Global Efforts to Professionalize the Healthcare Management Workforce: The Role of Competencies

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Abstract

Global work is underway to professionalize the healthcare management workforce. A major tenet of these efforts has been the need for identification of competencies essential for effective leadership of healthcare delivery organizations as well as advocacy for their use in education and training programs for healthcare leaders. This article explores the role that professional associations, the academic community, and other groups such as the International Hospital Federation are playing in leading this important work. Initiatives to improve the competencies of current healthcare executives in numerous settings are identified. A brief overview of research conducted on management competencies in North America, Europe, and Australia is provided. Future initiatives will establish professional associations in regions where these groups do not exist. International or global accreditation for healthcare management education programs is being explored. Future research is contemplated to support these efforts.

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Introduction

There is a growing body of empirical evidence that effective leadership and management are important to the success of healthcare organizations. There has also been a push from healthcare management professional organizations in the United States to identify common competencies needed by healthcare managers and others in healthcare leadership roles (American College of Healthcare Executives, 2017; National Center for Healthcare Leadership, 2017). In addition, the Commission on Accreditation of Healthcare Management Education (CAHME) requires that accredited graduate programs in North America adopt a set of competencies that aligns with the Program's mission and types of jobs graduates enter (CAHME, 2017). Despite these emerging efforts and evidence, many countries have failed to institutionalize the development of management practice and leadership competence in their healthcare systems. Healthcare leaders in these countries are often chosen because of familial or political connections, in-group membership, clinical experience, or seniority. Formal healthcare management education is often not available, encouraged, or required in these settings.

The International Hospital Federation (IHF), an international not-for-profit, non-governmental membership organization of hospitals and healthcare organizations, is leading an effort to advocate for the professionalization of the healthcare management workforce globally as a means to improve the quality of care provided and the effectiveness of health systems. This effort is critical because political leaders in many countries do not believe that the professionalization of the healthcare management field is important or necessary. To improve this situation, the IHF has developed an international framework for collaboration with healthcare leaders and professional associations and has agreed on a dictionary of core competencies healthcare leaders should possess (IHF, 2015). Additionally, the IHF has extended that collaboration to the academic community in order to expand the empirical base of support for the professionalization of the healthcare management workforce globally.

The purpose of this paper is to describe the history of efforts to identify and use healthcare management competencies (HMC) to improve the management and leadership of healthcare organizations among professional associations. The focus will be first on the domestic activities in the United States and then on global work in this area. The role of academia in advancing this initiative will be discussed and future directions identified.

Work in the United States

A large group of policy makers, practitioners, and academicians gathered to assess the current state and readiness of leaders in the field of healthcare management at the 2001 National Summit on the Future of Education and Practice in Health Management and Policy, funded by the Robert Wood Johnson Foundation. One of the concerns arising from the Summit was whether today's healthcare executives and leaders were being adequately prepared in academic programs to lead in an ever-changing and increasingly complex environment. Part of this concern arose from the perception that there were not enough ready candidates to assume the leadership roles needed by U.S. healthcare organizations. This conference played a major role in driving changes in healthcare management accreditation and spurred an interest in competency-based education (Griffth, 2001; Kovner, 2000; Richardson, 2001; Stefl, 2008).

While there were competency models developed by individual research teams (Campbell, Lomperis, Gillespie, & Arrington, 2006; Clement et al., 2010; Dye & Garman, 2006; Garman & Scribner, 2011; Garman, Tyler, Darnall, & Lerner, 2004; Kazley et al., 2016; Ross, Wenzel, & Mitlyng, 2002; Shewchuk, O'Connor, Fine, & Tyler, 2005; Shewchuk, O Connor, & Fine, 2006), a number of US-based professional associations commissioned the development of competency models or directories. The National Center for Healthcare Leadership took an empirical approach to develop an inter-professional competency model called the Health Leadership Competency Model (HLCM). This model was designed for use in healthcare management, as well as leadership roles in nursing and medicine and across career stages and levels. The process included a review of existing research both inside and outside of the healthcare industry, behavioral event interviewing, psychometric testing, and benchmarking. The model contains 26 competencies across three domains: transformation, execution, and people (Calhoun et al., 2008). A collaborative effort by six US-based healthcare management professional associations was undertaken to develop the Healthcare Leadership Alliance (HLA) competency directory using existing literature and expert opinions from professionals in each association representing roles such as hospital administration, medical practice administration, nursing administration, healthcare financial management, and healthcare information management. This process yielded 300 competencies across five domains: leadership; communication and relationship management; professionalism; knowledge of the healthcare system; and business skills and knowledge (Stefl, 2008). Researchers developed another competency model in collaboration with the National Association for Healthcare Quality to be used for executives to assess their competency in quality improvement.

