National Center for Healthcare Leadership

NCHL Partners with Korn Ferry to Define the Next Generation of Healthcare Leadership

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ABSTRACT

Since 2018, healthcare has undergone a generation's worth of change. The National Center for Healthcare Leadership (NCHL), working with Korn Ferry, has responded with the **NCHL Future-Ready Leadership Framework,** an evidence-based blueprint of the capabilities that healthcare leaders need to lead. The new framework reflects what today's leaders face every day: the surging pace of healthcare, AI in clinical and operational processes, financial pressures, swift transformation amidst uncertainty and disruption, workforce challenges, and a renewed focus on equity and environmental sustainability. It also deliberately prepares leaders for the future, to oversee exciting healthcare breakthroughs that don't yet exist.

The framework is the successor to NCHL's Healthcare Leadership Competency Model Version 3.0, last revised in 2017-2018. It was developed through a multi-method, evidence-based process that included: a structured review of published leadership sources; a survey of healthcare leaders, executives and professionals from across the sector; in-depth stakeholder interviews; and focus groups. This was all supported by an extensive review of leadership research and iterative refinement in collaboration with NCHL leadership. Each stage tested and refined the prior, narrowing an initial set of 52 draft competencies down to the 17 competencies most critical for healthcare's future leaders.

The unique framework separates *foundational competencies,* which are expected in healthcare leaders, from *differentiating competencies,* which distinguish exceptional, next-era leaders. Overall, the 17 competencies are organized into five categories: Sensemaking, Impact, Self-Leadership, People Leadership, and Healthcare Domain Expertise. Each competency is described at four levels of involvement, from individual and team contribution to cross-department and enterprise-level contribution.

The NCHL Leadership Framework is built for the entire healthcare industry, including academic, community-based, rural, outpatient, ambulatory, for-profit and non-for-profit organizations, comprising hospitals, public and private payers and health systems. The framework uses globally adaptable language with behavioral indicators that can be tailored to the cultures, regions and local workforces that NCHL serves in the U.S. and internationally. It also respects all pathways into leadership, such as through operations, quality, nursing, finance and medicine. The Framework is intended for use across career stages in hiring, development, succession, curriculum and assessment. It allows any leader to see where they and their organization currently stand, and where to focus their upcoming development efforts.

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1. Why A New Framework?

NCHL was founded in 2001 to ensure high-quality, relevant and accountable healthcare leadership and collaboration, in a field then developing increasingly industry-specific leadership complexities. NCHL's first Health Leadership Competency Model was widely adopted by graduate healthcare programs and organization leadership programs and quickly came to define the expectations of healthcare management professionals. For over two decades, students have downloaded the largest quantity of copies, for use in their coursework and research. In the interim, the model has undergone two substantial revisions: Version 3.0, released in 2017-2018, served the field for eight years with 28 competencies across 7 domains.

Now, NCHL is shifting from a *competency model*, which shapes the outline of good leadership, to a *leadership framework*, which is a structure for *using* those competencies: how they fit together, which matter most, and how competencies grow with scope. It is both immediately applicable in day-to-day leadership activities and future-oriented, describing what leaders *will* need in the years ahead.

A number of changes in global healthcare motivated the new framework:

- **The COVID-19 pandemic.** Health systems move at a pace that executives had previously not thought possible. Decisions and deployments that once took months now take days.
- **Digitalization and AI.** Telehealth is now mainstream, as AI is now shaping clinical and operational decisions. Leaders must decide not only when and where to responsibly adopt these tools, but how the tools change the work of leaders and others.
- **Workforce strain.** Staffing shortages, burnout, and hybrid work have made shifted workforce resilience, psychological safety and wellbeing from HR projects to core leadership responsibilities.
- **Financial and operational pressures.** Rising costs, shifting insurance models and changing consumer choices demand ever-sharper resource management and business models.
- **Disruption.** Leaders have learned how to operate in ongoing uncertainty and persistent transformation.
- **Interdependence.** Healthcare now routinely crosses sectors, borders and organizations through partnerships, mergers and collaborations.
- **Equity and sustainability.** Leaders are expected to address health disparities, navigate a changing regulatory environment, and increasingly, account for environmental sustainability.

At the same time, NCHL's membership has expanded from primarily hospital leaders to include academic, community-based and not-for-profit health systems, with an increasing footprint in rural health and international partnerships.

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2. The Architecture of the Framework

How the framework was developed

A structured, multi-stage process drove this project. The NCHL Leadership Framework rests on both quantitative and qualitative evidence, gathered sequentially with each stage used to test and sharpen the findings of the one before. The result is a framework that is grounded in evidence yet also practical for leaders, educators and organizations.

