



Relationship between Transformational Leadership and Church Health: A Survey of Selected Denominational Churches in Nairobi City County, Kenya

Mwongeli Muthuku

David Oginde

Nathan Chiroma

Department of Leadership, Pan Africa Christian University, Kenya

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Abstract

The subject of church health and its deteriorating condition has taken center-stage in leadership discourse across the world. A decline in the health of a church has negative implications not only on the sustainability of the church but also on the wider society owing to the role of the church as the moral custodian of society. An argument has been advanced in extant scholarship that transformational leadership is suitable for guiding religious organizations. However, most studies on this front take focus almost exclusively on the numerical health aspect of the organizations. The aim of the present study was to estimate the differential effect of transformational leadership on spiritual health and economic health in addition to the numerical health of selected churches in Nairobi City County, Kenya. The target population comprised members of selected denominational churches from which a sample size of 330 members was drawn. The participants filled out the Multifactor Leadership Questionnaire and the Natural Church Development tools. Data analysis was done using SPSS. Results showed that the four transformational leadership dimensions explained 40% of numerical health metrics, 56.9% of economic health metrics, and 50.2% of spiritual health metrics. The conclusion was drawn that transformational leadership had a positive but differential effect on church health dimensions. The study has

affirmed the relevance of transformational leadership in enhancing the numeric, economic, and spiritual health of the church in Kenya. However, in as much as the effect sizes were large, a substantial share of church health metrics still remained unexplained, thereby providing grounds for continued empirical inquiry.

Keywords: Church Health, Economic Health, Numerical Health, Spiritual Health, Transformational Leadership

Introduction

The subject of church health and its deteriorating condition as outwardly manifest in declining church membership has taken centre-stage in leadership discourse across the world (Gregory, 2020). Concern has been expressed regarding the trend of declining attendees over the past few decades (Fowler et al., 2020). The underlying reasons for this phenomenon are potentially diverse, and may not necessarily be due to matters of doctrine (Packard & Hope, 2015). Among the observation that has been made is the rise of a young generation who find little fascination in attending a physical church with some young people feeling that the church limits them from freely expressing themselves through the way they dress, talk, behave, or associate, and fellowship with their peers (Earls, 2019). Consequently, the numerical and fiscal growth of the church is hampered. In the developed world such as the United States of America, effects of social change, political influence, and new views of what comprises what is good and moral are challenging the modern day church (McKeehan, 2017). Similar trends have been observed in Europe where church buildings are being converted into museum or monument, with around 20 to 25 physical churches closing down every year due to a dwindling number of members (The Church of England, 2020).

In contrast to the gloomy statistics of the Western world, Africa seems to be on a quantitative growth trajectory characterized by whereby physical expansion of churches in the continent is essentially on the rise (Atuahene, 2018). However, the numerical increase in churches masks the real state of church health in the continent as leadership wrangles, coupled with disunity among church members make people of the world very skeptical about the church and its relevance in society (Isiko, 2020). An example is Kenya which, according to Bariu (2017), has done well in quantitative growth but performs poorly in the qualitative growth of its churches. This can be observed in terms of the number of people attending these multiple churches as well as increased cases of social ills and crime in the communities. Among other reasons, inadequate discipleship and weak leadership have been cited as key reasons for minimal transformation in Kenya and the continent as a whole, despite the large Christian percentage (Bariu, 2017). As a result, there is a dismal impact

in terms of the social, cultural, economic, and political transformation of the society.

Whatever the reasons, a decline in the health of a church has negative implications not only on its sustainability but also on the wider society owing to the role of the church as the moral custodian of society. The church is described by its founder Jesus Christ as the light of the world, signifying that the world is dependent on the church to provide moral guidance, which is not possible when the church's own health is at risk (Ogunewu, 2020). Not only that, but the church also serves as one of the first lines of defense for people confronted with psychosocial challenges (del Castillo et al., 2020).

