church fathers desperately desired to suffer for the church as an interpretation of Jesus’ call to self-denial (Bingham, 2002, p. 28). Paul wrote in a letter to the churches in Colossi, “Now I rejoice in what I am suffering for you, and I fill up in my flesh what is still lacking in regard to Christ’s afflictions, for the sake of his body, which is the church” (Colossians 1:24).

The Christian Roman Empire

The Christian Roman Empire began with the Edict of Milan (A.D. 313) and ended around the reign of Gregory the Great (A.D. 590). The Milan Edict officially required the tolerance of Christianity in the Roman empire including the Western-held territories of Constantine and the Eastern-held territories of Licinius. Additionally, the government enacted a ten-year reparation on goods stolen from Christian victims (Cross & Livingstone, 2005). The two regions of Rome united in A.D. 324 and upheld the termination of state-sponsored persecution. Bingham (2010) identified trends in Christian thought taking root in the First Ecumenical Council of Nicaea (A.D. 324-325) which continued to change the public perception and practices of the Church. The Roman Empire, under the leadership of Theodosius, banned paganism and made Christianity the official religion of the state (A.D. 380). The Christian Roman Empire also yoked church doctrine with geopolitical practices which manifested themselves in the late Middle Ages.

Gregory the Great was elected pope in A.D. 590. At the time, Rome was suffering from a number of natural disasters as well as the bubonic plague. The previous pope, Pelagius II, had died from the disease after fleeing the capitol city. Gregory was a reluctant leader who “refused the office and even fled from the city, hiding in the forest, until he was found and dragged back
to Rome” (B. Shelley, 2012, p. 173). However, Gregory’s rule would earn him the honorific “great” in the years following his death in A.D. 604. His greatness came through his ability to steward the mission of the Church through the chaos of the beginning of the Middle Ages.

**Church health in the Christian Roman Empire.** Three distinct events defined church health during the Christian Roman Empire. The first was a series of Ecumenical Councils that focused on clearly defining ideas surrounding the trinity. The second was the centralization of power for church government with the consolidation of power by Roman popes and other clerical roles. The third event was that of the Gregorian Mission headed by Augustine. Each of these events defined church health by clarifying and expanding the role of the church at that time.

Three Ecumenical Councils during that period served to bring clarity to the three persons of God. A number of contrarian teachings including Arianism, Macedonianism, and Apollinarianism had diminished the role of father, son, or spirit in attempt to better understand the dynamics and theology of what was popularly called the trinity (Lane, 2006). Additionally, gnostic teachers continued to spread alternative doctrine with the revelation of secret knowledge taught through the spirit or son according to their heretical understanding of trinitarian theology (Noll, 2012). The First Ecumenical Council of Nicaea (A.D. 324-325) contended with the “Son’s essence and his relationship to the Father” (Bingham, 2002, p. 47). The Second Ecumenical Council of Constantinople (A.D. 381) further clarified the character of Christ and produced what the Nicene Creed which states,

> We believe in one God… And in one Lord Jesus, the only begotten Son of God…
>
> and in the Holy Spirit, the Lord and Life-giver, who proceeds from the Father.
Together with the Father and the Son he is worshipped and glorified. (Noll, 2012, p. 50)

The second council sought to extinguish false teaching about the trinity but would require another gathering of church leaders to clarify the church’s stance on the godhead. The Third Ecumenical Council of Chalcedon (A.D. 451) reinforced trinitarian teaching and also defined the church as the body of Christ (Lane, 2006). These three councils defined church health through theological consistency and interdependency. The church’s ability to convene, discuss, agree, and enforce these theological treatises demonstrated the value of cooperation, centralization, and the authority of church leaders.

The second distinct event defining church health in the Christian Roman Empire was the centralization of church government. Though Eastern Orthodoxy cannot be overlooked, “Rome’s growing influence was part of the increasingly complex church structure emerging in the third and fourth centuries” (B. Shelley, 2012, p. 143). Heads of the Eastern church organized, governed, and pastored their followers in a less centralized manner. While Roman leadership attempted to consolidate power, the Eastern Church in Alexandria, Constantinople, Jerusalem, and Antioch embraced a more cooperative approach to the apostolic mission of the church (Stroll, 2011). The Roman church’s consolidation of power may have been a product of the state-sponsored church where the Roman emperor and the Roman pope were one and the same. The Eastern church did not share this state-church alignment, resulting in a less central form of church government. Pope Leo I (A.D. c. 400-461) was the principal leader who established Rome as the center of Western Christianity and the head of the church-state paradigm. In A.D. 455, Leo negotiated a peace for Rome which had fallen prey to Vandal armies. As a result, “Leo, not the emperor, had shouldered responsibility for the Eternal City”
Leo was well aware of his ascension as a central power. He viewed himself as a direct descendent of the apostolic leadership established by Christ through one of his disciples. Leo famously wrote in his letter to Anastasius, bishop of Thessalonica: “The care of the universal Church should converge towards Peter's one seat, and nothing anywhere should be separated from its Head” (Feltoe, 2008, para. 1). As a result of this consolidation in the West, the health of the church was defined by the strength of the church. Furthermore, strength was understood to be central governance and protection for its followers. As Leo demonstrated in his negotiation with the Vandals, security was essential for church power. Additionally, the alignment of church-state interests secured the health of the church in this era.

The Gregorian Mission is the third event which defined church health in the Christian Roman Empire. Amid the emerging chaos of the Middle Ages, Pope Gregory the Great commissioned his church to proclaim the gospel to the peoples of Britannia in A.D. 596. Contemporarily described as a mission to the barbarians, this apostolic endeavor targeted the peoples of Kent and Canterbury (Shaw, 2018). The conversion of Britain was successful under the leadership of the Roman monk Augustine whose writings would play a central role in Christian thought in the years to come. In one instance, “Augustine reported to Gregory, some ten thousand English pagans, including King Æthelberht of Kent accepted baptism” (Amt & Smith, 2018, p. 8). This expansion of the Roman church served to define the health of the church for generations to come. The primary means by which the church measured successful evangelism was through the building of houses of worship. The relationship between church health, Christian conversion, and Roman construction was strong.

**Empowering leadership in the Christian Roman Empire.** Empowering leadership in the Christian Roman Empire can be distinguished through two parallel movements: Papal
commission of missions and monasticism. Little is written about the empowerment of lay persons aside from their conversion, observation of the sacraments, and ability to cite important creeds (Kerr, 1990). In this way, the Christian Roman Empire was not unique. However, it is possible to observe an increased adoption of papal commission. While the emerging Roman empire looked outward, many of its leaders began to look inward. The monastic movement established its roots during the Christian Roman Empire where the systematic focus on prayer, Bible reading, and meditation became a central focus of some clergy (Bingham, 2002).

As a byproduct of the consolidation of Roman authority, as previously discussed, the Pope exercised increasing influence over his followers. This strengthening of papal authority, partnered with an expansion of the authority of the church, required increased levels of delegation and empowerment. While Gregory was recorded as the “first pontiff on record to require his administrators… to swear an oath of loyalty” (Demacopoulos, 2015, pp. 152–153), his commissioning of authority was significant. The call of Gregory harkened back to the call of the first apostles as recorded by the numerous Pauline epistles. Undoubtedly, this movement outward rang of authenticity as the church sent leaders out to proclaim the gospel.

The origins of the monastic movement in the 4th century appear paradoxical at first glance. Many followers of Christ chose to withdraw from society at a time when Christians were gaining religious freedom around the world and had assumed places of influence in society. However, it may have been this very shift to the center which motivated individuals to move back towards the periphery. Sheldrake (2013) stated that “the origins of monasticism have often been attributed to a combination of factors associated with the move of Christianity from persecuted minority to the dominant religion of the Empire” (p. 55). Monasticism took root in the 4th century and was first documented near the outskirts of Alexandria. “The hermits, and
anchorites, retreated early to the desert of Egypt, where they struggled against the forces of
darkness through constant prayer, fasting, reading and reciting of the Bible, and manual labor”
(Bingham, 2002, p. 55). This emphasis on Christian discipline and self-sacrifice may have been
inspired by the original suffering of the Early Church. Another characteristic of the monastic
movement was that of community. While many men and women went off to experience the
presence of Christ in extreme solitude (Hedstrom, 2009), it was not long before groups of like-
minded individuals began to congregate together and establish their own monastic orders
(Schroeder, 2007). These new orders were not limited to men alone. In limited instances,
women began to institute their own monastic tradition and expand the empowerment of Christ
followers in a notable way (Schulenburg, 1989). These movements toward counter-cultural
communities were a means of individual and communal empowerment. Men and women
experienced greater control of faith practices by determining new modes of devotion and
commitment. The laity of the church was thus empowered to lead in new and innovative ways.

Middle Ages

The Middle Ages in Christian thought were framed by the Gregorian Mission of A.D. 596 and the beginning of the Protestant Reformation in the early A.D. 1500s. In some ways, the
Christian Roman Empire was still in operation (B. Shelley, 2012); however, this new stage of
church history had been marked by the emphasis to spread the gospel toward Western Europe.
Sarris (2011) noted how these changes were closely aligned with the demise of Rome whose
weakening power made room for the rise of dissident groups. The Middle Ages saw the
culmination of Christendom with the coronation of Charlemagne in A.D. 800, the Great Schism
of East and West in A.D. 1054, and the translation of biblical texts into common European
languages by men like Purvey in A.D. 1388, Mentelin in A.D. 1466, and Tyndale in A.D. 1535
The Middle Ages hosted a westward shift of power from the Roman Church toward Europe through theological councils, multi-national crusades, and other political developments (Lane, 2006; Noll, 2012). The availability of native language texts and the localization of church government created a more diverse environment for the development of Christian thought (Southern, 1998). The Great Schism of the Eastern and Western Church (A.D. 1054) formally recognized the separation of Catholic and Orthodox leaders and severed the bonds of leadership indefinitely (B. Shelley, 2012). The democratization of Christianity fostered a substantial shift in attitudes towards church health and the empowerment of leadership in the Western Church. These shifts would eventually lead to the Protestant Reformation and the next epoch of the history of the Church.

**Church health in the Middle Ages.** Church health in the Middle Ages was characterized by efforts to consolidate political power (Bingham, 2002). This effort was based from the papacy of Rome and extended itself into the nation-states of Western Europe. The power of Rome had been reduced with the emergence of nationalistic churches located in modern day France, Germany, and England (Harbison, 2015). The papacy of Rome did not concede power to these emerging institutions; however, the decline of the Roman empire made papal control increasingly more difficult (Sarris, 2011). The Middle Ages ended with the advent of the Protestant Reformation and the disintegration of Rome’s control over Western Europe once and for all (Metaxas, 2017). The Middle Ages marked the rise of Western Christendom which established new seats of authority within Frankish, British, and Germanic traditions (Halverson, 2007).

The beginning of the Middle Ages was marked by the evangelical mission of Gregory I (A.D. 596). He was successful in converting the Anglo-Saxons to Christianity through the
appointment of Augustine. Augustine spearheaded the mission to the Britons from the city of Kent where he planted churches and trained leaders. The distance from Rome to Kent required Augustine to work with great autonomy. The effectiveness of Augustine’s mission resulted in a style of church that was distinctly Anglo-Saxon (Halverson, 2007). The church that was birthed out of the Gregorian Mission was Roman in nature but grew far away from Roman influences.

The Gregorian Mission also spread to the Franks of mainland Europe. Frankish leaders began to exert unprecedented influence over Rome in the mid-18th century. Charlemagne rose to power through the conquest of the Franks (A.D. 768) and Lombards (A.D. 774) in Central Europe (Wilken, 2012). In A.D. 800, he was crowned king of the newly established Carolingian Empire that ruled over Rome and Central Europe. Soon after, Pope Leo III crowned Charlemagne the Holy Roman Emperor in a strategic move of self-preservation. This coronation reestablished Roman rule throughout the region and the European West; according to B. Shelley (2012), “The pope prostrated himself [before Charlemagne]. Charles the Great, King of the Franks, had restored the Christian Roman Empire” (p. 183).

The power of the papacy had diminished, and the authority of the Christian Roman Emperor had risen. This relationship illustrated the “close connection between church and ruler” of the time (Bingham, 2002, p. 73). Pope Leo III and Charlemagne established a unified catholic culture throughout Europe, but the role of church leadership had shifted from king to king-maker. However, the rise of monarchic authority did not go unchallenged during the Middle Ages. One challenge occurred when Gregory VII (A.D. 1073-1085) claimed papal authority over temporal, spiritual, and church governance (Bingham, 2002, p. 89). In a second occasion, Innocent III (1198-1216) claimed authority over kings as well. Popes and monarchs engaged in a constant struggle for power through advancing forms of bureaucracy and governance.
Consequently, “the church of the Middle Ages became a sophisticated administrative organization” (Bingham, 2002, p. 90) and that balance of power oscillated throughout the Middle Ages.

Before the struggles between the popes and monarchs in Western Europe, tension between the Roman Catholic Church and the Orthodox Church rose steadily in the East. Disparate church leaders did not agree on matters of icon worship, territorial disputes, celibacy, clerical offices, trinitarian theology, and more (B. Shelley, 2012). This dissent from the East was centered in the city of Constantinople. The two churches split in A.D. 1054 when strong arm tactics from Rome failed to reconcile the East and the West (Noll, 2012). While attempts to reconcile the two churches were made, the crusades to free the Muslim-held territories of the East widened the gap between Rome and Constantinople. The crusades took place in the eleventh, twelfth, and thirteenth centuries. The genesis of each campaign focused on the liberation of Christendom but, with successive generations, degraded to focus on glory and plunder (Crowley, 2006). The Fourth Crusade (1202-1204) resulted in Christian rulers engaging each other in direct combat. As a result, the Western Church sacked the city of Constantinople in A.D. 1204. The results of the crusades were devastating and isolated Orthodox Christians for the next 800 years.

