Global Healthcare Leadership Competency Model 2023

Competencies for future-focused leadership

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About competencies, management and leadership

The IHF's core vision is a world of healthy communities served by well-managed hospitals and healthcare services, where individuals can reach their highest potential for health. The IHF's competency model is central to this vision, and an essential tool to support healthcare leaders to excel.

Competencies are generally understood as skills (the 'doing'), knowledge ('knowing what to do'), and aptitudes ('doing it well'). Therefore, competencies are fluid and intimately linked with actions. They can be considered as necessary either to apply, facilitate, achieve, or sustain the actions.

Management and leadership are intertwined and not mutually exclusive, as management is focused on achieving results while leadership aims at creating a vision. Healthcare leaders, depending on their role, need expertise in both. They also need to assure that their leadership team, and future leaders, have expertise in both.

Because all competencies are not mobilized at the same time, or for the same purpose and finality, the list provided in this model can serve both managerial and leadership purposes, depending on their use.

To define the competencies' level of command, depending on the situation, this document adopts the Dreyfus model of skill acquisition (see Appendix B). This is designed on a novice-to-expert scale, based on four criteria: treating knowledge in reference to the context; recognition of the relevance; assessing the context analytically or holistically; and rational or intuitive decision-making. This model emphasizes the importance of practise to improve.

About the IHF's competency model

The leadership model that inspired this work[1] was developed in reaction to the changing role of health systems and the growing importance of leadership at any level of an organization. The names and structure of the model have evolved to provide a unique model, which includes essential topics for future-focused leaders, such as leading on environmental sustainability.

This model is primarily aimed at current and aspiring healthcare executives, and can serve individuals, teams, and organizations. The model will support them by providing a useful leadership lens to their work and mission.

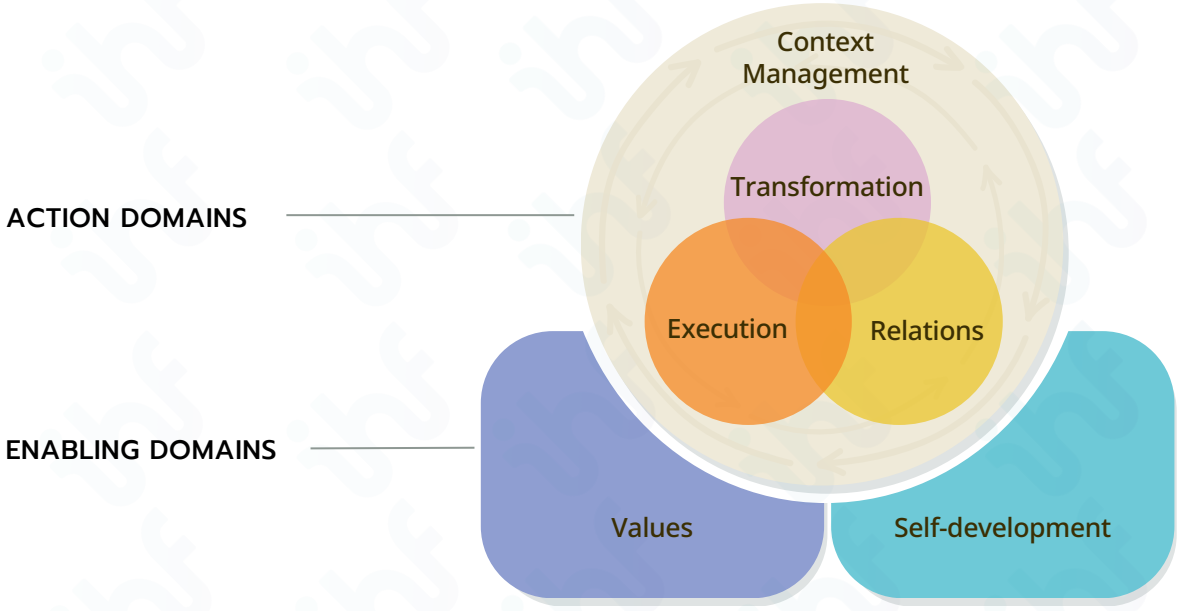
[1] Garman, Andrew N. Healing our future: Leadership for a changing health system. Berrett-Koehler Publishers, 2021.

