



Future-ready healthcare leadership: the revised International Hospital Federation competency model

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ABSTRACT

Background Major global trends are reshaping health services delivery, and preparing current and future healthcare leaders requires an understanding of these trends. A well-designed leadership competency model can provide guidance for individuals, as well as for system-level leadership development and integration programmes.

Objective To describe the process of updating the International Hospital Federation's (IHF) Global Healthcare Management Competency Directory.

Methods Revisions were informed by a recent foresight study of major trends in health services delivery, and an evidence-informed framework of leadership competencies. The original framework competencies were reviewed by 45 subject-matter experts from 30 countries and regions, who provided feedback through electronic surveys and online interviews. We incorporated this iterative feedback to revise the framework design, competencies within the framework and their associated behavioural descriptions.

Results A total of 45 subject-matter experts from 30 countries and regions participated in 1 or more phases of the survey process. The resulting leadership competency model includes 32 competencies organised into a framework of 6 domains: values, self-development, execution, relations, context management and transformation.

Conclusion The updated IHF Leadership Model provides a robust, evidence-based and up-to-date resource for assessing and developing future-ready healthcare leaders.

INTRODUCTION

Across the world, healthcare leaders are navigating an increasingly complex set of demands,^{1,2} and there have been several initiatives to define competencies healthcare leaders need.^{3–7} Although each local context presents its own unique profile of challenges, there are many similarities, including: new care delivery models (eg, an increasing emphasis on preventative care, care delivered closer to home and health equity), rapidly evolving technologies (eg, enhanced efficiencies through artificial intelligence and threats from cyberattacks) and staffing (eg, shortages in healthcare personnel, burnout and other threats to their well-being).

In the past several years especially, health systems are also being called to lead in addressing threats to planetary health, most immediately including reducing greenhouse gas emissions.⁸ Strengthening leadership and management is essential for health system responsiveness and performance and contributes to increased staff retention and

well-being.^{9, 10} The new and evolving demands imply the need to reconsider the leadership competencies needed to meet them. Competency models may be helpful for assessing individuals and teams, as well as guiding leadership development and integration programmes.

Given this evolving context, the International Hospital Federation (IHF) recognised the need for an updated leadership competency model. The original IHF Global Healthcare Management Competency Directory (2015 IHF Model),¹¹ developed between 2013 and 2015, predated numerous important historical events, including the Paris Climate Accords, the WannaCry ransomware attack of 2017, the COVID-19 pandemic and the proliferation of large language model artificial intelligence, to name just a few.

The aim of this brief report is to describe the process of updating the 2015 IHF Model.

METHODS

Work to revise the IHF Model began in the summer of 2022, with an initial internal meeting of IHF leadership to review the current state of management and leadership competency models. As part of this initial review, we noted work from the USA on a 'common language' framework (CLF) that had been designed to create interoperability across multiple existing leadership models through a combination of evidence-based reviews for structure and natural language processing for validation.¹¹ The model contained seven domains, or 'disciplines,' which had also been informed by a foresight study examining what healthcare leadership demands may look like by the year 2030.¹ Although the research had been conducted primarily within western countries, the evidence-based nature of the framework provided a credible starting point for evolving the IHF global model. We therefore decided to begin the revision process by sorting existing competencies in the 2015 IHF Model into the structure of the new framework.

In the fall of 2022, members of the IHF community involved in leadership development in various capacities (executives, researchers and educators among IHF members and partners) were recruited to maximise diversity of regions and settings. Participants were offered the opportunity to contribute to the updated IHF Model by participating in a series of consultations. A total of 45 subject-matter experts, drawn from 30 countries and regions, participated in 1 or more phases of this work. Demographics of participants are described in [table 1](#). Despite an over-representation of the Americas and Europe in the group of experts, various participants have experience and expertise outside of these regions,



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Table 1 Subject-matter expert demographics (n=45)

