

Key Healthcare Leadership Competencies: Perspectives from Current Healthcare Leaders

Gillian Parker, Tina Smith, Christine Shea, Tyrone A. Perreira and Abi Sriharan

Abstract

The healthcare system is complex and requires effective leaders who can navigate team, organizational and system dynamics. The objectives of this study were to explore competencies required to lead emerging healthcare challenges and identify strategies for developing successful leaders. Semi-structured interviews were conducted with 12 healthcare leaders from the government, hospitals and in consulting. This study unpacks competencies such as communication and change management and draws attention to the significance of emotional intelligence and working with data that have not traditionally been identified as key competencies. These findings can inform curriculum and modernization initiatives in healthcare leadership programs.

Introduction

Healthcare systems involve complex interwoven processes and practices. This complexity requires leaders who can be creative and strategic and navigate organizational dynamics (Curry et al. 2020). In addition, healthcare leadership needs to develop a culture that prioritizes quality, safety and reliability (Mate and Johnson 2015; Ribera et al. 2016). Graduate leadership programs – masters-level programs with a focus on healthcare leadership – must continually change and adapt to meet the needs of their students, their future employers and the healthcare system.

Numerous competencies, defined as effective application of available knowledge, skills, attitudes and values in complex situations (Tanner 2001) – such as communication, collaboration, change management, strategic orientation and financial acumen – have been identified as being essential for effective and impactful healthcare leadership. The literature also reports that successful healthcare leadership programs should be competency based, use an interdisciplinary approach, be comprehensive, be conducted over time and include practical experience as a key component (Curry et al. 2020; Mate and Johnson 2015; Sonnino 2016; van de Riet et al. 2019). While these competencies and characteristics have been identified, recent research has reported that there is often a dissonance between what is taught in graduate leadership programs and qualities that employers seek in future leaders (Tymon and Mackay 2016). The competencies that physician leaders felt most strongly skilled in were inward focused, micro-level skills, such as demonstrating character and self-awareness; conversely, competencies necessary to be effective at the macro level – systems thinking, strategic orientation and change management were not reported as key (Comber et al. 2018).

The discrepancy between reported ideal competencies and skills and the focus of current curricula motivated this exploration into healthcare leaders' perspectives on key competencies for healthcare leaders of the future. Our goal was that these

findings provide a resource for graduate leadership programs to support program development and modernization for the development of effective future healthcare leaders.

Method

Study design

We used a qualitative semi-structured interview approach (Sandelowski and Barroso 2003) to explore perceptions and experiences of healthcare leaders and to gain insight into their perspectives on key competencies for future healthcare leaders. This research was an exploratory exercise and part of a larger initiative to inform and develop a graduate leadership program modernization project. This study has received ethics approval from the Office of Research Ethics at the University of Toronto (Protocol #22590).

Study setting

Participants held senior leadership positions in healthcare organizations, such as the government, hospitals, primary care or in consulting, in Ontario.

Study participants and recruitment

We used a purposive recruitment strategy. The inclusion criterion was a senior leadership position in a healthcare organization in Ontario. Participants were recruited through their affiliation with the university either through teaching or guest lecturing. In addition, potential participants were asked to recommend additional individuals who met the inclusion criterion (snowball sampling). Potential participants were contacted via e-mail and were sent an invitation that contained a short description of the requirements and expectations of participants. All interested participants responded and provided their availability for interviews. Our recruitment goal was to obtain a diverse sample across various healthcare organizations.

Data collection

The interview guide was developed using concepts from an extensive literature review. Interview questions covered competencies needed for future healthcare leaders – competencies that leadership programs should focus on developing – and perceived competency strengths and weaknesses for participants and peers. In addition, participants were asked to identify key competencies for critical areas of healthcare, such as patient safety and quality improvement. All interviews were conducted virtually via video conferencing due to the in-person meeting restrictions imposed by the COVID-19 pandemic. Interviews were approximately one hour in length, video recorded and transcribed. Participants provided written

consent to participate in advance of the interview and verbal consent to be video recorded and transcribed during the interview. Interviews were conducted in October and November 2020. After interviews concluded, participants were sent a short survey via SurveyMonkey, an online survey platform (www.surveymonkey.com), to collect additional demographic information to ensure accuracy and up-to-date reporting of participant characteristics.

