Factors Contributing to Resilient Discipleship in Healthcare

By Isaiah Michael Rayel and Dr John Greenall

Isaiah Rayel is a medical student in Galway.
Dr John Greenall is a Paediatrician and CMF Associate CEO.

Abstract

What does it look like to 'make disciples' in our increasingly secular nation? Seminal research by Barna looking at faith in 18-29-year-olds identified a group of 'resilient disciples', a countercultural group of Christian young people whose faith is robust and stands the test of time.[1] Our research – a combination of survey data and interviews with Christian healthcare students and recent graduates – replicates those findings in a vocational setting in the UK. We show that resilient disciples are those who experience intimacy with Jesus, develop the muscles of cultural discernment, forge meaningful, intergenerational relationships, train for vocational discipleship, and engage in countercultural mission. Christian Medical Fellowship (CMF) is one of many organisations training small numbers in peer learning communities, spearheaded by our training Tracks. Organisations like CMF are well placed to deliver this vocational, countercultural training in small learning communities, as well as to resource and equip the wider church in this vital ministry in this time of 'exile'.

Introduction and aims

What does it look like to 'make disciples' in our increasingly secular nation? Like biblical exemplars that have gone before, Christians in the UK often feel like temporary residents in a land that is hostile to Christian beliefs.[2] Seminal research by the Barna group in the United States, resulting in the '*You Lost Me*' report,[3] tells us that nearly two-thirds of all young adults who were once regular churchgoers have dropped out. In 2019 Barna released '*Faith for Exiles*'[4] to help us better understand how to develop disciples in 'digital Babylon'. By looking again at their research sample, they identify a small group, around 10% of the 100,000 18-29-year-olds who grew up as Christians, whom they term 'resilient disciples' (RDs). They are exiles who remain faithful to their true home, a countercultural group of Christian young people whose faith is robust and who display four key characteristics (see Box 1).

Box 1: Characteristics of resilient disciples

Christ followers who:

- Attend church at least once a month and engage with their church more than just attending worship services
- Trust firmly in the authority of the Bible
- Are committed to Jesus personally and affirm he was crucified and raised from the dead to conquer sin and death
- Express desire to transform the broader society as an outcome of their faith

The researchers conclude that we cannot expect people to be discipled for one hour a week at church or in an annual conference. More than ever, in our digital and fragmented world, we need to walk as small groups of peer learning communities to develop these 'resilient disciples'. This is what Jesus did, after all.[5] Amid ministry to the masses, he focused most of his time on twelve people. He did not build his ministry around how much of a crowd he drew, perhaps in contrast to how we can be tempted to measure success by attendance and reach.

Our work at CMF means we are well placed to look at how to make disciples in our 'digital Babylon'. CMF exists to encourage and equip doctors and medical students to live and speak for Jesus Christ in their places of study and work. There are approximately 4,500 doctors, 600 medical students and 400 nurses and nursing students as our members throughout the UK. At the heart of our aims is to develop leaders (see Box 2).

Box 2: Developing leaders in medicine and nursing

- **Organisational leaders**. Designated leaders of local, national, and international Christian healthcare groups who provide strategic vision for the movement and develop organisational structures that communicate vision and deliver the mission
- **Thought leaders**. Develop and communicate an understanding of the contemporary secular world, especially its threats and opportunities, by developing and communicating authentic and relevant Christian responses, including within secular organisations, media, and governments.
- **Medical-political leaders**. Take on official leadership and managerial roles within the secular medical establishment, including medico-political activities, and use their position and influence for Christ in a secular context.
- **Specialty leaders**. Influence the development of a specific specialty, providing specialist expertise on practical and ethical issues, and providing advice and mentorship for junior trainees within the same specialty.
- **Cross-cultural leaders**. Integrate faith and medicine to go to the gospel-poor, both in the UK and overseas. Practising integral mission, preaching, and healing, working with the local church to reach communities through healthcare.
- **Apologists and evangelists**. Experts in presenting the gospel to both colleagues and patients, answering common misconceptions and training others to do the same.
- **Social justice leaders**. Advocates for biblical justice in healthcare in a range of settings and leaders in coordinating responses between healthcare professionals, local churches, and healthcare agencies.

Integral to equipping medics and nurses, over the past six years CMF has developed training Tracks; learning communities of six to 24 students and junior doctors (see Box 3). Our student and junior populations are almost entirely now comprised of 'Gen-Zers', those born from the mid-1990s to approximately 2011. From our experience, participants of our Tracks almost always fit the profile of RDs, those who are keen to learn and grow and are leaders of the future who can catalyse faith and discipleship in others. In addition, CMF is hugely diverse ethnically and culturally, and is an interdenominational organisation. This diversity offers us an almost-unique opportunity to take a holistic look at the question of how to develop resilient disciples in the UK and Ireland context, with a vocational focus on healthcare.

Box 3: CMF Tracks (and total number who have taken course from 2015-2021)

- Evangelism and Apologetics Track (28)
- Speakers Track (23)
- Global Track (68)
- Health + Justice Track (12)
- National Students' Committee (59)
- Junior Doctors Committee (27)
- Nurses and Midwives Advisory Group (13)
- Deep:ER (41)

The UK is culturally very different to the United States and is 'ahead' of the US in terms of being secularised (for example, church attendance, identification as a Christian, etc.).[6] It is, nevertheless, possible that this research might be replicable in the United Kingdom, and that we can subsequently better reflect what is effective for encouraging resilient discipleship and developing leaders in the UK context.

In this study, we intend to see whether the Barna findings in the US can be replicated in a defined population in the UK, namely Christian medical students, nurses, midwives, and junior doctors. This will help inform how we engage these groups in applying their faith to their work. Indirectly, whilst the findings of this study will not automatically explain how to reach all people effectively, there is the potential to benefit families of young people, and Christian university student organisations (CMF, UCCF[7], IFES[8]), as well as young people who want to become more resilient disciples.

Research questions

1. Do RDs and non-RDs differ in characteristics?
2. Do participants differ in characteristics according to whether or not they are on a CMF Track?