	N	(%)
Gender		
Male	26	57.8
Female	19	42.2
Region		
African Region	3	6.7
Region of the Americas	16	35.6
South-East Asian Regions	2	4.4
European Region	16	35.6
Eastern Mediterranean Region	4	8.9
Western Pacific Region	4	8.9
Occupational setting		
Accreditor	3	6.7
Association	12	26.6
Hospital or health system	13	28.9
International healthcare organisation or non-governmental organisation	5	11.1
University	9	20
Other	3	6.7
Professional role		
Chief-level executive	20	44.4
Consultants	2	4.4
Leader of managers	13	29
Programme director	4	8.9
Professor	6	13.3

which is not represented in [table 1](#). Applicability and consistent meaning of the model across regions remained a key priority throughout the consultation process.

Three phases of consultations took place between October 2022 and early 2023. In phase I, participants were asked to provide feedback about the suggested domains and competencies via an online survey and subsequent individual interviews. The model provided to the experts for consultation included 7 domains, 33 competencies and 80 competency statements. Specific questions were related to the future of healthcare

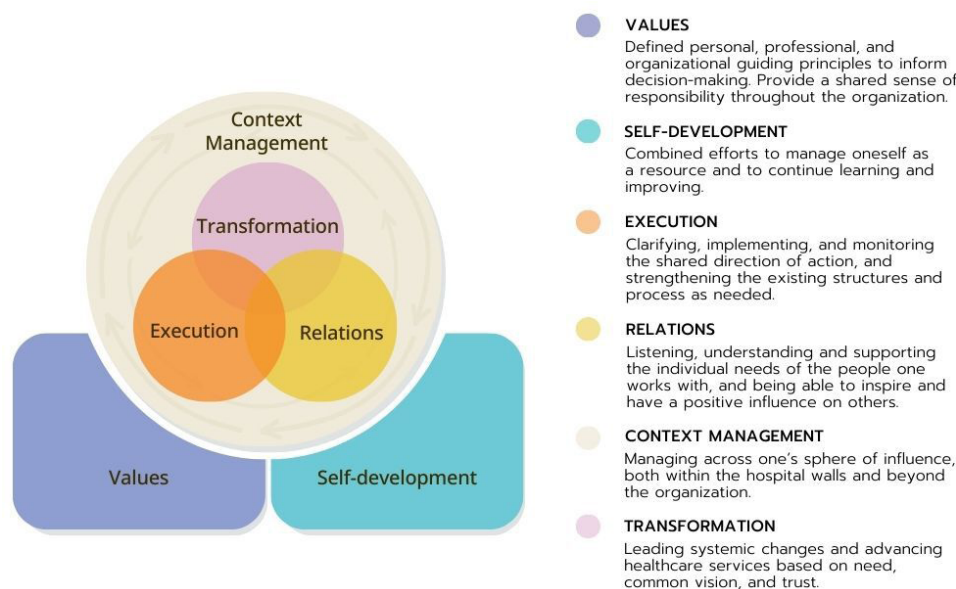
leadership and the role of healthcare executives, as well as the sensibility of fit between the IHF competencies and the domains identified by the CLF. Participants were also asked about the domain names, and whether any competency was missing or should be removed from the model. This first phase allowed us to gather a large amount of data and to adjust the domains and competencies accordingly. After incorporating the feedback from the first phase, the model included 37 competencies and 97 competency statements. In the second and third phases, findings from the first phase were presented to participants again, who were asked for additional rounds of feedback on the model's design and composition. At each stage of the process, experts were invited to comment on the content and importance of the domains, competencies and competency statements, and to notify whether any information should be added or removed.

The resulting IHF Leadership Model (2023 IHF Model) was made publicly available in June 2023.¹²

RESULTS

The 2023 IHF Model includes 6 domains, 32 competencies and 78 competency statements. As illustrated in [figure 1](#), the six domains are organised into two types: 'action domains', which are competencies involving direct, 'on the job' work of healthcare executives; 'enabling domains' are competencies related to the 'offline' work healthcare executives pursue to inform and sustain their on-the-job actions. Following the expert consultations, many of the six domains parallel those from the source CLF; however, in some cases, labels were reworded to allow for more consistent meaning across regions. For example, the original 'boundary spanning' domain was relabeled 'context management'. The total number of domains was also reduced to six from the original seven, with the content of 'health system literacy' being distributed among the remaining domains.

