

EXECUTIVE SUMMARY OF EdD DISSERTATION

THE CAREGIVING MINISTRY OF THE LOCAL CHURCH: MEASURING THE SATISFACTION OF MEMBERS WITH THE CAREGIVING MODEL EMPLOYED

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ABSTRACT: Discerning the best strategy for administering care to the congregation has proven to not be as simple as recognizing that the need for such care is there. In an attempt to minister to the needs of others, a number of methods have been employed by different congregations. The three most widely used methods for congregational caregiving among Southern Baptist churches are employed through three different ministry arms of the church: (a) the pastor and pastoral staff, (b) the deacon body, and (c) the small group ministry (e.g., Sunday School). This dissertation compares these three models of caregiving: pastoral care, deacon-based, and small group-based, seeking to determine which of the three was the most commonly used among churches associated with the Baptist State Convention of North Carolina (BSCNC). The study also sought to determine which of the three models celebrates the highest level of measured satisfaction among the pastors surveyed, as well as the highest level of measured satisfaction among the surveyed church members. What follows is a brief executive summary of these findings. To request a copy of the full dissertation, contact Joe M. Easterling at joeeasterling@ymail.com.

KEY TERMS: caregiving, pastoral care, deacon family ministry, small groups

EXECUTIVE SUMMARY

The Caregiving Ministry of the Local Church:

Measuring the Satisfaction of Members with the Caregiving Model Employed

Throughout the Scriptures, the Lord Jesus makes clear his command to care for the needy and hurting among us. The constant display of Christ's selfless love is one of the trademarks of his disciples. "A new commandment I give to you, that you love one another; as I have loved you, that you also love one another. By this all will know that you are my disciples, if you have love for one another" (John 13:34-35, NKJV). Moreover, this selfless love demonstrated through the benevolent acts of caregiving should begin with the children of God among themselves, for Scripture teaches, "Therefore, as we have opportunity, let us do good to all, especially to those who are of the household of faith" (Galatians 6:10, NKJV).

The church, according to the biblical term *koinonia*, refers to the gathering together of people who share a common faith in the Jesus Christ. Where there are people, there are personal needs of people, and where there are personal needs there is the demand for caregiving for those people. Numerous episodes in the biblical text demonstrate this reality, including Moses' need to delegate judges among the Hebrew people in Exodus 18, the apostles' need to appoint the first deacons to assure that the congregation's widows are being served (Acts 6:1-7); and, of course, the continuous quest for miraculous healing and ministry by the hand of Jesus Christ. People and the necessity for caregiving go hand in hand in the local church. Members of a congregation often rely on their church to aid them in their personal struggles. If a church develops the reputation that it is unreliable as a caregiving congregation, many may seek elsewhere for a more dependable source of care.

Additionally, effective caregiving is a major factor for many who seek a home church. In 1999, George Barna conducted a study called “What People Say They Want From a Church.” Through this study, not only did he discover that caregiving was “extremely important” to the respondents, but also second only to doctrine, the care a church gives its membership is a major reason for prospects being drawn to a particular congregation. Therefore, in some ways the health and vitality of a church body is dependent upon its ability to care for its members in their moments of struggle and crisis.

Discerning the best strategy for administering care to the congregation, however, has not been quite as simple as recognizing that the need for such care is there. The irony of Christian caregiving is that the very people who have experienced the balm of Gilead in their own lives often become inefficient appliers of that same healing touch to other suffering saints. Yet, the Apostle Paul explains that one of the most significant reasons why God helps each of us in our time of need is “that we may be able to comfort those who are in any trouble, with the comfort with which we ourselves are comforted by God” (2 Corinthians 1:4, NKJV). So in an attempt to minister to the needs of others, a number of methods have been employed by different congregations. The three most widely used methods for congregational caregiving among Southern Baptist churches are employed through three different ministry arms of the church: (a) the pastor and pastoral staff, (b) the deacon body, and (c) the small group ministry (e.g., Sunday School). While other models may exist, the volume of literature addressing the caregiving ministry of churches indicates that these three models are the most familiar and prominently used.