We have focused on these questions because the Barna research found significant differences between these groups. Equally, as noted above, CMF's training Tracks feature some or all the five characteristics that Barna outline as being more present in RDs. We want to assess whether these findings are mapped to involvement in CMF Tracks or not.

This paper will review the methodology used to introduce our survey and semi-structured interviews. We will then discuss results grouped around the five characteristics as described in Barna's *'Faith for Exiles'* research before considering whether there are demographic differences in results and the above research questions. We then discuss whether RDs are particularly attracted to CMF Tracks and whether engaging in Tracks might develop resilient discipleship.

Methodology & background information

Background

The Barna research used a series of questions to determine whether participants fall within the RD category. In this research, we directly replicate these questions to ensure we can compare groups and to avoid circular reasoning.

We conducted the research in two stages. The first stage was employing a survey (explained in Stage 1), whilst the second stage was a semi-structured interview with respondents of the survey (explained in Stage 2). This stage was added to increase the richness of our data and to better understand them in the healthcare context.

Type of research

A retrospective study with quantitative (questionnaire-based) and qualitative (semi-structured interviews) elements.

Stage 1: survey

The SurveyMonkey questionnaire was open for a total of five weeks, from 23 June to 27 July 2021. It was initially sent to current members and alumni of CMF's training Tracks[9] (total number: 182, see Box 3 above) and student link/National Student Council (NSC) roles[10] (total number: 300).

A week later, the survey was then sent to all CMF student, junior doctor, and nurse/midwife members between the ages of 18 and 35 (a total of 600 who were not in the first two groups). The intention was to assess (i) the proportion who would be classified as RDs and whether this differed according to engagement on Tracks, and (ii) within those classified as RDs whether any patterns emerged of their characteristics of faith and practice.

The survey consisted of 54 questions divided into six categories. Firstly, background and demographic information, including age, gender, ethnicity, vocation, and level of involvement within Christian organisations in general and with CMF in particular. The next five categories were shaped around the five characteristics of RDs that Barna identified (see Box 4).

Box 4: 5 practices that characterise resilient disciples

- **Practice 1: Experience intimacy with Jesus.** Resilient disciples clearly identify as Christian, consider Christ central and experience intimacy with God
- **Practice 2: Develop the muscles of cultural discernment**. Resilient disciples learn wisdom for living faithfully, stewarding their sexuality and their money, and are anchored by the Bible.
- **Practice 3: Forge meaningful, intergenerational relationships**. When isolation and mistrust are the norms, resilient disciples connect meaningfully to a local congregation and have strong relationships with older adults.
- **Practice 4: Train for vocational discipleship**. Resilient disciples are equipped with a robust theology of work and calling. There is no sacred-secular divide, and they are engaged Christianly in their workplaces.
- **Practice 5: Engage in countercultural mission**. Resilient disciples have a strong sense of mission worked out in countercultural practice in their lives. Life is about God's wider mission in the world and not one's personal fulfilment.

We replicated some of the Barna questions word for word, and we amended some questions to ensure they were suited to the UK healthcare culture (see Appendix A). All questions in these five categories could be answered on a five-point Likert scale. When the term 'agreed' is used in this report, this refers to a participant ticking either 'Strongly agree' or 'Agree' on the survey (points four and five on the Likert scale). The data collected was organised and compiled through Microsoft Excel.

RDs were distinguished from non-RDs, and then within this RD grouping, we compared three sub-groups:
Group 1 – all RD respondents
Group 2 – RDs on a CMF Track
Group 3 – RDs not on a CMF Track or committee role[11]

Stage 2: Interview

We interviewed seven alumni of CMF Tracks. Interviewees were recruited by emailing those who indicated a willingness to be interviewed from the 200 respondents, with seven responding (we approached Deep:ER Fellowship alumni first, followed by those who volunteered from the survey until seven had accepted the invitation) over 30-minute semi-structured interviews conducted over Zoom. The interviews were transcribed using Otter.ai© and anonymised. It was not necessary to adjust the recruitment for a balance of gender and ethnicity, as this was naturally varied. We used pre-determined questions concerning the family backgrounds of the participants, how they came to the Christian faith, their biggest Christian influences, how they respond to living in a post-Christian society, how they found out about CMF, their participation in CMF, etc., which were used to investigate what makes someone a resilient disciple.

Overall responses

There were 206 respondents. Six were over the age of 35, so were excluded from the analysis. This was to best reflect the Barna research, where 29 was the upper age cut-off. Given the longer time spent at medical school and the age profile of our Tracks, we decided to extend this to an upper limit of 35.

Table 1: Response rates across the groups

Group	Responses/number who were emailed
1 – all respondents	200/1082 (18%)
2 – on a CMF Track	60/182 (33%)
3 – not on a CMF Track or committee role	52/600 (9%)
4 – student links or on the National Student committee	88/300 (29%) – not analysed as a subgroup – see footnote 11

The group excluded from the analysis were 300 who had a committee role in isolation. Appendix B details the attendance of respondents to various CMF Tracks and committees.

Of the 200 respondents, five did not respond to the discriminator questions, and they were therefore excluded. Five did not attend church at all in a month, and a total of eleven others were not positive in one or more responses to questions 21-24 (see Appendix A, which details the questions used to discriminate RDs from non-RDs, and Table 2 how RDs were distributed). We therefore worked based on 179 respondents as RDs and 16 as non-RDs. Note that where we report total responses, these will include those of all 200 respondents where indicated.

Table 2: Resilient disciples vs non-resilient disciples in each group

Group	RDs	non-RDs	Total
1 – all respondents	179 (92%)	16 (8%)	195
2 – on a CMF Track	59 (98%)	1 (2%)	60
3 - not on a CMF Track or committee role	45 (75%)	15 (25%)	60

Detailed responses

Gender and ethnicity

The majority of the 200 participants (145 (72.5%)) were female, whilst 55 (27.5%) were male. The age range was 18-35, with a median age of 24. Most participants (124 (62%)) were white-British. However, there was a large diversity among the respondents, with the next most common ethnic backgrounds being African (21 (10.5%)) and East or South-East Asian (21 (10.5%)). The remaining ethic breakdown was: other Asian: 8 (4%), other

European: 7 (3.5%), mixed or multiple ethnic groups: 6 (3%), Middle Eastern Asian: 4 (2%), Caribbean: 3 (1.5%), white-American: 2 (1%), and Irish: 1 (0.5%).

