



# Learning leaders lead learning

## Exploring future healthcare leadership competencies in the context of change

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# **Degree Thesis**

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Learning leaders lead learning - Exploring future healthcare leadership competencies in the context of change

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## **Identification number:**

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## **Abstract:**

This abstract explores competences required of healthcare leaders in the face of rapid global change. Trends affecting the way we live and work include technological advancements, demographic shifts, geopolitical dynamics, a weakened world economy, and ecological sustainability. Healthcare leaders are increasingly challenged to adapt to these multifaceted changes, emphasizing the need for transformative leadership and a culture of continuous learning. The study explores the competences necessary for healthcare leaders in welfare countries, focusing on Northern Europe, Australia and Canada, to address these evolving demands, especially focusing on analysing post-Covid articles for our result. It highlights the central role of updated leadership competences to guarantee patient safety and fostering workforce health and satisfaction. As the world continues to evolve, the healthcare field must adapt, necessitating leaders with a broad skill set that includes leading oneself, engaging others, achieving results, developing coalitions, system transformation, and the ability to navigate complexity. The study's primary objectives are to clarify the importance of a learning culture for the future of healthcare and identify the essential competences required for healthcare leaders to cultivate such a culture. The research employs a literature review with deductive content analysis to answer these questions and provide insights for further research.

## **Keywords:**

Learning, culture, healthcare, leadership, competence

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# 1 Introduction

There are several significant trends that are shaping the way we live and work, trends that are overlapping broad domains of human existence. World economic forum, Global risks report (WEF/GRR, 2023) points out that these changes are not only affecting specific industries and local communities but impacting the world on a global scale. Most industries are thus undergoing transformation, and what's more, the rate of change is accelerating affecting in turn the way service organizations operate (Virtanen, 2018, p. 57, Savaspuro, 2019, p 32). This is also true for the field of healthcare and the changes occurring are undisputedly of a high relevance to its leaders. Some of the competences that has been essential for people in healthcare leadership roles are no longer valid and a need for management to master new skills and navigate uncharted territories is continuously surfacing. Ensuring the effective management of learning processes is of utmost significance (Opetus- ja kulttuuriministeriö, n.d.) This involves overseeing and assessing the delicate balance between an individual's aspirations for personal growth, interests and skills, and the requirements of the organization (Juuti & Vuorela, 2015, p. 71,73). It demands a comprehensive understanding of the external environment and a commitment to equipping the staff with the necessary skills aligned with the organization's objectives and vision. Global change must therefore be viewed from a multidisciplinary perspective (Virtanen, 2018, p.58).

The field of healthcare is increasingly complex and swift adaptation to epidemiological, demographic, and societal shifts is essential. (Figuerola et al, 2019, p.2) The world is rapidly changing, and an organization must be able to adapt as the world and social needs alternate (Juuti & Vuorela, 2015, p.33, Manka & Manka, 2018, p 13, Sydänmaanlakka, 2019, p.135).

The implication of these changes is paramount for the field of healthcare and furthermore for healthcare leadership. Without adjustment to continuous change, the field of healthcare will stagnate, and cease serving patients and become extinct as a viable work environment for a motivated and professional workforce. Understanding how healthcare leaders can effectively apply existing and upcoming knowledge in practice is essential to

address this pressing challenge. If the world as we know it is in change, which then, are the competences healthcare leaders should acquire to ensure that the field of healthcare continues as a viable career choice and a work environment that assures high quality patient care and safety?

The aim of our study is to have a closer look at healthcare leaders' competences in supporting a learning culture and meeting the demands of a rapidly changing world. We are primarily interested in how these changes place demands and affect competences needed among health-care leadership in countries that are defined as welfare countries. Our study aim is to be of work relevance for those leaders who practise in the Nordic health-care organizations. Our focus lies in the competences that are established as valuable in the welfare countries of Northern Europe, Australia and Canada. We do this by answering the following questions:

**Q1. Why is a learning culture essential for the future of healthcare?**

**Q2. What competence does a healthcare leader need in order to enhance a learning culture?**

In this study we will proceed by exploring the central role of a learning culture. We will then look at the role of the learning leader as the key to success and some of the competences that support successful health-care leadership. In the last part of our theoretical framework, we will look at a current competence framework LEADS that is created in support for successful health-care leadership with good patient safety outcome and high wellbeing, commitment, and adaptation skills among staff. We use both the theoretical framework and our results analysis as a reference for discussion of the question Q1; 'Why is a learning culture essential for the future of healthcare?'. We will then proceed with explaining our method which is a literature review with deductive content analysis and discuss ethics in relation to our research. Subsequently, we will strive to answer the second research question Q2; "What competence does a healthcare leader need in order to enhance a learning culture?". To answer this question, we present the findings in 12 articles relevant to our research questions and aim to answer it in our discussion. In our findings, we have incorporated an extra chapter addressing vocational relevance. This chapter aims clarify the essential leadership competencies necessary in the swiftly evolving

global landscape, with a specific focus on the healthcare context, as this was a main driving force for us as we approached this research. We will also discuss our method in retrospect. Finally, we conclude with a summary and suggestions for further research.

## **2 Background**

Leadership ideals have always changed and moved with the times (Dickson & Tholl, (2022, p. 11-22) but in the past 50-60 years leadership ideals have evolved significantly, shifting in this short period of time from traditional authoritative models to more inclusive and collaborative approaches (Juuti, 2006). This has been in connection to the development of a more humanitarian worldview and the development of strategies for workplace-safety and well-being (Kauhanen, 2016, p.22-23) The hierarchical style of leadership that prevailed mid-20th century has given way to a greater emphasis on empathy, transparency, and employee satisfaction. Modern leaders are expected to foster diverse and inclusive environments, prioritize work-life balance, and adapt to rapid technological advancements. There has been, and is, a continuous trend towards increased expectations for value and trust in services and heightened expectations towards what services provide for the individual (Reason et. al. 2016), workforce and customers alike. The changing landscape has elevated the importance of a commitment to ethical and socially responsible leadership, reflecting a broader recognition of the interconnected and dynamic nature of today's globalized world.

The increasingly rapid changes in our Global community that are call for a high level of adaptability for all leaders (Sydänmaanlakka, 2019, p.135-136), including communities of healthcare workers. Dickson & Tholl claims that the evolution of health leadership in the past five years have been significant and tangible in comparison to leadership ethos only 10 years ago (2022). Healthcare leaders are responsible for fostering a culture where the whole organization can learn and continue to adapt. According to the World Economic Forum 'The Future of jobs' report (2020a, 2020b) 50% of all employees will need re-skilling by 2025, as adoption of technology increases. However, the 'Future of jobs' report from 2023 shows that According to the 81% of companies prioritize learning and on-

the-job training for business goals, but only 34% actively focus on reskilling and upskilling to enhance talent availability (WEF/FOJ, 2023). Existing models may therefore be inadequate for the aims; we need to rethink how we can increase learning in an era of growing complexity, uncertainty, and fragility. (Unesco 2022, Unesco, 2020, Ristikangas & Ristikangas, 2019, p.18-19)

If we accept that these various shifting realities are impacting the field of healthcare, placing new demands upon both leadership and employees, we may also need to accept that current models of leadership will be revealed as inadequate in this regard. Given this, a demand for newer models, focussed on transformative principles in leadership can address the potential shortcomings outlined above.

Furthermore, the ‘The Future of jobs’ report (WEF, 2020) states that critical and problem-solving tops the list of competencies that employers believe will grow in prominence in the next five years. This trend has been consistent since the first report in 2016 but emerging from 2020 onwards are skills in self-management such as active learning, resilience, stress tolerance and flexibility. These “soft skills” are highlighted also in the current Future of jobs report (WEF, 2023, p.44) and present a culture shift in what employers are seeking from their employees.

There are many additional highly influential global trends that affect the way healthcare leaders must operate and these do not arise out of nowhere. In line with the reports of the World economic forum there is the report by SITRA. Sitra identifies five broad domains they term ‘megatrends’: technology, people, power, economy and nature. (Dufva & Rekola, 2023) These trends are highly influential globally, thus also in the field of healthcare.

Sitra defines swift digital acceleration as one essential megatrend. The world is going through digital transformation changing the way we work and live in a pace never seen before. This transformation of our service-based society has a profound impact on the daily lives of its citizens (Virtanen 2018, p.57). Today, more people have sedentary jobs (Juuti & Salmi 2014, p.43), and technology like robotics, AI, and automation are integrated into the service industry (Virtanen 2018, p.60-61). The COVID-19 pandemic has

accelerated digital adoption, with remote work and online businesses becoming more common. Furthermore, patients need to be reached where they are, namely, at the multitude of digital platforms available. However, the different age-groups digital abilities and interests challenge how people are reached on equal terms on digital platforms (Virtanen, 2018, p.62). Lastly, staff need to thoroughly understand these contexts in order to secure patient privacy and ease of access.

The next megatrend identified by Sitra is the changing perception of wellbeing and health. This shift is primarily due to aging populations, which put pressure on healthcare systems, pension funds, and social welfare programs. (Figuerola, 2019, p.6). Healthcare leaders must adapt to these evolving healthcare needs and learn to lead sustainably in this new reality. This involves collaboration with multi-professional teams to ensure a healthy workforce. (Martimo et al. 2018, p 66-70, 88). Immigration, language, and cultural diversity also impact healthcare leadership. Moreover, the landscape of values and beliefs within society has become increasingly diverse (Kauhanen, 2016, p.73), with social justice movements highlighting systemic inequalities and discrimination, and the persistence of conservative belief system (Unesco, 2022, Unesco, 2020, p.8). This implies that healthcare leaders are expected to be role models and guides for a wide range of individuals in terms of beliefs, backgrounds, age groups, and skill sets.