Through an expert panel, survey, and factor analysis, a competency model with six domains across three levels was developed: fosters positive change, communicating, organizational awareness, self-management, future focus, and performance improvement (Garman & Scribner, 2011).

International exploration of healthcare management competencies

Just as researchers and academic programs in the United States have examined HMC, so have researchers outside the United States in places such as Australia (Liang, Howard, Koh, & Leggat, 2013; Liang, Leggat, Howard, & Koh, 2013), Canada (Lieff et al., 2013); Iran (Pourhosseini, Ardalan, & Mehrolhassani, 2015); The Netherlands (Berkenbosch et al., 2013; Berkenbosch, Brouns, Heyligers, & Busari, 2011); Sub-Saharan Africa (Curry, Taylor, Chen, & Bradley, 2012), and the United Kingdom (Hamlin, 2002). Another group from universities in five European countries worked to develop a consensus model for public health leadership (Czabanowska et al., 2013). The most extensive international effort to date to establish competency frameworks has been initiated by IHF in its creation of a Global Consortium for Healthcare Management Professionalization in 2012 that was comprised of 18 professional and academic groups (International Hospital Federation, 2017).

The Global Consortium recognized that competent management of healthcare organizations is critical for efficient use of healthcare resources and for improvement in patient care outcomes. They identified two barriers to competent management: lack of adequate management training for healthcare leaders and the fact that healthcare management is not a recognized profession in all countries. Critical for development of educational programs for managers and professionalization is the identification of management competencies these individuals must possess. The Consortium worked from 2013 to 2015 to develop a Global Competency Directory derived from those in the Healthcare Leadership Alliance (HLA) Competency Directory discussed earlier. While the Global Directory was comprised of the same five domains as those identified by HLA, 80 competencies were selected for inclusion in the Directory. These items were chosen for their salience across numerous global health systems.

The development of the Global Directory was announced at the International Hospital Federation World Congress in Chicago in October 2015 (International Hospital Federation, 2017). Lucy Nugent, COO of Tallaght Hospital and Vice President of the Health Management Institute of Ireland, noted that the European Association of Hospital Managers was encouraging the use of the Global Healthcare Leadership Competency Directory by hospital

executives to assess their developmental needs. They also were working to collaborate across Europe and beyond to influence European Union-wide legislation and regulation to facilitate professionalization of the healthcare management workforce through adoption of a competency framework for formal recognition of the profession and for educational programs.

Dr. Reynaldo Holder of the Pan American Health Association noted that Ministers of Health in that region complained about management inefficiencies and poor management skills of healthcare leaders (International Hospital Federation, 2017). He continued that there was a recognized need for increased professionalism in healthcare management. He noted that there is work underway to formulate a framework for pre- and post-graduate training for healthcare managers that could be coupled with continuing education that might include certification/accreditation mechanisms for these professionals. He described actions initiated in Chile, Costa Rica and Jamaica to make this a reality.

Representatives from 13 universities and the IHF met in Paris in June during the European Academy of Management 2016 Annual Meeting to discuss the value of competencies for the professionalization of healthcare management and the use of competencies for the healthcare management education, as well as to share some research findings on HMC. Eric de Roodenbeke, CEO of IHF, shared the extensive work that a number of organizations had done in compiling the Global Directory. The consensus from the meeting was while independent efforts had been completed to identify and measure competencies, more work was needed to categorize common themes among these findings and to determine the relationship from competencies to important organizational outcomes. A Global Healthcare Management Competency Research Task Force with 27 individuals from eleven countries was formed to develop a comprehensive listing of the research completed on HMC and determine priorities for research on the relationship from HMC to organizational outcomes. It was decided that the five domains designated in the IHF Global Directory would serve as a starting point for comparing the various models that researchers had created.