Participants' career roles

Regarding vocation, most of the respondents were junior doctors (103 (51.5%)) followed by medical students (73 (36.5%)), nurses/midwives (15 (7.5%)), nursing students (4 (2%)) and intercalating students (3 (1.5%)). There is no significant difference between RDs and non-RDs, and between those on and not on CMF Tracks for career roles.

Self-declared religious faith

When asked what religion the participants followed, 200 (100%) of the participants responded that they followed Christianity, with results as in Table 3.

Table 3: How the participants best describe their Christian faith

	RD or non-RD		**On/not on a CMF Track**	
Which of the following describes your faith the best?	**All respondents - RDs**	**All respondents – non-RDs**	**On a CMF Track**	**Not on a CMF Track**
Follower of Jesus Christ	99 (55%)	5 (24%)	33 (55%)	23 (51%)
Christian	67 (37%)	12 (57%)	22 (37%)	18 (40%)
Catholic	2 (1%)	1 (5%)	1 (2%)	0
Protestant	8 (4%)	1 (5%)	2 (3%)	3 (7%)
Other	3 (2%)	2 (10%)	2 (3%)	1 (2%)
TOTALS	179	21	60	55

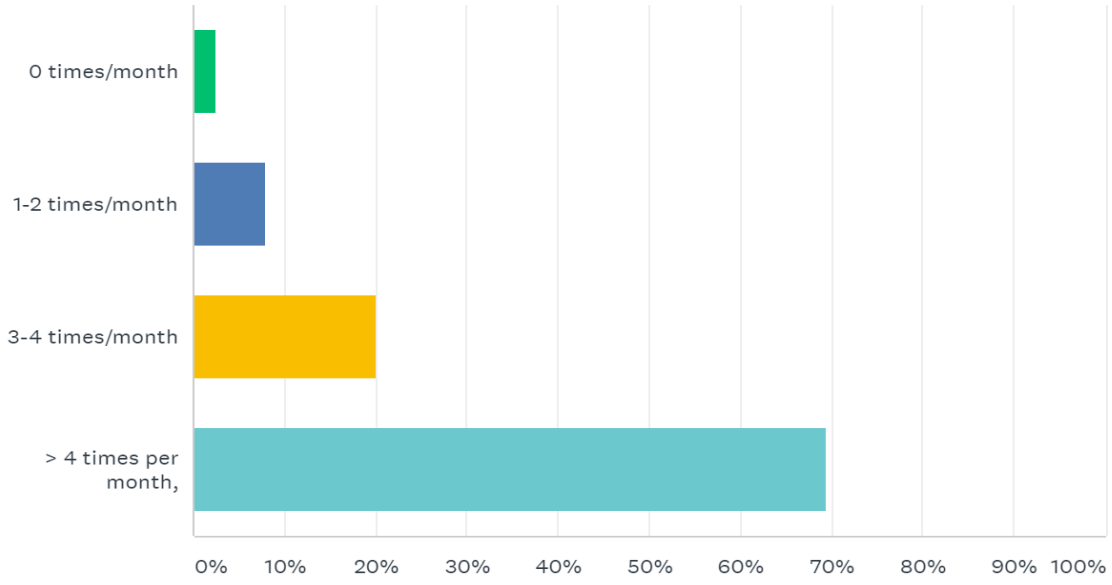
Church attendance

Church attendance among all participants is shown in Table 4 and Figure 1. The difference between RDs and non-RDs seems significant, however this was a part of creating those categories so to avoid circular reasoning this is not included in our analysis.

Table 4: How often participants attended church each month.

How often would you say you attend church each month?	**All respondent data**	**All respondents - RDs**	**All respondents - non RDs**
0 times/month	5	0	5
1-2 times/month	16	14	2
3-4 times/month	40	35	5
>4 times/month	139	130	9
TOTALS	200	179	21

Figure 1: Graph describing how often all respondents attended church each month.



Consumption of Christian content

RDs were more likely than non-RDs to consume Christian content, and those on CMF Tracks were also more likely to do so.

Table 5: Time spent consuming Christian content.

	RD or non-RD		On/not on a CMF Track	
How many minutes a day do you consume Christian content?	**All respondents - RDs**	**All respondents – non-RDs**	**On a CMF Track**	**Not on a CMF Track**
<15	23 (13%)	9 (43%)	6 (10%)	5 (11%)
15-30	69 (39%)	3 (14%)	15 (25%)	24 (53%)
30-45	37 (21%)	6 (29%)	17 (28%)	10 (22%)
45-60	16 (9%)	1 (5%)	10 (17%)	2 (4%)
>60	34 (19%)	2 (10%)	12 (20%)	4 (9%)
TOTALS	179	21	60	45

Membership of Christian groups outside of church

Our results showed that 150/200 (75%) of respondents (77% RDs falling to 57% non-RDs) are a member of a Christian group outside of church. These groups included CMF, Christian work groups, Christian university groups, Christian choirs, youth groups, and Bible studies. The comparison between Track and non-Track was 77% and 71% respectively.

Overseas mission trips

Participants were asked whether they had been on a short or long-term trip overseas. Our results showed that 50% had at least once, with no difference between the resilient disciple and non-resilient disciple group. The comparison between Track and non-Track was 67% and 35% respectively. Again, it is difficult to ascertain whether this is because of in-built

overseas trips for CMF Tracks or whether it is a precipitating factor for involvement. The same question was asked about serving in a Christian context in the UK, with 127/200 (88%) respondents saying they have done so (91% RDs falling to 71% non-RDs). The comparison between Track and non-Track was 95% and 87% respectively.