The list of suggested competencies and their components is flexible: it should be appropriated by organizations to reflect the local setting, priorities, and status (i.e., public or private). The competency model is divided into *enabling* and *action* domains.

- **Enablers** are the basis: the "offline" work that will inform and sustain the actions. The enabling competencies includes the *values* (personal, professional, and organizational), and the *self-development* and self-awareness competencies.

- **Action** competencies represent the direct, "on the job" work of healthcare executives: *execution*, *relations*, *context management*, and *transformation*.

Actions and enablers continuously inform each other.



VALUES
Defined personal, professional, and organizational guiding principles to inform decision-making. Provide a shared sense of responsibility throughout the organization.

SELF-DEVELOPMENT
Combined efforts to manage oneself as a resource and to continue learning and improving.

EXECUTION
Clarifying, implementing, and monitoring the shared direction of action, and strengthening the existing structures and process as needed.

RELATIONS
Listening, understanding and supporting the individual needs of the people one works with, and being able to inspire and have a positive influence on others.

CONTEXT MANAGEMENT
Managing across one's sphere of influence, both within the hospital walls and beyond the organization..

TRANSFORMATION
Leading systemic changes and advancing healthcare services based on need, common vision, and trust.

1. Values

Values can relate to the individual, professional, and organizational level. Values (especially personal ones) are not universal. However, going through the exercise of defining and understanding them is essential for good decision-making and will, in turn, inform the other domains.

Those ethical or guiding principles will help identify the purposes and responsibilities to the system and to the society, and will provide a shared sense of responsibility throughout the organization. They define the "why" of the overall operations and individual actions. The values of the organization are also going to define which competencies are core for the organization, and inform the development of the competencies according to the local setting.

1.A – Professional, ethical, and social responsibility:

- Commit to excellence, integrity, altruism, and promotion of the public good. This includes promoting quality, safety of care, equity, social and environmental commitment, and psychological safety in the delivery of health services.
- Commit to positive reinforcement through a governance and culture that engages, educates, supports, mentors, and energizes the workforce.
- Demonstrate high ethical conduct and decision-making, and a commitment to transparency, respect, equity, and diversity, and use the established ethical structures (e.g., corporate, societal) to resolve ethical issues.
- Maintain a balance between personal and professional accountability, recognizing that the central focus is the needs of the patient and community.

1.B – Commitment to advancing people-centred services:

- Strive towards excellent patient care while recognizing the role of the workforce as part of the service experience.
- Include the perspective of patients, families and the community in healthcare decision-making processes, respecting cultural differences and expectations.
- Commit to continuous improvement based on current research and good practices in service delivery.

2. Self-development and self-awareness

Through their role, healthcare executives are a major resource for their organization. To “manage” themselves and operate at their best, they need to continuously develop and maintain themselves.

There are three major components to support self-development: self-awareness, self-confidence, and wellbeing. This requires a commitment to reflecting and learning: about oneself and about the significant changes that affect one’s work and leadership. Additionally, the more that leaders see value in this important domain, the more likely they will be to promote it for their teams and workforce.

2.A – Emotional intelligence and self-awareness:

- Practise introspection to be aware of your own assumptions and values to avoid unconscious bias.
- Understand your role and related implications, and understand your approach to leadership to continuously lead and inspire others.
- Commit to self-care, wellbeing and self-resilience, using the support structures in place when needed.

2.B – Continuous improvement:

- Demonstrate commitment to self-development, including lifelong learning, networking, reflection, and personal improvement. This includes the ability to develop yourself and develop others, and to serving as a role model.
- Demonstrate reflective leadership to measure your strengths and weaknesses, by using self-assessment and feedback from others in decision-making and interactions. This includes identifying and understanding the areas for improvements and working on them accordingly.