To support this effort, a search of electronic databases was conducted using various combinations of the following terms: Healthcare, Leadership, Management, Competency/Competencies, Effectiveness, Professionalization, and Global. The search yielded 254 non-duplicate references for initial review. Articles were excluded if the work was not empirical, competencies were not the focus, it was not related to healthcare, was not peer reviewed, or was only focused on training and development. In all, 36 articles remained and 11 additional articles were identified from input from members of the Global Task Force, resulting in selection of 47 articles.

Abstracts and full texts of the articles were reviewed to identify study population, study design, competency framework used, key findings for overall competence of managers and leaders, and implications for performance. Relevant findings generally fell into three main categories. The first was competency identification and model development, in which the authors sought to identify which competencies were needed. The second category was competency assessment, in which authors sought to evaluate the actual competence of a specific healthcare management population. The final category involved findings pertaining to the relationship between competence and performance. This final area yielded few empirical findings.

Shewchuk and colleagues (2006) had noted a decade earlier that the emerging competency models and frameworks were appearing to "converge." That is, they bore a general resemblance to each other, suggesting "that basic health management competencies have already been largely determined" (Shewchuk et al., 2006). In a similar fashion, several of the models identified in the electronic search were mapped onto the Global Directory (Table1) to determine the extent to which they shared common attributes.

The Global Task Force felt that research would be further advanced by convening another meeting of individuals interested in discussing future directions for exploring research on management competencies and organizational outcomes. Researchers and practitioners attending the European Academy of Management 2017 Annual Meeting in Glasgow were convened to determine if it was possible to identify a shared research agenda to advance the research supporting this initiative. The University of Alabama at Birmingham hosted the half-day workshop with academics and practitioners participating in a structured, facilitated process for identifying a shared research agenda. Individuals from eight countries affiliated with fourteen organizations were involved in these discussions.

This group identified 45 topics that should be researched to understand better the relationship between healthcare managers' competencies and healthcare performance. Priority was assigned to two of these topics. One was the need to identify the impact of management competencies on patient care clinical outcomes. The second was to identify competencies needed to adapt to future challenges.

The rationale for the importance of this first topic is that while there are a number of outcomes that might be studied (e.g., financial performance, operations efficiency, human resource activities), the highest priority should be given to patient care. It was not believed that all 80 competencies would have a direct effect on patient care. The group felt it was important to determine which of the competencies were most influential on this critical area. Additionally, it would be difficult to develop a study that examined the relationship of all the management competency areas to clinical performance.

Table 1: Competency models and domains

Model	Competency Domains				
	Leadership	Communications & Relationship Management	Professional & Social Responsibility	Health and Healthcare Environment	Business Competencies
IHF Global Directory	Leadership	Communications & Relationship Management	Professional & Social Responsibility	Health and Healthcare Environment	Business Competencies
MCAP Howard, Liang, Leggat, & Karimi, (2018)	Leading people and the organization	Interpersonal, communication qualities and relationship management	Professionalism	Demonstrated knowledge of healthcare environment and the organization	Evidence Informed Decision Making
	Enabling and Managing Change		Self-management and resilience		Operations, Administration & Resource Management
Czabanowska, et al., (2013)	Systems Thinking	Leadership and communication	Emotional intelligence & leadership in team-based organizations	Political leadership	Political leadership
	Collaborative leadership: building and leading interdisciplinary teams		Ethics and professionalism		Leading Change
	Leading change				
	Leadership, organizational learning and development				

Table 1, *cont.*

Model	Competency Domains				
IHF Global Directory	Leadership	Communications & Relationship Management	Professional & Social Responsibility	Health and Health-care Environment	Business Competencies
HLA	Leadership	Communications and Relationship Management	Professionalism	Knowledge of the Healthcare Environment	Business Skills and Knowledge
NCHL	Transformation	People	People	Transformation	Execution
CanMeds			Manage their practice and career effectively	Participate in activities that contribute to the effectiveness of their healthcare organizations and systems	Allocate finite healthcare resources appropriately
NHS	Leading with Care	Engaging the team			
	Sharing the Vision	Influencing for results	Connecting to our service		Evaluating information
	Inspiring shared purpose	Holding to account			
		Developing capability			