Another of Sitra's megatrends is the shifting dynamics of geopolitical power distribution, which has been highlighted by rising tensions among major powers like China, Russia, the United States, and Europe (Unesco 2022, Unesco 2020, p.8). These tensions pose challenges to global scientific collaboration and the principles of open science. The COVID-19 pandemic underscores the necessity of global cooperation and coordination in addressing new health hazards, emphasizing the need to preserve global solidarity and international collaboration (Unesco 2022, Unesco 2020, p.10-11). Moreover, the recent crises, including the COVID-19 pandemic and Russia's invasion of Ukraine, have disrupted nearly three decades of consistent economic growth (WEF/GRR, 2023)

Another trend impacting healthcare leadership and defined by the Sitra report is the erosion of nature's carrying capacity caused by an ecological sustainability crisis. This erosion of nature, affecting also economic and social sustainability, creates downstream



pressures on both healthcare organizations and patients. One such pressure relates to how effects of climate change disproportionately affect marginalized communities (World Economic Forum, Value in Healthcare [WEF/VIH], 2017, p.14). This challenges healthcare leaders to view both staff and patients through the lens of ecological, social and economic sustainability. All of the megatrends defined by Sitra lead (in part) to potential cracking of the global economic foundation (Dufva & Rekola, 2023). To ensure long-term economic stability there is a need for sustainable, resilient solutions (Virtanen, 2018, p.59). It is therefore crucial to ask, how healthcare leaders best transfer existing and upcoming knowledge into practice to meet this reality?



*Fig 1. New competences are needed by healthcare leaders due to future developments and change*

Healthcare organizations are complex and expensive to run, and leaders are responsible for managing budgets and finances to ensure the economic sustainability of the organization. (Figueroa et al, 2019, p.2, Martimo et al, 2018, p.89) The healthcare sector is not only large and complex, but also heavily regulated (WEF/VIH, 2017, p.28). As the world changes, the leadership competences change and today managing complexity is the new norm of leadership (Perttula & Syväjärvi, 2012, p.91-94). Evaluating services is a complex task. The requirements for quality and quantity may not always align, but organizational values and culture should always be clear (Dickson & Tholl, 2020, p. 140). Leaders

must thus be able to navigate appropriately between obligations toward strategic goals, economic realities and leadership of both groups and individuals and interweave them as need indicates (Manka & Manka, 2018. p 135, Martimo et al. 2018, p.89, Kivinen, 2008, p.81).

In this chapter we have highlighted some of the trends that we believe affect the global community of healthcare and create pressures to learn new means of meeting the needs of both patients and healthcare professionals. These trends are likely to continue shaping the world in the coming years and will require innovative solutions and collaboration across different sectors and regions. For the field of healthcare these changes affect not only how we shape our services but also what we need from our leaders. In this study, we will be looking at leadership competences through the lens of the changes we are currently in and assess what might be required from healthcare leaders in the future. In writing about leadership and management we refer to ‘management’ as a leadership style that follows the principals of a transactional leadership style and ‘leadership’ as a management that follows a more transformative style of leadership (Mullins, 2008, p.262, Perttula & Syväjärvi, 2012, p.199, Hilmarsson 2020, p. 22-23). However, the distinction between these terms can still appear diffuse as the terminological choice is not always evident.

*In summary: Global changes are happening at a pace never seen before and the prediction is that the pace of both negative and positive change will exhilarate further. In this study we will look at what implications all these changes have on the skills and competences of the leaders in healthcare. We explore what the common competences are among the leaders that lead teams to perform well, improve and have a growth-mindset. We strive to answer what the necessary competences our healthcare leaders should attain so they can successfully guide healthcare into a new era.*

### 3 Fostering a learning culture in healthcare

In the following theoretical framework, we will look at why a learning culture is essential for the future of healthcare and how the role of the leader is key in fostering a culture supportive of learning.

A culture is a shared mental model that is held by groups or the entire organization (Dickson & Tholl, 2020, p.62). A learning culture within an organization refers to an environment where continuous learning, growth, and development are encouraged and valued. Such a learning culture is essential for the future of healthcare, because without it an organisation cannot adjust to the rapid changes that are occurring in our world and at the same time stay attractive within the labour market (Juuti & Vuorela, 2015, p 33-34,38,40). In the World Economic forums rapport, 'The future of jobs' rapport it was stated that in the near future, over 50% of all workers are in need of major competence development (WEF/FOJ, 2020). This requires upskilling and reskilling, in other words keeping up to date with what you know as well as learning new skills (af Ekenstam & Lager, 2019, p. 169, Ristikangas & Ristikangas, 2019, p. 35-36). This mindset promotes the acquisition of new knowledge and skills as a fundamental part of the organization's identity, and the leader has a central role to play in establishing and upholding a culture where new skills and new information is seen as beneficial. The role and purpose of a leader is to lead towards the organizational goals in ways that make the best possible use of the strengths, skills and competences in a sustainable manner (Virtanen, 2018, p.111, 113).

Besides traditional learning methods like literature and courses, leaders should stay updated and support a learning culture by giving and seeking feedback, networking and attaining hands-on experience for themselves and for the organisation. The practice of Benchmarking, a systematic process of identifying, understanding, and adapting outstanding practices from other organizations to improve one's own performance, is also considered a valid way to learn (Kauhanen, 2016, p. 55). Common standards can be established by benchmarking performance within and across health systems, with a focus on fostering learning, system transformation and performance improvement (WEF/ VIH, p.16,19).

While there are many available theories that can inform and guide leadership styles, the current changes our global community is experiencing put certain pressure on the choice of healthcare-leadership models. The application of shared leadership, distributed leadership and other co-leadership models demonstrates that organizations prosper when these approaches are implemented (Mullins, 2008, pp. 437, 439, Dickson & Tholl, 2020, p. 25,59,69). Decision-making should and cannot be solely reserved for people in leadership roles (Ristikangas & Ristikangas, 2019, p.200) Leadership includes a quality that can be found in anyone who rises to a challenge and uses his or her skills to engage others to achieve goals or solve problems (Dickson & Tholl, 2020, p. 22, 25, 53).

Leadership models need to support learning, innovation and sustainable work environments that in turn, ensure a high quality of service for patients and customers. To meet this need, the choice of leader should be based on their skill to improve the expertise of others and provide a psychologically healthy and physically safe work environment (Mullins, 2008, p 268, 284). The level of competence and workplace satisfaction in healthcare organisations can, in addition to different rewarding practices, be supported by promoting competence development, expertise retention, and adding personnel influence. Reward and acknowledgement can be directed towards employees who actively engage in learning and contribute to the broader learning culture. (Kivinen, 2008, p. 101).

A leadership style that focuses on inspiring and empowering individuals to work towards a shared vision is known as transformative leadership (Mullins, 2008, p.278, Hilmarsson 2020, p. 22-23). A skilful leader understands the principle and necessity of transaction (certain work for certain pay), as this is how our economy is built, but then uses this as merely a basis to build a thriving culture of collaboration (Sagerberg & Österman Eriksson, 2019, p 49, Savaspuro, 2019, p.32). The roles as manager, leader and coach can intertwine and be used to best suit the task at hand (Ristikangas & Ristikangas, 2019, p. 38-40) Today it is agreed that an interactive, or transformative, style of leadership is helpful to create the best results in organisations as opposed to a managerial role where the leader takes care of the operative processes and the fulfilment of statutory matters, in the role of a leader, collaborative and softer principles of guidance take precedence (Ristikangas & Ristikangas, 2019, p. 40).

When applied, transformative leadership can support a learning culture by promoting innovation, collaboration, and continuous improvement. (Sagerberg & Österman Eriksson, 2019, p. 47-48, Hilmarsson, 2020, p. 22-24) Thus transformative methods support employees' ability to independently assess what need to be forwarded to reach the organizational goals and support their teams to reach the same results. However, strengthening the workforce's ability to function independently does not erase the need for leadership in organizational structures (Savaspuro, 2019, p 32-33). Thus, a hierarchy of mandates is necessary so that individual professionals can focus on tasks allocated to them.



*Fig 2. Cornerstones of a learning organization*

In healthcare a learning culture that is innovative must always ensure patient safety and a psychologically safe work environment. Overall, leaders in the healthcare field play a critical role, both in ensuring that patients receive high-quality care through healthcare organizations that are well-managed, sustainable, and innovative and also that the work environment is sustainable and attractive for the professionals in the field. The best overall outcome is reached in a learning culture where leaders have the ability to lead both individuals and groups with people with varied skills, background and education, while keeping the vision of the organization prioritised. (Martimo et al, 2018. p.89)

*In summary: A learning culture is essential for the future of healthcare because without it, an organisation cannot adjust to the rapid changes that are occurring in our world and stay attractive at the labour market. By fostering a culture of continuous learning, leaders inspire individuals to take ownership of their education, skills and knowledge and pursue their goals with passion and enthusiasm. This ultimately leads to better outcomes, increased engagement, and a more fulfilling experience for everyone involved.*

### **3.1 The learning leader – a key to success**

A learning culture is significant and far-reaching, positively affecting both the organization and its employees (Juuti & Vuorela, 2015, p.35,38-40). A learning leader plays a pivotal role in creating, nurturing, and sustaining a learning culture within the rapidly evolving field, where leaders need to be aware of the currents of change (Mullins, 2008, p. 260). This involves investing in research and development, promoting a culture of innovation, and encouraging staff and the workforce community to think creatively and solve problems (Ristikangas & Ristikangas, 2019, p 18-19). However, the field of healthcare differs somewhat from many other fields of work as experimental practises might lead to serious percussions in relation to patient health and safety and this in turn might hinder the willingness to participate in new ways of working or innovating (Kivinen, 2008, p. 81).