In light of the foregoing challenges of church health, effective leadership is essential for the survival of organizations amidst changes brought about by the forces of globalization. Leadership involves the art and ability to positively influence followers in order to achieve a common goal (Robbins & Judge, 2017). Church leadership, unlike other sectors, must have a focus of rallying followers to live their lives rightly and demonstrate Godly values as per biblical principles. Just as the corporate sector has experienced leadership challenges over time, the church has endured its own share of problems including misconduct by the leaders, power struggles fights for leadership positions, and control of church resources (Gez & Droz, 2017). Mwabonje (2019) notes that such conflicts impact the spiritual and social economic health of both the church and society. Daft (2010) postulates that the leadership of an organization sets the tone at the top which permeates to the rest of the organization. Furthermore, leaders articulate the vision, provide strategic direction, set objectives, and steer and motivate their teams to meet organizational goals. The leader is thus held highly as the person upon whom the success or failure of an organization ultimately rests (Northouse, 2016).

An argument has been advanced in extant scholarship that transformational leadership is suitable for guiding religious organizations, more so as they juggle between maintaining the known traditions but also adapting to new changes and innovations (Løvaas et al., 2020). The rationale for this school of thought is that transformational leaders are the people needed to lead the church in a world that continues to experience a lot of changes. Such leaders ought to embrace globalization, take advantage of the opportunities that it brings, and look for solutions to deal with challenges in order to fulfill Jesus Christ's Great Commission (Matthew 28:18-20). However, whereas the broad spectrum of literature builds a strong case for transformational leadership as the antidote for the deterioration of church health, most studies (Kithokilo et al., 2022; Tengeya, 2021) take a one-dimensional view of church health, with numerical growth as its only measure, thereby raising validity concerns. The aim of the present study was to estimate the differential effect of transformational leadership on spiritual health and

economic health in addition to the numerical health of selected churches in Nairobi County, Kenya.

Literature Review

The literature space has consistently built on the notion that transformational leadership is positively related to organizational performance (Ledgister, 2017; Muterera et al., 2018). From a study done on pastoral transformational leadership influences on African-American Churches, McCall (2019) suggests that by applying idealized influence, leaders are capable of demonstrating their commitment to high standards as well as the attainment of organizational goals with great dedication. Gregory (2019) extends discourse on this front by asserting that transformational leadership is required in order for pastors to be able to influence members of their congregation in a way that will help and challenge them to be productive in fulfilling the Great Commission as stipulated in the Bible. The author further postulates congregations become spiritually healthy through measures such as reading the Bible, praying, and engaging in fellowships.

Butler and Senses-Ozyurt (2020) studied the effects of transformational leadership and the management experience of pastors on church business operations, unpacking the four key dimensions of transformational leadership. In reviewing church business operations besides examining the church structures and administration protocols of the church, the study also critically looked at the business health of the church. This study, which was done in the United States of America, revealed that a positive relationship existed between transformational leadership and church business operations. This led to their speculation that the positive relationship was potentially the result of pastors paying more attention and emphasis to their behavior which is more observable by their followers.

Specifically, through the application of idealized influence, pastors show care and support for their flock and in so doing, model the way for their followers who in turn care and cater to the needs of one another as members of the body of Christ, thus leaving a positive impact on everyone (Afshari, 2021). Not only do leaders model good and authentic examples for their followers, but they also motivate and inspire them to become their best in what they do and hence achieve the set organizational goals. Northouse (2016) explains that leaders with inspirational motivation stimulate their teams through motivation and clear communication of their expectations in order for the followers to be part of the shared organizational vision and to commit to the organization. Transformational leaders stimulate their teams to commit to the shared vision of their organization, and nurture capacity building and development in their followers which in turn leads to higher levels of personal commitment to the organizational objectives (Hay, 2006).

Low and Ayoko (2020), in their study of leadership in faith-based organizations, found that inspirational motivation is developed through both the spiritual lifestyle of the leaders and observation. Thus, inspirational motivation, which is embedded in the transformational leadership style, is crucial for church health as it keeps the members inspired to carry on with zeal the God-given commandments. In agreement, Fourie (2014) suggests that the additional gain which workers are searching for besides financial rewards is inspirational and meaningful work. This means that to achieve healthy and growing churches, both the workforce and the followers need to be positively inspired, joining hands as a community of believers to fulfill the Great Commission.