**Empowering leadership in the Middle Ages.** Empowering leadership in the Middle Ages can be summarized as three major movements: evangelism, scholasticism, and mysticism (Halverson, 2007; Lane, 2006; Noll, 2012). These movements enabled Christians to serve God and the Church in increasingly personal ways. This empowerment, particularly through the development of scholasticism, resulted in independent thought and ecclesiastical independence from Rome evident in the Reformation of the following age.
As previously mentioned, the evangelical mission of Gregory I expanded the political influence of the Church; however, the motivation of the Church was not strictly territorial. The medieval church of Gregory I was also concerned with the authenticity and commitment of clergy. Evidence of this piety is found in the sermons of Gregory I when “all believers were called to imitate Christ in the key virtues that undergird the commitment to actual death; namely, love and patience” (Bingham, 2002, p. 70). Gregory I called missionary leaders of the church to set an example for their new congregations. He wrote in the *Book of Pastoral Rule* that church leaders should “always be chief in action, that by his living he may point out the way of life to those that are put under him” (as cited in Bingham, 2002, p. 71). Lane (2006) observed how the missionary of the day was “not a detached academic observer studying his material from outside, but a committed, involved participant” (p. 88). Medieval preachers encouraged Christ followers to actively participate in their faith and lead by example (McKim, 1989). Augustine taught his Anglo-Saxon converts that each individual was responsible for choosing God in his or her faith journey (Augustine, 1984).

Scholasticism is the second movement that empowered church attenders to participate in their faith more actively. Scholasticism sought to explain the doctrines of the church “by combining reason, faith, Scripture and tradition” (Bingham, 2002, p. 91). An example of scholastic approach adopted by the church can be found in Charlemagne, the Frankish leader, who placed great emphasis on the education of clergy throughout his empire. The Frankish leader built a wide number of monasteries which expanded the role of the educated and educator (B. Shelley, 2012). Scholars and scholarship thrived in the Middle Ages through church leaders like Peter Abelard (A.D. 1079-1142), Bernard of Clairvaux (A.D. 1090-1153), and John Wyclif (A.D. c. 1320-1384) (Lane, 2006). These men trained leaders, thought independently, and
examined biblical text with scholastic precision (Lane, 2006). As a result, church leaders and other laity were empowered to think about their faith in new and exciting ways.

A third movement of empowering leadership in the Middle Ages is that of mysticism. Mysticism had been a staple of Christian spirituality but reemerged with greater potency during the thirteenth and fourteenth centuries. As Bingham (2002) wrote, “the search for the authentic spiritual life outside the institution and intellect gained ground, [and] a mystical orientation to the devotional life emerged” (p. 94). Disillusionment with the Roman church led to more individualistic expressions of faith. Church leaders such as Henry Suso (A.D. 1295-1329), John Tauler (A.D. 1300-1361), and Walter Hilton (A.D. c. 1340-1396) embraced Christian mysticism throughout Europe (Lane, 2006). An additional example of mysticism’s impact on empowering leadership was found in the emergence of female church leaders. Many women noted for their leadership roles in the Middle Ages were commended for their extreme devotion to Christ (Halverson, 2007). For example, Catherine of Siena (A.D. 1347-1380), who served as a Dominican lay sister, experienced mystical visions and experiences with Christ (Lane, 2006). She also played a critical role as an advisor to Pope Gregory XI (Dickens, 2009). Catherine of Siena was not alone in her ability to influence the church of the Middle Ages. As Dickens (2009) observed, “women began to take a more prominent role in theological writings” (p. 10). These women mystics and scholars included Margery Kempe (A.D. c. 1373-1438), Julian of Norwich (A.D. c. 1342-1416), and Teresa of Avila (A.D. 1515-1582). These church leaders left a distinct mark on the Middle Ages, representing a shift in empowering leadership which considered the male and female perspectives more equally.
Reformation and Post-reformation

The age of Reformation and Post-reformation contained the greatest shifts in Christian thought relating to church health and empowering leadership (Harbison, 2015). These shifts were caused by the demands for independence from the papacy in Rome. Roman authority over the church had constricted the autonomy of the local church throughout Europe. With the ability to reform doctrine and tradition, the local church changed dramatically (Massing, 2018). This change was largely due to the development of critical perspectives on the Roman Catholic Church. Halverson (2007) wrote, “Once the engine for reform and renewal in Western Christianity, the papacy was widely criticized for its corruption” (p. 147). This corruption was the primary inspiration which caused the reformers to reform. Volumes have been written about the major actors who inspired the Reformation and Post-reformation. The beginning of this time period may be traced back to more historical events including the Edict of Worms in 1521, Luther’s posting the “95 Theses” in 1517, or as far back as the Czech reforms of Jan Hus in 1402 (Lane, 2006). The researcher will focus on the former date of 1521 because of the edict’s formal recognition and adoption by a national church. Reformation and Post-reformation are best understood as a single epoch of Christian thought because of their direct cause and effect relationship (Noll, 2012).

Although the Catholic Church experienced a counter reformation in the 16th century (B. Shelley, 2012), the researcher has limited the review of literature to protestant Christian thought. Though the effects of the Reformation and Post-reformation ages are felt today, the leading trends in church health transitioned during the enlightenment of the 18th century. The conclusion of the Reformation and Post-reformation period was marked by the beginning of 18th century influencers who governed churches throughout Europe. Identifying a single event to
mark the end of the Post-reformation age is difficult; however, scholars consider the 18th century a time where rationalism altered the course of the church (Leinsle & Miller, 2010; B. Shelley, 2012).

**Church health in the Reformation and Post-reformation.** The church of the Reformation and Post-reformation ages was defined by independence from Rome and the establishment of a strict biblical apologetic (Parsons, 2014). Both independence and biblical apologetic surfaced at the trial of the German theologian Martin Luther. The trial, called the Edict of Worms, was held by the Catholic church in 1521 (Massing, 2018).

The Edict of Worms represented the first major step for the first European church to claim religious independence from Rome (Stayer, 2000). The Edict forced Martin Luther to account for his authorship of several documents including “The 95 Theses” (1517), *The Babylonian Captivity of the Church* (1520), and *On the Freedom of a Christian* (1520) (Massing, 2018). Each of these documents was highly critical of the Roman Catholic church and contained accusations that the church was abusing its power. Each of the aforementioned documents demanded the church be held to unprecedented levels of accountability to Scripture. For nearly 500 years, papal infallibility had been the rule of the Roman Catholic world. Papal infallibility immunized the head of the Roman church from criticism or correction, including in matters of biblical interpretation and authority. Luther and his contemporaries refused to recognize the legitimacy of papal authority over Scripture. As a result of the trial, leaders including Zwingli (1484-1531), Erasmus (1469-1536), Calvin (1509-1564), and Farel (1489-1565) openly insisted that the pope be held accountable to Scripture. This precedent formed the primary tenet of the Reformation that insisted on Scripture for the primacy of church authority (Parsons, 2014).
A second step toward independence from Rome was the Protestant stance on soteriology, the theology of salvation (McFarland et al., 2011). Soteriology was a contentious doctrine due to the central role the church had played in the forgiveness of sins. As previously mentioned, the seat of authority for the church had been co-occupied by Scripture, tradition, and the pope. This authority included the power to forgive sins, an essential aspect of salvation. The reformers continued to call for a soteriology based on Scripture alone, thereby removing the pope, and his delegates, from the equation (Metaxas, 2017). Other reformers, including Melanchthon (1497-1560), clarified that humanity was justified by grace alone through faith alone (Wengert, 1998). This narrowing of authority in the theology of salvation was a drastic change from existing practices where the church, as governed by the pope, formed the only bridge between the individual and forgiveness.

**Empowering leadership in the Reformation and Post-reformation.** Another central tenet of the Reformation and Post-reformation was the priesthood of all believers. The reformers drew from the language in 1 Peter 2:9 (NIV) which stated, “you are a chosen people, a royal priesthood, a holy nation.” Luther insisted on the equality of believers and that “all Christians are of the spiritual estate, and there is no difference among them except that of office” (McFarland et al., 2011, p. 409). The equality of church members and leaders introduced a profound shift in the empowerment of believers while still recognizing the role of leadership within the church. For the first time, the hierarchy of the Middle Ages had been reduced to a fraction of its former heights. Lay persons could seek forgiveness directly from God and read Scripture independently. Faith had been taken out of the hands of professional church leaders and placed directly into the hands of the people (Parsons, 2014). Order remained an important part of church organization and played a role in the empowerment of believers. The Reformers
did not propose anarchy for the Church; they formally recognized the authority of clergy and the state so long as clergy were subject to the authority of Scripture (Rittgers, 2004).

Empowering leadership was also shaped by individualism. This form of spirituality had been previously seen in the monastic and mystic movements of previous ages; however, the individualism of the Reformation and Post-reformation age was driven by a new form of thinking called **Christian Humanism**. Erasmus was a contemporary of Luther and produced one of the first reliable Greek texts of the New Testament. During the Reformation years, Erasmus and Luther approached separation from the Roman church from different perspectives. Erasmus viewed Christianity more individualistically and emphasized personal experience over corporate experience. Bingham (2010) described how “Christian humanists focused on returning to the sources, the classics, and to the way things were before the extravagance and complexity of the Middle Ages” (p. 105). Although Luther and Erasmus both started with Scripture as the foundation for reform, they could not agree on a unified theology of the church (Massing, 2018). For example, Erasmus wrote *The Handbook of the Christian Soldier* (1501) which focused on the inner self and devotion to Christ as an individual. Erasmus’s focus on the inner self and devotion to Christ contrasted with Luther’s various writings on the church and church life. In the midst of these ideas, it is clear that the Protestant Reformers “both inherited and reacted against elements of mysticism, humanism, and Scholasticism” (Bingham, 2002, p. 109). This complex attitude toward empowerment created various degrees of leadership opportunities for the church and began to diversify independent church structures in Germany and beyond (Hirschi, 2011).

**Modernity**

The Modern Age began in the mid-18th century and ended in the beginning of 19th century. The lack of seminal events to bookend this period makes it difficult to define by exact
dates. However, the characteristics of Modernism were clear with an emphasis on science, philosophy, sociology, and economics (Lane, 2006). The inspiration for the changes seen in the Modern Age was a renewed focus on humanism and scholasticism. The church developed new ways of operating after the Reformation and Post-reformation age which afforded it more independence and liberalism in thought (Massing, 2018). For example, lay persons were empowered to independently read Scripture, consume the Eucharist, and repent of their sins. Additionally, distinct traditions of faith were allowed to develop without the presence of a universal church which resulted in the diversification of Christian thought (Bingham, 2010). Many of these developments were direct offshoots of the Reformation; the Modern Age saw the continuation of the development of new faith traditions.

Church health in Modernity. Church health in the Modern Age was defined by several divergent factors including the rise of rationalism, denominationalism, and evangelicalism. During the Modern Age, the rate of change accelerated quickly. Ideas which previously took generations to disseminate were distributed more quickly and broadly (McKim, 1989). The accelerated pace of change resulted in the fracture of mainline denominations and the creation of many new church fellowships (Massing, 2018). These new denominations did not strictly adhere to national boundaries as was more common in the Reformation and Post-reformation age, but they were shaped by similar themes which were developing in Christian thought at that time.

The transition to Christian rationalism took place during the Modern Age. The seat of rational thought shifted from the pulpit to the individual. For example, the Reformation arguments of Erasmus began to take root where individuals played a central role in their own faith journey (Green, 1974). Additionally, rationalism flourished under the tutelage of men like Descartes (1596-1650), Spinoza (1632-1677), and Leibniz (1646-1766). Arguing that “reason
must precede experience in the quest for certainty” (Bingham, 2002, p. 129), these non-religious leaders influenced Christian thought. Leaders of this rational enlightenment felt free to contemplate church health independently; they were free from previous limitations subjected to Christian thought as Bingham (2002) described,

 thinkers in previous centuries had been confined to an intellectual nursery by several harsh, spinster nannies. These were the church, the Bible, creeds, tradition, old scientific theories, the emperor, and the pope. But now humanity was grown up and could think and explore on its own. (p. 132)

The health of the local church was defined by individualism, resulting in the explosion of styles of worship and the rise of denominationalism.

 Denominationalism in Protestantism grew in the aftermath of the Reformation. As Christianity spread to North America, so too spread the ideals of independence and autonomy. In the same way that the Roman Catholic Church no longer defined church health in Europe, the reforming congregations of Europe no longer defined church health in America (Giussani & Bacich, 2013). The orthodoxy of the Eastern Church played a minor role in American spirituality, and the mainline denominations of Europe would undergo an Americanization of faith in their new home across the sea. American Christianity in the seventeenth and eighteenth centuries were bastions of individualism and self-governance.

 Evangelicalism was a significant influence on the church during the Modern Age. Congregations assumed the responsibility of spreading the gospel with renewed vigor and commitment. This commitment to spreading the good news was felt most strongly in the Americas where a series of spiritual revivals invigorated the local church. These events, known as Awakenings, resulted in “religious explosions” (B. Shelley, 2012, p. 358) and formed the first
in a new tradition of American revivals. The revivals, under the leadership of leaders like Charles Finney (1792-1875), shaped the missiology of the local church and directed attention outside of the church and around the world (Lane, 2006). Missionaries took to foreign fields as part of an explosion in evangelism (Noll, 2012). Independent mission organizations coordinated these efforts including the Christian and Missionary Alliance (1866), Central American Mission (1890), and The Evangelical Alliance Mission (1890) to name a notable few. These efforts continued to gain success and momentum, resulting in the Edinburgh World Missionary Conference of 1910. Bingham (2002) noted that “the conference represented the first time that denominations and missionary societies had joined in congress with an agenda and had attempted to divide up international missionary responsibilities” (p. 157). The tradition of coordinated evangelism would be revisited with the Lausanne Congress on World Evangelism (1974) and build off of the research focusing evangelical efforts of demography instead of geography led by the work of Ralph Winters (1924-2009) and Donald A. McGavran (1897-1991) (Winter & Hawthorne, 2013). It is important to note that the missionary work of these religious organizations was deeply rooted within the ministry of the local church. Specialists in foreign missions emerged, but it was the redefinition of church health which resulted in the expansion of missionary work. The founding of the Assemblies of God (1914) fellowship of churches best illustrated this focus on world missions with the explicit purpose of establishing “the greatest work of evangelism the world has ever known” (“Assemblies of God World Missions,” 2019, para. 1). As the local church took responsibility for evangelism, ministers and leaders were recruited, trained, and sent to carry out the work. The result of this missionary focus was a renewed focus on empowering leadership.
Empowering leadership in Modernity. Empowering leadership in the Modern Age was defined by several factors including spiritual revivals, evangelicalism, and protestant liberalism. As previously discussed, spiritual awakenings had a strong influence on the church in the Modern Age. Two distinct spiritual movements distinguished Christian development in this age including the Great Awakenings (18th and 19th century) and the rise of Pentecostalism (early 20th century). As Christianity continued to develop independently in the United States, the spiritual revivals made important contributions to the empowerment of leadership. B. Shelley (2012) explained how “no event marked the new order for Christianity more clearly than the religious explosion we call the Great Awakening” (p. 358). These religious explosions became more American as time progressed. The dominant theology of Luther and Calvin had to make room for the emerging Arminian theologies of leaders like John Wesley (1703-1791). Bingham (2010) observed “while the First Awakening had maintained a strong Calvinistic heritage, the Second was more sympathetic to an Arminian tone” (p. 144). Individualism prevailed in the Americas amid these revivals and influenced the understanding of spiritual leadership. Additionally, the emphasis on personal faith caused individuals to deemphasize faith held in common by the believing community. Furthermore,

Revivalism fostered antitraditionalism and an infatuation with the present.