Learning and leadership are two important concepts that are closely linked. Learning is the process of acquiring insight, knowledge and skills, while leadership is the ability to inspire and guide others towards a common goal (Mullins, 2008, p. 92-93, 260). Learning and leadership are intertwined because leadership is a continuous learning process. As a leader one is never finished, as the work evolves with the changes and expectations in society and the organizations (Juuti, 2016, p10). A learning leader is an individual who is dedicated to continually develop as a leader, but also by developing and promoting a culture of continuous learning within an organization or community. For leaders, self-reflection is crucial (Sagerberg & Österman Eriksson, 2019, p. 57, Dickson & Tholl, 2020, p.21, 140). They should assess their past experiences, both successes and failures,

to uncover patterns and enhance future decision-making (Ristikangas & Ristikangas, 2019, p. 31-32).

The role of a leader is often one of a specialist, a person who has a good knowledge of their own field, but the learning leader is expected to have numerous other abilities. Mere expertise in one field is not enough but a leader must have a service design approach including relevant stakeholders (Kauhanen, 2016, p.43-44). Leaders need to embody a dual role as both generalists and specialists. Outdated leadership models cannot be repeated as an 'out of tune refrain' (Bolden & Gosling, 2006, p. 150) as this might lead to outdated models of practice and organizational frameworks. Leaders of today must guide both managerial processes, knowledge and learning if they are to meet the expectations and ideals of contemporary leadership values (Juuti, 2016, p.47). Learning leaders are responsible for identifying broad learning needs, designing and implementing training programs, coaching and mentoring employees, and fostering a culture of learning and growth (Kivinen, 2008, p.101).

A learning leader must also have an understanding of pedagogical methods in practicing their leadership ensuring an agile and dynamic workforce. This can be seen as an ability to foster comprehension among employees, enabling them to recognize the correlation between their exertion and the outcomes achieved (Sagenberg & Österman Eriksson, 2019, p.41). The learning leader guides the co-workers towards insights and interest and not only evaluate past performances but continuously look into the future. Learning leaders lead by example, demonstrating a commitment to learning and personal development and their behaviour sets the tone for the rest of the organization.

Traditionally the ethos and relationship between the worker and management has been one of control and subordination (Mullins, 2008, p.438, Dickson & Tholl, 2020, p.22). This leadership style can broadly be described as transactional. (Sagerberg & Österman Eriksson, 2019, p. 45-46, Mullins, 2008, p.278, Hakonen & Nylander, 2015, p.200) Transactional leadership is a style of management that places emphasis on achieving specific goals through a system of rewards and punishments. Managers who practice transactional leadership use this approach to motivate and manage their employees by setting clear expectations, monitoring performance, and rewarding or correcting

behaviour based on the achievement of these expectations. (Mullins, 2008, p.278, Hakonen & Nylander, 2015, p.200-201). This type of leadership can be effective in certain settings, such as in organizations that require strict adherence to rules and procedures, but it can also be criticized for its lack of flexibility and reflection (Ristikangas & Ristikangas, 2019, p.30).

Competence leadership should be seen as a holistic process involving identifying organizational needs, recognizing and assessing the skills within the workforce and ensuring supervisors undergo essential training (Kivinen 2008, 59-60.). In leading change through competence development, it is emphasized that the leader tries to identify and enable the utilization of competence at the individual and community level. It is based on ability and qualification factors, as well as the capabilities of the employees. The development of qualifications and abilities takes into account the strengthening of individual skills and collaboration between individuals (Kivinen, 2008, p.61, Juuti, 2006, p.37)

This style of leadership that has emphasis on leading learning and change is broadly categorized under transformative leadership styles; transformative leaders inspire followers to achieve higher levels of performance by creating a sense of shared vision and purpose. Here, leadership can be seen as an interactive process where the leader influences the organization in order to achieve their common goal as effectively as possible (Sydänmaanlakka, 2019, p.139-140, Hakonen & Nylander, 2015, p.200). Transformational leaders focus on empowering their followers and encouraging creativity and innovation. At its core, transformational leadership emphasizes the importance of leaders who inspire and motivate their followers to achieve greater levels of performance, creativity, and growth (Sagerberg & Österman Eriksson, 2019, p. 47-48; Mullins, 2008, p. 278, Hakonen & Nylander, 2015, p.201). It is based on the principles of open communication, transparency, and continuous feedback, and seeks to create an environment in which employees feel empowered to take ownership of their work and contribute to the success of the organization (Manka & Manka, 2016, p.135, Sagerberg & Österman Eriksson, 2019, p30-31) The best performance is achieved if one has the knowledge and skill to perform a certain task and also the drive that comes from understanding why one is doing it (Juuti & Vuorela, 2015, p.79).



Both reskilling and upskilling are essential strategies in a rapidly changing job market where continuous learning and adaptation are critical for career growth and job security. (Forbes 2023) Reskilling involves learning entirely new skills to transition into a different role or industry, while upskilling focuses on improving and enhancing existing skills to excel in one's current job or career path (Ristikangas & Ristikangas, 2019, p. 35-36). Finding the right pathways for reskilling and upskilling is thus an important part on how a Learning leader ensures that the organization has the necessary competences to continue to provide high quality services for patients and customers as well as a work environment where employees have the necessary skills and competences to successfully execute their roles.

*In Summary: Leaders provide opportunities for their team members to learn new skills, take on new challenges, and receive feedback on their performance. This fosters a culture of continuous improvement, where everyone is encouraged to learn and grow. Learning leaders lead learning; without the development and furthering of skill and learning, any organization stagnates. A leader must know how to set clear learning goals, to clearly define the learning objectives and goals that they want their learners to achieve. This will help them understand what they need to focus on and how they can measure their progress. A leader must be able to create a supportive learning environment that fosters creativity, innovation, and collaboration. Encouraging their learners to ask questions and provide them with resources that can help them learn more effectively is also one of the competences of a learning leader. A leader of tomorrow must also lead by example and show their learners how the leader approaches learning.*

### **3.2 Leadership competences needed for sustainable leadership**

In this chapter we look at the necessary abilities and competences a leader must have to successfully reach personal goals and the goals of the organization. We explain the term competence, its pros and cons as well as categories for different aspects of competence for leaders in the health care field.

As previously stated, competence is a critical component of healthcare leadership. It helps appraise and train leaders for their tasks and establish the organisations values and objectives. (Bolden & Gosling, 2006) Competency frameworks are a representation of desired leadership rather than a reflection of reality (Bolden & Gosling, 2006, s.151) but they serve as guidelights. Competencies are described as characteristics of employees with behavioural implications that are thought to be associated with successful performance of their job (Garman & Johnson, 2006, s. 14).

**Competence is the quality or state of having sufficient knowledge, judgment, skill, or strength as for a particular duty or in a particular respect. (Merriam-Webster 2023)**

There are different kinds of competences. The term originated as a means to describe wanted traits rather than concrete skills in job descriptions. The competence term has been described in quite varied ways and from different standpoints. With classical leadership competence descriptions, it has been argued that they give a structural integrity to leadership, but lacks nuances needed to develop and create new ways of tackling arising problems. Competencies tended to emphasize measurable qualities which gave it a more limited approach. Research indicates (Bell et al 2019 & Bolden & Gosling, 2006, 148) that frequently recommended competency frameworks tend to overlook subtle aspects, including interactions and situational factors.

Work could entail measurable skills and qualities, while emotional, ethical and relationship dimensions were underrepresented. (Bolden & Gosling, 2006, p. 150) But with new complex situations and amount of knowledge, the leader must tackle new problems and situations and navigate the organisation on the sea of constant renewal and development. This calls for an upgrade in how we view leadership competence.

A competence framework, also known as a competency framework or competency model, is a set of skills and attributes that are necessary for individuals to perform effectively in a particular field. Competencies are the specific knowledge, abilities, and qualities that individuals or organizations need to demonstrate in order to excel in their roles. The complexity of leadership has resulted in the need of competence frameworks to support leadership and many healthcare organizations and associations have developed their own competency frameworks tailored to their specific needs and goals.

For this research we chose to view the competence framework LEADS that is developed in Canada. LEADS is developed to support leadership development. It includes knowledge, skills and attitudes needed for successful leadership in modern health care with focus on areas in public health care. The framework is divided into five sections: Lead self, Engage others, Achieve results, Develop coalitions and System transformation.



Fig 3: LEADS in a caring environment (Dickson & Tholl, 2020)

When looking at a competence framework, it is important to keep in mind that it doesn't show the whole picture or a leader's ability in its entirety. As a leader, you can use competences and competence frameworks as a map, but also know how to navigate complex situations that arise in the moment (such as ethical and relational issues). A list of competences doesn't necessarily tell you how a person will fare in different situations, with different tasks or people in different environments (Bolding & Grosling, 2006).