Other faith influences

Our final question in the background section of the survey was asking the participants to share other courses or experiences that have shaped their Christian life. There was a variety of responses, most likely reflecting the individual's passion and where they feel called. This included missionary work, Alpha course, Christian university courses/groups, Bible study, Christian camps, and international conferences, as well as other CMF courses. Another common response was fellowship with other Christians, which included strong Christian friends, family, mentors, pastors, etc.

Results and discussion

Tables showing results grouped around the five characteristics as described in Barna's '*Faith for Exiles*' research are now presented in turn, comparing RDs vs non-RDs and then for those who are RDs, between those on a CMF Track vs those who are not. Affirmative responses were those marked 'Strongly Agree' or 'Agree' on our questionnaire.

Table 6: Intimacy with Jesus

Questions	**Affirmative response by group (%)**				
		RD or non-RD		**On/not on a CMF Track**	
	All respondents (194)	**RDs (179)**	**non-RDs (15)**	**Track Members (60)**	**Non-Track Members (45)**
My relationship with Jesus impacts the way I live my life	191 (98%)	179 (100%)	12 (80%)	59 (98%)	45 (100%)
I have a personal relationship with Jesus Christ	186 (96%)	176 (98%)	10 (67%)	56 (93%)	45 (100%)
My relationship with Jesus gives me fulfilment	185 (95%)	175 (98%)	10 (67%)	58 (97%)	44 (98%)
I do not always understand what God is doing, But I trust in his way	188 (97%)	175 (98%)	13 (87%)	58 (97%)	44 (98%)
I believe God hears and answers my prayers	190 (98%)	179 (100%)	11 (73%)	58 (97%)	45 (100%)

Table 7: Questions describing 'cultural discernment'

Questions	Affirmative response by group (%)				
		RD or non-RD		On/not on a CMF Track	
	All respondents (194)	RDs (179)	non-RDs (15)	Track Members (60)	Non-Track Members (45)
I live my life based on biblical principles	181 (93%)	170 (95%)	11 (73%)	57 (95%)	43 (96%)
I prefer to observe Christian content over secular content	100 (52%)	94 (53%)	6 (40%)	37 (62%)	21 (47%)
Reading the Bible makes me feel closer to God	183 (94%)	173 (97%)	10 (67%)	56 (93%)	45 (100%)
I gain wisdom from reading the Bible	191 (98%)	178 (99%)	13 (87%)	58 (97%)	45 (100%)
I trust in the authority of the Bible	189 (97%)	179 (100%)	10 (67%)	59 (98%)	45 (100%)

Table 8: Questions describing 'meaningful relationships'

Questions	Affirmative response by group (%)				
		RD or non-RD		On/not on a CMF Track	
	All respondents (191)	RDs (176)	non-RDs (15)	Track Members (60)	Non-Track Members (45)
I have people in my life who encourage me to grow spiritually	186 (97%)	173 (98%)	13 (87%)	58 (97%)	41 (91%)
I have a deep connection with the people who attend my Church	130 (68%)	127 (72%)	3 (20%)	41 (68%)	36 (80%)
There are people at my Church I aspire to be like	165 (86%)	156 (89%)	9 (60%)	46 (77%)	39 (87%)
I have a mentor from my Church or Christian community from whom I can seek advice	129 (68%)	124 (70%)	5 (33%)	43 (72%)	34 (76%)

Table 9: Questions describing 'vocational discipleship'

Questions	Affirmative response by group (%)		
		RD or non-RD	On/not on a CMF Track

	All respondents (187)	RDs (173)	non-RDs (14)	Track Members (58)	Non-Track Members (42)
I use my unique talents to honour God through medicine/nursing	161 (86%)	152 (88%)	9 (64%)	53 (91%)	38 (90%)
I pray for the people I encounter at work/university (classmates, patients, colleagues, consultants, etc.)	153 (82%)	144 (83%)	9 (64%)	46 (79%)	36 (86%)
I know how the Bible applies to my medical/nursing studies/practice	160 (86%)	153 (88%)	7 (50%)	50 (86%)	36 (86%)
I have a Christian community in my workplace/university	100 (53%)	96 (55%)	4 (29%)	32 (55%)	16 (38%)
I have a Christian mentor in my medical/nursing studies/practice	54 (29%)	52 (30%)	2 (14%)	16 (28%)	10 (24%)

Table 10: Questions describing countercultural mission

Questions	Affirmative response by group (%)				
		RD or non-RD		On/not on a CMF Track	
	All respondents (188)	RDs (173)	non-RDs (15)	Track Members (59)	Non-Track Members (42)
I have a responsibility to tell others about my religious beliefs	165 (88%)	154 (89%)	11 (73%)	56 (95%)	36 (86%)
I prepare for having difficult conversations with people who believe differently than me	118 (63%)	112 (65%)	6 (40%)	39 (66%)	29 (69%)
The Bible gives me a better understanding for helping marginalised groups	171 (91%)	160 (92%)	11 (73%)	58 (98%)	38 (90%)
I am not ashamed to share the word of God	156 (83%)	146 (84%)	10 (67%)	49 (82%)	37 (88%)

Are there demographic differences in responses?

In summary, there are no specific demographic differences in response. The majority of female to male respondents (73% to 27%) is seen to some extent across the healthcare

university setting[9], but anecdotal experience at CMF suggests this is reflective of involvement in CMF at the undergraduate level. This has other implications, which will not be discussed here.

Do resilient disciples and non-resilient disciples differ in characteristics?

Our data shows that most Christian students and juniors in healthcare who are CMF members would fit the Barna criteria as being RDs. Whilst based on a very small sample size, our data would tend to agree with the Barna research that RDs and non-RDs differ in some key ways. These include that RDs were significantly more likely to:

- attend church more regularly;
- belong to a Christian group outside of church;
- serve in church or other Christian settings; and
- consume Christian content.

In addition to this background information, we found real differences between these groups across the characteristics involving vocational discipleship, countercultural mission, and meaningful relationships.

These are very significant findings because much of CMF's work is aimed at preparing younger medics, nurses, and midwives to link their faith with their work, to live out God's mission in the healthcare sphere and to do so in part by following the example of others further down that path.