Spiritual formation was associated with the instantaneous and the contemporary.

The beliefs and practices of Christians in the past were irrelevant for spirituality in the present. (Bingham, 2002, p. 147)

A third movement in spiritual awakenings of the Modern Age was that of Pentecostalism which was popularized in 1914 with the Azusa Street Revival in Los Angeles, California and the Hot Springs Revival in Hot Springs, Arkansas. Pentecostals emphasized a filling of the Holy Spirit
subsequent to salvation and held the “belief that the Holy Spirit’s power, evidenced by the gifts in the New Testament era, was again being outpoured.” (Bingham, 2002, p. 147). The movement spread rapidly and inspired the formation of denominations such as the Church of God in Christ (1907), Assemblies of God (1914), and the International Church of the Four-Square Gospel (1924). These church groups believed in the empowerment of believers for the purpose of evangelism (Acts 1:8) and were wildly successful in spreading the gospel around the world (B. Shelley, 2012).

Evangelicalism, as previously discussed, changed the understanding of church health in the 21st century. The resulting empowerment of lay persons in the church was important in the Postmodern age. Middlekauff (2005) described a wide variety of Protestant Christian churches, including the Congregationalists, Quakers, and Baptists, that relied heavily on the leadership of lay-persons in the establishment and governance of the local church. Even Anglican churches, which practiced a more liturgical style of worship, were noted for “an emphasis on individual experiences” (Middlekauff, 2005, p. 50). B. Shelley (2012) described the diversity of the Church as a natural outcome of the diversity of Christians who migrated to the British Colonies: “eighteen languages echoed form the banks for the Hudson River alone. Probably all the Christian groups were unanimous on one thing: each wanted the liberty to proclaim its own view” (B. Shelley, 2012, p. 358).

Protestant liberalism was the final development in empowering leadership during the Modern Age. Scholars like Friedrich Schleiermacher (1768-1834) rejected structured doctrines and defined “the true essence of religion as the feeling of being absolutely dependent on God” (Bingham, 2002, p. 150). Dependence on God was not always requisite for Protestant liberalism. Henry Ward Beecher (1813-1887) argued that ancient doctrines were inadequate for
a world of intellectual sophistication. Beecher’s rejection of doctrine incorporated other scientific theories to bolster his understanding of God. Augustus Hopkins Briggs (1841-1913) took this argument further and publicly doubted the trustworthiness of Scripture. Briggs (1900) described the process of unfolding “the biblical doctrine by logical deduction and practical application” (p. 1) as a legitimate approach to the New Testament doctrine of the Church. The theological world had begun to evaluate Scripture with the same scientific scrutiny of the Modern Age resulting in the skepticism of many. It is important to note that mainline theology continued to develop during the Modern Age. Scholars like Albrecht Ritschl (1822-1889) continued to develop themes surrounding the atoning work of Jesus in his systematic theology published as *The Christian Doctrine of Justification and Reconciliation* (1870). Liberalism, or liberal theology, “developed into an anti-dogmatic and humanitarian reconstruction of the Christian faith which at one time appeared to be gaining ground in nearly all the Protestant Churches” (Cross & Livingstone, 2005, p. 983). Ultimately, the liberal theologians crafted a lasting interpretation of the faith by “evaluating and restarting the permanent significance of evangelical Christianity to human life” (Matthews, 1924, p. 22).

**Postmodernism**

The Postmodern Era began in the mid-20th century and continues into the early 21st century. Postmodernism may be understood as a critical response to the preceding Modern Age (Aylesworth, 2005). Postmodernism confronted scientific clarity and replaced it with subjective and relativistic means for defining and understanding truth (Hassan, 1987). Catorce (n.d.) identified three characteristics of Postmodernism including scientific relativism, philosophic subjectivism, and the abstraction of communication. Scientific relativism was popularized by Einstein’s theories of special and general relativity. These theories forced modern thinkers to
question previously unassailable truths in a number of scientific fields (Gleiser, 2014). Einstein himself was uncomfortable with the unintended consequences of his own research as it lead to the development of quantum theory and contributed to the limitations of classic Newtonian physics (Bryson, 2003). Jean-Francois Lyotard welcomed philosophic subjectivism into philosophical scholarship by introducing the term *postmodern* in 1979. He wrote, “simplifying to the extremes, I define postmodern as incredulity toward metanarratives” (Lyotard, 1979, p. xxiv). The *metanarratives* described by Lyotard included traditional means through which philosophy had been interpreted over the past two centuries. The result replaced the absolutism of Plato, Aristotle, and Kant being with the subjectivism of Spinoza, Hume, and Westermarch (Pojman & Fieser, 2007). The abstraction of the communication narrative, as described by Catorce (n.d.), involved broader range of media including the arts. The term *postmodern* was first used to describe a painting in the 1870s (Hassan, 1987). The phrase continued to be used in the arts to describe works that rejected Modern conventions and techniques. The arts may present the most vivid representation of Postmodernism as realism is replaced by abstraction.

While examples of Postmodernity may be viewed through the lens of scientific, social, and artistic relativism, the American church has not been immune to Postmodernism’s relativistic influence (Keller, 2012). A defining characteristic of the Postmodern movement is the increased diversity of trends and the demise of a majority culture (Vargish, 2014). Kingdon (1981) argued that American churches “defy easy categorization” (p. 83) as a result of their independence in contrast with European churches which more naturally align themselves with traditional establishments. Despite the increase of diversity, it is possible to identify several influential trends in Christian thought relating to church health and empowering leadership.
Church health in Postmodernism. Church health in Postmodernism has been defined by several distinct movements including ecumenicalism, the seeker-sensitive movement, and the movement of church growth and health models. Each of these influences changed the way leaders of the local church defined health.

The Ecumenical Movement of the late 20th century strived to overlook the differences between Christian denominations and unite the evangelical church (Lane, 2006). The Lausanne Missions Conference of 1974 illustrated the concerted efforts of a unified Protestant church to carry out the evangelical mission of Christianity. The conference hosted 2,300 leaders from 150 countries under the leadership of spokesperson Billy Graham (“Lausanne I: The International Congress on World Evangelization,” n.d.). Churches and leaders produced the Lausanne Covenant, under the leadership of John Stott (1921 – 2011), which defined the theological foundation upon which the evangelical mission would take place. The Ecumenical Movement of Postmodernism was not limited to the work of overseas evangelism. The National Association of Evangelicals (NAE) was formed in 1942 and thrived in the late 19th century. The stated purpose of the NAE was to “honor God by connecting and representing evangelical Christians” (“Statement of Faith: National Association of Evangelicals,” n.d.). This universal representation was designed to give the many different groups of evangelical Christians a united voice. However, the NAE was not the only ecumenical movement of its type. The World Council of Churches (WCC), which began its work in 1948, thrived in the late 19th century. It laid the foundation for the formation of the Baptism, Eucharist, and Missionary (BEM) document which united many Anglican, Lutheran, Reformed, Baptist, Pentecostal, and Salvation Army denominations (Lane, 2006). The BEM established a theological common ground between church traditions which opened doors for further collaboration. Recent products of the
Ecumenical Movement include the ministry of the Billy Graham Crusades (1947-2005), the Promise Keepers (1990-Present), and the more radical evangelical ministry of organizations like XXXChurch.com (2002-Present). Schilling (2018) described the impact of the WCC as the beginning of a new age for the church. The council’s unity on matters of race, politics, and the third world “give new direction to the ecumenical movement” (Schilling, 2018, p. 215). The health of the local church was defined, by some, as ecumenical in nature and was measured by participation in the great mission of the Church.

The seeker-sensitive movement in Postmodernism was designed to engage unchurched people in church life (M. Shelley, 1997). The seeker-sensitive movement, sometimes called the attractional movement, is closely related to other evangelism-based models of ministry (Keller, 2012). While the movement was not attributed to one person, leaders including Schuller (1974), Dobson (1993), Hybels and Hybels (1995), and Warren (1995b) pioneered church models associated with the movement. Each of these lead pastors developed distinct ministry models but shared a focus on drawing new members into the church through an emphasis on appealing to the unchurched. Dyer (2009) believed that the seeker-sensitive movement strengthened the ability of the local church to “transform all that is corrupt and perishable and in renewing all creation” through the engagement of those far from Christ (p. 138). Pastors like Larry Osborne were unapologetic in their willingness to draw new believers. Osborne (2013) stated in an interview that “everything is about creating community. We’re very clear on what our core is – worship, teaching, community, and mission” (para. 10). Osborne’s venue-model of church placed parishioners in unique environments based on stylistic tastes in an environment similar to an outdoor shopping mall. The term seeker-sensitive became controversial as scholars and practitioners condemned the practice as consumeristic, liberal, and ineffective. This criticism
ranged from skepticism to outright rejection. One of the most influential proponents of early seeker-sensitive models, Bill Hybels, was among the critics after a comprehensive assessment of the health of Willow Creek Community Church of Barrington, Illinois. Hawkins, Parkinson, and Arnson (2007) published the results of a study, under the Hybels’ leadership, which concluded the seeker-sensitive model being employed by Willow Creek Community Church had been ineffective in creating stronger Christians. Hawkins and Parkinson (2016) published additional findings which identified ways to develop Christians who had become stuck in an ineffective seeker-sensitive discipleship models. Other founders of the movement, such as Warren, have consistently supported their approach to evangelism and discipleship in North America (M. J. Reimer, 2006). As previously mentioned, many scholars rejected the seeker-sensitive model all together. Sanders (2012) was critical of the movement and described it according to Guy Debord’s depiction of the worship spectacle. The worship spectacle, Sanders (2012) explained, was designed to appeal to consumer culture drawn to products, services, and entertainment. Another critical analysis of the seeker-sensitive movement has concluded that the movement has been effective in reaching a broader spectrum of people but fails to develop mature Christians (Sanou, 2016).

Church growth and health models were closely related in the era of Postmodernism but differentiated themselves on the emphasis of quantitative or qualitative values. Pioneers of the church growth movement include McGavran (1955), L. Schaller (1978), and McIntosh (1991). Each of these leaders developed and advocated growth models for the local church that emphasized attraction and assimilation. McGavran’s work is typical of early practitioners and was motivated by the concept of the missional church according to the commission found in Matthew 28:19-20. In this passage, Jesus told his followers to “go and make disciples of all
nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and
teaching them to obey everything I have commanded you.” As previously discussed, the impetus
to go and make disciples has been the foundation of many evangelical movements throughout
history. However, in the Postmodern age of American Evangelicalism, leaders latched on to
contemporary marketing concepts which drove ecclesiastical strategy (Keller, 2012). Many of
these strategies overlap with church health models researched by Schwarz (1996), Scazzero
(2003), and Robinson (1997). These practitioners emphasized qualitative values of church
criteria including passionate spirituality, inspirational worship services, and loving relationships
(Schwarz, 1996). Proponents of church health embraced the evangelical aspect of the
commission found in Matthew 28 but emphasized the mandate to teach the commandments of
Christ. Other approaches to church health focused on the emotional and spiritual health of
individual members. These models of church health centered around discipleship and wellness
(Kricher, 2016; Matthaei, 2008; Ogden, 2003). Schwarz (1998) considered numerical growth a
byproduct of church health. Although growth and health are closely associated in the lifespan of
a church, the two are not identical (Stetzer & Alpharetta, 2006). McIntosh and Engle (2004)
assessed the modern church growth movement in North America and rebutted the idea that all
growing churches are healthy. In other words, McIntosh and Engle found that growth is an
indicator of health, but health is not always an indicator of growth. L.W. Osborne (2006),
Eswine (2012), and Piper (2013) argued that church health is based on a leadership style that is
sensitive to the teaching and ecclesiastical calling of Jesus. Other scholars (Ross, 2013; Scazzero
et al., 2003) made the argument more clearly, stating that it is impossible for an unhealthy pastor
to develop a healthy church. Scazzero (2015) stated that “the overall health of any church or
ministry depends primarily on the emotional and spiritual health of its leadership” (p. 20).
Empowering Leadership in Postmodernism. Empowering leadership in Postmodernism was defined by strengths-based leadership training, organizational culture formation, change-based leadership, charismatic leadership, missional leadership, and leadership in Christian formation. Empowering leadership proved to be a significant factor in the implementation of several leadership styles. The styles discussed represented a summation of leadership themes which dealt directly with the empowerment of individuals within an organization.

Strengths-based leadership in Postmodernism emerged as a discipline of spiritual giftedness as popularized by Carter (1968) and Bugbee (1995). The concept of spiritual gifts was not new to the church. It was a biblical concept found in Romans 12:6-8, 1 Corinthians 12:8-10, and 1 Peter 4:11 where Christians were exhorted to discern and practice unique gifts from the Holy Spirit. However, in the late Postmodern age, church leaders began to embrace the development of parishioners according to a renewed understanding of spiritual gifts. Corporate understandings of strength-based leadership became more common. MacKie (2016) described the essential nature of identifying and using the strengths of individuals within an organization. Individual strengths were valuable for the formation of teams and for the development of organizations as a whole (MacKie, 2016).