*In summary: Leadership competencies are the essential skills, qualities, and behaviours that effective leaders possess. In the modern landscape of healthcare, leadership is more*

*than just authority; it's about inspiring and guiding teams towards achieving shared goals and navigating the field of healthcare through the rapid changes that are affecting our world. A competent leader must have leadership competences as leadership competencies are the foundation of effective leadership. Whether it's emotional intelligence, communication, adaptability, or strategic thinking, these competencies empower leaders to inspire, guide, and drive their teams towards achieving shared objectives.*

## **4 Method**

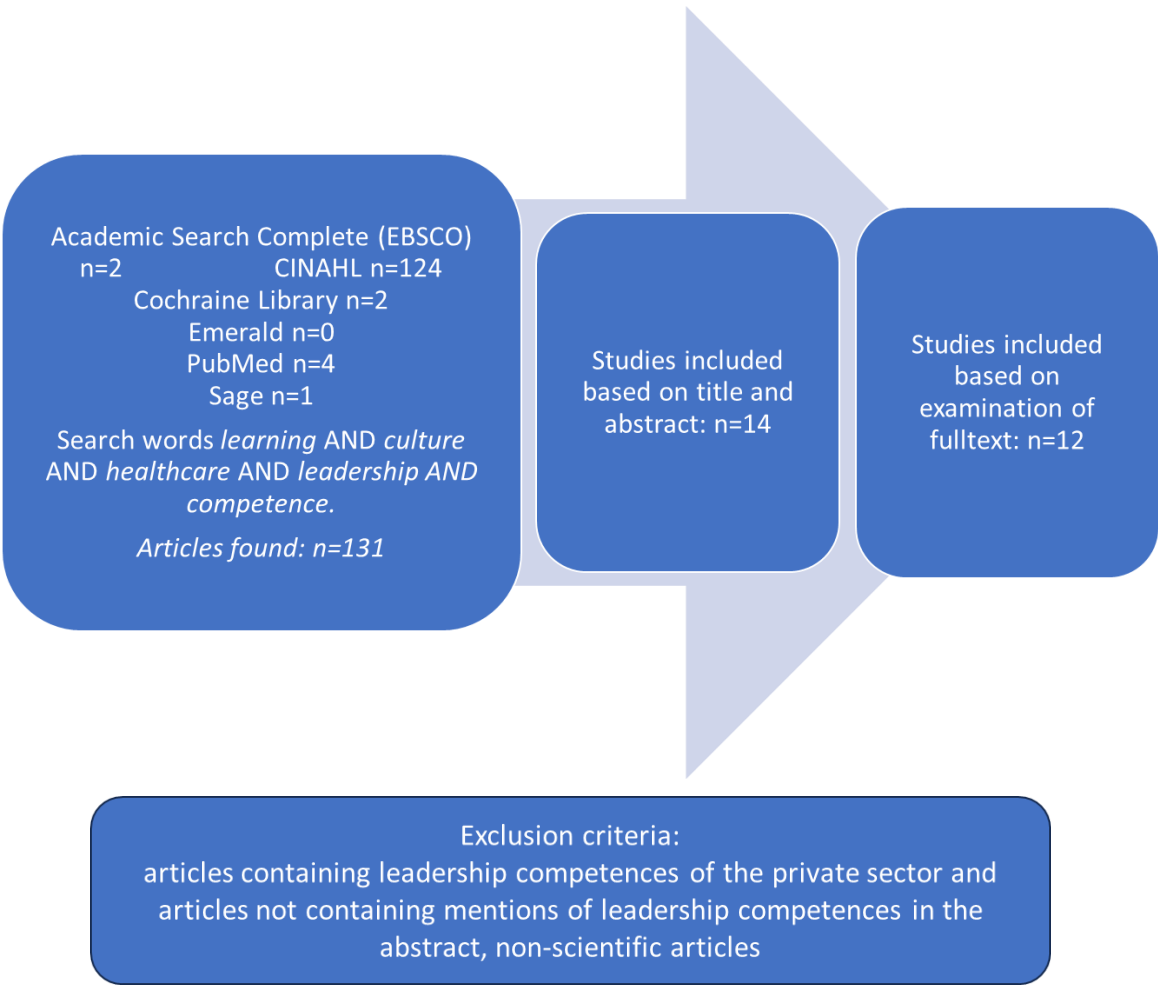
We have laid ground for a theoretical starting point with the LEADS model. To be able to answer the research questions: why a learning culture is essential for the future of healthcare and what competence a health leader needs to enhance learning, we find the best solution to be literature review. The benefits of a literature review are identifying current views on the topic and keeping up to date with current development in our field. We wanted to learn from other documented results, hence a literature review with a deductive content was the chosen method for this paper.

### **4.1 Method for collecting data**

The search was made through seven different relevant search platforms, containing articles on research from the healthcare field. The platforms were accessed on libguides.arcada.fi. The platforms were Academic Search Complete (EBSCO), CINAHL, Cochraine Library, Emerald, PubMed and Sage. As search words were used: *learning AND culture AND healthcare AND leadership AND competence*. For this review, to get research from post-COVID time, we chose articles from 2020 and forward (2020-2023). We chose this time frame, as we assume the challenges on leadership have had an impact on leadership competences due to the worldwide pandemic. To narrow our search, we chose to look for articles and studies with the search words in the abstract. By using the literature review method for collecting data we ensured higher reliability for this paper.

The search generated 131 articles. To narrow it down further we went through the articles manually reading the abstracts to assess which articles were relevant. We included

scientific peer reviewed articles written in English. As we were interested in public health care (publicly funded) we excluded articles containing leadership competences of the private sector, as well as articles not containing mentions of leadership competences in the abstract. In reading through the full texts, two articles were dropped. One article was discarded for not being a scholarly article and the other article was dropped for falling outside the public health scope. See fig. 4. *Figure over the literature review selection* And table 1 *Presentation of the articles included in the literature review.*



*Fig. 4. Figure over the literature review selection*

## 4.2 Method for analysing data

When dealing with information in articles and previous studies it is recommended to use deductive analysis (Elo & Kyngäs 2008). We chose to analyse the articles by using categories from previous theories regarding the topic and assessing if the information fit into the existing categories or if anything stood out or didn't fit. Either confirming the existing theory or potentially finding a new category. Considering the validity of the study, we are making sure we are including relevant information and excluding irrelevant information, which is supported by Bannigan & Watson 2009. This by only including peer reviewed articles and studies from the field of healthcare. As well as using predictive validity (Bannigan & Watson 2009) we expected getting the same categories regarding leadership competence in the health care field, as the background theories.

In the preparation phase, we read up on previous research and theories, getting a better understanding of the subject, as a whole. From previous theories and studies categories arose giving us the structure for the sorting the material into different categories. More on this method of doing the deductive analysing can be found in Elo & Kyngäs (2008) article. Both authors structurally went through the articles and systematically categorized found leadership competences through the themes in the theoretical framework.

In our practical approach, we printed copies of the articles selected through our article search process to work on them manually with color-codes. Our goal was to analyse and categorize various aspects of leadership competences, aligning them with the LEADS competence framework. We employed color-coding to mark any instances where these competences were mentioned in the articles, enabling us to organize them effectively in our results chapter. It was imperative for us to grasp the context of each competence mentioned to ensure a thorough understanding of their significance for our results. Ironically, there's a touch of humor in the fact that we resorted to a rather traditional method of examining our material in the pursuit of uncovering competences of the future.

In addition, we meticulously cross-examined all the articles to check whether we both identified and highlighted the same content. In cases where differences of opinion arose, we engaged in discussions and jointly determined whether the content represented

competences relevant to our results. We were acutely aware of the potential human element influencing our findings. However, as our primary objective was a thorough comprehension of our source material, we consciously refrained from utilizing computerized search functions to pinpoint hidden mentions of competences or phrases that might allude to competences yet to be uncovered. In order for the reader to keep track of the frameworks for the different themes, we have decided that each results chapter starts with an explanation of our theoretical perspective, which is in line with a deductive analytical approach.

### **4.3 Research ethics**

It is important for the researcher when making the research plan to evaluate the benefits and possible harm from doing the research (Foster, 2001). With research in the healthcare sector, it is especially important to consider different ethical aspects (Aita & Richer, 2005). Our research ethics are in line with the code of conduct for research integrity in Finland (TENK, 2012).

Shrader-Frechette (1994) presented principles related to research ethics which were considered when conducting this study. Two positive duties: to conduct research and to evaluate the consequence of the research. And four negative duties: not violate informed consent, not do research that converts public resources into private profit, not jeopardize environmental welfare and not conduct biased research.

Our aim with this study is to create knowledge and a better understanding of the subject, thus contributing to further understanding. As this was done through a literature review, no human subjects or informants were involved. There were no financial factors involved in the study.