This study compared these three major models of caregiving: pastoral care, deacon-based, and small group-based. The study sought to determine which of the three models of

caregiving was the most commonly used model among churches associated with the Baptist State Convention of North Carolina (BSCNC). The study also sought to determine which of the three models celebrates the highest level of measured satisfaction among the pastors surveyed, as well as the highest level of measured satisfaction among the surveyed church members.

Of the 4,236 BSCNC churches, 1,225 churches were reported as having a total church membership between 200 and 500 in 2009, with an accessible e-mail address or web site. Of the 561 BSCNC churches that received an initial survey from the study, 66 churches responded (11.8% of the sampling frame). Of the 66 responding churches, 44 (66.7%) churches stated that they used the pastoral care model of caregiving as their primary method of caring for their members; 15 (22.7%) churches stated they used the deacon-based model; six (9.1 %) churches stated they used the small-group model of caregiving; and one (1.5%) church stated they used a blend of all three models relatively equally.

Aside from this initial survey, additional data were provided by 10 churches who participated in an in-depth survey, with 14 pastors and 315 church members completing surveys. The surveys were mirror images of each other, altered slightly to more personally address the pastor or the church member. The surveys had three sections, comprising of approximately 25 total questions. In the first section, respondents were asked to answer five demographical questions, including gender, age group, and years of membership (service, if pastor) at their current church.

The second section consisted of 10 questions that sought to measure what a respondent thought about specific aspects of the caregiving efforts of his or her church. The following is an example of a question in this section:

“I am pleased with the care my church provides when I am in need.”

For each question the respondent was asked to rate his or her satisfaction with the church’s stated caregiving model based on the following scale:

Disagree Strongly	Disagree	Agree	Agree Strongly	No Opinion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A value from 0 to 4 (4 = “agree strongly,” 3 = “agree,” 2 = “disagree,” 1 = “disagree strongly,” and 0 = “no opinion”) was appointed to each response for the purpose of statistical analysis.

The third section consisted of 10 questions that sought to measure a respondent’s feelings of confidence about the church’s effectiveness in the caregiving ministry. The following is an example of a question in this section:

“How confident do you feel that your church would effectively care for the person(s) in need during a situation when a church member is scheduled to have surgery?”

Extremely Confident	Quite Confident	Slightly Confident	Neutral	Slightly Unconfident	Quite Unconfident	Extremely Unconfident
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Each question had two polar-opposite emotional descriptions, with the “confident” descriptions signified by a positive interval and the “unconfident” descriptions signified by a negative interval. Additionally, each description had a range of values from 0 to 3, with the higher number being allotted to the more intense feeling (-3 = “extremely unconfident,” -2 = “quite unconfident,” -1 = “slightly unconfident,” 0 = “neutral,” 1 = “slightly confident,” 2 = “quite unconfident,” and 3 = “extremely unconfident”).

The researcher submitted the surveys to a panel of experts for evaluation and suggested improvement. Each expert reviewed the surveys, reported concerns and suggestions to improve

the surveys, and returned his report to the researcher. After being adjusted based upon the suggested revisions from the panel of experts, the surveys were ready to be used in the research.

The average scores on the survey were computed in order to compare the levels of measured satisfaction between each caregiving model among pastors and church members. Various statistical tests (e.g., ANOVA, *T*-test) were run to examine the difference between the pastors' satisfaction with their church's caregiving across the three models. These tests were also run to examine the difference between church members' satisfaction with their church's caregiving across the three models.

The findings from the study indicate, first of all, that the pastoral care model of caregiving is most prevalent among the responding churches that have a total church membership between 200 and 500. However, the size and scope of the sample of responding churches inhibits an inference to be made upon all churches in the BSCNC.