An additional example of strengths-based leadership was illustrated by the integration of psychological research by Christian leaders (Collins, 1977; Estep & Kim, 2010; Fowler, 1995). Of particular influence, James Fowler’s Stages of Faith (1981) depicted seven stages of faith development which had been informed by Erikson’s psychosocial development model and Piaget’s moral development models (Fowler, 1995). Fowler identified stages of spiritual formation which empowered leaders to better understand personal growth. Fowler’s work was
not strictly evangelical and inspired opposition within the church that resisted the merging of popular science and faith (Bulkley, 1993; Ganz & MacArthur, 1993). Estep and Kim (2010) built on Fowler’s work to include a more evangelical approach to spiritual formation as Christian formation. Later iterations of Christian formation were popularized for children and youth development within the church by Fields (1998) and Joiner (2009). Practitioners of pastoral care and counseling eventually integrated discoveries in the field of psychology and counseling pioneered by Fowler (Clements & Clinebell, 1995; Haugk & Hong, 1975).

The Postmodern application of spiritual gifts broadened to include personal strengths via strength assessment tests including Myers-Briggs Type Indicator, DISC assessment, and Strength Finders 2.0. Individuals were encouraged to discover their personal gifts and put them to use in the local church. Additionally, local churches were encouraged to discover their unique gifting as a congregation and engage their community in unique and powerful ways (Mancini, 2008; McIntosh, 1999).

Postmodern leadership models examined the connection between organizational culture as shaped by individuals within the organization (Schein & Schein, 2016). Schein (2016) stated that, “every society and organization must honor both the group and the individual in the sense that neither makes sense without the other” (p. 83). Schein (2016) argued that the culture of an individual shaped the culture of the organization. Likewise, a change in the culture was described as a work of individual change before it could become organizational change (Rothwell, Stavros, Sullivan, & Sullivan, 2009). Rothwell, Stravros, Sullivan, and Sullivan (2009) described the intricacy of culture creation when dealing with multiple culture types. Cameron and Quinn (2011) described the process as a competing values framework which must be resolved at the individual level before it could be resolved at the organizational level.
Missional leadership in Postmodernism was defined by the purpose of the local church to fulfill its biblical mandate to make disciples (Guder & Hunsberger, 1998; Hirsch et al., 2016). The mission of the church remained central to the function of the church throughout the Postmodern age. Contemporary developments including increased access to global communities allowed the church to experience a renewed emphasis on making disciples of all nations (“Lausanne II,” n.d.). Snyder (2004) described missional leadership as an ecclesiological mandate while Wright (2010) emphasized the theological nature of missional leadership. The church spread as a result of the mandate for individuals to go. Scholars like Ladd (1996) and Hirsch et al. (2016) described missional leadership as a biblical interpretation of Scripture itself. Devout Christians were empowered to personally take the gospel around the world. Goheen (2016) combined the ecclesiological, theological, and hermeneutical aspects of missional leadership to create a more complete definition:

the nature of the church as it exists for the sake of the world (missional ecclesiology), to the kind of faithful theology whose content is shaped by the mission and whose goal is to equip the church for its vocation (missional theology), and to a kind of faithful biblical interpretation that takes seriously the participation of God’s people in his redemptive mission and a central theme in Scripture (missional hermeneutic). (p. 5)

This definition portrayed a more holistic view of the mission leadership in Postmodernism. The church was understood to be an active participant in completing the commission of Jesus to make disciples and teach them. The qualitative and quantitative development of the church quickly overshadowed models previously based on growth or discipleship alone.
Change-based leadership styles responded to the demands of increasing complexity within organizational structures and functions (Galbraith, 2014). Many leaders in the Postmodern Age experienced changing cultures and models with the organization. This shift proved to be a difficult obstacle for many. Kotter (2012) described a practical model of leading change that included inspiring, clarifying, and solidifying the accomplishments of the new organizational reality. Burke’s (2013) overview of change-based leadership styles was more comprehensive and included an analysis of open systems theory. Open systems theory posited that “the change of one part [of an organization] will affect other parts, perhaps all parts eventually” (Burke, 2013, p. 56). Individual empowerment was seen as a necessary part of organizational change. The change rate of culture accelerated quickly in the Postmodern era which inspired researchers to more closely examine change-based leadership (Jones & Brazzel, 2014).

Personality-based leadership styles also emerged in the Postmodern era. Weber (1968) first identified the appeal of charismatic leadership as an attractive means for organizational leadership. A definition of charismatic leadership emerged which included the personality, vision, and passion of a single individual which exerted significant influence on the organization as a whole (Rothwell et al., 2009). While concerns surrounding personality-based leadership models are prevalent, research is demonstrating that it is possible for charismatic leaders to develop strong organizational culture through accountability and self-awareness (Avolio, Yammarino, & Walumbwa, 2013). However, personality-based leadership is not universally endorsed as the most effective means for organizational leadership. Scholars demonstrated the statistically insignificant emphasis of individual personality traits compared to individual
operational skills (Hoffman, Woehr, Maldagen-Youngjohn, & Lyons, 2011). Findings suggest that organizational competencies may be as effective as personality-based traits.

The Postmodern emphasis in Christian formation leadership centered around the individual leadership of the church. Scazzero et al. (2003) summarized the emphasis by stating, “as go the leaders, so goes the church” (p. 20). This domino philosophy, where the success of the followers was dependent on the success of the leader, became a theme of Postmodern church empowerment. The first wave of Postmodern Christian formation in leadership emphasized spiritual development (Foster, 1981; Mulholland, 1993; Willard, 1988). Leadership was portrayed as being accountable to God and sourced from a deep relationship thereof (Mulholland, 1993). A subsequent development regarding leadership development focused on self-care of the pastor as demonstrated by Cavanagh (1986), Shawchuck and Heuser (1993), and Greenleaf (1998). The stress of pastoral care had increased in the second half of the 20th century, and this pressure was felt at home and at church (Wells, Probst, McKeown, Mitchem, & Whiejong, 2012). In the Postmodern era, pastors were encouraged to “continually examine one’s own life” (Shawchuck & Heuser, 1993, p. 36) and proactively avoid moral and emotional pitfalls. A final wave of Christian formation leadership was more practical in nature. Borrowing from the emphasis in strengths-based leadership skills, the spiritual leadership focused on organizational proficiency. J. Maxwell (1987), Stanley et al. (2004) and Cordeiro (2004) were among the leading voices encouraging church leaders to develop leadership skills in light of professional and biblical principles. The Postmodern environment of Christian formation leadership raised the bar for pastors and parishioners alike.
Literature on Church Health and Empowering Leadership

A limited amount of research had been conducted on the relationship between empowering leadership and church health. As previously reviewed in the literature, the concepts of empowering leadership and church health have been addressed indirectly throughout the history of the church. However, two significant organizations have systematically assessed church health and empowering leadership including Natural Church Development and the U.S. Congregational Life Survey. Both the NCD and USCLS measured church health according to a number of variables that included empowering leadership. McClure (2013) utilized the USCLS to analyze the relationship between social support and congregational involvement while similar studies have utilized USCLS data to examine social stratification (S. Reimer, 2007; Stroope et al., 2015), theories of congregational growth (Thomas & Olson, 2010), and church size (Ellison, Shepherd, Krause, & Chaves, 2009). These studies used USCLS data, including the analysis of empowering leadership, to study overall church health considering other independent variables.

Additional literature has been published discussing the functionality of the church and empowering leadership including Manala’s (2010) research on the triad role of pastoral leadership as leader, manager, and servant. As a facilitator, Manala (2010) argued, the pastor becomes the chief manager and servant. This role mirrors a trinitarian model of mutual submission and complementation. Balswick and Wright (1988) framed the empowering role of church leadership as complementary where,

a complementary model of leadership recognizes that although a variety of leadership styles or skills are needed within the same congregation, these need not necessarily reside in the same leader… leadership must be characterized by an attempt to empower, rather than control. (p. 3)
The empowerment of church members, therefore, plays a crucial role in the health of the church. Pastoral leadership within the church has also been compared to the model of servant leadership. Hirsch (2016) described servant leadership through the lens of missional leadership and the stewardship of the “organic systems” within the church (p. 179). Sweet (2009) characterized empowering leadership and church health through the missional, relational, and incarnational modalities of church life. In each of these modes of church life, Sweet highlighted the importance of individual activation for church function. He stated that the church is not “an ‘in here’ church but an ‘out there’ church,” emphasizing the importance of community engagement by the individual (Sweet, 2009, p. 22). Servant leadership has been shown to increase wellbeing alongside overall productivity within organizations as well (Michiel F. Coetzer, Mark H.R. Bussin, & Madelyn Geldenuys, 2017). The widespread acceptance of servant leadership has not been universally accepted as discussed by Russell and Stone (2002). However, the work of Hirsch et al. (2016), and Sweet (2009) effectively defended the hermeneutic of servant leadership (Niemandt, 2012).

**Transformational Leadership**

Transformational leadership is defined as the metamorphosis of an individual or organizational in a way that incorporates new values, beliefs, and systems of being over time (Burke, 2013; Burns, 2004; Covey, 1992; Yukl, 2009). The concept of transformation played a prominent role within the Early Church (Bingham, 2002) and forms the underlying theological concepts of sanctification (Kapic, 2014). For example, Paul instructed Christians in Rome to be transformed by the renewing their thoughts in order to change their entire way of being (Romans 12:2). This theological imperative to transform was also found in 2 Corinthians 7:1, Galatians 4:19, and 2 Corinthians 3:18. As previously discussed, the church has consistently focused on
the transformation of individuals through empowering leadership; however, the modern concept
of transformational leadership did not emerge until the 1970s.

Burns (1978) popularized the modern framework of transformational leadership through
the contrasting lens of transactional leadership. He would later explain that an internal change,
both quantitative and qualitative, distinguishes transformational leadership from transactional
leadership (Burns, 2004). The relationship between transformational leadership and other
leadership styles was examined by Bass and Riggio (2016) who identified shared characteristics
with motivational leadership, transactional leadership, and charismatic leadership. Each of these
leadership styles contained variables which included the directed change of others and
organizations (Bass & Riggio, 2016). The difference between motivational leadership,
transactional leadership, and charismatic leadership is that they lack the intrinsic shift in values,
beliefs, and systems found in transformational leadership (Blanchard, 2010; Yukl, 2009).

As previously discussed, transformational leadership serves as the theoretical framework
for the study. Schwarz’s (1996) application of this framework was described as empowering
leadership and shares the same qualities of transformation. However, Schwarz and the NCD
model depend more greatly on the transformation of the individual for the purpose of
transforming the whole (Schalk & Schwarz, 1998). The transformation of the individual plays
an important role in the transformation of culture (Antwi, 2008; Zappone, 1984); the
transformation of the individual is also important for the transformation of the organization
(Burke, 2013).

Yukl (2009) described the role of charismatic leadership in transformational leadership
where the leader initiates transformational change in others. In the context of ministry, Scazzero
(2015) observed, “as goes the leader, so goes the church” (p. 20). This prominent theme of
leader-initiated transformation in popular ministry leadership has been identified by J.C. Maxwell (2008), Stanley (2006), and Lyons (2010). The modality of transformational leadership in the local church was commonly through team formation (Cordeiro, 2004) and individual discipleship (Geiger & Peck, 2016). L.W. Osborne (2006) described team formation and training as essential for church health.

**Summary**

The nomenclature of church health and empowering leadership emerged in the early 21st century, but examples of both can be traced through the history of the church. The first section of the literature review presented historical views of church health and empowering leadership. Historical eras included the Early Church, the Christian Roman Empire, Middle Ages, Reformation and Post-reformation, the Modern Age, and the Postmodern Age.

The Early Church (A.D. 33-312) defined the health of the local church through unified doctrinal beliefs (Bingham, 2010). Church leaders strived to clearly define theological doctrine to those inside and outside of the church (MacCulloch, 2011). The Early Church understood empowering leadership through the activation of the individual Christian within the Body of Christ (D’Ambrosio, 2014; von Harnack, 1962).

The Christian Roman Empire (A.D. 313-590) defined church health by forming Ecumenical Councils to settle theological disputes (Lane, 2006), centralizing power structures of the Roman Church (B. Shelley, 2012), and emphasizing cross-cultural evangelism and mission (Amt & Smith, 2018; Shaw, 2018). The Christian Roman Empire experienced empowering leadership through Papal commission of mission (Bingham, 2002) and monasticism (Hedstrom, 2009; Sheldrake, 2013). The Middle Ages (A.D. 590-1500s) hosted an expansion of the church as a result of the Gregorian Mission throughout Western Europe (Southern, 1998). The vacuum
created by the diminished Christian Roman Empire encouraged a number of power struggles throughout the newly converted Christian Europeans (Sarris, 2011).

The control of the church shifted geographically from Rome to France, Germany, and England (Halverson, 2007). Empowering leadership in the Middle Ages was defined through evangelism, scholasticism, and mysticism (Halverson, 2007; Lane, 2006; Noll, 2012).

The Reformation and Post-reformation age (A.D. 1500s-1700s) was significant because of the Protestant movements which broke away from the Roman Church (Halverson, 2007). Church health was defined by independence from Rome and the establishment of a clearly defined biblical apologetic (Parsons, 2014). This independence included a redefined theology of salvation that was independent of Rome (McFarland et al., 2011). There was no single reformation at this time; instead, many reformations spread throughout Europe and established faith traditions with a renewed dependence on Scripture (Metaxas, 2017; Wengert, 1998). The same movements which defined church were a product of empowering leadership within the local church. Individuals, like Luther, Melanchthon, and Zwingli, confronted the Roman Catholic Church and helped establish new and independent faith traditions.