Rwigi (2018) carried out a study of selected churches in Kenya to find out whether transformational leadership had a significant effect on the positive culture of regular and consistent reading of the Bible by church members. He particularly evaluated the effect of the four dimensions of transformational leadership in encouraging members of the churches to join and engage in training on Consistent Bible Reading. Findings showed that transformational leadership contributes significantly to a culture of reading the Bible consistently, a behavior that is desirable for a healthy and growing church. The findings also indicated that inspirational motivation and idealized influence were the two most effective attributes of transformational leadership in enhancing a healthy culture of Consistent Bible Reading in the churches. However, the impact on the health of the church as a result of the members consistently reading the Bible due to inspiration from their leaders was not examined thus presenting a knowledge gap.

Based on the foregoing literature, it can be surmised that inspirational motivation is significant for workers in church settings. Church leaders inspire their team members to work smart and serve the members of their congregations well. Equally, they inspire church members as fellow co-workers to serve the wider body of Christ through the talents and gifts that the Lord has bestowed on each person. This would in the long run lead to an inspired and motivated healthy church. Although several studies have been done on inspirational motivation and its impact on either organizational performance or employee performance in different sectors, there is not much work found specifically looking at the impact of inspirational motivation in a church setting.

Great leaders encourage and challenge their followers to think outside (or without) the box in order to bring new and innovative ideas into the workplace. Transformational leaders motivate and challenge their followers to consider issues and problems in their organizations, allowing workers the opportunity to innovatively solve the identified problems (Northouse, 2016). Similarly, leaders need to stimulate themselves intellectually through reading

and research and stay abreast of the developments in their respective industries so as to maintain relevance. From a biblical perspective, intellectual stimulation is critical because church leaders help their followers to critically think through and challenge the thoughts and traditions that are detrimental to fulfilling the Great Commission. Gregory (2019) demonstrates how Apostle Paul in the Bible (1 Corinthians 14:23-25) reasoned with members of the Corinthian Church through some issues that the Church was facing. Apostle Paul intellectually stimulated the Corinthians to reflect on how their church environment, which apparently did not seem to have order and was counterproductive to the mission of spreading the Gospel. Some of the challenges that Apostle Paul was concerned about included the application of spiritual gifts, particularly speaking in tongues which he considered a hindrance to the growth and fulfillment of the mission of the Church (Gregory, 2019).

According to Northouse (2016), leaders who exercise individualized consideration usually provide an enabling and supportive environment in which followers can be listened to and supported with their needs. Evidently, every human being is a uniquely created individual with distinctive needs, capabilities, and ambitions from the rest of the people. Good leaders should treat each of their followers in an individualized and unique manner as opposed to having a blanket outlook on everyone. Transformational leaders, as advocated by Ivancevich et al. (2014), provide individual attention to the members of their teams, which in turn boosts the morale of the followers leading to good health and high organizational performance. Through individualized consideration, leaders are able to develop their followers through modalities such as coaching, teaching, and mentoring as they recognize that the followers contribute significantly to the attainment of the organizational goals (Ogola et al., 2017).

Church leaders such as Schwarz of NCD and Hayashi (2019) point out the benefits of holistic small groups which include accountability, authenticity, and helping to nurture the heads, hands, and hearts of the group members of a church. As such, through small groups, transformational leaders are able to guide their staff teams to lead church members into establishing loving relationships within the groups. Also, leaders are able to relate with their staff and church members at a more individual and personal level than when preaching to a large congregation from the pulpit. Emanating from individualized consideration by leaders to their flock, improved relations among members would promote healthier churches. This postulation, along with the other dimensions of transformational leadership, was empirically tested in the present study in order to establish its implications on church health in Kenya.

Methodology

The research applied correlational research design as a suitable study design for the determination of the relationship between transformational leadership and the three measures of church health: numerical health, economic health, and spiritual health. The target population comprised members of the Anglican Church of Kenya, the Full Gospel Churches, the Presbyterian Church of East Africa, Africa Inland Church, the Methodist Church, Baptist Church, Christ Is the Answer Ministries, Nairobi Lighthouse Church, Redeemed Gospel Church, Deliverance Church, and Jesus is Alive Ministries. A total of 330 members across these denominational churches participated in the study as respondents.