We see the vital importance of **'meaningful relationships'** throughout our research. The Barna research stated that '*Meaningful relationships means being devoted to fellow believers we want to be around and become like…when isolation and mistrust are the norms, resilients connect meaningfully to a local congregation and have strong relationships with older adults.*'[12] In this research, 75% of respondents (77% RDs falling to 57% non-RDs) declared they are members of a Christian group outside of church. These groups included CMF, Christian workplace groups, Christian university groups, Christian choirs, youth groups, and Bible studies. Again, CMF promotes students belonging to campus groups as a key component of growing in faith.

We see that RDs clearly differ from non-RDs in several statements (see Table 8), including most notably, '*I have a mentor from my Church or Christian community who I can seek advice from*' (70% vs 33%) and '*I have a deep connection with the people who attend my church*' (72% vs 20%). Again, a significant element of CMF's work is linking younger believers with those further advanced.

These questions, however, are specifically related to church and might imply that CMF attracts those who already have these relationships in their church. However, the interviewees suggested CMF has provided them with a safe place to share their beliefs truthfully and fully with people who are in the same field and have the same values. Most of the participants stated that Christian mentorship played a significant role in their development as Christians. One of them said:

> *I definitely think that if you're a Christian, we were never meant to be on your own. It's always been a community. Relationships are so important. I think it would be amazing if more people had mentors, like people who are a season ahead of them, or the older generation, going to the same career path. But I think this shared wisdom and light can be given to us so that we can avoid mistakes and have safe spaces to talk to people, and just be vulnerable and honest with them. I definitely think it'd be good to have that.*

One of the interviewees said CMF played such a large role in them becoming a Christian doctor that they believe they were getting *'50% of knowledge and skills from medical school and the other 50% from CMF*'. The interviewee continued:

> *I felt like [CMF's] really supported me from being a medical student all the way through foundation training, through core training, through specialty training. So, I think it's been pivotal. And I think I received so much support and encouragement. Just knowing that there are other Christians who are facing the same kind of persecution and who still want to get together, encourage one another, and bring the kingdom of God in healthcare.*

These findings are incredibly significant and to be reflected on as CMF considers how to engage with its membership. Indeed, CMF's mission statement states that it exists to *'Unite and equip Christian doctors and nurses to live and speak for Jesus Christ*'. This sense of community and the importance of exemplars offering support and encouragement, both by simply being there and by inputting into the lives of others, is key for CMF. This research affirms CMF's mission, and the role CMF may play in helping encourage churches teach and mentor into vocational spheres like healthcare.

Having said all this, it is sad to see that so many (32% overall – Table 8) felt they did not have a deep connection with the people who attend their church or to a mentor of any sort. In other words, the number of those with a mentor and/or in a Christian community is still not high even amongst the resilient disciple group. It should be noted that there is a big difference between the percentage of RDs who have Christian mentors in general terms, and those who specifically have Christian *healthcare* mentors. Other research has looked at the concept of the 'dual empathy', that Christian medics could share with one another, setting them apart from other Christian mentors.[13] Given the substantial number of young people leaving the church, this is clearly an important area on which to focus. A mentoring programme might be a fruitful avenue for further exploration.

We have also demonstrated the vital importance of **'vocational discipleship'**. The Barna research stated that *'Vocational discipleship means knowing and living God's calling, especially in the arena of work, and right sizing our ambitions to God's purposes. Resilient Disciples are equipped with a robust theology of work and calling. There is no sacred-secular divide, and they are engaged Christianly in their workplaces.'* This is an area of focus for CMF, and one would expect to see people enthusiastic about CMF's work understanding this area. In this research (see Table 9) we see that RDs clearly differ from non-RDs, including statements such as '*I have a Christian mentor in my medical/nursing studies/practice*' (30% vs 14%) and '*I know how the Bible applies to my medical/nursing studies/practice*' (88% vs 50%).

The interviewees noted they had great experiences within CMF. One interviewee spoke about what made them want to join CMF, saying:

> *When I was born again, I devoted everything, like my whole life to Jesus. It really made me think, you know, I'm a doctor. I knew that there were these ethical challenges and I wanted to find other doctors who were Christians and how they practiced.*

Another said,

> *I love to connect faith and Christianity with healthcare and learning to treat people as a whole. And I think we also have to think about the spiritual care as well. And know what they believe in, and how their faith can help people heal better, heal quicker. And that's why I wanted to get involved. And CMF does lots of training and equipping us to answer those difficult questions. Like I said, there's a lot of things I don't know the answer to, and they [CMF] do. And it's also great to know other doctors that are Christians around, because you just assume that you're the only person around.*

Another remarked:

> *Throughout being on the committee for junior doctors and the Catalyst Team. They've all been amazing experiences. In terms of my spiritual growth, I think the best thing is it makes you sit down and actually think and consider, what is your purpose? What are you actually trying to gain here? Or what are you trying to implement as a Christian doctor? And it helps you zone in on how you act, what you develop in terms of your spiritual gifts, or what is your calling, and it just makes you think about these things.*

These findings are a reflection of CMF's focus on *uniting and equipping Christian doctors and nurses to live and speak for Jesus Christ*. The sense of crystallising purpose, equipping with knowledge and skills, and discernment of calling within the profession, were all themes in our interviews.

Our research suggests there may be more room for facilitating reflection both individually and in groups for those who have served/participated in CMF activities. CMF offers a unique environment to reflect on the application of faith in the workplace that might not be found in churches. CMF local groups are often the setting in which this takes place.[14] A greater focus on local groups as a place for such facilitated conversations and prayer would be beneficial.[15,16]

Barna's research focused more on churches and how they should be places where there is vocational teaching and mentoring. Clearly, the average size of church congregations in the UK might make it a challenge to match young people up in this way. It is difficult for pastors to speak into the myriad of potential professions. CMF, therefore, has a vital role to play here, and this is something to be pondered.