Table 1: Presentation of the articles included in the literature review

Nr Article	Year published	Country
1. Leadership practices and behaviours that enable and inhibit a continuous improvement culture in an NHS trust. Benjamin C, Chung D.	2022	United Kingdoms
2. The 4C's of influence framework: fostering leadership development through character, competence, connection and culture. Do V, Maniate JM, Sultan N, Sonnenberg L.	2023	Canada
3. Advancing leadership in surgery: a realist review of interventions and strategies to promote evidence-based leadership in healthcare. Gauly J, Court R, Currie G, Seers K, Clarke A, Metcalfe A, Wilson A, Hazell M, Grove AL.	2023	United Kingdoms
4. Influencing Work Culture: A Strengths-Based Nursing Leadership and Management Education Program. Hubley P, Gottlieb LN, Durrant M.	2022	Canada
5. Building leadership capabilities in maternity. Ashmore AA, Kanga K, Kaur-Desai T, Thorman K, Archer N.	2021	United Kingdoms
6. Otago exercise programme-from evidence to practice: a qualitative study of physiotherapists' perceptions of the importance of organisational factors of leadership, context and culture for knowledge translation in Norway. Worum H, Lillekroken D, Ahlsen B, Roaldsen KS, Bergland A.	2020	Norway
7. Organizational attributes that contribute to the learning & improvement capabilities of healthcare organizations: a scoping review. de Kok K, van der Scheer W, Ketelaars C, Leistikow I.	2023	The Netherlands
8. Valuing the emotions of leadership learning experience in nursing education. James AH.	2023	United Kingdoms
9. Leadership assumptions on implementation of patient involvement methods. Jeppesen KH, Frederiksen K, Joergensen MJ, Beedholm K.	2021	Denmark
10. Leaders' perspectives on learning health systems: a qualitative study. Enticott J, Braaf S, Johnson A, Jones A, Teede HJ.	2020	Australia
11. Systems leadership in practice: thematic insights from three public health case studies. Bigland C, Evans D, Bolden R, Rae M.	2021	United Kingdoms
12. Leading change in practice: how "longitudinal prebriefing" nurtures and sustains in situ simulation programs. Eller S, Rudolph J, Barwick S, Janssens S, Bajaj K.	2023	Australia



## 5 Results

In this chapter we present what the research articles had to say about what competences healthcare leader needs in order to enhance a learning culture. The result is structured in alignment with the LEADS framework for leadership competences in order for us to categorize our findings.

### 5.1 Lead self

*Deductive starting point: Leading oneself effectively requires a combination of personal qualities, skills, and strategies. In the articles chosen for our purpose we found the following support for highlighting self-leadership as a core competence for healthcare leaders. Hence, following core themes have guided the result description:*

- *Competencies regarding self-awareness*
- *Emotional intelligence*
- *Personal and professional development*
- *Self-care*

In the articles, **competencies related to self-awareness** emerged, with leaders considering themselves as important facilitators of change and implementation processes (Jeppesen et al., 2021, p. 1). Knowledge of leadership theory was also deemed crucial when implementing changes in the organization (Jeppesen et al., 2021, p. 1, James, 2023, p. 2). Leaders engaged in reflective practice and setting goals for themselves achieved higher learning (Hubley, 2022, p. 29). This is supported by leaders continually self-developing and establishing positive habits (Do et al, 2023, p.5) Additionally, the ability to be critical and reflect on one's own output and habits had a significant impact on work culture (Worum et al., 2020, p. 6) as well as committing to values and principles in everyday situations (Do, 2023, p.1). A good leaders had the ability to consider what influence their decisions might have on the workplace culture (Do et al, 2023, p. 13). A leader being open-minded is essential for successful systems leadership (Bigland et al, 2020, p. 7).

Regarding **emotional intelligence**, emotions are considered intelligent responses connected to morality and ethics. Linking emotional knowledge with actions and verbal

expression is seen as a desirable outcome (James, 2023, p. 3). Reflecting on oneself and critical thinking is an important aspect of leadership development, and identifying one's values as prospective leaders early in the learning experience has positive outcomes for the field of healthcare (James, 2023, p. 5; Hubley, 2022, p. 25).

Regarding **personal and professional development**, leaders who are aware of the need to improve their leadership abilities tend to be more motivated to develop relevant skills for the task (Gauly et al, 2023, p. 18). Leadership improvements often occur in an intimate learning environment, meaning in person, in small groups or one-to-one (Gauly et al, 2023, p. 19).

To bring about a change in an organizations culture, incentivized leaders are required. By painting a picture of the organization's future, leaders can be motivated to lead change (Benjamin & Chung, 2022, p. 9). The leader should actively and visibly engage in the change process (Worum et al, 2020, p. 13) and demonstrate commitment to the proposed changes (Worum et al, 2020, p. 6). The leader's own competence is also relevant for effecting change (Worum et al, 2020, p. 12). Furthermore, the leader should be open to adapting to feedback, which needs to be provided more than once for it to be effective (Gauly et al, 2023, p. 9).

The leader's behaviour significantly influences the work environment and the organizational structure, thus affecting change (Worum et al, 2020, p. 3). Therefore, it is essential for the leader to have a deep understanding of the clinical scene, the work being done, and how the proposed changes will impact them (Jeppesen et al, 2021, p. 5). This understanding can be further supported by gaining experience through direct interaction with the people they lead (Jeppesen et al, 2021, p. 4). In addition, the leaders also need to develop a self-awareness of how they react emotionally to situations and what impact that reaction might have on their surroundings (Hubley, 2022, p. 33).

Only one article emphasized the importance of **self-care**, in aligning one's work with their values, providing a sense of enjoyment and shared endeavour (Bigland et al, 2020, p. 10).

## 5.2 Engage others

*Deductive starting point: Engaging others effectively depends on the context and your specific goals. In our research we found several key factors and skills that can support the engagement of professionals in the field of healthcare. Hence, following core themes have guided the result description:*

- *Building and maintaining relationships*
- *Effective communications*
- *Collaboration with others*

**Building and maintaining relationships** are key aspects of impacting the behaviour of those involved in the organizations work implementation (Jeppesen et al, 2021, p. 2). Building relationships is essential. Without strong relationships you cannot have a positive influence (Do et al, 2023, p. 8). Therefore, leaders must actively build and foster connections (Do et al, 2023, p. 3). This entail not only introducing change, but also engaging stakeholders in the change process. The habits and behaviour of professionals play a pivotal role in effecting the desired transformation, emphasizing the importance of shifting mindsets.

Task-oriented and change-related behaviours have an influence on workplace culture, as discussed by Worum et al (2020, p. 3). Leaders must invest time in understanding and engaging with their staff, fostering collaborative problem-solving, showing curiosity, and clearly communicating their expectations, as suggested by Benjamin & Chung (2022, p. 4).

Trust is a recurring theme in leadership models, as emphasized by Enticott et al (2020, p. 11). In fact, trust and tolerance often go hand in hand, as noted by Bigland et al (2020, p. 7). Competence builds and strengthens trust (Do et al, 2023, p. 7). In addition to trust, leaders should also demonstrate their values and passion for their work. Acknowledging colleagues' contributions fosters a supportive environment. Incorporating these principles into their everyday practices can significantly enhance a leader's impact, as highlighted by Bigland et al (2020, p. 12)

Leaders need to be **effective communicators**. According to Bigland et al (2020, p. 7), the art of listening, actively seeking information, asking questions, and seeking understanding are important leadership attributes. Further Bigland et al (2020, p. 9) suggest that a leader's ability to be flexible and manage their behaviour is more important than individual characteristics. The use of inclusive language and showing vulnerability to create a safe and inclusive culture supports communication (Bigland et al, 2020, p. 7). One study showed the participants willingness to develop their communication skills, as it was viewed as a key competence in leadership (Hubley, 2022, p. 31).

Jeppesen et al (2021, p. 7) emphasize the importance of being able to communicate a meaningful vision of change that makes sense to professionals. Leaders should communicate with confidence and intention. Communicating the need for change while also highlighting the utmost importance of quality (Worum et al, 2020, p.13). Communication is supported by top-management involvement by visiting different departments, presenting changes, and providing positive feedback (Jeppesen et al 2021, p.5). Communication is supported when time and room is allocated for interactions with leadership and healthcare professionals (Jeppesen et al, 2021, p. 9). It's also important to have clear goals and be good at getting your point across. Being a “good seller” (Worum et al, 2020, p. 6). But there's a challenge because people are different and react differently in different situations (Worum et al, 2020, p. 13). So, leaders need to be open to various ways of motivating and gaining knowledge. A leader's job is to use different leadership styles and provide support, motivation, and inspiration.

In complex systems characterized by the presence of multiple resources, it is essential to cultivate a shared vision among all stakeholders, as emphasized by Enticott et al. (2020, p. 6). This commitment to a shared vision continues to be a key factor (Enticott et al, 2020, p. 11). As it is important to be able to communicate a sense of urgency, it is essential to persuade any sceptics in the department. Therefore, it is important to pay special attention to the critics (Jeppesen et al 2021). Pressure from the management (Jeppesen et al, 2021) as well as the energy behind the messaging/communication (Worum et al, 2020, p.14) has an impact on how change is implemented. The tone of the communication should reflect motivation.

Promoting discussions rather than conflicts, as advocated by Bigland et al in 2020 (p. 10), involves leaders and staff working collaboratively to solve problems instead of giving direct answers. In this approach, questions take precedence over providing immediate answers, fostering an environment that prioritizes a shared desire to comprehend, as emphasized by Benjamin and Chung in 2022 (p. 2)

It is important to give feedback at a time when it is relevant and fresh in the mind of the learner (Gauly et al, 2023, p. 9). This also makes participants satisfied that a problem is recognized and prioritized. Feedback from trustworthy, respected, or objective sources is crucial for enhancing its effectiveness, as highlighted by the same authors (Gauly et al, 2023, p. 10). Encouraging inclusive and open communication is essential as it promotes an environment of engagement and development.

Fostering a culture of safety involves not only using inclusive language but also embracing vulnerability, as emphasized by Bigland et al. (2020, p. 7). This culture thrives when individuals exhibit qualities such as the ability to remain composed under pressure, approachability, a lack of personal ego, and enjoyment of intellectual challenges. It's also important to have the capacity to conceal frustration and avoid overly controlling the work environment, as suggested by Bigland et al. (2020, p. 8).