Another finding shows that, when responding to the in-depth survey of the study, the average satisfaction/confidence of pastors with the small-group model (average satisfaction, 2.87; average confidence, 2.03) is generally higher than the average satisfaction/confidence of pastors with the pastoral care (average satisfaction, 2.46; average confidence, 1.47) and deacon-based (average satisfaction, 2.35; average confidence, 1.40) models. Conversely, the average satisfaction/confidence of pastors with the deacon-based model is generally lower than the average satisfaction/confidence of pastors with the other two models.

Among church members responding to the in-depth survey, the average satisfaction/confidence of those with the pastoral care model (average satisfaction, 2.52; average confidence, 1.77) is significantly lower than those with the deacon-based (average satisfaction, 2.95; average confidence, 2.32) and small-groups (average satisfaction, 2.70; average

confidence, 2.06) models, while the average satisfaction/confidence of church members with the deacon-based model is significantly higher than the other two models overall.

When comparing the responses of pastors and church members within each model, the small-group based model showed no real difference. However, a significant difference exists among the other two models. Within the deacon-based model, the responding church members were significantly more satisfied and confident with their church's caregiving ministry than the pastors overall. Conversely, within the pastoral care model, the responding church members were significantly less satisfied and confident with their church's caregiving ministry than the pastors overall.

While the overall results of this study provided significant insight to the efficiency of each caregiving model, the findings from two specific survey questions merit particular attention. When compared to the other questions posed in the in-depth survey, these two questions scored noticeably lower among the pastors and church members across all three models. In one of these questions, respondents were asked to gauge their confidence in their church's caregiving efforts during the following situation: "When a church member has lost his/her job." Pastors from churches using the pastoral care or deacon-based models stated that, on average, they were only "slightly confident" in their church's caregiving effectiveness, while pastors from churches using the small-group model of caregiving stated that they were midway between "slightly confident" and "quite confident" in their church's caregiving effectiveness in the same situation. The responding church members were a bit more optimistic. Church members from the pastoral care model stated they were midway between "slightly confident" and "quite confident" with their church's caregiving if a person loses his/her job, and church members from the deacon-based or small-group models stated they were "quite confident" in their church during the same situation.

When pastors and church members were asked to gauge their confidence in their church's caregiving efforts during the situation "When a church member has not attended church in over two weeks," the results were even less than encouraging. Pastors from churches using the deacon-based or small-group models stated that, on average, they were only "slightly confident" in their churches' caregiving effectiveness; and pastors from churches using the pastoral care model stated that, on average, they were just above "neutral" in their confidence for the same situation. The responding church members did not score their church much better. Church members from the pastoral care model or small-groups model stated they were only "slightly confident" in their church during this situation, and church members from the deacon-based model stated they were midway between "slightly confident" and "quite confident" in their church during this situation.

This research is the continuation of a long-lasting deliberation regarding how a church can best minister to the caregiving needs of its congregation. While the pastoral care model enjoys the longest lifespan and most prominent presence, it struggles greatly with satisfying both those who are providing care and those who are receiving care under its model. Furthermore, while the strategies under the deacon-based model have morphed over the years, the model still yields surprisingly positive results among church members. The small group Bible study/Sunday School model may be the newest and most scarcely used model among the surveyed churches, but it yields high levels of satisfaction and confidence among its parishioners and its pastors virtually equally. Nevertheless, there are a number of weaknesses within all three caregiving models, especially among church members who have lost their job or have not been to church in several weeks. Hopefully, this study will not only provide insight regarding which models seem

to work best in caring for the children of God, but will also expose the areas of weakness so that serious consideration will be given to rectify these inequities.

Nevertheless, in spite of the answers this study has produced, much work is left to be done regarding the important issue of caregiving. Many find security in knowing that their church will be there for them in their moments of great need. It is critical that their assurances are not found unsubstantiated. The Lord has commanded the church to feed and tend to his sheep. The importance of how well a church cares for his sheep cannot be overlooked, for “inasmuch as you did unto the least of these my brethren, you did it to Me” (Matthew 25:40, NKJV).