3. Execution

This domain relates to the clarification, execution, and monitoring of shared direction of action. It is about getting things done while respecting the objectives, measuring performance, ensuring quality, and improving the course of action accordingly in order to strengthen existing structures and processes.

3.A – Translation and implementation:

- Effectively apply the knowledge of organizational systems theories and behaviours, and of the current environment in which the organization operates.
- Demonstrate analytical thinking and agility when facing problems and take action accordingly. This includes promoting solutions, being able to delegate, and encouraging decision-making.

3.B – Strategic financial management:

- Effectively use key accounting principles and financial management tools, such as financial plans and measures of performance (e.g., key performance indicators).
- Guide the planning, organization, execution, and monitoring of the resources of the organization to ensure optimal health outcomes and effective quality and cost controls. This includes the ability to balance short-term with long-term effects and outcomes.
- Ability to justify and solicit resources from funders or authorities.

3.C – Human resource management:

- Define leadership roles, responsibilities and accountabilities, while understanding the importance of equity, inclusion, and diversity at all levels of the organization.
- Demonstrate the ability to optimize the performance of the healthcare workforce, including in the face of evolving context and critical workforce issues, such as shortages and public health crises.
- Understand and guide the integration of effective strategies for workforce engagement, wellbeing, resilience, and retention.

3.D - Information management:

- Ensure optimal and cost-effective use of information and trend analysis within the organization.
- Demonstrate the ability to gather, critically assess, and analyse relevant data and translate key information into data-driven decision-making.
- Ensure compliance to applicable privacy and security requirements.

3.E – Administration and business development:

- Demonstrate knowledge of essential business practices, such as business plans, contracting, and project management.
- Evaluate whether a proposed action aligns with the organizational values, and strategic and business plans.

3.F – Quality improvement and patient safety:

- Guide the development, implementation, and tracking of quality outcomes, satisfaction, and people safety programmes according to initiatives on quality and safety and recognized good practice.
- Guide the development and tracking of indicators to measure quality outcomes, satisfaction and safety, and plan continuous improvement, by using internationally recognized frameworks when applicable.

3.G – Monitoring and evaluation:

- Ensure that the relevant data sets are produced according to the objectives sought, and that the right tools are used to assess performance, establish targets, monitor indicators and trends, and determine if deliverables are met.
- Use monitoring systems to ensure legal, ethical, and quality and safety standards are met in clinical, corporate, and administrative functions.

3.H – Governance:

- Make and implement executive decisions according to the governance structure, policies and institutional values, goals and vision.
- Engage and commit key governing bodies to the organizational strategy and vision. This includes ensuring that the governing bodies are diverse, professionalized, represent all stakeholders, and have access to the right benchmark information about how other hospitals, health and care organizations are performing.
- Build succession planning to ensure continuity of oversight in accordance with the organizational values and strategic direction.

3.I – Preparedness and crisis management:

- Understand risk management principles and guide the development of relevant programmes and strategies, such as risk assessment and analysis and risk mitigation. This includes updating the organization's perception of risks (e.g., emerging infectious disease, environmental hazards).
- Plan for service continuity in the face of potential health and other emergencies that could disrupt service delivery.
- Actively strive to anticipate, manage, and mitigate major risks, threats, and negative impacts during health and other emergencies.

3.J – Digital technologies in healthcare:

- Ensure that digital technologies are implemented in cost-effective ways in accordance with the organizational strategy and vision. This includes recognizing the potential (e.g., regarding workforce, patient outreach, carbon footprint) and limitations (e.g., maintaining the social component of care) of health technologies and digital outreach.

3.K – Executive communication:

- Articulate and communicate the mission, vision, values, objectives, and priorities of the organization to internal and external entities, ensuring that they are received consistently by all relevant stakeholders.
- Present information in a way that is factual, credible, respectful, and understandable to decision-makers. This includes customizing the messaging and means of communications for different groups to optimize the impact.

4. Relations

A good leader inspires others to collaborate meaningfully to realize a shared vision, so good interpersonal relations are essential.