For a sustainable learning health system **collaborative** vision and leadership is recommended (Enticott et al, 2020, p.6). In a healthcare systems leadership call to action and promoting resilience were seen as essential (Bigland et al, 2020, p. 1) as well as nurturing strong relationships. Positive leadership involves fostering an environment of active involvement, where individuals actively participate in problem-solving and decision-making processes (Worum et al, 2020, p.3). This is achieved by influencing healthcare professionals through active presence and attentive listening, prioritizing their professional development (Jeppesen et al, 2021, p.5), and establishing a secure space where questions related to everyday work can be openly addressed. Effective leaders also dedicate time to comprehend the challenges faced by their staff (Benjamin & Chung, 2022, p. 2).

Factors that inhibited a continuous improvement culture were the staffs feeling of not being listened to, not involved in problem solving, unclear priorities and reactive short-

term demands. (Benjamin & Chung, 2022, p. 7). Other inhibitors for good collaboration were, not being listened to by upper management and doing solutions that aren't working at the grassroots levels. There is a demand for leaders to understand the work and implications of renewal (Benjamin & Chung, 2022, p. 8).

### 5.3 Achieve results

*To achieve results in healthcare is crucial for ensuring the best possible care for patients, improving healthcare quality, managing costs, promoting evidence-based practice, and driving innovation in the field. It also supports accountability, compliance with regulations, and resource allocation, ultimately benefiting both individual patients and the broader healthcare system. Hence, following core themes have guided the result description:*

- *Strategic thinking*
- *Decision making*
- *Innovation*
- *Achieving results*

In the articles we found the **competence in strategic thinking** and discovered that competence in strategic thinking is exemplified by the presence of a well-structured plan or a clear and attainable strategy for effecting changes aimed at **achieving goals** (Jeppesen et al., 2021, p. 9 and Worum et al, 2020, p. 5). Additionally, these studies also emphasized the importance of skills that enable individuals to align their long-term objectives with their day-to-day tasks (Benjamin & Chung, 2022, p. 2).

We also found that effective **decision making** in healthcare leadership necessitates a leader's competence in data management and the ability to make informed decisions (Enticott et al, 2020, p.3; Bigland et al, 2020, p. 10). Notably, the proficiency in handling uncertainty and mitigating the risk of making incorrect choices is of utmost importance (Bigland et al, 2020, p. 10). Furthermore, by making clear decisions, a leader actively demonstrates their dedication to the overarching goals and vision, a quality that has been recognized as significant in this context (Enticott et al, 2020, p.10)

Leadership actions or competences are hard to measure in relation to how effective they are at **achieving results**, as the actions do not exist in a vacuum. Patient and health care workers as well as leaders all bring different variables to the end result. (Gauly et al, 2023, p. 21). The articles pointed out that to achieve results, a good leader makes sure there are enough resources (Jeppesen et al, 2021, p.9) as well as showing support on different levels (Enticott et al 2020, p.10). Generally, a leader's attention is necessary for a culture change to take place (Jeppesen et al, 2021, p.9).

To our surprise, the only mention that we detected of **innovation** as a leadership competence was of nurse leaders being compassionate innovators (Hubley et al, 2022, p. 25).

## 5.4 Develop coalitions

*The reason healthcare organizations benefit from forming coalitions is that it allows them to combine resources, expertise, and influence to address complex challenges. Hence, following core themes have guided the result description:*

- *Building and maintaining partnerships*
- *Coalitionbuilding*
- *Community engagement*

**Building and maintaining partnerships**, as well as leaders cultivating trusting relationships between stakeholders to enable a sustainable learning health system is seen as important (Enticott et al, 2020, p. 8 &9).

In Bigland et al.'s (2020) study, the concept of "**building a coalition** of the willing" (p. 4) is emphasized. They also stress the importance of "leading beyond organizational and professional boundaries" (p. 2) and underline the significance of working together to enhance the healthcare system, firmly rooted in community needs, which hinges on the cultivation of strong relationships (p. 5). The importance of building coalitions with diverse networks is motivated by getting different perspectives and values, thus creating a represented value on issues (Do et al, 2023, p.3).

Coalitions are important in many training programs. The active involvement of clinical educators in program design, as part of the guiding coalition, are key factors for achieving success (Eller et al, 2023 p. 7). Interaction as an emphasis supports collaboration both inside and outside the main organization (de Kok et al, 2023 p.5, 9)

A competence to engage in the **community**, collaborating across levels of health service as well as co-operating with politicians, gave leaders insight in the field and current challenges (Worum et al, 2020, p. 10). Getting involved in politics helps in creating local results and have influence in a national content (Jeppesen et al 2021, p 4). Engaging with different stakeholders helped leaders in developing a shared understanding of the meaning and goal of the organization and services (Worum et al, 2020, p. 10).

## 5.5 System transformation

*System transformation is crucial for organizational success, as it enables effective problem-solving, collaboration, advocacy and improved service and processes, all of which contribute to the success of the organization. Hence, following core themes have guided the result description:*

- *Leading change*
- *Advocacy*
- *Improving systems and processes*

When **leading change**, creating the necessary conditions is essential. Focusing on all levels of the organization is important. Leading transcends an organization and is a collective effort. It is recommended involving and collaborating with the personal that are influenced when making changes. (Jeppensen et al, 2021, p.2; Bigland et al, 2020, p. 2) Ideally, leading change would require leaders to actively support individual learning and improvement while simultaneously creating an environment conducive to continuous learning (Benjamin & Chung, 2022, p. 9). Management's commitment to change plays a big role, empowering the change in the organization (Worum et al 2020, p.6).



Leadership is about positively influencing the context (Worum et al, 2020, p.9). In order to do that, they need to know the organization, its culture and goals. Leadership should adapt to the needs of the organizations/systems needs at one point in time. (Bigland et al 2020, p. 6) The ability to adapt to changes is essential for the maintenance of high-quality care. Improvement and learning capability are pivotal to continue to maintain high quality services and better performances (de Kok et al, 2023, p.2-3).

Change leadership is highlighted as a core skill of healthcare leadership especially in the context of training nurses in ISS-simulations situations. The competence highlighted is connected to leadership carrying the long-term vision by avoiding focusing merely on short term gains and putting out fires. It is assumed that successful ISS programs have utilized elements of change leadership to embed programs. (Eller et al, 2023, p. 4, 6, 8)

A leader should not only **advocate** for their employees but also support the cause for change even though time often becomes a significant hurdle. The leader is uniquely positioned to ensure successful change by allocation of both time and space for the cause (Worum et al 2020, p.6).

The organization culture needs to have a positive attitude towards change and **improving service and processes**. When implementing new things there must be a willingness to take risks and learn from mistakes (Worum et al, 2020, p.13). The leaders need a curiosity and willingness to understand the **system** (Bigland et al, 2020, p. 1). Opening up to new perspectives creates a learning culture.

A good learning culture is established by leaders who encourage continuous learning from both top-down and bottom-up information (Enticott et al 2020, p. 6) Equally important is supporting structures where the system would live on even if key people moved on (Bigland et al 2020, p. 8). Ensuring diversity and inclusion as well as building resilience in the system supports the change process (Bigland et al, 2020, p. 12). When it comes to potential problems, going to the root of the problem instead of quick fixes, is considered a good competence in leaders (Benjamin & Chung, 2022, p. 2).

## 5.6 Leadership competences and creating a learning culture

*Competent leaders, committed to positive behaviours and cultural change, play a key role in fostering a supportive learning culture.*

The articles suggests that a leader's competence, role and output have a big impact on an organizations culture. Leadership commitment and behaviour are one of the key factors for a working complex systems level intervention (Enticott et al, 2020, p.2). A leader must be competent to influence the workplace culture in a positive way and is in a good position to do so (Do et al, 2023, p.1, 12). By improving the leaders understanding and self-reflection, it can have a positive influence on team climate (Hubley, 2022, p. 29). The ability to positively influence is one of the defining qualities of leadership in medicine (Do et al, 2023, p. 3). When asked, some leaders described themselves more like facilitators than leaders. Using flexible ways and their influence to get things done (Bigland et al, 2020, p. 9). Transformational leadership was thought to inspire and sustain change (Jeppesen et al, 2021).

It has been established that good leadership is linked with a positive organization culture (Ashmore et al, 2021, p.1). To create a culture of learning, the organizational culture can either be of great support or serve as a barrier (Do et al, 2023, p. 1). The leaders can act as facilitators of the culture process. Leaders benefit from understanding that encouraging behaviour, a supportive attitude, feedback and reflection, and interaction has a positive effect on an organization learning capability (de Kok et al, 2023, p.5). Cultural change is important if you want to establish a change that takes effort from both management and the health care professionals. The leader is in a key position to enable an organizational learning process (Jeppensen et al, 2021, p.1). That being said, it is also important not just to focus on the competency of the organization leader but also on the organizational and public service context (Bigland et al, 2020, p. 2). Like recognizing barriers or contextual factors that has an effect on interventions (Worum et al, 2020, p. 2).

The leader is both influencing and influenced by the work culture (Worum et al 2020). A health promoting environment supports the individuals to get involved and realize the potential of the collective (Do et al, 2023, p.13). A positive culture is helped if the

individuals have developed leadership competencies, practice self-reflection as well as foster connections (Do et al, 2023, p. 14).