Table 1, *cont.*

Model	Competency Domains				
IHF Global Directory	Leadership	Communications & Relationship Management	Professional & Social Responsibility	Health and Healthcare Environment	Business Competencies
Shewchuck, O'Connor & Fine (2005, 2006)		Medical and physician relationships	Patient and consumer focus; Political/legal/ethical concerns	Political/legal/ethical concerns	Financial and economic issues; Healthcare operations management
Garman & Scribner	Fosters Positive Change; Self-management; Future focus	Communicating		Organizational awareness	Performance improvement

Global application of competencies for personal assessment and development

IHF's Global Healthcare and Competency Directory is a framework to create tools that can be used by managers to assess their own individual levels of competency attainment on the various skills, knowledge, abilities, behaviors, attitudes, and personal characteristics specified within the Directory's five broad competency domains (Leadership, Communication and Relationship Management, Professional and Social Responsibility, Health and Healthcare Environment, and Business). Such an assessment can broaden an individual's understanding of what constitutes healthcare management and highlight areas where further individual competency development may be warranted.

In addition to its use as an individual assessment tool, the IHF Global Competency Directory has also been used as a framework for strategically identifying and developing training and educational initiatives used within the healthcare academic and management practice communities around the world. The Australasian College of Health Service Management (ACHSM) conducted a review of their own competency framework against the IHF Global Directory and several other existing competency models. This activity resulted in the creation of the ACHSM Master Health Service Management Competency Framework (Australasian College of Health Service Management, 2016). This framework uses the same five competency domains embodied within the IHF Global Directory with 85 associated competency statements (8 more than the IHF Global Competency Directory and 10 more than the previous ACHSM Competency Framework). In addition, the Framework will be embedded within key ACHSM programs such as Mentoring, Health Management Internship, and Fellowship programs, and will be utilized as a means to regularly assess and identify Continuing Professional Development programs (Fong, 2016).

The Catalan Healthcare Providers Association (Unió Catalana d'Hospitals) through its training organization in Spain has been instrumental in stimulating awareness of the IHF Competencies, both as a means for enhancing the professionalization of healthcare management in that region, and as a basis for healthcare management educational content delivered through training programs and graduate and postgraduate university degree programs. Moreover, the Catalan College of Healthcare Management (Societat Catalana de Gestió Sanitària) is working to incorporate the IHF Competencies as a basis for a healthcare management practicum, for hospital-specific training for future healthcare managers, and for a fellowship program (Riera, 2016).

The Royal College of Surgeons in Ireland (RCSI) Institute of Leadership is the principal supplier of professional healthcare management and leader-

ship education in Ireland (Royal College of Surgeons in Ireland, 2018). Based in Dublin, Dubai, and Bahrain, the RCSI Institute of Leadership employs the IHF Competencies to inform their educational offerings that include graduate degrees, postgraduate diplomas, and short courses.

The IHF Competencies have been used to develop curriculum and training sessions by the Loma Linda University School of Public Health for a healthcare leadership certificate designed for leaders in 14 Mexican and Central American hospitals. This certificate program was planned and coordinated with Adventist Healthcare Services InterAmerica (AHSIA), Univeridad de Montemorelos, Adventist Health International, and Loma Linda University (Silverman, 2017). Initial results of the training showed progress on strategic plan development and action plans; significant personal development; practical application of human resource management principles; deeper understanding of healthcare leadership and management issues; and increased collaboration across the 14 hospitals (Silverman and Blethen, 2017).

Szydlowski and Colleagues (2017) examined whether the IHF competencies could be used as a basis for supporting management and development activities for participants (government representatives, investors, managers, and operators) in hospital public private partnerships (PPP) from Mexico, Kenya, Republic of Georgia, Czech Republic, and Slovakia. They developed, tested, and administered a survey questionnaire to uncover those management areas where people working within PPPs were encountering problems making the partnerships work. These could be problems with operations, financing, workforce, policy, or related areas. They then mapped these areas to knowledge, skill, and behavior statements that could define the specific management learning necessary to address the problems. They found that the IHF Competency Directory fulfilled this need and prescriptively suggests what specific education is needed. The next step is ongoing research to identify educational venues best suited to deliver needed educational experiences related to the competencies. This may be through formal, academic classroom education or through more informal, organizational development or corporate-sponsored approaches (West, 2018). Overall, the researchers found that the IHF competency model offered "a solid framework for developing training and education modules for global health managers to be effective in leading PPP" (Szydlowski et al., 2017, pp. 20-21).