The participants filled out the Multifactor Leadership Questionnaire (MLQ) and the Natural Church Development (NCD) survey tools. The MLQ is a standard research instrument that has been tested over several years and found effective in assessing transformational leadership (Rowold, 2005). The MLQ rater form is composed of a set of nine leadership scales and three outcome scales for measuring transformational leadership. The form has 45 questions (Mind Garden Inc., 2019). The MLQ rater was selected for this study because its effectiveness had been demonstrated in varied research projects (Rumley, 2011). The MLQ scales are Inspirational motivation, idealized influence attributed, idealized influence behavior, intellectual stimulation, individualized consideration, contingent reward, active management-by-exception, management-by-exception, laissez-faire, extra effort, effectiveness, and satisfaction. This study was limited to the four key scales of transformational leadership which are inspirational motivation, idealized influence, intellectual stimulation, and individualized consideration.

The NCD was developed by Christian Schwarz in 1996 (NCD International, 2021). Globally, one thousand churches were surveyed in order to determine the universal principles for a healthy church regardless of the culture, size, or theological persuasion of the church. This research bore the universal eight characteristic markers of a healthy church. These markers are: empowering leadership, gift-based ministry, passionate spirituality, effective structures, inspiring worship service, holistic small groups, need-oriented evangelism, and loving relationships. By 2016, over seventy thousand churches in 84 countries had undertaken the rigorous empirical survey hence increasing the accuracy and reliability of the instrument. The NCD questionnaire is composed of 91 questions on a four Likert scale response. The first six questions provided the demographic details of the respondents. The rest 85 questions evaluated the health of the local church of each participant. The two tools were administered physically to the sampled participants who filled them out and returned the completed questionnaire forms.

Data processing and analysis were done using the Statistical Package for the Social Sciences (SPSS) where the data was coded and transformed. Subsequently, exploratory data analysis was performed on the data to establish the distribution of the dataset by generating composite mean and standard deviation scores. The data were subjected to inferential data analysis by way of regression modeling in order to test hypotheses. The output generated was presented in figures and tables for ease of interpretation. The findings were discussed in light of existing literature.

Like any other scientific inquiry, the entire process of this study followed the requisite ethical protocols including institutional compliances. Before embarking on fieldwork, the study went through a rigorous ethics review and approval process. Subsequently, necessary institutional authorizations and permits were obtained in keeping with the laws and regulations governing research done in Kenya. Research participants were informed about their consent and measures taken to protect their rights and confidentiality of the research participants. This included the right to voluntary participation and data protection measures. The research entailed no known risk to participants.

Results and Discussions

Descriptive statistics for the four dimensions of transformational leadership are presented in Table 1 below. The table shows that on a 5-point scale, the transformational leadership dimension with the highest composite mean index was inspirational motivation ($\bar{x}=4.0205$, $\hat{\sigma}_x=.68397$), followed by idealized influence ($\bar{x}=2.9656$, $\hat{\sigma}_x=.77584$), individualized consideration ($\bar{x}=2.8526$, $\hat{\sigma}_x=.81984$), and lastly, intellectual stimulation ($\bar{x}=2.7816$, $\hat{\sigma}_x=.79841$). The results suggest that inspirational motivation was highly practiced by the members of the church leadership compared to the other three transformational leadership dimensions. This is consistent with findings by Keita and Lao (2020) from their research on the different styles of leadership and the styles' impact on the growth of the church in Virginia, USA. Their findings singled out the inspirational motivation of the leaders as having a positive impact on the performance of people in the various Pentecostal churches studied. However, Keita and Lao's study did not bring out how the other three dimensions of transformational leadership fared in comparison to inspirational motivation. A divergent finding from a study in the Church of Norway indicated that individualized consideration and intellectual stimulation scored higher among the four dimensions of transformational leadership (Løvaas et al., 2020). This study had a key focus on innovation in religious organizations which could have contributed to the high scores in the two dimensions of transformational leadership.

