



# MINISTRY LEADERSHIP DEVELOPMENT

BY MARY KATHRYN GRANT, PhD

*Nothing is more critical to the future of Catholic health care than the quality of its leaders at all levels within the ministry, particularly those who serve in the roles of sponsor, trustee, executive, and physician.*

*To spotlight this central facet of the ministry, the following special section of HealthProgress presents a selection of articles and reflections on the topic.*

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The lead article details the history of ministry leadership development and celebrates several of the many successes to date. It highlights future concerns and needs while affirming the commitment of leaders to serve with both integrity and passion. Firmly asserting that leadership development is rooted in the need for life-long learning and development, not as a sporadic effort, the article calls for continued attention to and tending of leadership development efforts if the future of Catholic health care is to be as strong and vital as its past.

Other articles in this section highlight various components of successful leadership development initiatives. Ed Giganti, Catholic Health Association senior director of ministry leadership development, has prepared a detailed mapping of the leadership competencies developed and tested over many years by CHA and compares them with competencies currently used by several major Catholic health systems. His work reveals the adaptability of the CHA model for tailoring to unique system needs as well as its ability to stand on its own.

Demonstrating how such competencies can be used in selection and advancement,

Peter Giammalvo and George Longshore detail actual applications. The process described illustrates the use of competencies to ensure a fit between the candidate and the system's mission, values, culture, and strategic goals.

One of the areas of greatest interest in leadership development today is "emotional intelligence"; Jeanne Segal, internationally known psychologist and author, relates the content of emotional intelligence to leadership performance and role success. Her contribution explores and expands a critical competency for Catholic health care leaders.

Rev. Gerard T. Broccolo, STD, in an article adapted from his presentation at CHA's 2001 Assembly, offers examples of the fruits of leadership selection and development garnered from his experience at Catholic Health Initiatives. Broccolo also touches on how to measure the success of leadership development efforts. Some are loathe to raise the question; others look for tangible, measurable outcomes. This area of evaluation certainly needs further attention.

Some would point to mission integration and its permeation in organizational culture as the highest testament to the success of selection and leadership development efforts. Others more pragmatically seek definable measures: "You will know it when you see it" does not suffice. Using a composite of the competency assessments of system leaders as a baseline and repeating the assessment at a later date may prove to be a surrogate for any other measure of success. This

area also remains open for further study and debate.

Finally, the profile of a committed leader by Br. Thomas Maddix, CSC, underscores the complexity and the challenges faced by someone committed to inner and outer integrity. Carl Roy's story could be repeated by leaders of Catholic health care throughout North America; it nevertheless offers inspiration and hope to those pursuing a career in Catholic health care as a *ministry*.

CHA is committed to keeping ministry leadership development in the forefront of its initiatives. This special section begins to touch on the critical elements of the efforts underway in the ministry; additional articles, studies, and columns will maintain focus in the years ahead. □

