Critical Competencies Most Needed in Today’s Healthcare Environment According to
Exemplary Healthcare Leaders

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Introduction

Healthcare organizations have been facing unprecedented levels and rates of change in the last decade, with inadequate access and increased demand for care, increased legislation, and increased costs seen as major challenges driving the need for change (White & Griffeth, 2016). One of the most popular healthcare leadership competency models in use today is the National Center for Healthcare Leadership (NCHL) model, which was designed based on extensive research nearly a decade ago (Calhoun, Dollett, Sinioris, Wainio, Butler, Griffith, & Warden, 2008). While the competencies outlined in the model are acknowledged by experts to be robust (Calhoun et al., 2008; Garman & Scribner, 2011), the healthcare landscape has changed significantly in recent years (Franco & Almedia, 2011). Given the pervasive use of competency models such as NCHL used by healthcare organizations and educational institutions for a variety of human resource development and educational purposes (Calhoun, Vincent, Calhoun, & Brandsen, 2008; Campion, Fink, Ruggeberg, Carr, Phillips, & Odman, 2011; Clark & Armit, 2010; Kovner, 2001; Kovner & Rundall, 2006; McAlearney, 2010; Stefl & Bontempo, 2008), thoughtful inquiry is needed to explore the leadership competencies most needed for effective performance in the current healthcare environment.

The National Center for Healthcare Leadership (NCHL, 2004) used a research-based competency modeling process to design a competency model delineating 26 competencies identified in the study as critical for healthcare leadership effectiveness (Calhoun et al., 2008). The 26 competencies are organized into the categories of transformation, execution, and people, and include skills and attributes such as team leadership, initiative, collaboration, and strategic orientation.
In light of the pervasive use of the NCHL healthcare competency model as well as the growing recognition that healthcare organizations need to adapt to a rapidly changing environment, the purpose of the present study was to address the research question: How do the competencies described by current healthcare leaders as most necessary for leading in today's healthcare environment compare to the competencies in the NCHL (Calhoun et al., 2008) model? A qualitative methodology investigating exemplary leaders’ accounts relating to their performance as healthcare leaders was deemed as most appropriate for answering this research question, and is described below.

**Methods**

A qualitative research method was used to answer the research question (Berg, Lune, & Lune, 2004; DiCicco-Bloom & Crabtree, 2006), in order to provide the researchers with contextual insights into the daily working lives of healthcare leaders in their organizations. The 26 participants in this study were exemplary healthcare leaders identified by 15 C-level executives who participated by invitation in a state-university-sponsored healthcare leadership consortium. The participants were all employed by a variety of healthcare organizations located in a mid-sized city in the mid-southern United States. The city was described by one study participant as a “healthcare mecca” (#14) because of the many healthcare organizations located within the city’s regional borders. A snowball sampling technique (Noy, 2008) was used, whereby the first exemplary leaders interviewed were then asked to provide the names and contact information of exemplary leaders in their healthcare organization.

Interviews ranged in length of time from 56 – 134 minutes, and produced 613 pages of transcribed notes. The researchers used the descriptions provided by the NCHL study (Calhoun et al., 2008) to understand and define the NCHL competencies that served as the basis for coding
the accounts and incidents provided in the interview transcripts. An iterative process was used to code the competencies that emerged during the interviews, and saturation was reached at 26 interviews. In order to address the research question regarding the 26 NCHL competencies (Calhoun et al., 2008) most important in the experiences of the exemplary leaders interviewed in this study, the researchers used NVivo (NVivo, 2012) to code the interviews according to the 26 NCHL competencies. One researcher coded all 26 interview transcripts according to the 26 NCHL competencies, and two additional researchers independently coded a sample of ten interviews to assess reliability of coding. Convergence was found on 93% of the incidents recorded in the interviews. For the remaining 7% of incidents, the researchers discussed the measurement differences and decided upon coding criteria to resolve the differences.

**Results and Discussion**

Analyses revealed that coding differences pertained mainly to the following critical incident topics and behaviors: conflict management (referred in the NCHL model under both “Collaboration” and “Team Leadership” competencies); counseling poor performers (referred in the NCHL model under both “Accountability” and “Team Leadership” competencies); organizing team meetings (referred in the NCHL model under both “Team Leadership” and “Communication” competency descriptions); delegation (related to descriptions under both “Accountability” and “Talent Development” competencies); keeping employees informed (referred to in “Communication” and “Team Leadership” competencies); and personal time management and prioritization (where the researchers differed in coding as “Project Management,” “Accountability,” “Initiative” and “Self-Development”). To resolve the differences in coding, the researchers discussed each coding difference and determined criteria for resolution to derive the underlying meaning referred to by the interviewee.
Results from the present study suggest that the exemplary healthcare leaders interviewed in this study perceive that change leadership, self-development, and talent development are the most critical competencies for effective performance of their healthcare leadership roles. In particular, the change leadership competency appeared to serve as a “meta-competency” encompassing the other competencies as tools or strategies in service to the constant change leadership required in today’s healthcare leader environment.

It is noteworthy that findings from the current study suggest that “people”-related competencies, and in particular competencies related to talent development and self-development, were overwhelmingly the most-referred-to competencies by the exemplary leaders in this study. This finding, in conjunction with the plethora of studies alluding to the changing nature of the healthcare environment and the increasing responsibilities of the healthcare leader role, suggests that a desire and aptitude for continuous learning may serve as a critical foundational competency for current and future healthcare leaders. Self-development was a competency that emerged as frequently as change leadership in the thematic analysis; leaders in this study clearly saw the need to pursue continuous learning and development opportunities in order to effectively perform in their roles. The emphasis on interpersonal and learning competencies found in the present study also aligns with recent research suggesting the emotional intelligence competencies are most correlated with healthcare leader’s performance (Weiszbrod, 2015). Taken together, results suggest that future research should investigate healthcare leader talent development needs and opportunities.
References


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