Furthermore, in the CMF setting, this data shows how those surveyed are involved in **'countercultural mission'**. The Barna research stated that *'Participating in countercultural mission means serving as a faithful presence by trusting in God's power and living differently*

from cultural norms. Resilient Disciples have a strong sense of mission worked out in countercultural practice in their lives. Life is about God's wider mission in the world and not one's personal fulfilment.'[17]

As stated before, most young adults who were frequent church goers have left the faith.[18] We can assume that culture plays a significant role in former believers leaving the church. The increasingly secular world has a major influence on young people as they navigate their lives. The pressure to conform to their peer group is significant. Now more than ever it is of utmost importance to understand how Christians should respond to culture.

This research (see Table 10) clearly shows that RDs differ from non-RDs, for example, when confirming '*I am not ashamed to share the word of God*' (84% vs 67%), *'the Bible gives me a better understanding for helping marginalised groups'* (92% vs 73%) and '*I prepare for having difficult conversations with people who believe differently to me*' (65% vs 40%).

In sum, our findings mirror those of the Barna research in terms of differences between RDs and non-RDs. There is a growing number of organisations dedicated to training often young people in being a countercultural voice (eg, Impact 360 institute[19] in the US and the Evangelical Alliance's Public Leader Course[20] in the UK). CMF has a role to play here, especially given its unique ability to link the healthcare vocation with countercultural mission. And there is precedent for this. One of CMF's key aims[21] is to be a voice for Christian values in the public square. This research suggests how having countercultural beliefs about ethics and the value of prayer in the workplace might be considered a form of 'mission'. As stated earlier, Christians in the UK may often feel like temporary residents in a land that is hostile to Christian beliefs. We are a people in exile, and a learning community that offers the opportunity to nurture those beliefs and gives those beliefs a plausibility structure would seem to be vitally important to all young Christians in our society.

Do participants differ in characteristics according to whether they are on a CMF Track or not?

It is interesting to note that there was very little difference in characteristics between the Track and non-Track groups. One exception was that those on Tracks were less likely to have role models at church or to have a deep connection with the people in their church than those not on Tracks (77% vs 87% and 68% vs 80%, respectively – Table 8). This raises the question of whether CMF is pulling people away from church or whether those less engaged are more likely to engage with CMF. A possible answer is that CMF caters for a group of people who often move geographical locations. The consistency of CMF fellowship and the networks of relationships formed through participation on a Track may well take the place of church-based relationships. It is also possible that some are not finding that church provides the vocational and cultural engagement that they find more readily through CMF. However, it is impossible to prove this from the current data.

One interviewee and Track member said,

> *I can just see myself being part of the organisation, like their ethos, its values, and everything. But I think it's for me, like as a junior medical student, I like to be able to*

> *interact with people that are older, they've gone through and actually work as doctors, working as consultants, done missions aboard, done all sorts of things. And they're a good inspiration, and I can ask them a lot of questions about life, and I remember saying* 'Oh, I'm scared to like offer prayer'*. They're like,* 'I've been doing this for years. you're scared to do it but do it anyway, the Lord will give you the wisdom to [do] it, don't worry about that'*. I love being able to get that from CMF.*

Another exception was that those on Tracks were more likely to have a Christian community in their workplace/university (55% vs 38% – Table 8). Again, it is not possible to ascertain the direction of causality from our data. It is also notable (see Table 10) that Track members were more likely to be involved in mission in the UK (95% vs 87%) and overseas (67% vs 35%). As before, causation is difficult to ascertain. However, many who are on CMF Tracks can go on local and international mission trips, opportunities that persist after a Track has finished.

The above findings regarding countercultural mission are significant because our Tracks aim to train people to engage with the world in this way. In our interviews, one participant spoke about being a Christian going against the culture:

> *I think our culture is one where we're encouraged to be normal in some sense, the normal having become being different. But I think that being different is having traditional ethics and values. People want to be different, but in being different is actually being the same and trying to fit into the progressive view. So, that brings challenges because everyone else around us is trying to conform. Therefore, being transformed by the renewing of our mind as a Christian is really hard because our mind is constantly being bombarded by these other ideas.*

One medical student explained how the personalities of medical students or doctors can drive a vocal passion for their beliefs even when these go against what the interviewee understands to be Christian beliefs. The participant continued saying:

> *As a Christian, that's been quite difficult going against culture. I guess your classic woke culture, like medical students are always really passionate about what they believe in. So, they're real champions for whatever they believe in, just as much as Christian medical students are real champions for their faith. I might be biased but if you look at the church, I feel like it's a lot of the doctors who are really vocal about their faith. And it's the same for like the secular side as well, like, a lot of my secular friends are really actively pro-choice, and they're reading and writing articles about that. And they're really passionate about that. And it's quite difficult because not only are you living against culture, but you're living against culture where they're really passionate about their culture, because that's a trait which is quite common to medics.*

Another participant recalled not wanting to assist in genital reconstruction surgery for people with gender identity issues due to their Christian faith. Another participant mentioned that being equipped with skills gives Christian doctors confidence to live their faith in public:

> *Well, I'm learning through CMF about evangelism and apologetics. But it seems, unless I wasn't doing this that there's so many restrictions to being a Christian as a doctor, or as a medical student. It's like you're nervous to offer prayer or nervous to*

say something that could be [to] the detriment to your career. So, I really think that is something that is a challenge.

Another participant said,

I feel like it's increasingly becoming quite a hostile environment for Christians in medicine. For example, you know, issues around beginning of life, end of life, these are becoming very divisive. And if you are not prepared to do certain things because of your ethical viewpoint, then there are questions as to whether you should be a doctor, and it may be that we end up coming to the point where there are Christian hospitals and secular hospitals.

The feedback on CMF Tracks often indicates that participants value the 'safe space' to learn about and process these issues, which can be more challenging in larger groups. Having the opportunity to model questions and answers and test ideas is valued.

Training Tracks are not an end in themselves but serve to help Christians engage with issues in the 'real world'. Some stated they want to be a positive influence on the workplace, which could lead people to Christ. One of the participants said:

It's like an extra added value of the fact that we can bring Christ, we can bring the aroma of Christ into everywhere we go. And so, when we go into the workplace, when we go into a place where there might be a lot of fear, where there might be a lot of disruption, we can bring Christ with us, bring the Holy Spirit with us, to influence the workplace.