Table 1. *Descriptive Statistics for Transformational Leadership Dimensions*

		Statistic	Std. Error
Idealized Influence Composite Score	Mean	2.9656	.04775
	Median	3.0000	
	Std. Deviation	.77584	
	Range	4.00	
	Interquartile Range	1.00	
	Skewness	-.658	.150
Inspirational Motivation Composite Score	Mean	4.0205	.04210
	Median	4.0000	
	Std. Deviation	.68397	
	Range	3.25	
	Interquartile Range	.81	
	Skewness	-.647	.150
Intellectual Stimulation Composite Score	Mean	2.7816	.04914
	Median	2.7500	
	Std. Deviation	.79841	
	Range	4.00	
	Interquartile Range	1.25	
	Skewness	-.338	.150
Individualized Consideration Composite Score	Mean	2.8526	.05046
	Median	3.0000	
	Std. Deviation	.81984	
	Range	4.00	
	Interquartile Range	1.13	
	Skewness	-.639	.150

The descriptive statistics for the overall transformational leadership composite score are shown in Table 2. The table shows in overall, a moderately high mean score was obtained on a 5-point scale ($\bar{x}=3.1506$, $f_x=.55858$). The table further indicates that a positive skewness was obtained ($Skp=-.409$), implying that most of the respondents rated the practice of transformational leadership above the mean. This result is in line with the work of previous scholars as covered in the literature review section above, showing that transformational leadership is a superior leadership style for a healthy and good performing organization. This is in comparison with other leadership styles such as transactional leadership and laissez-faire leadership styles (Northouse 2016).

Table 2. *Descriptive Statistics for Transformational Leadership Aggregate Score*

		Statistic	Std. Error
Transformational Leadership Composite Index	Mean	3.1506	.03412
	Median	3.1875	
	Std. Deviation	.55858	
	Range	3.06	
	Interquartile Range	.81	
	Skewness	-.409	.149

Exploratory data analysis was performed to generate descriptive statistics for church health dimensions. Table 3 shows that on a 5-point scale, the spiritual health dimension attained the highest rating ($\bar{x}=3.8820$, $f_x=.55309$), followed by economic health ($\bar{x}=3.7890$, $f_x=.59051$) and numerical health ($\bar{x}=3.6493$, $f_x=.52889$). The results reveal that respondents gave more weight to the spiritual aspect of a church's well-being when compared to the fiscal or the numerical dimensions. This observation is supported by Awuku-Gyampoh, et al. (2021) who proposed that good spiritual nourishment to congregants could avoid the challenge of a decline in the number of people who attend church. This by extension would translate to the better financial status of the church due to the sustained church attendance and voluntary giving of tithes and offerings by members.

Table 3. Descriptive Statistics for Church Health Dimensions

		Statistic	Std. Error
Numerical Health	Mean	3.6493	.03231
	Median	3.7000	
	Std. Deviation	.52889	
	Range	3.19	
	Interquartile Range	.75	
	Skewness	-.384	.149
Economic Health	Mean	3.7890	.03607
	Median	3.8421	
	Std. Deviation	.59051	
	Range	3.58	
	Interquartile Range	.73	
	Skewness	-.645	.149
Spiritual Health	Mean	3.8820	.03379
	Median	3.9670	
	Std. Deviation	.55309	
	Range	3.19	
	Interquartile Range	.71	
	Skewness	-.913	.149

Descriptive analysis for the church health aggregate score was run and the statistics are presented in Table 4 below. The table shows that the aggregate score for church health was high ($\bar{x}=3.7734$, $f_x=.52648$). A negative skewness was obtained ($Skp=-.709$), implying that most of the respondents assigned above-average ratings of their church health. The churches were enjoying good health, as far as the respondents were concerned.

Table 4. Descriptive Statistics for Church Health Aggregate Score

		Statistic	Std. Error
Church Health	Mean	3.7734	.03216
	Median	3.8477	
	Std. Deviation	.52648	
	Range	3.29	
	Interquartile Range	.67	
	Skewness	-.709	.149

Numerical health composite score was regressed on the composite indices of the four transformational leadership dimensions using multiple linear modeling techniques. Table 5 below presents the model summary, ANOVA output, and the coefficients. The table shows that the four transformational leadership dimensions explained 40% of numerical health metric, $R^2=.400$, $F(4) = 43.254$, $p=.000$.