The Modern Age (1800s-1900s) emphasized science, philosophy, sociology, and economics, and the church was no exception (Lane, 2006). The church developed new ways of operating in Modernity and hosted a resurgence in humanism and scholasticism (Massing, 2018). Church health in Modernity was defined by rationalism, denominationalism, and evangelicalism (Green, 1974; Massing, 2018; McKim, 1989). Empowering leadership was expressed through spiritual revivals (Bingham, 2010), evangelicalism (Middlekauff, 2005), and protestant liberalism (B. Shelley, 2012). Each of these expressions allowed individuals to critically participate in a faith which had become their own.
The Postmodern church (1900s-2000s) responded critically to the Modern Age and emphasized subjectivism (Aylesworth, 2005), ecumenicalism (Lane, 2006), and growth movements (Keller, 2012). The Church shifted its focus outward and began to define itself and its purpose through the lens of others (Schilling, 2018). Postmodern notions of empowering leadership focused on individual gifts including spiritual gifts (Bugbee, 1995; Carter, 1968), psychosocial gifts (Collins, 1977; Estep & Kim, 2010; Fowler, 1995), and professional competencies (J. Maxwell, 1987; Scazzero, 2015; Stanley et al., 2004). Empowering leadership realigned the role of the individual with the mission of the church at large (Goheen, 2016; Hirschi, 2011; Ladd, 1996) and embraced spiritual health (Foster, 1981; Mulholland, 1993) and psychological self-care (Greenleaf, 1998; Shawchuck & Heuser, 1993).

Recently, much of the research concerning church health and empowering leadership has focused on developing systematic approaches to assessing church health as seen with Natural Church Development and The U. S. Congregational Life Survey. These tools quantify church health while utilizing empowering leadership as an independent variable. Researchers have used the NCD and USCLS to measure social and congregational influence on church health (S. Reimer, 2007; Stroope et al., 2015). However, no research has been conducted to measure the relationship between church health and empowering leadership using the NCD assessment tool.

Transformational leadership has been identified as a process by which values, beliefs, and systems of being change over time (Burke, 2013; Burns, 2004; Covey, 1992; Yukl, 2009). Transformational leadership is the theoretical framework upon which empowering leadership was built (Bass & Riggio, 2016). Schwarz’s (1996) NCD model identifies empowering leadership as a core component of church health. A review of literature presents the transformational importance of individuals and teams within the church (Kapic, 2014; J. C.
Maxwell, 2008; Scazzero et al., 2003; Stanley, 2006). Through team formation and individual
development, leaders can equip churches for growth (L. W. Osborne, 2006).
III. METHODOLOGY

The purpose of the quantitative study was to evaluate the role of empowering leadership in overall church health and determine if it was a statistically significant predictor of overall church health. This chapter explains the methodology used in this quantitative study. Quantitative research aims to collect and analyze numerical data to “describe, explain, predict, or control phenomena of interest” (Mills & Gay, 2018, p. 7). The data collected and the research questions focused on the eight domains of church health function as defined by Schwarz (1996) including empowering leadership, gift-oriented ministry, passionate spirituality, functional structures, inspiriting worship service, holistic small groups, need-oriented evangelism, and loving relationships. The eight domains of church health formed the dependent variables of the study and was measured by the aggregate church health score of NCD International (Schalk & Schwarz, 1998).

Sample Selection

A representative sample of more than 1% of the average total number of AG churches and adherents in the US between the years of 2006 and 2016 was accessed for study purposes. Table 1 contains an illustration of the average number of churches (n = 12,610) and adherents (n = 2,814,457). NCD International was able to provide a total of 361 churches, equal to 2.8% of total average number. Additionally, a total of 9,619 surveys were provided, equal to .03% of
total average adherents between the years described. Membership with the AG was the only criteria required for participation; church size, tenure of pastor, and location did not affect the sampling method.

Table 1


<table>
<thead>
<tr>
<th>Year</th>
<th>Churches</th>
<th>Adherents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>12,311</td>
<td>1,627,932</td>
</tr>
<tr>
<td>2007</td>
<td>12,326</td>
<td>1,641,341</td>
</tr>
<tr>
<td>2008</td>
<td>12,377</td>
<td>2,899,702</td>
</tr>
<tr>
<td>2009</td>
<td>12,371</td>
<td>2,914,669</td>
</tr>
<tr>
<td>2010</td>
<td>12,457</td>
<td>3,030,944</td>
</tr>
<tr>
<td>2011</td>
<td>12,595</td>
<td>3,041,957</td>
</tr>
<tr>
<td>2012</td>
<td>12,722</td>
<td>3,095,717</td>
</tr>
<tr>
<td>2013</td>
<td>12,792</td>
<td>3,127,857</td>
</tr>
<tr>
<td>2014</td>
<td>12,849</td>
<td>3,146,741</td>
</tr>
<tr>
<td>2015</td>
<td>12,897</td>
<td>3,192,112</td>
</tr>
<tr>
<td>2016</td>
<td>13,023</td>
<td>3,240,258</td>
</tr>
<tr>
<td>Average</td>
<td>12,610</td>
<td>2,814,475</td>
</tr>
</tbody>
</table>
Prior to inclusion in the study, each church completed a NCD Assessment. NDC International encouraged churches to complete 15 studies per church in order to properly assess the health of the congregation from the perspective of lead pastor, staff pastors, elders/deacons, and church members. In addition to these surveys, each church was required to fill out a “Pastor’s Form” (Appendix A) in order to provide current data on key church metrics including contact information, pastor’s age, educational background, gender, and leadership styles. Pastors were also asked to report on the five-year size and growth of their church, church planting history, and other congregational demographic information. Only data for churches who submitted a minimum of two surveys per church as provided by NCD were utilized for study purposes. Churches who submitted data agreed to share their results with NCD International and release their data for further research by NCD affiliates.

**Instrumentation**

The NCD Assessment survey consisted of 91 questions (Appendix A) and provided a comprehensive assessment of the health of the church according to Schwarz’s (1996) eight domains of church health. The eight domains included statements regarding the quality of empowering leadership, gift-based ministry, passionate spirituality, effective structures, inspiring worship services, holistic small groups, need-oriented evangelism, and loving relationships. A Likert scale ranging from 0 (*a very great extent*) to 4 (*not at all*) was utilized to score the questions.

The assessment tools were developed by NCD with respect to accuracy and usability over the last 22 years. Under Schwarz’s leadership, the organization had conducted the NCD Assessment in more than 40 languages in 84 countries (“About NCD International,” n.d.) for validation purposes. The NCD Assessment has been used by more than 70,000 churches and
within 112 denominations. The assessment tool is officially recognized as a church leadership model by the AG Annual Church Ministries Report (ACMR) and has been incorporated into a number of leadership studies through the US over the past 20 years.

**Procedures**

NCD International has been assessing the health of churches since 1996 (“About NCD international,” n.d.). Between the years of 2006 and 2016, the organization assessed 361 Assemblies of God (AG) churches through 9,619 surveys of church staff and attenders. The surveys and results were provided by NCD International in order to study the relationship between empowering leadership and church health. AG pastors in the United States of America (US) were invited to participate in the NCD Assessment (Appendix B). In the absence of a lead pastor, church board members were invited to utilize the NCD Assessment. Participating churches included in the data set were required to be affiliated with the AG through their regional district. The AG is comprised of 75 geographical and ethnic districts across the US. The assessment was provided by NCD International. Participation in the assessment was voluntary, and the assessment was made available physically and digitally. Paper assessments were collected at the local church and mailed back to NCD America for calculation. The personal identification of each respondent and their affiliated church have been kept confidential. NCD International removed any personally identifiable data before making it available to the researcher. Churches were invited to participate in the survey by registering online or locally at ministry conferences, training events, or through personal relationships.

**Research Questions and Hypotheses**

In order for the researcher to address the stated research problem, the following research questions and hypotheses were posed:
1. Considering the eight domains of church health function, which domains are statistically significant in predicting church health?
   \[ H_0^1: \text{None of the domains of church health function will manifest at a statistically significant level.} \]

2. Considering the role of empowering leadership in overall church health, is empowering leadership a statistically significant predictor of overall church health?
   \[ H_0^2: \text{Empowering leadership does not represent a statistically significant predictor of overall church health.} \]

3. Considering domains other than empowering leadership, which is the most statistically significant predictor of church health?
   \[ H_0^3: \text{Excluding empowering leadership, none of the domains represent statistically significant predictors of church health.} \]

**Data Analysis**

Upon completion of the surveys, data collected were coded and analyzed. Unique identifiers for each church were removed by NCD to protect the identity of participants. Prior to formally addressing the stated research questions of the study, preliminary analyses were conducted. Missing data, internal reliability of participant response to the research instrument, and essential demographic represented the primary analyses conducted for the reporting of the study’s findings by research questions posed. Missing data analyses were undertaken using descriptive statistical techniques and the Little’s MCAR statistic for assessing randomness of missing data. Internal reliability was analyzed using the Cronbach’s alpha (\( \alpha \)) test statistic. Essential demographic information was analyzed to determine the composition of gender, education, and age of pastor.
The research questions were addressed through a combination of descriptive and inferential statistical techniques. The following represents how the proposed research questions have been addressed analytically.

**Research Question 1**

Statistical significance of finding was determined using a one sample $t$-test to assess domain mean scores from the null test value. The probability level of $p < .05$ represented the threshold of statistical significance of finding. Cohen’s $d$ was used to assess the magnitude of effect or effect size of finding.

**Research Question 2**

The statistical significance of empowering leadership as a predictive domain was assessed through the binary logistic regression test statistic. All assumptions associated with the use of the binary logistic regression test statistic were addressed. Predictive model fitness was assessed through the interpretation of the predictive model $x^2$ value. Wald values were interpreted for statistical significance of finding. The probability level of $p < .05$ represented the threshold of statistical significance of finding. Nagelkerke’s $R^2$ was used as the means of determining the predictive effect exerted by the independent variable in the predictive model. $\exp\beta$ or the model’s odds ratio was interpreted to determine the likelihood of attainment of church health status.

**Research Question 3**

The most statistically significant predictor of church health was assessed using the multiple linear regression test statistic. All assumptions associated with the use of the multiple linear regression test statistic were addressed through either statistical means or visual inspection. Independent variable predictive slope ($t$) values were interpreted for statistical
significance of finding. The probability level of $p < .05$ represented the threshold of statistical significance of finding. The $r^2$ statistic was used and converted to a Cohen’s $d$ value as the means of determining the predictive effect exerted by the independent variables in the predictive model.

**Summary**

The purpose of the quantitative study was to evaluate the role of empowering leadership in overall church health. A representative sample of more than 1% of the average total number of AG churches and adherents in the US between the years of 2006 and 2016 was accessed for study purposes. Between the years of 2006 and 2016, NCD assessed 361 AG churches through 9,619 surveys of church staff and attenders. The surveys and results were provided by NCD in order to study the relationship between empowering leadership and church health. The assessment survey consisted of 91 questions (Appendix A) and provided a comprehensive assessment of the health of the church according to Schwarz’s (1996) eight domains of church health. The eight domains included statements regarding the quality of empowering leadership, gift-based ministry, passionate spirituality, effective structures, inspiring worship services, holistic small groups, need-oriented evangelism, and loving relationships. Upon completion of the surveys, data collected were coded and analyzed. Unique identifiers for each church were removed by NCD to protect the identity of participants. Prior to formally addressing the stated research questions of the study, preliminary analyses were conducted.

Three research questions were addressed through a combination of descriptive and inferential statistical techniques. Statistical significance was determined using a one sample $t$-test while predictability was assessed through the binary logistic regression test statistic and the multiple linear regression test statistic.
IV. RESULTS

The purpose of the quantitative study was to evaluate the role of empowering leadership and determine if it is statistically significant predictor of overall church health. Data collected from Natural Church Development (NCD) have provided a clear definition of empowering leadership and church health. The New NCD Survey-Pastor’s Form consisted of 44 questions and provided a wholistic view of church background and demographic. The New NCD Survey consisted of 91 questions and quantified the construct of empowering leadership as a marker of overall church health. Additional domains of church health include gifts-oriented ministry, passionate spirituality, functioning structures, inspiriting worship, holistic small groups, need-oriented evangelism, and loving relationships. Research questions and hypotheses stated in the study were addressed through the use of inferential and predictive analysis.

Prior to formally addressing the stated research questions of the study, preliminary analyses were conducted. Missing data, internal reliability of participant response to the research instrument, and essential demographic represented the primary analyses conducted as segue to the reporting of the study’s findings by research questions posed.
Missing Data

The composite response by churches participating in the study was based upon the initial administration of the research instrument to individual pastors. The extent of missing data reflected in the initial administration of the research instrument is considered minimal at 3.47% (28,399 of a possible 789,216 individual responses). Composite, church-level illustration of data appears to have been derived without the imputation of missing data from the initial data set consisting of pastor responses to each the research instrument’s survey items.

Internal Reliability

Considering the eight domains of church health represented in the study, an excellent degree of internal consistency of response was reflected across the 361 participating churches (\( \alpha = .96 \)) using the Cronbach’s alpha test statistic (Field, 2017). Moreover, the finding for internal consistency of response to the eight domains of church health across the 361 participating churches was statistically significant (\( F_{(360, 7)} = 52.88; p < .001 \)).

Essential Demographic Information

An overwhelming majority of study participants were male (99.5%). Slightly over half of the participants (52.1%; \( n = 188 \)) indicated that their education through a “Bible school,” with nearly four in 10 participants (39.1%; \( n = 141 \)) identified as having received “theological studies” training as their means of educational experience in the ministry. The remaining 8.6% (\( n = 31 \)) identified educational experience as either having been obtained “on the job” or “other.”

Regarding age of pastor of church represented in the study, the mean age was 47.70 (range: 25 to 72). The most frequently occurring ages in the sample were 41 and 47 (mode = 16). The median value for number of church services was 2 (range: 1 to 9). The most frequently
occurring number of services offered was one \((n = 161)\). Nearly half of the participant sample (44.6\%) indicated that their church offered one service weekly.

**Analyses and Findings by Research Question Posed**

**Research Question 1: Considering the eight domains of church health function, which domains are statically significant?**

Using the one sample \(t\) test to assess the statistical significance of domain mean scores from the null or test value of 58.64, two domains were found to be statistically significantly higher than the test value, with one domain (holistic small groups) statistically significantly lower than the null or test value. The finding for empowering leadership was statistically significant at the \(p < .001\) level, reflecting however a small magnitude of effect (effect size) at \(d = .21\). For passionate spirituality, the finding was also statistically significant at the \(p < .001\) level, with a magnitude of effect (effect size) at a slightly higher level of \(d = .27\). The finding for holistic small groups was statistically significant at the \(p < .001\) level, with a magnitude of effect considered approaching a moderate or medium level \((d = -.37)\).