Another interviewee affirmed this view, saying,

I think that as Christian doctors we shouldn't be ashamed. I think people should know that you're a Christian doctor. I think most of the time now, people don't know what you stand for, what you believe. I think this is a time for us to just be vocal for what we stand for. And I know different judgements will come, it always does. But then, instead of getting offended, rather just trying to bridge conversation with those people.

Linking the learning and application to the workplace, interviewees cited the importance of community and exemplars in bridging this gap. One of them said,

I definitely think that if you're a Christian, we were never meant to be on our own. It's always been a community. Relationships are so important. I think it would be amazing if more people had mentors, like people who are a season ahead of them, or the older generation, going to the same career path. But I think this shared wisdom and light can be given to us so that we can avoid mistakes and have safe spaces to talk to people, and just be vulnerable and honest with them. I definitely think it'd be good to have that.

Are resilient disciples particularly attracted to engage with CMF's leadership training Tracks?

Overall, the interviewees had a positive experience of CMF and learned through it how to become a Christian doctor. However, given this was a self-selecting survey, this is perhaps not a surprise.

From our data (Table 2), out of 16 non-RDs, just one was on a CMF Track (7%) whereas that rose to 59 out of the 179 resilient disciple respondents who had done or were on a CMF Track (33%). Once again, it is not possible to imply causation and to tell from this data whether RDs are more attracted to CMF training Tracks or whether Tracks seem to produce more RDs.

Having said this, if we assume that RDs are more attracted to CMF Membership and Track involvement, one might then ask what they see themselves to be gaining from this engagement. The themes of meaningful relationships, vocational discipleship and countercultural mission were notable in the Barna research and have been borne out in our research of this subset in the UK.

Does engaging in Tracks help develop resilient discipleship?

It might be assumed that RDs are more attracted to CMF Membership and Track involvement, however it is difficult to be sure whether resilient faith is nurtured by these Tracks, because our research has not sought to directly answer this question. It might be helpful in the future to assess 'resilience' with pre- and post-Track questionnaires to see if resilience develops during the Tracks.

Despite this, one would expect that engagement with Tracks would deepen faith. Our data shows that RDs in CMF on average consume more Christian content than non-RDs, and that those on CMF Tracks were also more likely to do so (Table 5). CMF produces a significant number of blogs, literature, and podcasts, and encourages attendance at conferences, book reading and much more. Engagement in a learning community as part of a Track encourages this and may well be a factor in developing resilience in faith. One of the participants talked about their experience with the Deep:ER program[14] saying, *'the Deep:ER Fellowship was huge. That was just a chance to get like really good, solid Christian teaching within CMF'.*

Study limitations

Unlike the Barna research, this was a much smaller, self-selecting sample, and so it is difficult to fully compare results with that more extensive study. Respondents were likely those engaged with CMF (who have consented to email contact, read the email correspondence, and gave time to answer questions) rather than CMF members who are not actively engaged.

In addition, we perhaps asked too many questions and had to pare things down when analysing the data. Some of our questions could also have been tweaked and more specific;

for example, it would have been a good opportunity to ask participants who encourages them to grow spiritually, be they family members, friends, pastor, etc.

Conclusion

In this study, we intended to see whether the Barna findings in the US can be replicated in a defined population in the UK, namely Christian medical students, nurses, midwives, and junior doctors. We have generally replicated this research, subject to the limitations above, with some key findings to inform the work of CMF moving forwards.

CMF seems to attract those who might be described as RDs. It appears there is great value in simply being part of a distinctive community. This raises the question of in what way CMF members are distinctive to enable such connection in the first place.

The vocational benefits of learning and seeing faith modelled in the healthcare sphere would seem to be a key component for forming RDs, something for which CMF is well placed. Secondly, the opportunity to be mentored is key. In an organisation that is so geographically and denominationally diverse, such as CMF, mentoring can be a challenge. There are also important and necessary safeguarding considerations to take into account. Mentoring in CMF is currently informal and pursuing mentoring might be a fruitful area to explore.

Thirdly, there is a sense that CMF is a community where there is a chance to learn about and practice countercultural faith. At present, there is no set curriculum to measure progress in this area. That is worth pondering. In addition, we have focused on what happens on these Tracks rather than how CMF reaches and draws in those who are more on the periphery. How do we engage them with Tracks, conferences, publications, local groups, and much more? How is CMF effectively able to disseminate and engage the wider body of less engaged members? Can we create a clear pathway from this 'lower level' engagement to a higher level of engagement?

Finally, thousands of Christian doctors, nurses, and midwives are not CMF members. Given the benefits attested to in this research, many might be missing out. CMF has a role in sharing knowledge and being a welcoming community alongside similar organisations and churches that support Christian healthcare workers.

Despite the temptation for CMF's ministry to reach a larger number of people, many RDs benefit from CMF's ministry, seeing CMF as a place to grow in faith. Barna's research implies that there is fruitful ministry in focusing on this group. What this research has not done is to track how such disciples might grow in their faith over time, which would be a fruitful piece of follow up research. Equally, it has not assessed growth in the leadership domains in which CMF seeks to grow people (Box 2). Given these research findings, a helpful step might be to map more clearly some defined areas for healthcare workers and students to engage in to grow in their faith.

This research has implications for churches and Christian university student organisations (e.g., UCCF, IFES) as well as individual parents as they consider how to develop RDs. The community, vocational, relational, and countercultural elements of growing in faith are

present in the lives of many RDs. Organisations like CMF are well placed to resource and equip the wider church in this vital ministry in this time of 'exile'.