The 9-Step Process



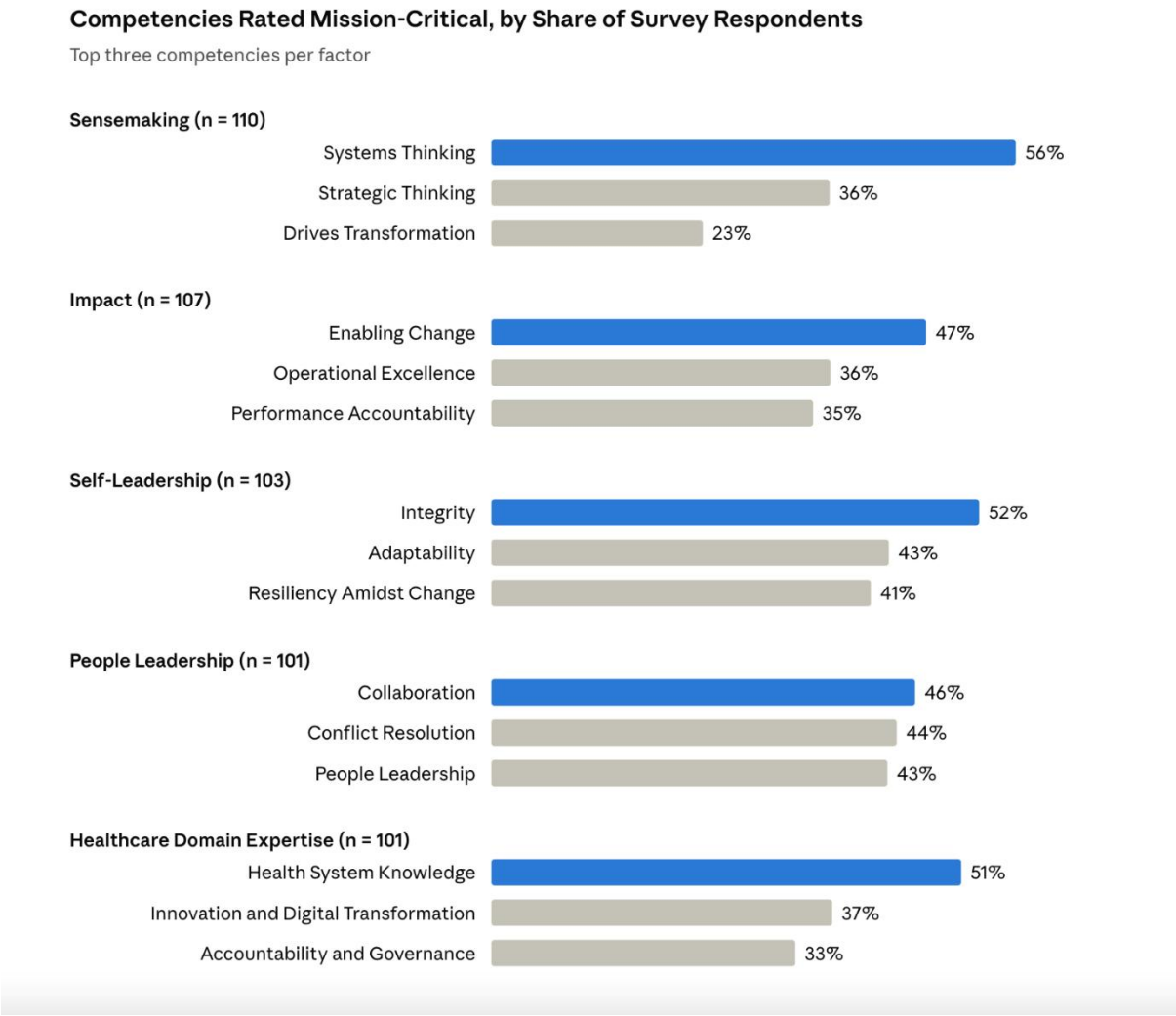
Rather than relying on a literature review alone, this framework places stakeholder input at its center: A survey, in-depth interviews and focus groups were bookended by a structured review of published sources and iterative refinement. The survey demonstrated *which* competencies healthcare leaders and professionals prioritize, while the interviews and focus groups explored *why.*

- **Literature review:** A deep review narrowed to 31 sources—including healthcare leadership studies, validated leadership frameworks with healthcare application, and market-recognized models. Researchers identified the behaviors most often cited as important for effective healthcare leadership. These were consolidated into five categories and 52 draft competencies for validation.
- **Survey:** A questionnaire of 132 healthcare leaders, professionals and subject matter experts asked which competencies are most mission-critical for healthcare leaders of the future. Respondents represented academic medical centers, universities, integrated delivery networks and other organizations, with nearly half from organizations of 10,000-or-more full-time employees.