Table 5. Regression of Numerical Health on Transformational Leadership

Model Summary						
Model	R	R Square	Adjusted R Square	R	Std. Error of the Estimate	
1	.632 ^a	.400	.390		.11864	
a. Predictors: (Constant), Transformational Leadership, Intellectual Stimulation, Idealized Influence, Individualized Consideration, Inspirational Motivation						
ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.435	5	.609	43.254	.000 ^b
	Residual	3.660	263	.014		
	Total	6.095	268			
a. Dependent Variable: Numerical Health						
b. Predictors: (Constant), Transformational Leadership, Intellectual Stimulation, Idealized Influence, Individualized Consideration, Inspirational Motivation						
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.549	.059		9.261	.000
	Idealized Influence	.087	.046	.176	1.897	.059
	Intellectual Stimulation	.402	.058	.494	6.945	.000
	Individualized Consideration	.070	.045	.147	1.558	.120
	Inspirational Motivation	.193	.128	.249	1.508	.133
	Transformational Leadership	.304	.127	.367	2.386	.018
a. Dependent Variable: Numerical Health						

The results agree with a study by Oluseyi (2020) on youth contributions to church growth which submitted that young people significantly contributed to the physical growth of a church. This contribution was achieved through their support and availability in building ministry, in reaching out to people who were unbelievers, and also by actively engaging in activities that would enhance the sustainability and continuity of the church in Nigeria. Oluseyi cited how substantial leadership was key in developing young people to become responsible leaders of the church.

Examination of the coefficients reveals that only the intellectual stimulation composite index ($B=.402, p<.01$) and transformational leadership aggregate score ($B=.304, p<.01$) had statistically significant explanatory power on the numerical health metric of church health. This finding aligns with the outcome by Benedicte et al. (2022) who found out that among other leadership styles, transformational leadership did have a significant influence on the performance of churches in Ongata Rongai in Kenya. Benedicte, Andemariam, and Wasike studied the influence of transformational and transactional leadership styles in the performance of churches, in particular focusing on the retention of church members as well as the growth of church membership. This perspective agrees with Haruna's (2021) literature review outcome that transformational leadership had a positive and significant correlation with the growth of the church. Both studies however did not zero in on the effects of the various dimensions of transformational leadership style on the church the growth of churches.

The economic health composite score was regressed on the composite indices of the four transformational leadership dimensions and findings are presented in Table 6 below. As per the results, transformational leadership dimensions explained 56.9% of economic health metric, $R^2=.569, F(4) = 85.706, p=.000$. The unstandardized beta coefficients demonstrate that intellectual stimulation composite index ($B=.544, p<.01$), idealized influence composite score ($B=.108, p<.05$), and inspirational motivation composite score ($B=.276, p<.05$) and transformational leadership aggregate score ($B=.395, p<.01$) had statistically significant explanatory power on the economic health metric of church health.

In line with this finding, the nexus between good leadership and its impact on the economic health, and sustainability of a church including physical growth is emphasized by various scholars (Tsuma et al., 2019; Chigozie et al., 2017; Kusaah, 2017; Chan et al., 2015). Ferreira and Chipenyu (2021) underscored the importance of having in place strategic and good leadership in light of the declining numbers of church attendees in South Africa. The two observed that the fiscal position of the church would be negatively impacted by the decreasing number of church members. The outcome of the above results demonstrates that transformational leadership is

essential in ensuring a good and sustained economic health of a church. This is because three out of the four dimensions of transformational leadership had a significant explanatory power of the numerical aspect of church health. Therefore, the null hypothesis that there is no significant relationship between transformational leadership and economic health was rejected. It was inferred that transformational leadership had a significant positive influence on the economic health of the church.