Appendices

Appendix A – Questionnaire

***Note: Red refers to questions that directly come from Barna**

- What is your age?
- What is your sex?
- What is your ethnic background?
- What is your occupation?
- What religion would you say you follow?
- Which of the following describes your faith the best?
- How often would you say you attend church each month? (Including service, worship service, small group, volunteering, etc.)
- Are you a member of a Christian group outside of church?
- How often do you attend a CMF local or national event?
- Have you attended the CMF Student Conference?
- Have you attended the CMF Juniors Conference?
- Which CMF Track/committee(s)/role have you been a part of (tick all that apply)
- What other CMF events have you attended? (tick all that apply)
- Have you completed a discipleship course? (e.g., Discipleship Explored)
- How often do you read Nucleus or related Christian healthcare content?
- Have you been on a short or long-term mission trip overseas?
- Have you specifically served in a Christian context in the UK?
- Please share any other courses or experiences that have shaped your Christian life
- **Intimacy with Jesus**
    - My relationship with Jesus impacts the way I live my life
    - I have a personal relationship with Jesus Christ
    - My relationship with Jesus gives me fulfilment
    - I do not always understand what God is doing, But I trust in his way
    - I believe God hears and answers my prayers
- **Cultural discernment**
    - I live my life based on Biblical principles
    - I prefer to observe Christian content over secular content
    - Reading the Bible makes me feel closer to God
    - I gain wisdom from reading the Bible
    - I trust in the authority of the Bible
- **Meaningful relationships**
    - I have people in my life who encourage me to grow spiritually
    - I have a deep connection with the people who attend my church
    - There are people at my church I aspire to be like
    - I have a mentor from my church or Christian community who I can seek advice from
- **Vocational discipleship**
    - I use my unique talents to honour God through medicine/nursing
    - I pray for the people I encounter at work/university (classmates, patients, colleagues, consultants, etc.)

    - I know how the Bible applies to my medical/nursing studies/practice
    - I have a Christian community in my workplace/university
    - I have a Christian mentor in my medical/nursing studies/practice
- **Countercultural mission**
    - I have a responsibility to tell others about my religious beliefs
    - I prepare for having difficult conversations with people who believe differently than me
    - The Bible gives me a better understanding for helping marginalised groups

We pulled out four questions to discriminate RDs from non-RDs alongside the questions about church attendance. Affirmative answers were counted as those who responded, 'Strongly Agree' or 'Agree' to these questions and attend church at least once a month.

- **Defining resilient disciples (based on Barna definition)**
    - I believe Jesus Christ died for my sins and was resurrected on the third day
    - I believe Jesus is the only way to heaven
    - I believe God hears and answers my prayers
    - I trust in the authority of the Bible
    - I attend church at least once a month

Appendix B

Describing which CMF Track/committee(s)/role respondents have attended

	Results
Deep:ER	15 (7.5%)
National Student Council	38 (19%)
Student Link (Medical)	83 (41.5%)
Student Link (Nursing)	11(5.5%)
Juniors' Committee	13 (6.5%)
Global Track	21 (10.5%)
Evangelism and Apologetics Track	13 (6.5%)
Health and Justice Track	3 (1.5%)
Nurses and Midwives Advisory Group	2 (1%)
Catalyst	6 (3%)
None	52 (26%)
Other	6 (3%)

The above table shows the responses after being asked in the survey, '*Which CMF Track/committee(s)/ role have you been a part of (tick all that apply)?*' Results are presented as frequencies and percentages.
The table shows a diverse number of responses among the participants when it comes to involvement in CMF training Tracks. Note that student links, juniors' committee, the Nurses and Midwives Advisory Group (NMAG) and NSC are not considered as 'CMF Tracks' but do represent a 'moderate' level of commitment.

[1] Kinnaman D, Matlock M. *Faith for Exiles: 5 Ways for a New Generation to Follow Jesus in Digital Babylon*. Baker Books, 2019
[2] 1 Peter 1:1; 2:10-12
[3] Kinnaman D, Hawkins A. *You Lost Me: Why Young Christians Are Leaving Church...and Rethinking Faith*. Baker Books, 2011
[4] Kinnaman & Matlock. *Op cit*
[5] e.g., Mark 3:14
[6] Pew Research Center (2018), The Age Gap in Religion Around the World. https://pewresearch.org/religion/2018/06/13/the-age-gap-in-religion-around-the-world
[7] Universities and Colleges Christian Fellowship, the UK Christian Union movement
[8] The International Federation of Evangelical Fellowships, the international umbrella body for national Christian Union movements
[9] CMF's 'training Tracks' (Global, Health and Justice, Evangelism and Apologetics, Deep:ER and Speakers') attract applicants who are willing to spend further time developing their faith as applied to healthcare, and all include a thorough application process.
[10] 'Student links' are those who represent their local CMF group on university campuses and have received some training and support to do so. 'National Student Council' members are student links who represent their region nationally again through a recruitment process.

[11] Note that there is a group who are student links or on the National Student committee and we didn't analyse this sub-group, choosing instead to focus on the three groups above. This is because it could be said that commitment to CMF activity could be graded as 'high' for those on a CMF Track, 'moderate' for those who are student links, and 'low' for those who have made no commitment in these areas. We have chosen to focus on those with 'high' vs 'low' commitment, despite acknowledging that this research captures CMF members who responded to our survey and who are therefore a self-selecting and relatively committed group of young people.

[12] Kinnaman & Matlock. *Op cit*

[13] Riley J. *Am I a Christian Doctor? Exploring the faith consequences and identity implications of healthcare work among evangelical medics in England*. Unpublished PhD Thesis, Durham University, 2020:83. http://etheses.dur.ac.uk/13846/1/Riley000660639.pdf?DDD32+

[14] *Ibid*:84

[15] *Ibid*:224. Note the importance of attending to the quality of the group setting in which such conversations take place regarding trust, openness, willingness to listen and more.

[16] Riley J. 'It's a fraught subject': Listening to Evangelical Doctors Talk about Abortion. *JBASR*;22:103. https://doi.org/10.18792/jbasr.v22i0.49

[17] Kinnaman & Matlock. *Op cit*.

[18] Kinnaman & Hawkins. *Op cit.*

[19] Impact 360 Institute – Cultivating Leaders Who Follow Jesus https://impact360institute.org

[20] The Public Leader programme. https://eauk.org/what-we-do/initiatives/public-leadership/public-leader-programme

[21] About CMF https://www.cmf.org.uk/about