Table 2 contains a complete summary of finding regarding the statistical significance of each of the study’s eight domains.
Table 2

Statistical Significance Comparisons: Domains of Church Health Function

<table>
<thead>
<tr>
<th>Domain</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowering Leadership</td>
<td>361</td>
<td>61.63</td>
<td>14.20</td>
<td>4.05***</td>
</tr>
<tr>
<td>Gifts Oriented Ministry</td>
<td>361</td>
<td>57.49</td>
<td>15.84</td>
<td>-1.33</td>
</tr>
<tr>
<td>Passionate Spirituality</td>
<td>361</td>
<td>61.46</td>
<td>10.35</td>
<td>5.25***</td>
</tr>
<tr>
<td>Functioning Structures</td>
<td>361</td>
<td>58.07</td>
<td>14.85</td>
<td>-0.68</td>
</tr>
<tr>
<td>Inspiring Worship</td>
<td>361</td>
<td>59.48</td>
<td>12.65</td>
<td>1.32</td>
</tr>
<tr>
<td>Holistic Small Groups</td>
<td>361</td>
<td>53.22</td>
<td>14.51</td>
<td>-7.04***</td>
</tr>
<tr>
<td>Need-Oriented Evangelism</td>
<td>361</td>
<td>59.62</td>
<td>14.47</td>
<td>1.34</td>
</tr>
<tr>
<td>Loving relationships</td>
<td>361</td>
<td>58.16</td>
<td>13.53</td>
<td>0.62</td>
</tr>
</tbody>
</table>

***p < .001

Research Question 2: Considering the role of empowering leadership in overall church health, is empowering leadership a statistically significant predictor of overall church health?

Using the binary logistic regression test statistic, the domain of empowering leadership represented a statistically significant predictor of overall church health function. The predictive model was viable ($\chi^2_{(1)} = 54.56; p < .001$). The independent predictor variable empowering leadership accounted for 62.7% of the explained variance in the dependent variable of overall church health function ($R^2 = .627$). The predictive effect exerted by the variable empowering leadership of $d = 3.4$ is considered very large ($d \geq 1.30$). With regard to the odds-ratio of
empowering leadership, for every full unit of increase in participant perception of its importance, the likelihood of achieving healthy church status increases by 26% over even odds.

Table 3 contains a summary of finding for predicting overall church health function by the study domain of empowering leadership.

Table 3

*Predicting Overall Church Health Function by Empowering Leadership Domain*

<table>
<thead>
<tr>
<th>Model</th>
<th>β (SE)</th>
<th>95% Lower CI Odds Ratio</th>
<th>Odds Ratio (Expβ)</th>
<th>95% Upper CI Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>-6.78 (2.00)</td>
<td>1.13</td>
<td>1.26</td>
<td>1.40</td>
</tr>
<tr>
<td>Empowering Leadership</td>
<td>0.23*** (0.05)</td>
<td>1.13</td>
<td>1.26</td>
<td>1.40</td>
</tr>
</tbody>
</table>

***p < .001

**Research Question 3: Considering domains other than empowering leadership, which is the most statistically significant predictor of church health?**

Using the binary logistic regression test statistic, the remaining seven domains in the study represented robust, statistically significant predictors of overall church health function (p < .001). Of the seven, the domain of functioning structures exerted the most robust predictive effect, accounting for 75% of the explained variance in the dependent variable overall church health function. The predictive effect of functioning structures is considered very large at \( d = 6.0 \). With regard to the odds-ratio of functioning structures, for every full unit of increase in participant perception of its importance, the likelihood of achieving healthy church status increases by 54% over even odds.

Table 4 contains a complete summary of the predictive effect of study domains upon overall church health function.
### Table 4

*Predicting Overall Church Health Function by Domains*

<table>
<thead>
<tr>
<th>Model</th>
<th>$\beta \ (SE)$</th>
<th>95% Lower CI Odds Ratio</th>
<th>Odds Ratio ($\exp(\beta)$)</th>
<th>95% Upper CI Odds Ratio</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts Oriented Ministry</td>
<td>0.20*** (0.05)</td>
<td>1.12</td>
<td>1.22</td>
<td>1.33</td>
<td>.56*</td>
</tr>
<tr>
<td>Passionate Spirituality</td>
<td>0.23*** (0.05)</td>
<td>1.13</td>
<td>1.26</td>
<td>1.39</td>
<td>.41*</td>
</tr>
<tr>
<td>Functioning Structures</td>
<td>0.43*** (0.13)</td>
<td>1.20</td>
<td>1.54</td>
<td>1.97</td>
<td>.75*</td>
</tr>
<tr>
<td>Inspiring Worship</td>
<td>0.23*** (0.05)</td>
<td>1.14</td>
<td>1.25</td>
<td>1.38</td>
<td>.57*</td>
</tr>
<tr>
<td>Holistic Small Groups</td>
<td>0.18*** (0.04)</td>
<td>1.10</td>
<td>1.19</td>
<td>1.29</td>
<td>.55*</td>
</tr>
<tr>
<td>Need-Oriented Evangelism</td>
<td>0.31*** (0.08)</td>
<td>1.17</td>
<td>1.37</td>
<td>1.60</td>
<td>.69*</td>
</tr>
<tr>
<td>Loving Relationships</td>
<td>0.23*** (0.05)</td>
<td>1.14</td>
<td>1.26</td>
<td>1.38</td>
<td>.58*</td>
</tr>
</tbody>
</table>

***$p < .001$  *Very Large Predictive Effect ($d \geq 1.30$)

### Summary

The study’s missing data were considered minimal and 3.47% (28,399 of a possible 789,216 individual responses). Composite, church-level illustration of data appears to have been derived without the imputation of missing data from the initial data set consisting of pastor responses to each of the research instruments survey items. The sample size of 361 churches is considered statistically significant to the overall number of English-speaking churches in the Assemblies of God in the United States (3.4% of 10,452 total churches). An overwhelming
majority of study participants were male (99.5%). Participants that were identified with a “Bible school” education represented 52.1% of the total while students that were identified with an education through “theological studies” represented 39.1% of the total number (n = 188).

Regarding the highest mean score of the eight domains of church health function, empowering leadership scored the highest at 61.53. Passionate spirituality and need-oriented evangelism followed with a close second with a median score of 61.46 and 59.62 respectively. All eight domains of church health were determined to be statistically significant; however, two domains proved to be the most significant: passionate spirituality (t = 5.25; p < .001) and empowering leadership (t = 4.05; p < .001). The finding for holistic small groups was the least significant with a magnitude of effect considered approaching a moderate or medium level (t = -7.04; p < .001).

Considering the eight domains of church health in relation to overall church health, the effect size of empowering leadership of $d = 3.4$ was considered huge ($d \geq 2.00$). With regard to the odds-ratio of empowering leadership, for every full unit of increase in participant perception of its importance, the likelihood of achieving healthy church status increases by 26% over even odds. In domains other than empowering leadership, the most statistically significant predictor of church health is functioning structures. Accounting for 75% of the explained variance in the dependent variable overall church health function, the predictive effect of functioning structures was considered huge at $d = 6.0$. With regard to the odds-ratio of functioning structures, for every full unit of increase in participant perception of its importance, the likelihood of achieving healthy church status increases by 54% over even odds. Differences in levels of empowering leadership were considered to be very large ($g = 2.27$) factoring for high and low levels.
The most robust correlate of overall church health function was functioning structures ($r = .94; p < .001$). All of the eight domains of church health were considered to manifest very strong associative effects, with empowering leadership ($r = .92; p < .001$), gifts-oriented ministry, and need-oriented evangelism ($r = .91; p < .001$) exerting the highest degrees of mathematical relationship.
V. DISCUSSION

The study examined the statistical significance of empowering leadership for church health. The intent of the quantitative study was to evaluate the role of empowering leadership in overall church health and determine if it was a statistically significant predictor of overall church health.

Statement of Problem

Evidence of church decline has been observed (Olson & Beckworth, 2011) with attending members appearing to engage with the local church less frequently (Hadaway & Marler, 2005). Church leaders depend on attendance as the primary indicator for assessing church health instead of measuring church health through a more holistic assessment tool (Detrick, 2013). Although growth and health are closely associated in the lifespan of a church, the two are not identical (Stetzer & Alpharetta, 2006). McIntosh and Engle (2004) assessed the modern church growth movement in North America and rebutted the idea that all growing churches are healthy. They found that growth is an indicator of health, but health is not always an indicator of growth. The purpose of this quantitative study was to evaluate the role of empowering leadership in overall church health within the framework of Natural Church Development (NCD).
Review of Methodology

Between the years of 2006 and 2016, NCD assessed 361 Assemblies of God (AG) churches through 9,619 surveys of church staff and attenders. The surveys and results were provided by NCD International to the researcher in order to study the relationship between empowering leadership and church health. AG pastors in the United States of America (US) were invited to participate in the Natural Church Development Assessment (Appendix B). In the absence of a lead pastor, church board members were invited to utilize the Natural Church Development Assessment. Participating churches included in the data set were required to be affiliated with the AG through their regional district. The AG is made up of 75 geographical and ethnic districts across the US. The assessment was provided by NCD International.

Participation in the assessment was voluntary, and the assessment was made available physically and digitally. Paper assessments were collected at the local church and mailed back to NCD America for calculation. Personal identification of each respondent and their affiliated church has been kept confidential. NCD International removed any personally identifiable data before making the survey results available to the researcher. Churches were invited to participate in the survey by registering online or locally at ministry conferences, training events, or through personal relationships.

The researcher desired to assess a representative sample of more than 1% of the average total number of AG churches and adherents in the US between the years of 2006 and 2016. Table 1 illustrated the average number of churches (12,610) and adherents (2,814,457). NCD International was able to provide a total of 361 churches equal to 2.8% of the total average number. Additionally, a total of 9,619 surveys were provided equal to .03% of total average adherents between the years described. Membership within the AG was the only criteria
required for participation; church size, tenure of pastor, and location did not affect the sampling method.

Upon completion of the surveys, data collected were coded and analyzed. Unique identifiers for each church were removed by NCD to protect the identity of participants. Prior to formally addressing the stated research questions of the study, preliminary analyses were conducted. Missing data, internal reliability of participant response to the research instrument, and essential demographic represented the primary analyses conducted for the reporting of the study’s findings by research questions posed. Missing data analyses were undertaken using Little’s MCAR statistic. Internal reliability was analyzed using Cronbach’s alpha test statistic. Essential demographic information was analyzed to determine the composition of gender, education, and age of pastor.

**Summary of the Results**

Regarding the highest mean score of the eight domains of church health function, empowering leadership scored the highest at 61.53. Passionate spirituality and need-oriented evangelism followed as a close second and third with a median score of 61.46 and 59.62 respectively. Considering the eight domains of church health in relation to overall church health, the effect size of empowering leadership of $d = 3.4$ is considered very large ($d \geq 1.30$). The most robust correlate of overall church health function was functioning structures ($r = .94; p < .001$).

**Discussion of Results**

**Research Question 1: Considering the eight domains of church health function, which domains are statically significant?**

Regarding the highest mean score of the eight domains of church health function, empowering leadership scored the highest at 61.53. Transformational leadership is confirmed as
an important factor for individual and organizational health (Burke, 2013; Burns, 1978; Covey, 1992). Simply put, “as goes the leader, so goes the church” (Scazzero et al., 2003, p. 20). However, the impact on overall church health demands the inclusion of the laity in church operation. A church cannot be healthy when the leadership is detached from the church’s operation. As previously discussed, Scripture described the function of the individual as part of the whole (1 Corinthians 12), and the author of Hebrews described a “priesthood of all believers” (Hebrews 7:23-28). The research findings suggested that empowering leadership is the most statistically significant domain of church health.

Each of the eight domains of church health was determined to be statistically significant; however, two domains proved to be the most significant: passionate spirituality and empowering leadership. These findings confirm Schwarz’s (1996) argument stating that church health is strongly influenced by its weakest score. Known as “the minimum factor,” this principle of church health requires church leaders to increase the minimum competencies while focusing on the development of overall church health (Schalk & Schwarz, 1998, p. 49). This logic appears to conflict with modern applications of strength-based development for organizations and individuals (Rath & Conchie, 2008). It does, however, concur with research suggesting that church health is based on minimum threshold competencies which cannot be minimized for the goal of overall church health (McIntosh, 1999; Stanley et al., 2004).

**Research Question 2: Considering the role of empowering leadership in overall church health, is empowering leadership a statistically significant predictor of overall church health?**

In overall church health, empowering leadership is a statistically significant predictor of overall church health. Considering the eight domains of church health in relation to overall
church health, the effect size of empowering leadership was considered huge. This effect size suggests an important influence of empowering leadership as suggested by research presented by Balswick and Wright (1988) as well as ministry practitioners including J.C. Maxwell (2008) and Stanley et al. (2004). With regard to the odds-ratio of empowering leadership, for every full unit of increase in participant perception of its importance, the likelihood of achieving healthy church status increases by 26% over even odds. This finding confirms the Postmodern emphasis on ministry leadership development as previously discussed (Bugbee, 1995; Carter, 1968).

Differences in levels of empowering leadership were considered to be huge, factoring for high and low levels.

In domains other than empowering leadership, the most statistically significant predictor of church health is functioning structures. Accounting for 75% of the explained variance in the dependent variable overall church health function, the predictive effect of functioning structures is considered huge. This finding suggested an important relationship between the domains of church health and the implementation of those domains. Of the domains of church health, functioning structures is the only domain which places an emphasis on implementation. Schwarz (1996) described the importance of systematically introducing his principles of church health through an intentional “processes of change” (p. 104). This process highlights the necessity of communicating and enacting change throughout the church in order to accomplish improved overall health. With regard to the odds-ratio of functioning structures, for every full unit of increase in participant perception of its importance, the likelihood of achieving healthy church status increases by 54% over even odds. The influence of functioning structures is an important finding as it suggested functioning structures as the most influential catalyst for overall church health.
Research Question 3: Considering domains other than empowering leadership, which is the most statistically significant predictor of church health?