Competencies in this domain include listening, understanding, and supporting the individual needs of the workforce, being able to inspire people to collaboratively realize a common vision, and having a positive influence as a role model.

4.A – Employee support and development:

- Develop others by mentoring, advising, coaching, promoting continuous development, and role-modelling self-development.
- Evaluate and provide constructive feedback about others' performance, contributing competencies and behaviours in a professional and respectful environment that facilitates continuous improvement.

4.B – Compassionate leadership:

- Adopt compassionate and collaborative leadership behaviours to engage the workforce and stakeholders.
- Practise and value transparent, shared decision-making and understand its impacts on internal and external stakeholders.

4.C – Interpersonal relationships:

- Develop and sustain positive workforce and stakeholder relationships.
- Demonstrate strong listening and communication skills, including non-verbal communication.

4.D – Problem-solving and negotiation:

- Demonstrate problem-solving skills and manage interpersonal conflicts through mediation, negotiation, and other dispute resolution mechanisms.
- Demonstrate the ability to discuss conflicting perspectives through a collaborative and constructive communication process, and arrive at a mutually beneficial or mutually acceptable solution or compromise.

5. Context management

This domain is about leading across a sphere of influence, within and beyond hospital walls. Among others, this includes developing and maintaining relations with a network, and understanding the impact and outreach of the organization in its community. It also involves placing an action into systemic, environmental, and population perspectives.

5.A – Systems thinking:

- Balance and connect the inter-relationships among access, quality, safety, cost, resource allocation, accountability, care setting, community need, and professional roles.
- Recognize the local implications of regional and global health events to understand their interconnectivity and impact on communities.
- Adopt a systemic approach to health and the healthcare organization, factoring in priorities and concerns of other sectors in the community (e.g., energy, finance, transport).

5.B – Engaging culture and environment:

- Facilitate development of an organizational culture built on mutual trust, inclusion, transparency, and psychological safety. This includes promoting a high level of commitment and ownership from the workforce through a shared and compelling vision focused on service advancement.
- Promote teamwork, multidisciplinary and diverse team development, and cross-boundary team engagement.
- Maintain awareness across the organization of regional, national, and global factors impacting the community and organization's services.

5.C – Population health assessment and promotion

- Incorporate an understanding of the social (e.g., socioeconomic status, ethnicity) and environmental (e.g., air quality) determinants of health, and of vulnerable populations, and related implications into strategies and decisions to improve health outcomes.
- Understand upstream causations for population health outcomes, and use vital statistics and core health indicators to identify priorities, guide decision-making, and analyse health trends to guide the provision of health services.
- Assess the impact of the cost of and accessibility to healthcare, ensuring that the organization meets the patient population's needs.

5.D – Networks and alliances:

- Establish relationships to provide effective, coordinated, and integrated care with other health and care providers. This includes identifying relevant social, medico-social, and health actors in the community and along the continuum of care.
- Promote the establishment of respectful and relevant partnerships and consolidation of networks. Ensure that those partnerships are meant to advance efficient care delivery to the community and comply with corporate or organizational social responsibility and environmental sustainability practices.

5.E – Advocacy:

- Advocate for and participate in healthcare policy initiatives as per the organization's priorities, quality of care and patient safety.
- Advocate for patients' rights and assure their active participation in designing health services.

5.F – Public relations and marketing:

- Demonstrate proficiency in maximizing the functions of media and public relations, and sharing information effectively through communication channels.
- Apply marketing and social marketing principles and tools to develop appropriate outreach to the community and develop health literacy.

5.G – Regulations and health systems:

- Interpret and apply public policy, legislative, and advocacy processes into the organization's strategic objectives.
- Understand the local and national system structure, funding mechanisms, and how healthcare services are organized, including the role of health and care services (or providers) in integrated health and care delivery networks.
- Ensure the organization abides by laws and regulations applicable to the work of the organization and to the healthcare sector.

6. Future-focused transformation

This final domain is about how to bring one's strategic and future thinking into the operations and strategy of the organization, in order to induce systemic change. It is not about tweaking existing processes (which would be part of the *execution* domain) but rather about striving for change and redesign of services, including preparing, implementing, and sustaining them with the right organizational culture.