Data analysis

The transcripts were analyzed using thematic analysis (Clarke and Braun 2013). The transcripts were entered into NVivo 10 qualitative analysis software for analysis. During the familiarization phase, one research team member (GP) read, re-read and coded the transcripts to identify a priori and emerging codes in the data. Two research team members (AS and CS) independently coded a sample of interview transcripts to ensure interrater reliability. These codes were then compared against the first team member's coding, discrepancies were resolved through consultation and the codebook was developed iteratively. Key themes and sub-themes were recorded, and data saturation was confirmed after no new codes were identified.

Findings

Participant characteristics

The characteristics of the 12 participants are detailed in Table 1. Participants held senior positions at various healthcare organizations. In all, 66% of participants identified as women, 42% identified as a visible minority and no participants identified as Indigenous or a person with a disability. The majority of participants had over 20 years of leadership experience and have acted as leaders in both professional and volunteer roles, such as medical associations.

Key themes and competencies

The participants identified four key competencies and two themes that pertained to leadership program components.

Participants discussed many competencies such as collaboration, financial acumen, strategic orientation and integration of emerging technologies. The four competencies detailed in the following sections were identified by participants as the most critical or representing gaps that need to be addressed to develop effective future leaders. The findings provide insights from contemporary leadership perspectives and their application to leadership training. Figure 1 illustrates the four key competencies identified in relation to the relevant interview questions.

TABLE 1.
Participant characteristics

Category	Response	(N = 12)
Identify as gender*	Woman	8
	Man	4
Identify as a visible minority*	Yes	5
	No	7
Age group	35–44	2
	45–54	6
	55–64	4
Position	Chief executive officer	2
	Vice president/executive	6
	Consultant	2
	Physician	2
Area of healthcare	Hospital	6
	Government agency	3
	Consulting agency	2
	Primary care	1
Highest education	Masters – Health	7
	Medical school	3
	Masters – MBA/other	2
Years working since full-time education	11–20 years	3
	More than 20 years	9
Role(s) with formal leadership responsibility [§]	Current role	12
	Previous role(s)	8
	Current voluntary roles	6
	Previous voluntary roles	7
Years of experience in formal leadership	2–5 years	1
	6–10 years	3
	11–20 years	3
	More than 20 years	5

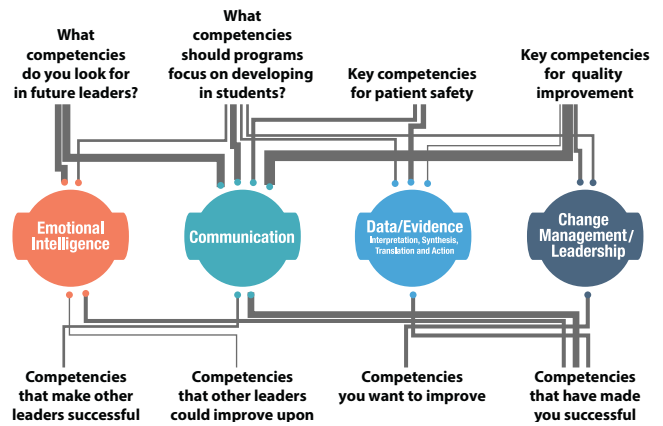
*Question categories from the Canadian Institutes of Health Research's Equity and Diversity Questionnaire.

§ Multiple responses per participant.

Communication

Communication was the most reported competency that participants look for in future leaders. Through our interviews, participants were able to elucidate aspects of communication that were deemed critical and gaps in current skill sets.