Improve/establish healthcare management associations

The International Hospital Federation is promoting the development of healthcare management associations (HMA) in countries or regions of the world that do not have such associations or where existing associations need help in

improving their services. These organizations are important for improving the foundational management competencies so that healthcare leaders will be able to improve health and quality outcomes for consumers and the health system. The most logical approach to this initiative is for mature health management professional associations to support and partner with fledgling professional associations in developing countries. The Healthcare Management Strategic Interest Group (SIG) of the International Hospital Federation is supporting this effort and is identifying which countries have HMAs or have structures which could support the professionalization agenda and/or an HMA.

   This SIG has identified a number of steps that are required to back this effort.   One activity is to support the development of a digital library for materials such as how do you form an association, what basic learning and teaching materials should be available, and related items.   As previously mentioned, it is important to encourage twinning of mature and developing health associations for collaboration, assistance with governance, business plans and doing consultation with government. Universities can also play a role in providing educational modules and learning materials for these fledging associations. The identification of global mentors through global fellowships/ exchange programs holds possibilities as consultants to the associations.

Competency-based global healthcare management accreditation

Competency-based education has become a required and fundamental as-pect of the curricula of CAHME-accredited graduate programs in healthcare management and will likely play an equally important role as CAHME-accreditation begins to move beyond the confines of the United States and Canada. In fact, CAHME has a new emphasis on global accreditation and has created a Global Advisory Council which will be recruiting and training Global Fellows and pairing CAHME-accredited programs with international healthcare management programs seeking accreditation (West & Stanowski, 2017). Although accredited programs "may choose to create and validate their own competency model based on their mission or adapt a commonly used competency model (NCHL, HLA, SLU, etc.). CAHME does not prescribe a specific number of competencies, but the competency model must be aligned with the Program's mission" (Commission on Accreditation of Healthcare Management Education b, 2017, p. 41). We suspect that most international programs pursuing accreditation will choose the IHF Competency Framework or some variant as it relates to their mission. There is limited initial evidence demonstrating a link between measured IHF competencies within a student and the level of managerial performance or organizational effectiveness at some future point on that student's career trajectory. However, the methods used

by IHF in developing the Global Competency Directory produce the current best level of competency consensus given the limited evidence establishing longitudinal causal relationships. Relatedly, the Australasian College of Health Service Management (ACHSM) – the healthcare management professional association for Australasia (Australia, New Zealand, Hong Kong) – will begin utilizing the ACHSM Master Competency Framework (based on the IHF Global Competencies) in the accrediting process for university programs in healthcare management. ACHMS presently accredits 11 healthcare management in Australasian universities (Fong, 2016).

Future research challenges and recommendations

Because of the differences in competency models across countries, international comparison of healthcare management competencies should be conducted. Just as some elements of desirable leadership are culturally contingent and cannot necessarily be translated across cultures (Dorfman, Javidan, Hanges, Dastmalchian, & House, 2012), environmental and cultural differences across countries may both moderate the relationships between competencies and behavior, and also between behavior and outcomes.

As noted earlier, additional research is also needed on the relationship between specific management competencies and organizational performance. The models that were reviewed contained numerous dimensions. Some of the domains may have a direct influence on clinical outcomes and some may not. For example, leadership competencies such as holding others accountable or building effective multidisciplinary teams may result in better performance by clinicians. Conversely, being competent in budget development and monitoring may result in better financial outcomes but have little direct influence on clinical performance. Analysis is required to determine which competencies result in improved clinical outcomes and which competencies result in more efficient service delivery. Identifying these relationships will be beneficial since that evidence can be used to persuade ministers of health that investment in healthcare management education and training to improve competencies will benefit the populations they serve.

Lastly, information should be gathered on performance outcomes using standard measures across countries and organization types. These performance indicators may include individual performance measures such as promotion, team performance measures such as turnover or efficiency, and organizational-level measures such as financial performance, clinical performance, and patient satisfaction.

These research initiatives need to be undertaken with a partnership between academic and the practice communities. Determining the relationships

between competencies and performance requires access to hospital systems' clinical and managerial data. Additionally, the practice community can help academics design educational interventions that will be attractive to healthcare executives.   The important challenges the healthcare community faces must be built on a strong dialogue among all involved groups.

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