

Forming the Third Generation



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A brief review of *Health Progress* archives shows that lay leadership in Catholic health care became the subject of much discussion in the 1950s. An editorial in the September 1956 issue, titled “Dedicated Lay People Can Solve Shortages,” attempted to waylay concerns about threats to the apostolic presence in Catholic hospitals. “We think this spirit need not be lost if we integrate into our institutions lay people who share our ideals and who are capable of carrying them as responsible helpers in this great apostolate of the church.”

Fast-forward 50 years, change the terminology a bit, and it’s easy to see that some of those same concerns are still the subject of much discussion. While the presence of lay people in executive roles is no longer an issue, their formation is. When we talk about formation, we’re referring to “the act of self-shaping, of self-growing to become the people we are meant to be,” according to Dennis Winschel, whose article begins on page 20. “Human beings are formed in their interactions with one another. It is these human interactions that are formational and have the potential to be transformational.”

Half a century ago, those new lay leaders couldn’t help but be formed by their direct interaction with the sisters and other members of Catholic health care’s founding institutions. That formational experience was (and still is in some organizations) one of the first generation passing its spirit of mission and ministry onto the second generation.

Enter the third generation (or “third wave” as some call it) of lay leaders. These leaders don’t have the benefit of working side-by-side with the first generation. Their formation toward understanding and conveying the mission and ministry of Catholic health care is now the responsibility of the second generation. The formation process that essentially occurred naturally between the first and second generations now has to be deliberately planned and carried out.

And that’s where this issue of *Health Progress* comes in. As thoughts about formation evolve, and formation programs continue to develop and improve, people charged with formation responsibilities in their organizations may wonder, “What’s our next move?” Articles in this special section present some of the latest ideas about and approaches to leadership formation for the Catholic health ministry.

Though we might wince a bit at the language used 50 years ago, the following sentiment remains relevant for us today: “The layman has to be the best possible representative he can be. He carries not only the flag of the excellence of physical care of the sick, but he carries also the banner of the spiritual essence of the convent.”*

ALSO IN THIS ISSUE

In partnership with Saint Louis University’s School of Public Health, we are beginning a new regular column titled “Evidence-Based” on page 6. Under this heading, columns will address specific areas of community health that can benefit from an evidence-based approach.

*David de Backer, “A Lay Executive Examines Lay Executives in Catholic Hospitals,” *Hospital Progress* (October 1958): 83.