The value of having new and overarching domains within which to categorise specific competencies resides in the additional dimension and narrative that they provide to each competency. For instance, 'self-development' was upgraded from an isolated competency statement in the 2015 IHF Model to a comprehensive domain in the 2023 IHF Model, including new concepts such as well-being and self-resilience. According to the

**Figure 1** International Hospital Federation Leadership Model and its six domains.

experts' comments, this was key to highlight the realisation of the importance of this discipline for healthcare executives, leaders and staff during the COVID-19 pandemic. Another example of this is the 'strategic planning' competency, which migrated from the 'business' domain in the 2015 IHF Model, to become the first competency of the 'transformation' domain in the new IHF Model. This underscores the relevance of always *planning strategically* in view of the ongoing transformation of the sector, while *executing* the daily operations in an effective way.

During the first phase of consultation, all 80 competency statements from the 2015 IHF Model were categorised in the CLF domains and submitted to the experts for review and feedback. Their input allowed us to ensure clarity of the competency wording and applicability across regions and to identify any important competencies that might be missing. We then reformulated, reorganised or merged original competency statements, where appropriate, as well as including new potential competencies to be validated by the experts. This process was repeated in phases II and III, ultimately identifying 32 competencies and 78 competency statements.

Out of the 32 competencies, 9 were not implied in the 2015 IHF Model, neither as competencies nor as statements. These nine competencies, which were suggested through the surveys and individual interviews, are: emotional intelligence, translation and implementation, preparedness and crisis management, digital technologies in healthcare, compassionate leadership, advocacy, sustainability leadership, organisational resilience, and entrepreneurship. 'Sustainability leadership' explicitly identifies environmental sustainability as one of its pillars. Mentions of environmental sustainability also appear in other domains, to illustrate that, beyond an individual competency, committing to low-carbon, resilient and sustainable healthcare requires leadership at every level and a systemic approach.⁶ The developments presented above reflect emerging trends in the healthcare sector over the past decade, and the areas that require the healthcare leaders' attention for the decades to come.

DISCUSSION

The updated IHF Model represents a novel framework for leadership development and integration across an organisation, informed by global trends that are reshaping health services delivery, such as increased emphasis on environmental sustainability and use of innovative technology. As highlighted in the model, the context for healthcare delivery and management matters, acknowledging that management and leadership roles, values and expectations may also differ across countries, regions and health systems.

An advantage with a global competency model is that it creates a common framework and point of reference for developing leadership capacity and designing leadership development and integration programmes. Clarity on roles and competency requirements may facilitate individuals' transition into leadership roles, as well as guiding their practice while in them.^{13 14} The weight put on various competencies may vary with roles and leadership levels within an organisation or health system. Even if the IHF Model is updated with new competencies that align with current trends, the model will need to be locally adopted when it is being applied in a particular organisational context. We hope the 2023 IHF Model will be a useful resource for those who are responsible for designing leadership development programmes and activities, at the individual and team level, as well as integrating leadership across an organisation. We encourage future sharing of experiences with using the model and resources that can lead to further refinement of the model.

CONCLUSION

This research suggests that a universal set of healthcare leadership competencies can be identified that will benefit from systematic attention to assessment and development. The updated IHF Leadership Model provides a robust, evidence-based and up-to-date resource for assessing and developing future-ready healthcare leaders. The updated model, which is freely available, can be a useful resource for informing strategic leadership development and integration across an organisation.

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Contributors SB and ANG designed the study, analysed and interpreted the data and drafted the manuscript. JCF interpreted the data and revised the manuscript critically for important intellectual content. All authors approved the last version to be published.

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