FIGURE 1.
Key leadership competencies as they related to interview questions



Note: Line thickness denotes frequency of responses received.

At the senior level, I think that communication is almost the whole job. It is communicating to teams, communicating your vision, communicating what your value[-based] position is as an organization. You're having to constantly communicate just to get your message through a noisy and crowded environment. (P02)

Both written and verbal communication skills were highlighted as important, but written communications skills were frequently reported as lacking in potential leaders. In addition, the ability to concisely and effectively draft communications was a competency that the leaders felt was lacking in current graduates.

Written communication skills ... It is really quite incredible how poorly some people write. And so, anything like a simple, compelling briefing note for a project or just pulling together complicated information into a coherent, easily readable, focused document: I think there are a lot of people who can't do that very well. [P05]

Change management/change leadership

Participants discussed how change management is essential and particularly applicable in crisis situations.

I think embracing and understanding that we are in the business of affecting change has to be, for me, the critical part ... it's an absolute. It's a no-brainer because the only work, frankly, that I want to be doing as a healthcare executive is affecting and impacting change and doing it for the right reasons. (P03)

Emotional intelligence

Emotional intelligence, the “ability to recognize, understand, and manage one’s own and other’s emotions, and to use this information to guide one’s thinking and actions” (Roth et al. 2019: 746), was reported as a key competency that is essential for a future healthcare leader.

[If] they can’t lead themselves and engage others effectively, they’re not going to be a good leader in healthcare. They need to work with others. They need to be able to work with partners and different disciplines to be a healthcare leader. So I’m looking for somebody who has a high degree of emotional intelligence, and they have those foundational skills around leading [themselves] and engaging others. (P11)

Overwhelmingly, participants perceived emotional intelligence as a competency that can be taught and felt graduate leadership programs were an ideal venue, particularly programs that prioritize experiential learning, where students can develop emotional intelligence competencies and receive feedback on their development.

It’s not always surprising to people to find out that they don’t have great emotional intelligence. I do think there’s ways that we can teach that. We can work on that ... it’s teaching that insight. (P03)

Data/evidence: Interpretation, synthesis, translation and action

Participants reported that working with data and evidence was a critical competency for healthcare leaders.

I think it’s a huge gap because it took me a long time to even understand what the data was, [and] then it took me and my team a long time to figure out how to present that data and how you interpret the data, and then we came to the realization when we started to present the data that no one knew what to do with it. (P04)

Working with data is a complex competency as noted by participants. Data must be interpreted, synthesized, translated, communicated and used to make decisions or drive change. Participants explicitly stated the importance of leaders who are able to effectively make data actionable. In addition, the majority of participants identify “working with data” as a critical competency for quality improvement leadership.

... the core competencies are not only [about whether you are] able to generate, interpret and relate statistical information and evidence. But at the same time [they are also about whether] you can also help whomever you’re working with to make that actionable. Understanding how to collect, present and understand [data is important] but then also how to use it is critically important. (P12)

Insights for Training Future Leaders

Participants provided numerous insights regarding the format and content of graduate leadership programs. Key items were the value of experiential learning and the importance of understanding the healthcare system.

Experiential learning

Participants overwhelmingly stated that real-world experience is required to provide critical opportunities for students to practise and test their leadership skills while receiving feedback and mentorship. They recommended integrating experiential learning as a key component of graduate leadership programs.

It’s a real-world environment. I think ultimately, universities [and] colleges that have placement opportunities that can combine real-world [data] with what they’re learning academically are important. And then I think the concept of case studies that bring real-world examples into the classroom ... The world is a complex place. So, no better place to learn about leadership than in the environment itself. (P10)

Understanding the healthcare system

A comprehensive understanding of the healthcare system and its components such as funding, government decision making, other global systems and the history of healthcare systems was viewed as essential for potential healthcare leaders.