Table 6. Regression of Economic Health on Transformational Leadership

Model Summary						
Model	R	R Square	Adjusted R Square		Std. Error of the Estimate	
1	.754 ^a	.569	.562		.11380	
a. Predictors: (Constant), Transformational Leadership, Intellectual Stimulation, Idealized Influence, Individualized Consideration, Inspirational Motivation						
ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.440	5	1.110	85.706	.000 ^b
	Residual	3.367	263	.013		
	Total	7.806	268			
a. Dependent Variable: Economic Health						
b. Predictors: (Constant), Transformational Leadership, Intellectual Stimulation, Idealized Influence, Individualized Consideration, Inspirational Motivation						
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.318	.057		5.591	.000
	Idealized Influence	.108	.044	.192	2.446	.015
	Intellectual Stimulation	.544	.055	.591	9.809	.000
	Individualized Consideration	.082	.043	.153	1.903	.058
	Inspirational Motivation	.276	.117	.319	2.360	.019
	Transformational Leadership	.395	.122	.422	3.237	.001
a. Dependent Variable: Economic Health						

The spiritual health composite index was regressed on the composite scores of the four transformational leadership dimensions as per the output in Table 7 below. The table indicates that the four transformational leadership dimensions together accounted for 50.2% of the spiritual health metric, $R^2=.502$, $F(4) = 65.586$, $p=.000$. In terms of coefficients, intellectual stimulation composite index ($B=.466$, $p<.01$), idealized influence composite score ($B=.115$, $p<.05$), inspirational motivation composite score ($B=.277$, $p<.05$) and transformational leadership aggregate score ($B=.337$, $p<.01$) had

statistically significant explanatory power on spiritual health metric of church health. These results relate to the research done by Rwigy (2018) on a number of select churches in Kenya, which established that transformational leadership did have a positive correlation with good attributes of a healthy and growing church such as practicing a consistent bible reading culture. Moreover, Rwigy's (2018) study found that the two most outstanding dimensions of transformational leadership which significantly contributed to the positive healthy culture of consistent bible reading were inspirational motivation and idealized influence. This also aligns with this current study finding which in addition to inspirational motivation and idealized influence, has established that the intellectual stimulation dimension has a significant explanatory power on the spiritual health metric of church health.

Table 7. Regression of Spiritual Health on Transformational Leadership

Model Summary						
Model	R	R Square	Adjusted Square	R	Std. Error of the Estimate	
1	.709 ^a	.502	.495		.11182	
a. Predictors: (Constant), Transformational Leadership, Intellectual Stimulation, Idealized Influence, Individualized Consideration						
ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.281	5	.820	65.586	.000 ^b
	Residual	3.251	263	.013		
	Total	6.532	268			
a. Dependent Variable: Spiritual Health						
b. Predictors: (Constant), Transformational Leadership, Intellectual Stimulation, Idealized Influence, Individualized Consideration, Inspirational Motivation						
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.485	.056		8.681	.000
	Idealized Influence	.115	.043	.224	2.652	.009
	Intellectual Stimulation	.466	.055	.553	8.545	.000
	Individualized Consideration	.041	.042	.085	.983	.327
	Inspirational Motivation	.277	.122	.342	2.264	.024
	Transformational Leadership	.337	.120	.393	2.807	.005
a. Dependent Variable: Spiritual Health						

The aggregate composite measure of church health was regressed on the transformational leadership overall score to test the primary hypothesis thus: there is no significant relationship between transformational leadership and church health. Table 8 shows the regression results. As per the model summary and ANOVA, the collective measure of transformational leadership explained 54.8% of the variability in church health, $R^2=.548$, $F(4) = 78.749$, $p=.000$. An examination of the coefficients reveals that intellectual stimulation composite index ($B=.469$, $p<.01$), idealized influence composite score ($B=.103$, $p<.05$), inspirational motivation composite measure ($B=.248$, $p<.05$) and transformational leadership aggregate score ($B=.343$, $p<.01$) had a statistically significant predictive effect on the church health aggregate score. This led to the rejection of the null hypothesis. It was therefore inferred that there was a significant relationship between transformational leadership and church health. This study outcome is in line with previous studies which provide that transformational leadership is a positive contributing factor to the good health of a church. Aligned to this, Gregory (2019) theorized that strong transformational pastoral leadership is required in order to equip church members to be effective disciples in fulfillment of the Great Commission of Jesus Christ in advancing the gospel to all nations. Gregory warned that a church that does not have transformational leaders in their team would never attain its full potential. This could be attributed to the fact that transformational leaders provide the vision and strategic direction of the organization, leading by example as role models and inspiring their followers to be the best they could be. Furthermore, as evidenced by other studies, such leaders apply the various dimensions of transformational leadership as established in this finding to challenge their followers to excel beyond their average capacities through inspirational motivation. Additionally, through the application of intellectual stimulation and idealized influence, transformational leaders challenge the status quo of their followers and nurture them to find creative and innovative ways to solve problems (Afshari, 2021; Drummond, 2019; McCall, 2019; Koveshnikov & Ehrnrooth, 2018).