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- **Interviews:** In-depth stakeholder interviews, which included health system executives, academic leaders, and healthcare industry consultants, explored why these capabilities matter, when and how they show up in practice, which are truly differentiating, and places for clarification or expansion.
- **Focus Groups:** Participants from across various healthcare sectors reviewed a refined draft framework to pressure-test the model, with an eye toward practical structure for use in development, assessment and succession.

The survey data identified the competencies that matter most. Within each category, a top tier of competencies emerged as mission-critical for future healthcare leaders, and the leading competency in each category was selected by half-or-more of respondents.



Other competencies were rarely selected as mission-critical, such as Achievement Orientation (4%), Self-Confidence (4%), and Clinical or Medical Knowledge (7%), though each was still rated moderately critical by roughly a quarter to a third of respondents

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The interviews and focus groups added context in places where the rankings alone could mislead:

- **Table stakes versus differentiators.** Stakeholder input distinguished minimum expectations for credible leadership (integrity, self-awareness, collaboration, healthcare systems literacy, accountability and communication) from the capabilities that set outstanding leaders apart (such as systems thinking, strategic thinking, leading change, transforming care delivery, adaptive capacity, and cross-boundary collaboration and coalition building).
- **Day-to-day priorities.** Interviewees repeatedly described persistent disruption, financial pressure, workforce strain, AI-driven change and evolving care models. These pressures came through more strongly in conversation than in the survey, signaling that the framework needed to name them explicitly.
- **The relational gap.** Collaboration ranked highly in the survey, but stakeholders noted overlap among collaboration, teamwork and engagement competencies. Psychological safety and human-centered leadership were under-emphasized in the survey yet surfaced strongly in conversations; coalition building—among the least-selected survey items—was described as critical in complex, multi-stakeholder environments.
- **How leaders show up.** Stakeholders emphasized that credibility, emotional maturity, trust, courage, humility and values orientation should be visible in the framework, rather than assumed.
- **Level-based expectations.** Focus group participants questioned how the same competency applies to frontline versus enterprise leaders, reinforcing the need for behavioral indicators tailored to each level of contribution.
- **Domain knowledge as credibility.** Healthcare expertise was framed as the literacy leaders need to ask better questions and make credible decisions were essential, but not by itself what distinguishes excellence, and not a requirement that every leader be a technical expert.

Insights from the literature review, survey, interviews and focus groups, were then integrated through iterative refinement with NCHL leadership, bringing academic, clinical and administrative perspectives together into a streamlined framework.

How members shaped the framework

Members from academia and the healthcare industry helped NCHL describe leadership in terms that educators can teach, and practitioners can recognize in their own work. In focus groups, participants asked how the same capability would apply to a frontline manager and to a health system executive. Their input helped shape the Framework's descriptions of observable behaviors at each level of responsibility. Leading change, for example, might mean helping one team adopt a new care process or aligning several hospitals around that same change. That distinction gives educators and healthcare leaders a shared way to describe what growth looks like.

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"At NCHL, we have a responsibility to keep the Framework useful to the people who teach and lead in healthcare. We'll continue bringing educators and healthcare leaders together so that research informs the decisions leaders make and the challenges they face shaping how we prepare future leaders. What our members learn in the classroom and in practice will guide how the Framework evolves. As educators and healthcare organizations integrate it into the way they develop leaders, they will help shape the future of healthcare leadership." *Christina Volpicelli, Director, Leadership Programs, National Center for Healthcare Leadership*

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3. The NCHL Healthcare Leadership Framework

The framework identifies the capabilities healthcare leaders need to lead effectively through rapid change.



The NCHL Healthcare Leadership Framework is creatively designed to meet the needs of leaders across healthcare.

FOUR FRAMEWORK CHARACTERISTICS STANDOUT:

Five Factors

The Framework's design purposely centers on an easy-to-remember set of competency categories.

- **Sensemaking:** Interpreting complexity, anticipating system-level implications, and framing choices in dynamic environments. This is the cognitive engine of the framework.
- **Impact:** Translating strategy into measurable action and sustained system performance.
- **Self-Leadership**: Ethical, adaptive and emotionally mature leadership of oneself under pressure.
- **People Leadership:** Mobilizing people, teams, stakeholders and coalitions through trust, transparency and shared purpose.
- **Healthcare Domain Expertise:** Applying knowledge of how healthcare works to make credible, future-focused decisions.

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Foundational vs. Differentiating Competencies

Not every competency carries equal strategic weight, and this framework says so.

> ***Foundational competencies*** are the essential behaviors for function and credibility.
>
> ***Differentiating competencies*** are where leaders prove exceptional and can concentrate development.

No leader can work on 17 competencies at once, and this distinction keeps the framework from becoming a fire hose. Instead, the framework naturally suggests where leaders might focus their development efforts for their next steps.

Four Levels of Contribution

Each competency is actionable at four levels of scope, allowing the same framework to serve, for example, a nurse manager and a system CEO, by illustrating how the same capability grows in complexity and reach.