I think system literacy is an important part of educating the next healthcare leaders. It’s really understanding how all the different parts work and how they’re funded, how they’re legislated, because you need to be a system leader, not just a leader in your own sector. (P11)

Discussion

In this study, we sought to explore leaders' perspectives on the needs of future healthcare leaders and how graduate leadership program curricula can support the development of these competencies and skills. Our participants represented a diverse cross-section of leadership with broad leadership experience in senior roles.

Our findings provide perspectives on how competence in communication translates to real-world needs. The ability to communicate – with stakeholders, peers, staff, patients and community partners – is deemed critical to succeed (Comber et al. 2018; Garman et al. 2019; Paixão 2020; Pihlainen et al. 2019; Flaig et al. 2020; Prosser 2020; van de Riet et al. 2019). Many participants highlighted the importance of superior writing skills. The ability to translate information succinctly into an accessible and usable format that can support decision making was reported as a significant gap in potential leaders' abilities. Graduate programs are uniquely poised to develop writing competence in their students and provide simulated or practical opportunities for students to hone their writing skills and receive valuable feedback and coaching.

Our findings provide perspectives on how competence in communication translates to real-world needs.

Our results identify emotional intelligence as a critical yet complex competency. Participants reported on the importance of many components of emotional intelligence, such as confidence, positivity, being inspirational, adaptability, taking initiative, empathy, service orientation and influence (Goleman et al. 2002). While literature on the importance of emotional intelligence in leadership is increasing (Boyatzis 2009; Goleman et al. 2002; Hargett et al. 2017; Reshetnikov et al. 2020; Stoller 2021), it is not well supported in leadership programs and the idea that it can be taught has been debated in the literature (Roth et al. 2019; Stoller 2021). The literature recommends that training programs use a combination of assessment, training, practice and reassessment to support students to develop or improve their emotional intelligence competencies (Kakemam et al. 2020; Roth et al. 2019). Graduate programs that recognize the importance of emotional intelligence can provide a safe space for students to identify, reflect and reassess to develop these competencies in an educational setting.

Change management was identified as a key leadership competency. It must be noted that the interviews took place during the second wave of the global COVID-19 pandemic. Many participants referenced the pandemic and its all-encompassing impact on healthcare. The ability to adapt and pivot

was often discussed by participants. Many reported that leaders had been called on in an unprecedented way to lead their staff and organizations on an uncharted and uncertain path. While the pandemic was prevalent in their experiences, many noted that change is always occurring and leaders who were skilled at managing and leading change were successful and well regarded by their teams and colleagues. In a survey, Canadian physician leaders reported that critical thinking and the ability to orchestrate change are the skills physician leaders need the most training in (Comber et al. 2018). Gaining exposure to others' experiences, managing change and having hands-on opportunities to manage change are viewed as highly beneficial components of a graduate leadership program (Charlesworth et al. 2016; Dickson and Van Aerde 2018; Herzlinger 2013; Singh et al. 2020).

Perspectives about the criticality of competency in interpreting, synthesizing, translating and actioning data and evidence can provide valuable insights for graduate leadership programs. Participants highlighted that working with data and evidence is a complex process that requires numerous intertwined skills. Combining analytics, communication, decision making and change management, leadership trainees who can successfully work with data and evidence are viewed as invaluable to senior leaders (Herzlinger 2013; Sandhu 2019; Shaw et al. 2017). Participants specifically identified translating data to be actioned and actioning data as a gap in current leadership and potential leaders' abilities. Healthcare practices and management are increasingly becoming evidence based, but the volume of evidence available is unmanageable. Participants reported that the ability to distil information to support decision making, was a much sought-after competency. Graduate leadership programs should ensure that practical and project-based learning provide opportunities for students to interpret, synthesize, translate and action data.