Table 8. Regression of Church Health on Transformational Leadership

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.740 ^a	.548	.541	.10243		
a. Predictors: (Constant), Transformational Leadership, Intellectual Stimulation, Idealized Influence, Individualized Consideration, Inspirational Motivation						
ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.305	5	.826	78.749	.000 ^b
	Residual	2.728	263	.010		
	Total	6.033	268			
a. Dependent Variable: Church Health						
b. Predictors: (Constant), Transformational Leadership, Intellectual Stimulation, Idealized Influence, Individualized Consideration, Inspirational Motivation						
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.456	.051		8.910	.000
	Idealized Influence	.103	.040	.209	2.601	.010
	Intellectual Stimulation	.469	.050	.580	9.394	.000
	Individualized Consideration	.064	.039	.136	1.654	.099
	Inspirational Motivation	.248	.109	.322	2.285	.023
	Transformational Leadership	.343	.110	.417	3.124	.002
a. Dependent Variable: Church Health						

Conclusion and Recommendations

The aim of this study was to examine whether there was a statistically significant relationship between transformational leadership and church health dimensions. The study tested the null hypothesis that there was no significant relationship between transformational leadership and church health in urban churches in Nairobi City County. The study rejected the null hypothesis and concluded that there was a positive relationship between transformational leadership and church health in urban churches. The composite scores revealed that the spiritual health dimension attained the highest rating, followed by economic health with numerical health taking the last ranking. The inferential statistics also showed that transformational leadership dimensions explained over fifty percent of both the spiritual health and economic health of the church.

It was apparent from the study that the inspirational motivation dimension of transformational leadership carried more weight than the other three dimensions as practiced by leaders in urban the church. This is an indication that members of the church feel inspired and motivated to attend and participate in the programs of the church. Extant literature supports this observation that through inspirational motivation leaders stimulate their teams towards a shared vision and achieve the set goals. This notwithstanding, church leaders ought to engage more of the other three dimensions of transformational leadership so as to have a well-balanced leadership style. This means putting more effort into idealized influence, intellectual stimulation, and individualized consideration as they lead their members.

Spiritual health was found to be the most critical dimension for churches in Nairobi City County. This observation is consistent with existing literature which supports that once the spiritual health of a person is grown and nourished, then the other aspects of church health including the numerical and the economic dimensions would naturally follow. Therefore, a member who feels spiritually nourished would on their own volition attend church, and actively participate in the activities of the church including giving financially and inviting others to attend church. Church leadership should thus consistently seek and provide innovative programs including bible teaching in order to keep their members spiritually fit.

In sum, transformational leadership had a positive but differential effect on church health dimensions. The study has affirmed the relevance of transformational leadership in enhancing the numeric, economic, and spiritual health of the church in Kenya. Specifically, intellectual stimulation and inspirational motivation were the most significant dimension of transformational leadership. The practical implication of this for churches is that improved church health is more likely if these two dimensions of transformational leadership are emphasized. However, in as much as the effect sizes were large, a substantial share of church health metrics still remained unexplained, thereby providing grounds for continued empirical inquiry. As such, other factors that account for the obtained numeric, economic, and spiritual health scores should be carried out. In addition, the quantitative nature of this study means that the mechanism underpinning the nexus between transformational leadership and church health could not be clarified. Therefore, another study could utilize a qualitative methodology so as to elicit the underlying nuances behind the data.

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