The most robust correlate of overall church health function was functioning structures. This finding confirmed the significance of organizing church around a unifying theme (Guder & Hunsberger, 1998). Additionally, this finding falls in alignment with research suggesting the health of organizations depends on the ability of those organizations to adapt and transform to meet both internal and external demands (Burke, 2013; Yukl, 2009). The predictive effect of functioning structures is considered huge. This finding allowed church leaders to determine the effectiveness of their organizational models based on the ability to implement functional structures within their organization as posited by Schwarz (1996), Scazzero (2003), and Mancini (2008).

All of the eight domains of church health were strongly related to overall church health, with empowering leadership, gifts-oriented ministry, and need-oriented evangelism exerting the greatest degrees of associative effect. The findings in the current study are validating of the notion that each of the domains of church health are necessary components for overall church health. The minimum factor presented by Schwarz (1998) is upheld by each of the research questions and validates the integrity of the model proposed by NCD.

Study Limitations

The participants of the study were lead pastors and members of Assemblies of God churches between the years of 2006 and 2016 in the United States of America. Each church completed NCD assessment surveys including the New NCD Survey – Pastor’s Form (Appendix A) and the NCD New Survey (Appendix B). The New NCD Survey – Pastor’s Form was utilized by a single individual identified as the lead pastor of a local church. The NCD New
Survey was completed by parishioners of the same church. The selection of these parishioners was at the discretion of the local church. Both surveys were administered under the supervision of an approved NCD coach following an introduction of terminology utilized in the survey. All churches voluntarily completed the NCD assessment surveys within the United States. Churches were not sorted by size, geography, education of pastor, or church demographics. All Assemblies of God churches within the United States were exposed to the NCD model through the mandatory participation of the Annual Church Membership Report survey.

**Implications for Practice**

The study evaluated the role of empowering leadership in overall church health within the framework of Natural Church Development. The research showed that empowering leadership was statistically significant for church health and was also a significant predictor of church health. Furthermore, it was determined that functional structures played an important role in the effect of overall church health. These findings aligned with the NCD model including the minimum factor proposed by Schwarz (1996). None of the eight domains of overall church health can be ignored; however, empowering leadership and functional structures should be afforded more attention as they strongly influence the success of the remaining six domains of church health.

Empowering leadership, as understood through the lens of transformational leadership, should become a focus of local church leaders. Transformational leadership was defined as the metamorphosis of an individual or organization in a way that incorporates new values, beliefs, and systems of being over time (Burke, 2013; Burns, 2004; Covey, 1992; Yukl, 2009). The metamorphosis of an individual is necessary for the transformation of the organization when that
organization is the church. Church leaders should explore and develop more effective means for personal transformation that incorporates the core values of the church. Frequently presented as missional leadership (Goheen, 2016; Niemandt, 2012), church leaders should expand their understanding of equipping parishioners for the operation of the church. The effectiveness of member activity confirms non-church related findings in which increased participation throughout the organization increases the effectiveness of the organization as a whole (Yukl, 2009). Additionally, church leaders should learn from historical examples in which the health of the church was influenced by the beliefs of the church (Kingdon, 1981; B. Shelley, 2012). In every epoch of church history, the church has been defined by its members. The church as a body of believers was the model of church first advocated for in Scripture (D’Ambrosio, 2014; Lane, 2006; B. Shelley, 2012; von Harnack, 1962). The body of Christ refers to the church and the church is made of many individual members (1 Corinthians 12:27). Pastors and leaders must remember that overall church health is not the product of programs but is the product of individual transformation. Therefore, church discipleship models must consider the role of individual formation when developing new systems of being for the church at large (Cordeiro, 2004; Geiger & Peck, 2016; L. Osborne, 2013).

Functional structures are essential for improved and sustained health of the local church. Schwarz (1996) reminded his readers that programs do not provide instant results for overall church health. However, functional structures are an essential means for implementing the other domains of church health. The findings presented in this study suggests that functional structures are the most significant overall predictor of church health. Practitioners should develop systems and structures with the intent of developing each domain of church health. In this way, the church leadership can align itself with the biotic principles of natural growth.
(Schalk & Schwarz, 1998). The current emphasis on contemporary marketing strategies has the potential to overlook the establishment of critical domains of church health (Keller, 2012). Domains of church health, excluding empowering leadership and functional structures, should remain on the forefront of church leadership. However, empowering leadership and functional structures should be viewed as catalysts for the remaining domains of church health.

**Implications for Future Research**

This quantitative study defined the relationship between church health and empowering leadership through the theoretical framework of transformational leadership. There is still much to learn about church health and the domains of church health as proposed by Schwarz (1996). Implications for future research include an emphasis on other independent variables which may affect overall church health. Additionally, researchers should consider examining the relationship between empowering leadership and functional structures in order to better understand the two domains of church health that stand as the greatest predictors of overall church health. The theoretical framework of transformational leadership provides great insight to the domain of church health called empowering leadership. The concept of empowering leadership could be expanded to include additional domains including values, beliefs, and modes of being. Finally, the predictive significance of functional systems, in relation to overall church health, warrants future research itself.

**Recommendations for Future Research**

The research demonstrated that empowering leadership and functional structures have a significant effect on overall church health. However, external factors, such as age of pastor, age of church, growth of church, and socio-economic information, may provide an insightful look at additional variables influencing church health. Evaluating independent variables as reported by
the New NCE Survey - Pastor’s Form would increase the understanding of external effects on overall church health and may help leaders implement more effective strategies for overall church health.

The discovery that each of the eight domains of church health is statistically significant is not surprising; however, the predictive nature of functional structures and empowering leadership is a surprise. This insight into the predictive nature of functional structures and empowering leadership suggests that they play a unique role in overall church health and should be examined more closely. Such a study could explore the following questions: What qualities of functional structures influence empowering leadership within an organization? What aspects of functional structures are most dependent on empowering leadership within and organization? The potential outcomes of this research would guide church leaders to increase their capacity in organizational and transformational leadership.

Researchers in the arena of church health should more closely examine empowering leadership as understood through the lens of transformational leadership. The definition of empowering leadership presented by Schwarz (1996) is effective. However, expanding the understanding of transformational leadership could be beneficial for church leaders as they more readily develop modes of empowering leadership for their specific ministry setting. Emphasizing values, beliefs, and modes of operation would correlate with the current literature (Burke, 2013; Burns, 1978; Yukl, 2009) on transformational literature and may provide additional insight into church health that is yet to be discovered.

The predictive significance of functional systems, in relation to overall church health, warrants future research. Many systems of church health exist; however, many of these systems focus on the attraction and assimilation of new members. Additionally, many systems focus on
the Christian discipleship of new and existing members. Researchers should explore popular models of church organization and determine which, if any, are more effective at implementing domains of church health. Observance of the NCD model of church health would not limit the study but could serve as a framework for better understanding the self-defined categories of essential ministry found in the local church.

**Conclusion**

The role of empowering leadership is critical as it relates to overall church health. Within the framework of Natural Church Development, two domains of church health emerge as important predictors of overall church health including empowering leadership and functional structures. Schwarz’s (1996) model of church health accurately depicts the role of transformational leadership within an organization. Transformational leadership, therefore, is an essential theoretical framework for the vitality of the local church (Burke, 2013; Burns, 1978; Yukl, 2009). The religious nature of the church does not diminish the role of organizational leadership; it places a greater demand on beliefs, values, and systems of being within the church (Greenleaf, 1998; J. C. Maxwell, 2008). Although the Postmodern church in the United States of America has struggled to attract attenders and active participants (Hadaway & Marler, 2005; Olson & Beckworth, 2011), the Assemblies of God has maintained modest growth (Table 1). However, leaders must remain vigilant to maintain church health. It is possible for churches to grow in attendance while obfuscating the essential characteristics of healthy churches that continue to grow over time (Eswine, 2012; L. W. Osborne, 2006; Piper, 2013; Warren, 1995b). This ability to achieve numerical growth in unhealthy ways is particularly concerning in an age where consumeristic trends in church models are becoming more common and threaten to replace proven methods of spiritual growth (Sanders, 2012; Sanou, 2016). The relationship
between functional structures and empowering leadership is critical. Functional structures lack the ability to reproduce themselves without a pervasive culture of empowering leadership. Schwarz (1996) cited the “development of structures which promote an ongoing multiplication of the ministry” (p. 28) as a core aspect of functional structures. Without a culture of empowering leadership, functional structures fall short and lack the ability to grow and reproduce themselves. However, with a focus on the essential domains of church health, it is possible for the Church to continue thriving today and for generations to come.
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Appendix A

New NCD Survey – Pastor’s Form

NEW NCD SURVEY—PASTOR’S FORM

Instructions — Please read carefully

• This form is to be answered by the pastor in addition to a copy of the questionnaire.

• If the church does not have a pastor, a member of the church leadership should complete the “Pastor’s Form.” (In this case, some questions will not be relevant and should be left blank.)

• If the church has several pastors, only the Senior Pastor will answer the Pastor’s Form and a copy of the questionnaire. If your church has no Senior Pastor, randomly select one of the pastors to answer the Pastor’s Form.

• Most of the questions are mandatory because they provide basic contact and demographic information. It will not be possible to process the survey data without this information.

• Please keep a copy of this form for your records. It will be a helpful reference when completing the next NCD Survey.

CONTACT INFORMATION

■ Church

1. Church name

2. Church address
   a. Address 1
   b. Address 2
   c. City
   d. State or Province
   e. Postal Code
   f. Country United States of America

3. Church website

■ Pastor

4. Your name

5. Pastor’s phone number

6. Pastor’s fax number

7. Pastor’s cell/mobile phone number

8. Pastor’s e-mail address

■ Contact (if different from pastor, e.g., survey administrator, otherwise optional)

9. Contact name

10. Contact address:
   a. Address 1
   b. Address 2
   c. City
   d. State or Province
   e. Postal Code
   f. Country United States of America

11. Contact phone number

12. Contact fax number

13. Contact cell/mobile phone number

14. Contact e-mail address
BACKGROUND INFORMATION

15. Pastor’s age

16. Pastor’s gender: [ ] male  [ ] female

17. Pastor’s highest level of education:
   [ ] Theological studies  [ ] Training on the job
   [ ] Bible School       [ ] Other

18. How many years have you been the pastor of this church?

19. If you have completed the “3-Color-Gift-Test”, please indicate your 5 highest manifest gifts.
   [ ] Apostle  [ ] Mercy
   [ ] Artistic creativity  [ ] Miracles
   [ ] Counseling  [ ] Missionary
   [ ] Craftsmanship  [ ] Music
   [ ] Deliverance  [ ] Organization
   [ ] Discernment  [ ] Prayer
   [ ] Evangelism  [ ] Prophecy
   [ ] Faith  [ ] Service
   [ ] Giving  [ ] Shepherding
   [ ] Healing  [ ] Singleness
   [ ] Helps  [ ] Suffering
   [ ] Hospitality  [ ] Teaching
   [ ] Interpretation  [ ] Tongues
   [ ] Knowledge  [ ] Voluntary poverty
   [ ] Leadership  [ ] Wisdom

20. My leadership style can be described best as (Mark all that apply):
   [ ] Authoritarian  [ ] Goal-oriented
   [ ] Partnership  [ ] Serving
   [ ] Democratic  [ ] Relationship-oriented
   [ ] Task-oriented  [ ] Team-oriented
   [ ] People-oriented

SIZE & GROWTH OF YOUR CHURCH

21. Number on church membership roll:

22. At present, the average number of adults attending church services (in most churches this would be the primary worship services) each week is (according to your own way of counting):

23. At present, the average number of children attending church services (in most churches this would be the primary worship services) each week is (according to your own way of counting):

24. During the past five years the average number of adults attending church services (in most churches this would be the primary worship services) each week was (according to your own way of counting):
   A. (one year ago)
   B. (two years ago)
   C. (three years ago)
   D. (four years ago)
   E. (five years ago)

25. How do you count your worship service attendance? (Multiple answers possible.)
   [ ] A. We don’t count, the figures above are guessed.
   [ ] B. If someone attends 2 or more worship services per week, we only count him or her once.
   [ ] C. If someone attends 2 or more worship services per week, we count him or her each time.
   [ ] D. We only count the attendance at the main worship service.
   [ ] E. We don’t count every week, only on regular special occasions.
   [ ] F. Other

26. How many worship services does your church have each week?

27. How many small groups (home groups, cell groups, prayer groups, etc.) are there in your church?


**CHURCH PLANTING**

28. Over the last 10 years, how many daughter churches were planted by your church?

29. If any of your daughter churches have completed an NCD Survey, please indicate each of their account names (from their NCD Survey website account).

30. Over the last five years (including this year), how many members has your church given to daughter churches?
   A. (this year) 
   B. (one year ago) 
   C. (two years ago) 
   D. (three years ago) 
   E. (four years ago) 
   F. (five years ago)

34. What age groups are predominant in your church? (Mark all that apply)
   - Children (ages 1-12)
   - Youth (ages 13-18)
   - Young adults (ages 19-25)
   - Young families (ages 20-35)
   - Middle age (ages 35-64)
   - Senior citizens (ages 65 and up)

35. How would you best describe the music style of your church? (Mark all that apply)
   - Liturgical
   - Celebration
   - Organ music
   - Contemporary instruments
   - Spontaneous
   - Planned

36. Which of the following terms best describe your church’s theology? (Mark all that apply)
   - Liberal
   - Fundamentalist
   - Politically engaged
   - Charismatic
   - Pentecostal
   - Evangelical
   - 3 Color / Trinitarian

37. Does your church follow any of these approaches? (Mark all that apply)
   - Cell church
   - House church
   - Willow Creek
   - Purpose-driven church
   - Emerging church
   - G12
   - Natural Church Development

**GENERAL INFORMATION**

31. Denomination:

32. Founding year of this church (if known)

33. Location of church: What type of community best describes the location of your church?
   - Inner city
   - Suburb
   - Town
   - Village
   - Rural
   - Other
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- **OTHER SURVEYS**

38. How many NCD Surveys (including this one) has your church completed?

39. Is your church doing this NCD survey as the last survey before or first survey after an NCD Campaign?
   - Neither
   - Last survey before
   - First survey after

40. NCD Color Profile Results

   If your church has completed the NCD Color Profile (from the book “Color Your World With Natural Church Development” by Christian A. Schwarz), please check the most recent results of your church’s NCD Color Profile:
   - Green
   - Red
   - Blue

- **COACHING**

41. Will your church be assisted by a coach during this NCD cycle?
   - Yes, we have a coach
   - Yes, we will look for a coach
   - No

42. Was your church assisted by a coach during previous NCD cycles?
   - Yes, frequently
   - Yes, sometimes
   - No

43. Do you want to receive regular information about NCD by e-mail (from NCD International and/or the national NCD partner)?
   - Yes
   - No

44. If NCD International or the national NCD partner was interested in using the results of your church’s NCD Survey in one of their publications – would you allow us to contact you to get your permission?
   - Yes
   - No

Please do not forget to answer the survey questionnaire as well.
CHURCH PLANTING

28. Over the last 10 years, how many daughter churches were planted by your church? 

29. If any of your daughter churches have completed an NCD Survey, please indicate each of their account names (from their NCD Survey website account).