6.A – Strategic planning

- Lead the development of key planning processes, including strategic plans, clinical service plans, and business cases for new services.
- Develop and monitor operating-unit strategic objectives that are aligned with the mission and strategic objectives, using balance scorecards or similar management systems.
- Understand patient pathways and service design, and organize the delivery of services accordingly, both internally and externally.

6.B – Sustainability leadership

- Understand sustainability as a multi-dimensional concept to balance in decision-making, including environmental, financial, managerial, and social sustainability.
- Identify priorities and possible actions related to climate impact reduction and decarbonization in the hospital (e.g., infrastructure, energy consumption, clinical processes, procurement practices, and waste management) and oversee their implementation, understanding the health benefits and pursuing co-benefits associated with them.
- Develop, implement, and track climate impact measures, regulations, and quality standards related to environmental sustainability as part of organizational strategy and quality improvement programmes. This includes training and engaging the workforce to maximize their understanding and impactful actions.

6.C – Organizational resilience:

- Understand resilience and what the organization is dependent on, to inform strategies to enhance and sustain the organization's resilience.
- Effectively manage the interdependency and logistics of supply chain services within the organization, while considering the role of procurement and waste management as part of corporate or organizational social responsibility and organizational resilience.

6.D – Innovation and entrepreneurship:

- Encourage diversity of perspectives to support innovation, creativity and improvement based on a common ambition to advance healthcare delivery service designs.
- Promote innovation and innovative organizational cultures and methods, and action research to support experimentation and innovation.

6.E – Change management:

- Champion the change process, by choosing how to approach change to optimize its impact and ensure that it will be sustained. This includes knowing when and how to stop a change process or change its direction.

6.F – Ongoing learning and sharing:

- Promote information-seeking from a variety of sources to support organizational performance, conduct needs analysis, and prioritize requirements.
- Value organizational introspection and share the lessons learned to promote continuous improvement and knowledge-sharing within and beyond the organization's workforce to inspire others.
- Contribute to advancing the profession of healthcare management and leadership by understanding and sharing evidence, knowledge, and experience.

Appendix A
Acknowledgements

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Appendix B
Dreyfus model of skill acquisition

<table>
<tr><th>Level</th><th>Stage</th><th>Characteristics</th><th>How know-ledge etc is treated</th><th>Recognition of relevance</th><th>How context is assessed</th><th>Decision-making</th></tr>
<tr><td>1</td><td>Novice</td><td>Rigid adherence to taught rules or plans
Little situational perception
No discretionary judgement</td><td>Without reference to context</td><td rowspan="2">None</td><td rowspan="2">Analytically</td><td rowspan="3">Rational</td></tr>
<tr><td>2</td><td>Advanced beginner</td><td>Guidelines for action based on attributes or aspects (aspects are global characteristics of situations recognisable only after some prior experience)
Situational perception still limited
All attributes and aspects are treated separately and given equal importance</td><td rowspan="3">In context</td></tr>
<tr><td>3</td><td>Competent</td><td>Coping with crowdedness
Now sees actions at least partially in terms of longer-term goals
Conscious, deliberate planning
Standardised and routinised procedures</td><td rowspan="2">Present</td></tr>
<tr><td>4</td><td>Proficient</td><td>Sees situations holistically rather than in terms of aspects
Sees what is most important in a situation
Perceives deviations from the normal pattern
Decision-making less laboured</td><td rowspan="2">Holistically</td></tr>
<tr><td>5</td><td>Expert</td><td>No longer relies on rules, guidelines or maxims
Intuitive grasp of situations based on deep tacit understanding
Analytic approaches used only in novel situations or when problems occur
Vision of what is possible</td><td>Intuitive</td></tr>
</table>

Reference: Dreyfus H, Dreyfus S. *Mind Over Machine: The Power of Human Intuition and Expertise in the Era of the Computer*. New York, NY: The Free Press (1986). p. 50.