

# Leading Congregations through Change

By Carol DeSchepper



**F**ew people are the first in line to sign up for change. It is more common for individuals to cling to the status quo because it's both comfortable and predictable. However, Scripture calls persons of faith to change. They are called to travel to new places. They are called to think in new ways. They are challenged to take the road less traveled. One such passage is found in Genesis 12:1-3: "Now the Lord said to Abram, 'Go from your country and your kindred and your father's house to the land that I will show you. I will make of you a great nation, and I will bless you and make your name great, so that you will be a blessing. I will bless those who bless you, and the one who curses you, I will curse, and in you all the families of the earth shall be blessed.'"

Abram went, but I can imagine that Abram didn't move forward without some angst about what was being asked of him. After all, he was 75 years old. He must have had many questions float through his mind and spirit. Would people really be blessed? What would it mean to be a great nation? Is leaving home and the familiar really what I should do? While Scripture doesn't directly state this, Abram's call must have felt like an extremely challenging request.

Congregations often feel the same way about decisions made to do something new. Navigating away from the status quo takes congregants out of their comfort zones, and the

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stakes can seem great; but to be a dynamic and living church, reevaluation of the ministry and change is often needed. There is no single way to lead congregations through change. It takes a lot of faith, prayer, and guidance from the Holy Spirit, but it also takes strategic thinking and intentional planning. Successful change in a congregation does not happen by accident.

As I contemplate the world of faith community nursing and how we begin and sustain ministries in congregations, the most helpful way for me to see the experience is to frame it as a change process. It's not just the beginning of a new ministry, nor is it simply the matter of adding a new employee (paid or unpaid) to the ministry team. Beginning faith community nursing in a congregation requires members in a community of faith to change the way they think about the church's role in faith and healing, to see health in a new and

wholistic context, and to invest in a ministry that can multiply the way God is able to touch hearts and spirits.

Often, it is the faith community nurse (FCN) who must lead this change. Clergy who

carry vision for the church's role in health and healing also can help lead the change, but many will look to the nurse to help them understand the FCN role; why the ministry is important to them personally and to the congregation at large; and the value of the ministry, qualitatively and quantitatively. The FCN will provide key leadership in the change process.

When I assist in teaching the Foundations of Faith Community Nursing course, we offer a module on Leading Change. I believe it is a critical part of the work of FCNs. There are countless change management models that one could draw from, but I am drawn to the 10 Principles of Change Management offered by Jones, Aquirre and Calderone (see sidebar). The principles seem to fit the process of initiating faith community nursing in a congregation. When teaching FCNs, each principle is shared along with applicability to ministry start-up.

Change leadership is crucial to helping a congregation successfully implement a new ministry. The faith community nurse must be provided tools to help lead that change. The entire congregation, and certainly the nurse, will live with the positive or negative consequences of the change journey. As faculty and coordinators, we owe it to nurses and congregations to well educate and equip the nurse to help lead the change process.

# 10 PRINCIPLES OF Change Management

**1. Start at the top.** The place to begin is to engage the leadership of the congregation. While that will differ by religious tradition, having the pastor, priest, and leadership on board will be essential and will be the beginning of a process.

**2. Involve every layer.** How this is approached will depend on the congregation's infrastructure. There may be a variety of committees or boards that need to be informed and involved. At the right time this includes the membership of the congregation. Formal and informal leadership must be identified and included along the way.

**3. Address the human side systematically.** Every person in a congregation will be impacted by the ministry and will have opinions about its value. Often these opinions are not based on fact or good information, especially early in the exploration or implementation process. So when a nurse or congregation starts to pursue a faith community nursing ministry, one must anticipate the opinions, concerns, and fears that will be brought forward and address them with information and clarity. No question is insignificant.

**4. Make a formal case for change.** Many in the congregation will ask the question "why do we need this ministry?" The question may arise out of lack of understanding about the ministry. After all, nurses typically function in a hospital or clinic setting. Why do we need a nurse in our church? The FCN and the leadership group must help parishioners understand the purpose of the ministry, what gaps it fills, and how it differs from the ministry provided by the pastor, lay visitors, or others. The faith community nursing ministry must be seen as an integral part of the congregation's ministry, responding to the scriptural mandate to the church to preach, teach, and heal.

**5. Create Ownership.** I continually affirm the concept that the faith community nursing ministry does not belong to the nurse; it belongs to the congregation. So to that end, a strategy must be developed that creates ownership of the ministry by members of the congregations. The usual method of doing that is by establishing a health cabinet, but other strategies should be explored, especially in a denomination or congregation where committee functions are limited or do not fit the church culture.

**6. Communicate the message.** How do the nurse and congregational leaders make people aware? What decision

or commitment was made? When does the ministry start? What does it mean to the people of the congregation? Does the congregation communicate in person, in writing, via audio-visual presentation, from the pulpit, or another way? Who will carry the message? This is a key step that is unique to each congregation.

**7. Assess the cultural landscape.** Another key question is, "What is the readiness of the congregation for this ministry?" Congregational readiness is critical and can make the difference between failure and success. Where does resistance exist and how will it be dealt with? What perceptions exist that are inaccurate and must be dispelled with factual information? How has change succeeded in the past, in this congregation?

**8. Address the culture explicitly.** Once the culture is assessed, how can change be supported? Are there informal or formal leaders who can grasp the concept of a new ministry and help move it forward? Many times others in the congregation know the culture better than the FCN. How can you leverage their knowledge and longevity for the benefit of the ministry? Who in the leadership group can help you effectively navigate the culture and church history?

**9. Prepare for the unexpected.** No change process goes completely as planned. Resistance should be anticipated. The leadership group must continually assess and reassess and make mid-course adjustments in their strategy. It is also common to underestimate the length of time it takes to move forward with this change process. Significant education is required initially and ongoing, but of even greater importance is helping the community through the change process emotionally and spiritually.

**10. Speak to the individual.** Change is always very personal. This principle is closely related to addressing the human side of change. People in ministry need to know how this affects them and their role personally. If I am a member of the church staff or a lay volunteer in the congregation, does it change or replace what I do? People in the worship community need to know what the ministry can offer that will enhance congregational life. Many parishioners will already feel well cared for. Share stories that make the ministry understandable, until such time as members of the congregation begin to have their own positive encounters with the ministry.

*Based on Jones, J., Aquirre, D., Calderone, M. (2014). "10 principles of change management." Strategy+Business, 75. Originally published by Booz & Company with special application to faith community nursing by Carol DeSchepper.*

## MEET CAROL DESCHEPPER



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