Studies have reported that leadership training is most effective if competencies are taught through integrated formats that mirror real-life experiences and expectations (Herzlinger 2013; Sandhu 2019; Sonnino 2016). Our participants reported that leadership training programs should prioritize experiential learning and provide a venue to practise and develop competencies such as communication, change management/leadership and emotional intelligence.

A solid knowledge base of the healthcare system will allow leaders to leverage this knowledge and translate successes from one area to another (Herzlinger 2013; Nelson et al. 2020). Participants noted that a lack of knowledge or understanding about other sectors of the healthcare system had hindered their working experiences. They found this lack of knowledge and understanding limiting and noted that leaders who understood various sectors and how they intersect were more effective and efficient at leading groups or organizations. Participants

highlighted that it is not only important to understand the hospital, primary care, long-term care or mental healthcare sectors, but also other provincial and global healthcare systems and the history of healthcare systems. Participants who lacked knowledge about the various sectors and the healthcare system as a whole found it very challenging to gain this knowledge and experience once they were working in their roles. Leadership training programs can provide in-depth education about all of the sectors of the healthcare system and how they interact.

Practical implications

These findings can provide direction to healthcare leadership programs to ensure that the training and experience students receive in these competencies advance their existing skills and help them develop new skills necessary to succeed.

Recommendations for graduate leadership programs

Based on competency

- Provide advanced training for communication competencies, with a focus on effective writing.
- Increase focus and coverage for change management and change leadership competencies.
- Incorporate emotional intelligence training and assessment into all levels of education.
- Prioritize training in the interpretation, synthesis, translation and application of data, with a focus on practical examples and projects.

Training insights

- Include broad training on the healthcare system, including all areas of healthcare (e.g., long-term care, mental healthcare), comparative healthcare systems and global perspectives.
- Ensure that competency-based education is provided in an experiential or hands-on format.

Program modernization

- Develop and integrate measurement and monitoring processes for competency-based curricula. Utilize tools, such as surveys, at-program milestones (application, initiation, completion and post graduation) to measure and analyze competency needs, development and application.
- Use an established competency model as a guideline to develop curricula. Integrate a mapping exercise for faculty to complete when courses are created and at regular intervals thereafter to identify which competencies, and to what level, are taught in each course.

Strengths and limitations

Interviewing current healthcare leaders provided a deeper understanding of key competencies of leadership, gaps in current preparation and perspectives on effective program components. We developed the interview guide and data analysis strategy based on an extensive literature review, which added rigour to the study. More than half of our participants identified as women, and over 40% identified as a visible minority. These voices add to important understanding around equity, diversity and inclusion in healthcare leadership. While our participants were all located in one geographic region, they represent diverse roles in healthcare leadership across diverse organizations, and these results can have broad applicability and provide direction for future research in additional regions.

The study had a few limitations. The impact of the COVID-19 pandemic on participant availability may have been a limitation. While our sample size was small, which may have been a limitation, saturation was reached for all themes. The fact that all interviews were conducted virtually may be a limitation, and participants may have given socially desirable answers to some interview questions.

Directions for future research

Future research can build on these findings to further understand the needs of future healthcare leaders. Larger studies with more geographic diversity should be conducted to further explore the perspectives represented in this study. Research should also examine other aspects of modernization efforts of graduate training programs, such as measurement, evaluation and monitoring and students' experiences in competency-based programs.

This study was conducted as part of a larger project to modernize master's programs. The data collected will be used to update competency-based curricula to ensure that they continue to reflect health system requirements and prepare graduates to succeed in healthcare leadership roles.

Conclusion

The findings of this study provide insight into healthcare leaders' perceptions of key competencies and current gaps for future healthcare leaders. Our participants provided perspectives on the importance of experiential learning, understanding the healthcare system and the strong competencies in communication, emotional intelligence, change management and working with data and evidence. Healthcare leadership program directors should work to incorporate these competencies and suggestions into graduate healthcare programs to best support healthcare leaders of the future. **HQ**

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