1. **Individual contribution:** Applying leadership behavior within one's own area of expertise and responsibility.
2. **Team Leadership:** Guiding people and delivering results through a team.
3. **Leading across a function:** Aligning multiple teams, departments or service lines.
4. **Enterprise leadership:** Shaping strategy, culture and long-term impact for an organization.

Many Paths to Leadership

Leaders reach the C-suite through finance, operations, quality, nursing, medicine and other routes, and the framework respects them all. Physician CEOs are the fastest-growing group of healthcare CEOs, and physician executives may notice that only 7% of survey respondents selected clinical or medical knowledge as mission-critical for healthcare leaders. (Approximately one quarter of respondents reported clinical responsibilities.) This is not a value judgement, nor does it discount the clinical expertise essential in many leadership roles. Rather, it reflects that clinical and medical expertise as application layer for clinical and physician leaders—emphasizing credibility with clinical teams, quality and safety, and care delivery transformation—rather than as a universal requirement, and that the framework is designed to include every healthcare leader.

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4. Putting the Framework to Work

The NCHL Leadership Framework is intended to be essential in hiring, development, assessment, succession, and everywhere in between.

The Framework does the important work of giving organizations a common language for leadership across every talent decision, including:

- **Hiring**: Competency-based interview questions and behavioral anchors.
- **Promotion and succession**: A clear outline of what the next contribution level requires.
- **Talent reviews and performance management**: Consistent, fair expectations across roles and disciplines.
- **Leadership development and coaching**: Targeted investment in the differentiating competencies that matter most for a role.
- **Culture**: A shared standard senior leaders can model, which is essential for adoption.

The essentiality of common language cannot be overstated. It allows a frontline nurse leader and an entry-level administrative leader to be assessed against comparable expectations, and for both to understand and see what growth looks like. It also allows academic organizations to use the framework to shape tomorrow's curricula, aligning students with what the field will require. The framework is written to be particularly accessible to students, who are tomorrow's healthcare leaders.

Connecting the Framework to LENS Council Work

The NCHL Healthcare Leadership Framework can also inform the work of NCHL's Leadership Excellence Networks (LENS) councils and communities. These groups bring together leaders and partners focused on leadership development, workforce planning, culture and access, well-being, rural health, and academic-practice collaboration. Their work creates opportunities to discuss how the framework's capabilities show up in different roles and settings, and how organizations can put them into practice.

LENS councils and communities offer practical ways to connect the framework with leadership development across healthcare. The Leadership and Professional Development Council can explore how the framework informs learning, coaching, and development resources. The Workforce Planning and Development Council can consider its relevance to talent pipelines, succession planning, and workforce needs. The Culture, Community and Access Council and the Well-Being Council can bring perspectives on the conditions that help people and teams thrive. The Rural Health Leadership community can examine how leadership capabilities apply across varied healthcare settings, while Steering can support alignment with LENS priorities.

The Academia and Industry Collaborative can connect the framework's capabilities with academic preparation and the needs of healthcare organizations. This helps strengthen the link between what

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students learn, what employers expect, and how leaders continue to grow in practice. NCAF extends that connection to administrative fellowship programs and early-career leaders through its work with fellowship sites, graduate programs, benchmarking, fellowship fairs, and fellows programming. As NCAF becomes a named community within LENS, it can also connect fellows and fellowship leaders with a broader network focused on healthcare leadership development.

Together, these groups can support ongoing discussion and practical application of the framework. Their work can help NCHL identify useful resources, questions, and examples for members as they adapt the framework to their own organizations.

5. Conclusion

Healthcare leadership has never been more demanding, and the stakes have never been higher for patients, organizations, and the communities they serve. In a time of unprecedented change, the NCHL Leadership Framework provides organizations with a shared standard for the leaders they hire, develop and promote.

Healthcare's future will be shaped by the leaders we develop today. This framework provides a common foundation for developing future-ready leaders across the U.S. and internationally, across healthcare sectors, and across the diverse roles and career paths that define our industry."
David Schreiner, PhD, CEO, NCHL

The Framework is applicable to every healthcare setting, and every pathway to leadership. NCHL's hope is that healthcare organizations of all stripes with will adopt a standing **NCHL Framework Check: a regular agenda item to explore whether the organization is following the framework, where the gaps are, and how to close them.**

NCHL holds the responsibility of defining the future of healthcare leadership. The framework is designed to be dynamic, not fixed, and will be revisited as new evidence emerges, as care delivery and business models change, and as healthcare is reshaped by technology, policy and global forces. The assessment tools to come are intended to let leaders measure themselves against it, with the data they generate helping to refine the framework itself; planned certification and benchmarking programs are intended to help generations of leaders to develop themselves and their organizations. This is a framework designed to lead, so that the executives it shapes are well equipped for the healthcare systems of the future.

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