The willingness of staff and departments to participate in projects has a huge impact on implementation on possible changes and learning (Jeppensen et al, 2021). It also works the other way around, where possible barriers to change are lack of administrative and cultural support, i.e. insufficient resources or resistance from the health care staff (Worum et al, 2020, p.3). Continuous learning is dependent on a diverse group working together to solve complex problems around a shared vision (Enticott et al, 2020, p. 10) The leader has a role in supporting and developing the personals clinical competence and knowledge. It is on one of the leaders' responsibilities to anchor research-based knowledge in clinical practice and that the personal follow the practices instructed (Worum et al, 2020, p.6).

## **6 Discussion**

Our aim of this study is to answer the following questions:

**Q1. Why is a learning culture essential for the future of healthcare?**

**Q2. What competence does a healthcare leader need in order to enhance a learning culture?**

In this discussion we will start by examining the results in relation to our research questions and assessing their importance for the public healthcare sector, for organizations, and leaders of the field. Then, we will explore sustainability in relation to leadership competences and lastly, we'll discuss the pros and cons of our method and our approach.

### **6.1 Why is a learning culture essential for the future of healthcare**

The first question asking why a learning culture essential for the future of healthcare is answered partly within the content of the theoretical framework and partly by the analysis of our results and can be summarised effectively as following: a learning culture is

essential for the future of healthcare because without it, an organization cannot adjust to the rapid changes that are occurring in our world (Juuti & Vuorela 2015, p 33).

This passage explains that a learning culture is essential for the future of healthcare because it allows organizations to adapt through times of change and stay attractive for healthcare professionals as a viable career choice which in turn leads to better services.

A learning culture leads to a learning organization (Sydänmaanlakka, 2004, p.56-57). Juuti (2006, p. 129-133) discusses how leadership occurs within the context of organizational goals and the need for leadership styles that create sustainable organizations to attract and retain talent in healthcare. Kivinen (2008, p. 101) also supports the idea that competence development and expertise retention are crucial in healthcare organizations.

This all indicates that leaders need to be better able to assess current and future competence needs, and support the development of them, to ensure a sustainable and skilled healthcare workforce that can adapt to the evolving demands of the industry. However, research indicates that learning is often best achieved in the context of the actual assignment or task and in the context of collegial learning (Juuti & Vuorela, 2015, p.67, Kauhanen, 2016, p.39). Formal education, as important as it may be, has lesser impact on competence development of existing workforce than the former (Kauhanen, 2016, p.39, Mullins, 2008, p.95) This is in line with the findings of the WEF 'Future of Jobs' rapport that states that it's crucial to embrace lifelong learning through short courses, on-the-job experience, and involvement in new projects. (2023, p. 53, 57). It is also worth to note that there is research that show that cost-benefit analyses indicate that typically the costs of providing formal education might exceed the economic benefits (Kauhanen, 2021, p.7-8). A learning culture understands the value of introduction, mentorships and competence development (Hawkins & Shohet, 2011, p.276) as this supports a thriving organisation with good outcomes for all stakeholders.

Savaspuro (2019, p. 31-32) also points out the need for leadership models that support learning, innovation, and sustainable work environments in healthcare. Shared leadership and other forms of co-leadership-models show that organizations thrive when these are applied. (Mullins, 2008, p 437, 439, Dickson & Tholl, 2020, p. 59,69) Research indicates

many potential pitfalls in leadership models that don't distribute decision-making authority (Savaspuro, 2019, p. 31-32; Mullins, 2008, p. 440-441). In a learning culture there must be room for trial-and-error which means that individuals also need to be able to make decisions concerning their actions. Mullins (2008, p.443) describes the practise where leaders share decision making as 'the art of delegation'. Learning leaders practice distributed and/or shared leadership and encourage a culture of leadership where every individual within the system, regardless of their position or official title, takes the lead within the mandate given them, when the situation demands it.

The leadership assignment is complex (Kivinen, 2008 p.85). Ensuring a learning culture is essential for the future of healthcare and the field needs effective contemporary tools and knowledge that answer to this deepening complexity. Leaders of today cannot rely on their own expertise alone, as has been the status quo in the past, but need to utilize the skills and competences of the people they are tasked to lead (Kivinen, 2008, p.81-82). Leaders are, in context to the role of leader, responsible for setting the tone and direction of healthcare organizations, setting goals and objectives, prioritizing initiatives, and allocating resources to achieve them (Sydänmaanlakka, 2004, p. 133).

The leaders set an example for the whole working community and their attitude has undisputed significance for how the workforce views their work. (Martimo et al, 2018, p.88-89). Leaders must themselves, therefore, demonstrate a strong ability to acquire and internalize new knowledge, adapt to it and thus exemplify the process of learning and change for employees and the organization overall (Ristikangas & Ristikangas, 2019, p 18-21). Given that leadership occurs within the context of organisational goals and the world in which it provides services (Juuti, 2006, p. 129-133), an emphasis on leadership styles that aim to create sustainable organizations are deemed necessary, or the field will fall behind in favour of other careers (Juuti & Vuorela, 2015, p.58). Prospective employees will potentially avoid healthcare if the field does not provide a sustainable working environment, thus creating a shortage of committed and knowledgeable staff.

A leader's ability to be flexible and manage their behaviour and communication is emphasized (Bigland et al, 2020, p.10). These qualities are essential for fostering a learning culture as they empower leaders to motivate individuals to assume responsibility for their

own education, supporting them to pursue their goals and experience high workplace satisfaction. The best performance is reached when employees and employers have trust in one another (Juuti & Vuorela, 2015, p. 76). A learning culture is characterized by constant feedback between coworkers and between the different levels of the organization (Hawkins & Shohet, 2011, p.276) Gauly et al. (2023, p. 9) stress the importance of giving feedback when it is relevant and fresh in the learner's mind. This supports continuous learning and improvement in healthcare by addressing issues promptly. The style of giving feedback also needs to be constructive, in learning cultures feedback aims not to humiliate, but to uplift the receiver of feedback (Hilmarsson, 2020, p. 184-185). Competence development is ideally in the ongoing cultivation of the connection between an individual and their professional environment (Juuti & Vuorela, 2015, p. 57). This culture, in turn, yields the results of a more rewarding experience for all participants and heightened patient service and safety.

Virtanen (2018, p. 111, 113) emphasizes the role of leadership in establishing, encouraging and upholding a culture where new skills and new information are seen as beneficial for the organization. Best practices don't arise from a culture constantly in crisis or exclusively devoted to theoretical exploration. They come from people, teams, and leaders finding a balance in the learning process together. Professionals are encouraged by the leadership to think about their actions, rethink, and then take action again according to evaluation. Mistakes and crises are seen as important opportunities to learn (Hawkins & Shohet, 2011, p.275, Juuti, 2016, p.75) This cultivates an environment of continual improvement. Leaders play a crucial role in facilitating their team members' growth by offering opportunities for skill acquisition, embracing fresh challenges, and feedback on their performance. Encouragement towards creative thinking leads to innovative solutions in the organization (Mullins, 2008, p.117). Examples for best practice can be sought outside the organisation. Learning through benchmarking can allow for best practice to spread (Kauhanen, 2016, p. 55). In essence, leaders are the catalysts of learning within an organization; without the cultivation of skills and knowledge, any institution is at risk of stagnation.

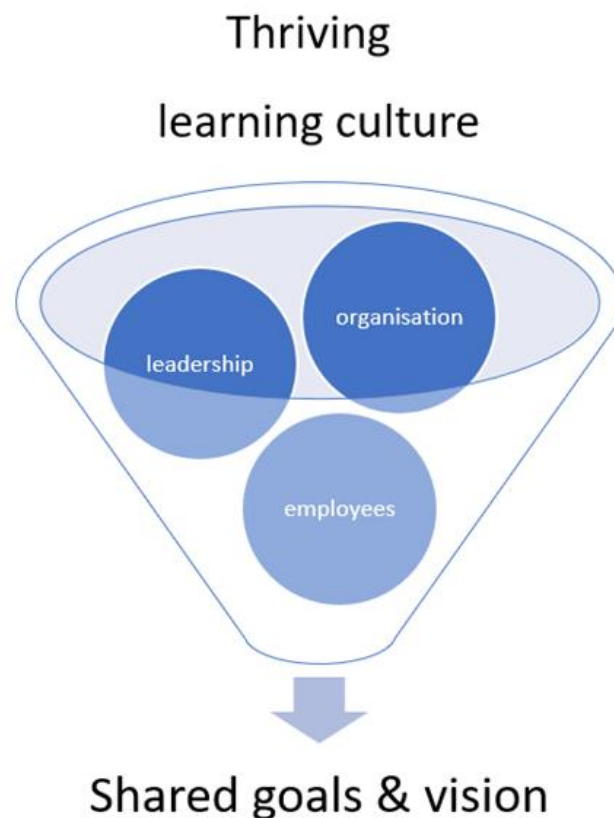
Effective leadership entails the ability to establish clear learning objectives and shared visions. Jeppesen et al, (2021, p.10) emphasize the importance of communicating a

meaningful vision of change to healthcare professionals. This is necessary because in the healthcare setting, changes are frequent, and a thriving learning culture helps professionals adapt by ensuring that they are well-informed about the changes and their implications. This is also suggested by Enticott et al (2020 p. 6,11) who emphasize the importance of cultivating a shared vision among all stakeholders. For change to occur successfully the leader needs to allocate both time and space for each change and oversee that there are not too many simultaneous processes of change at one time (Juuti, 2016, p.78-79)

A leader of the future must not only guide but also set an example for their learners in the realm of learning. It is important to recognize that even though a leader has the formal competence required for the job, an incompatible organisational culture can hinder competency in leaders (Dickson & Tholl, 2020, p.69). Also, other contextualizing factors than the leader's competency, can influence, change, hinder or make easier the success of change (Worum et al, 2020, p 2). Ristikangas & Ristikangas (2019, p 18-21) underscores the importance of leaders themselves demonstrating the ability to acquire and internalize new knowledge, aligning with the idea of leaders promoting a culture of continuous learning. Demonstrating one's own approach to learning, and commitment to the culture of learning and personal growth, serves as a powerful motivator and source of inspiration for the team and builds trust in the organization.