30. Over the last five years (including this year), how many members has your church given to daughter churches?
A. (this year)  
B. (one year ago)  
C. (two years ago)  
D. (three years ago)  
E. (four years ago)  
F. (five years ago)  

GENERAL INFORMATION

31. Denomination:  

32. Founding year of this church (if known)  

33. Location of church: What type of community best describes the location of your church?
- Inner city
- Suburb
- Town
- Village
- Rural
- Other

34. What age groups are predominant in your church? (Mark all that apply)
- Children (ages 1-12)
- Youth (ages 13-18)
- Young adults (ages 19-25)
- Young families (ages 20-35)
- Middle age (ages 35-64)
- Senior citizens (ages 65 and up)

35. How would you best describe the music style of your church? (Mark all that apply)
- Liturgical
- Celebration
- Organ music
- Contemporary instruments
- Spontaneous
- Planned

36. Which of the following terms best describe your church’s theology? (Mark all that apply)
- Liberal
- Fundamentalist
- Politically engaged
- Charismatic
- Pentecostal
- Evangelical
- 3 Color / Trinitarian

37. Does your church follow any of these approaches? (Mark all that apply)
- Cell church
- House church
- Willow Creek
- Purpose-driven church
- Emerging church
- G12
- Natural Church Development
Appendix B

NCD New Survey

NEW NCD SURVEY

Instructions — Please read carefully

• This questionnaire will help to discover the strengths and weaknesses of your church. It is important that you answer all of the questions by marking one of the indicated boxes. When you come to a question in which none of the responses match your opinion, please choose the response that corresponds as closely as possible to your opinion. Think about your church and how it currently looks from your point of view.
• If you feel that a question is not applicable to your church’s situation, leave it blank.
• This questionnaire is used worldwide in a wide variety of denominations. As a consequence, you may not be used to some of the vocabulary in the questions. Answer each question based on what you think it means.
• If a question refers to leaders (e.g. #13), it refers to pastors, priests, elders, deacons, board members, and similar positions.

• If a question refers to “small groups” or “groups” (e.g. #78), it includes all kinds of groups from 3-20 people (e.g. Bible study groups, home groups, prayer groups, ministry teams, cell groups, leadership teams, etc.)
• If a question refers to worship service, in your church this may be called mass, church service, divine service, service, celebration, etc.
• Whenever the term church is used, it relates to your local church.
• The questionnaires are evaluated anonymously. Your answers will be treated absolutely confidentially. Do not write your name on the questionnaire.
• Please return the completed questionnaire to the person from whom you received it. Thank you very much for your cooperation.
• Before you start with the questionnaire on the next page, please answer the following questions:

1. Gender:
   - [ ] Male
   - [ ] Female

2. Age:
   - [ ] <20
   - [ ] 21-30
   - [ ] 31-40
   - [ ] 41-50
   - [ ] 51-60
   - [ ] 61-70
   - [ ] >70

3. How long have you been a Christian?
   - [ ] years
   - [ ] Can’t say

4. How long have you been a part of this church?
   - [ ] years

5. Have you been involved in another local church before this one?
   - [ ] yes
   - [ ] no

6. If “yes”, please indicate the reason for moving to this church:
   - 6a Relocated to this area
     - [ ] Yes
     - [ ] No
   - 6b Current church provides more effective ministry to children/young adults
     - [ ] Yes
     - [ ] No
   - 6c Style of worship service
     - [ ] Yes
     - [ ] No
   - 6d Leadership of current church
     - [ ] Yes
     - [ ] No
   - 6e Conflict in previous church
     - [ ] Yes
     - [ ] No
   - 6f Dissatisfaction with previous church
     - [ ] Yes
     - [ ] No

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<table>
<thead>
<tr>
<th></th>
<th>The following statement is true...</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>I feel my task in our church is a positive challenge that stretches my faith.</td>
</tr>
<tr>
<td>8</td>
<td>It is my experience that God obviously uses my work for building the church.</td>
</tr>
<tr>
<td>9</td>
<td>The tasks I perform in our church match my gifts.</td>
</tr>
<tr>
<td>10</td>
<td>I feel the sermon in the worship service speaks to my personal situation.</td>
</tr>
<tr>
<td>11</td>
<td>My small group helps me with the challenges of my life.</td>
</tr>
<tr>
<td>12</td>
<td>I connect with God in a meaningful way during the worship service.</td>
</tr>
<tr>
<td>13</td>
<td>Our leaders seem to enjoy their ministry in our church.</td>
</tr>
<tr>
<td>14</td>
<td>I find it easy to tell other Christians about my feelings.</td>
</tr>
<tr>
<td>15</td>
<td>I feel that the worship service has a positive influence on me.</td>
</tr>
<tr>
<td>16</td>
<td>I know what value my work has in the overall work of our church.</td>
</tr>
<tr>
<td>17</td>
<td>I know that someone in our church will hold me accountable for meeting the commitments I make.</td>
</tr>
<tr>
<td>18</td>
<td>The leaders of the ministries of our church meet regularly for planning.</td>
</tr>
<tr>
<td>19</td>
<td>We encourage new Christians in our church to get involved in evangelism immediately.</td>
</tr>
<tr>
<td>20</td>
<td>Our leaders actively seek to remove barriers that limit my ministry.</td>
</tr>
<tr>
<td>21</td>
<td>The evangelistic activities of our church are relevant for my friends and family who do not yet know Jesus Christ.</td>
</tr>
<tr>
<td>22</td>
<td>Our leaders are clearly concerned for people who do not know Jesus Christ.</td>
</tr>
<tr>
<td>23</td>
<td>Our leaders actively support church development.</td>
</tr>
<tr>
<td>24</td>
<td>My contributions to church life are reviewed regularly.</td>
</tr>
<tr>
<td>25</td>
<td>I enjoy listening to the sermons in the worship service.</td>
</tr>
<tr>
<td>26</td>
<td>I feel that my church supports me in my ministry.</td>
</tr>
<tr>
<td>27</td>
<td>In my small group we spend lots of time on things which are irrelevant to me.</td>
</tr>
<tr>
<td>28</td>
<td>Our pastor(s) have too much work to do.</td>
</tr>
<tr>
<td>29</td>
<td>I know that other church members pray for me regularly.</td>
</tr>
<tr>
<td>30</td>
<td>In our church it is possible to talk with other people about personal problems.</td>
</tr>
<tr>
<td>31</td>
<td>Our leaders are good at explaining things.</td>
</tr>
<tr>
<td>32</td>
<td>There is a lot of joy and laughter in our church.</td>
</tr>
<tr>
<td>33</td>
<td>I pray for my friends, colleagues and relatives who do not yet know Jesus Christ, that they will come to faith.</td>
</tr>
<tr>
<td>34</td>
<td>My small group helps me to grow in my spiritual life.</td>
</tr>
<tr>
<td>No.</td>
<td>Statement</td>
</tr>
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<td>-----</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>35</td>
<td>The atmosphere of our church is strongly influenced by praise and compliments.</td>
</tr>
<tr>
<td>36</td>
<td>Our church tries to help those in need (food, clothing, education, counsel, etc.).</td>
</tr>
<tr>
<td>37</td>
<td>Our church regularly offers help for people to discover their gifts.</td>
</tr>
<tr>
<td>38</td>
<td>Many people are given the opportunity to actively participate in our worship services.</td>
</tr>
<tr>
<td>39</td>
<td>I can rely upon my friends at church.</td>
</tr>
<tr>
<td>40</td>
<td>The volunteers of our church are trained frequently.</td>
</tr>
<tr>
<td>41</td>
<td>I often tell other Christians when I have experienced something from God.</td>
</tr>
<tr>
<td>42</td>
<td>I experience the transforming influence of faith in the different areas of my life (profession, family, spare time, etc.).</td>
</tr>
<tr>
<td>43</td>
<td>I know of people in our church with bitterness toward others.</td>
</tr>
<tr>
<td>44</td>
<td>New Christians find friends in our church quickly.</td>
</tr>
<tr>
<td>45</td>
<td>Our leaders clearly believe that God wants our church to grow.</td>
</tr>
<tr>
<td>46</td>
<td>I know my gifts.</td>
</tr>
<tr>
<td>47</td>
<td>Attending the worship service is an inspiring experience for me.</td>
</tr>
<tr>
<td>48</td>
<td>When someone in our church does a good job, I tell them.</td>
</tr>
<tr>
<td>49</td>
<td>I am a member of a group in our church where it is possible to talk about personal problems.</td>
</tr>
<tr>
<td>50</td>
<td>I can easily explain why I come to the worship service.</td>
</tr>
<tr>
<td>51</td>
<td>The leaders of our church prefer to do the work themselves rather than collaborate with others.</td>
</tr>
<tr>
<td>52</td>
<td>I am enthusiastic about our church.</td>
</tr>
<tr>
<td>53</td>
<td>The music in the worship service helps me worship God.</td>
</tr>
<tr>
<td>54</td>
<td>In the groups I belong to it is easy for newcomers to be integrated.</td>
</tr>
<tr>
<td>55</td>
<td>I am a member of a group in our church where others will pray with me if I need it.</td>
</tr>
<tr>
<td>56</td>
<td>I'm often bored during the worship service.</td>
</tr>
<tr>
<td>57</td>
<td>I understand clearly how the different parts of our church work together.</td>
</tr>
<tr>
<td>58</td>
<td>The volunteers of our church are trained for their ministries.</td>
</tr>
<tr>
<td>59</td>
<td>I share with various people in our church about my spiritual journey.</td>
</tr>
<tr>
<td>60</td>
<td>It is my impression that the organizational structure of our church hinders church life rather than promotes it.</td>
</tr>
<tr>
<td>61</td>
<td>Our leaders show concern for the personal problems of those in ministry.</td>
</tr>
<tr>
<td>62</td>
<td>I enjoy the tasks I do in our church.</td>
</tr>
<tr>
<td>Number</td>
<td>Statement</td>
</tr>
<tr>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>63</td>
<td>In our church we often try new things.</td>
</tr>
<tr>
<td>64</td>
<td>The small group and ministry leaders in our church each mentor at least one other person.</td>
</tr>
<tr>
<td>65</td>
<td>I am a member of a small group in which I feel at home.</td>
</tr>
<tr>
<td>66</td>
<td>I experience the benefits of working on a team in our church.</td>
</tr>
<tr>
<td>67</td>
<td>I know the goals we are working towards as a church.</td>
</tr>
<tr>
<td>68</td>
<td>I firmly believe that God will work even more powerfully in our church in the coming years.</td>
</tr>
<tr>
<td>69</td>
<td>There is a lot of creativity in the evangelistic activities of our church.</td>
</tr>
<tr>
<td>70</td>
<td>I know of a number of individuals in our church who have the gift of evangelism.</td>
</tr>
<tr>
<td>71</td>
<td>I experience God's work in my life.</td>
</tr>
<tr>
<td>72</td>
<td>The Bible is a powerful guide for me in the decisions of everyday life.</td>
</tr>
<tr>
<td>73</td>
<td>The leaders of our church concentrate on the tasks for which they are gifted.</td>
</tr>
<tr>
<td>74</td>
<td>Our leaders are spiritual examples to me.</td>
</tr>
<tr>
<td>75</td>
<td>I try to deepen my relationships with people who do not yet know Jesus Christ.</td>
</tr>
<tr>
<td>76</td>
<td>The leaders of our small groups are trained for their tasks.</td>
</tr>
<tr>
<td>77</td>
<td>Times of prayer are an inspiring experience for me.</td>
</tr>
<tr>
<td>78</td>
<td>Our small groups actively seek to multiply themselves.</td>
</tr>
<tr>
<td>79</td>
<td>I clearly understand what is expected from me when fulfilling my task in our church.</td>
</tr>
<tr>
<td>80</td>
<td>If I have a disagreement with a member of our church, I will go to them in order to resolve it.</td>
</tr>
<tr>
<td>81</td>
<td>Our leaders regularly receive assistance from an outside person (e.g., coach, church consultant, other pastor, etc.) on how to develop our church.</td>
</tr>
<tr>
<td>82</td>
<td>The leaders of our church support individual Christians in their evangelistic endeavors.</td>
</tr>
<tr>
<td>83</td>
<td>Our leaders regularly praise and acknowledge volunteers.</td>
</tr>
<tr>
<td>84</td>
<td>I enjoy reading the Bible on my own.</td>
</tr>
<tr>
<td>85</td>
<td>Our worship service attracts unchurched visitors.</td>
</tr>
<tr>
<td>86</td>
<td>When new people come to church events, we approach them openly and lovingly.</td>
</tr>
<tr>
<td>87</td>
<td>Our church provides practical help for new Christians to grow in their faith.</td>
</tr>
<tr>
<td>88</td>
<td>I always look forward to the worship service.</td>
</tr>
<tr>
<td>89</td>
<td>I prepare myself to participate in the worship service.</td>
</tr>
<tr>
<td>90</td>
<td>In my small group we trust each other.</td>
</tr>
<tr>
<td>91</td>
<td>The activities of our church are well planned and organized.</td>
</tr>
</tbody>
</table>