A learning culture fosters collaboration and shared understanding with enables employees to work independently and make decisions within their mandate (Juuti & Vuorela, 2015, p.108-109), this competence is essential for addressing challenges and changes in healthcare setting. By defining objectives and desired outcomes for healthcare professionals, you empower them to identify their focal points and measure their progress effectively, this is also an effective way to stay focused in an organization that supports shared or distributed leadership (Savaspuro, 2019, p.48). A positive workplace atmosphere will have an impact on the organization's outcomes (Juuti & Vuorela, 2015, p.52, 162; Hawkins & Shohet, 2011, p.274). Encouraging curiosity and providing valuable learning resources are essential components of such an atmosphere. A thriving learning culture holds immense importance in the healthcare sector's future.

Bigland et al. (2020, p.10) advocate promoting discussions over conflicts, where questions take precedence over providing immediate answers. This approach encourages a culture of curiosity and shared desire to comprehend, which is in line with a learning culture. It is agreed that putting patients at the center of care is crucial for making healthcare safer. However, many leaders struggle to create a culture that turns this idea into action (Dickson & Tholl, 2020, p. 261). Being proficient in leadership requires having crucial competencies that support a thriving learning culture. In the ever-changing landscape of today's healthcare industry, leadership goes beyond mere authority; it entails establishing a learning culture, inspiring and guiding teams towards achieving shared goals, all while skilfully adapting to the constantly evolving healthcare environment that affects our global community.



*Fig. 5 In a learning culture where all levels of organization work together goals and visions are shared*



## 6.2 What competence does a healthcare leader need in order to enhance a learning culture?

Our second question **What competence does a healthcare leader need in order to enhance a learning culture?** we attempt to answer by the findings in our results.

A healthcare leader needs many different competences that all complement each other. Being mindful of their own behaviour and what influence it has on their surroundings, leading by example and self-reflecting can enhance a learning culture. Thus, it is important for healthcare leaders to see themselves as facilitators of change. The leader is in a key position to enable an organizational learning process (Jeppensen et al, 2021, p.1) Our results also pointed towards the need for leaders to display **emotional intelligence**. **Understanding emotions** in the context of self-leadership and leadership of others is crucial. The results suggest that understanding the role and impact of emotions in leadership may lead to improved leadership practices. Knowledge can be seen as a subjective interpretation of one's experiences and collected wisdom, intimately connected to an individual's comprehension of how emotions, contexts, and relationships influence their responses. In the healthcare field the example set by leadership in emotional intelligence is important as there is evidence that especially in service-industries, where customers or patients need to feel safe and good, a requirement for personnel to skilfully communicate emotions is necessary (Mullins, 2008, p.59). Emotions are viewed as essential elements of human intelligence and pivotal for well-being, thus playing a key role in reasoning and decision-making. (James, 2023, p. 3). Innovation and collaboration flourishes in work environments where there is respect for emotions and experiences of self and others. Linked to a leaders output, acknowledging workers who engage in learning is seen as successful way to enhance a learning culture (Sagerberg & Österman Eriksen, 2019, p. 47-78).

An important competence linked to learning culture is personal and professional development. Recognizing one's own abilities and seeing potential in oneself and others supports motivation to develop one's skills (Gaully et al, 2023, p.18). By cultivating a curious mindset and actively developing services, systems and attaining more knowledge, a leader can impact the culture by example. A future leader should not only lead but also

exemplify the learning process for their followers. In a learning culture, this is supported by the leader demonstrating internalizing new knowledge (Ristikangas & Ristikangas, 2019, p. 18-21). It's crucial to acknowledge that while a leader may possess the necessary formal competence, the leader's personal stagnation can impede leadership effectiveness. Developing competencies related to **self-care** and personal and **professional growth** can play a key role in resolving such incongruent situations. Surprisingly little in the results was found regarding self-care. Especially in a climate with constant change and a pressure to perform, we would have expected to see more mentions of the competence to take care of oneself. To be able to take on new information and thus support a learning culture one needs to take care of one's health (Dickson & Tholl, 2020, p. 304).

The majority of our competence findings were linked to **engaging with other**. Especially effective communication and collaboration with others, as well as building and maintaining relationships were highlighted as important competences. The leader was seen to have an important part bringing about change and supporting a learning culture through creating connections and engaging others (Jeppesen et al, 2021, p.2).

A learning culture is enhanced by effective communication. Communicating a vision, a sense of urgency giving a reason to what needs to be learned as well as promoting conversations over conflict were seen as important competences for a leader. A good example was giving feedback, both good and bad were seen as open communication supporting a safe environment to learn.

No man is an island, and collaboration with others is another key competence in a learning culture. By collaboration leaders gained a better understanding of complex situations. By leaders showing an interest to understand (Benjamin & Chung, 2022, p.2), personal found they were better understood and were more willing to find solutions and develop their skills, as they felt more appreciated. This fits well with encouraging engagement in critical thinking and problem solving (Ristikangas & Ristikangas, 2019, p. 18-21).

Competences linked to achieving results were linked to strategic thinking and decision making. Leadership emerges within the context of organizational goals, requiring leadership approaches that build resilient healthcare institutions capable of attracting and

retaining skilled professionals. Our results highlighted that healthcare leaders need competences in **strategic thinking** so that the necessary competence development can take place.

Even though, we found only one direct mention of innovation, many of the competences linked to a learning culture implied being innovative and finding solutions. Maybe innovation could have an even bigger role in the future?

In the results developing coalitions was highlighted as a competence in the aspect of leading beyond your organizational boundaries (Bigland, 2020, p. 2). Engaging in the community brings value with different perspectives and creates a better understanding of the own organizations position and goals.

As change is inevitable and constant, **leading change** was noted as a key competence supporting a learning culture. This included creating an environment where continuous learning was enabled. Not only that, but the leader also needed to create circumstances for the personal (like allocate time and space) to implement changes and adapt what they learned.

Effective leadership entails the ability to establish clear learning objectives and shared visions, but it also entails the ability to lead the organization through change. **Change management** or leadership was highlighted in our results as a key competence for healthcare management. Our results showed that competences like **collaboration, communication** and the ability to **build relationships** supports this goal.

Our results indicated that effective leadership models might link to models and methods around **change leadership**. A leader's willingness to view new perspectives creates a learning culture and when the leader has a positive attitude toward change and change leadership it affects quality of services and processes.

In our theoretical framework we have established views and literature connected to the role and importance of a learning culture and specifically the role of the leaders within it. We have also looked into the different assignments, responsibilities and goals that belong

to a leader within healthcare. In our results we examine how the LEADS competency framework reflects the findings of our analyse of the articles.

We would argue that the list of leadership competences needed for the future compared to the past, has changed. The focus from competences based on skills in economics and authoritarian leadership styles turning to softer skills and competences like interpersonal relations and achieving results through coalitions and motivated health care workers.

### **6.3 Discussion – method**

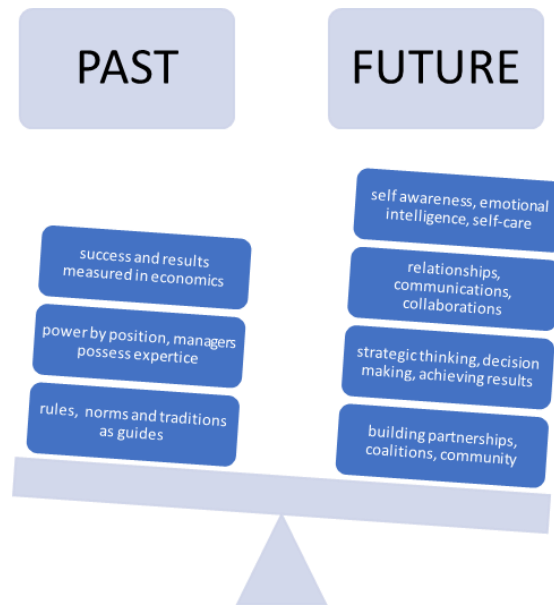
Considering the reliability of our paper, we recognize its limitation and intentional selection bias: we assumed that the competence framework LEADS provides an up to-date post-Covid leadership framework for leaders within the field of healthcare practising in the context of a well-fare country. The articles we found were written in Canada, the UK and Norway. The global generalizability is therefore limited. It would be of interest to assess how well the leadership framework chosen for this research is compatible with the competences sought after in more hierarchical or less collectivist healthcare environments. Our theoretical framework was kept narrow to be able to delve deeper into the subject of competence of a leader in a learning culture. With a wider framework we probably would have gotten a wider result regarding different competences. By using the LEADS framework, it is also possible that we might have missed other potential competences, not seeing the forest for the trees. The number of articles was limited to a small number to meet the particular interest we had. A larger section of articles would have provided a broader scope of future competences needed among healthcare leaders.

Considering the credibility of the paper, we have followed Arcadas guidelines for writing a scientific paper. To the best of our abilities, we tried interpreting and understanding the text of the scientific articles. There is always a possibility of misinterpretation or misunderstanding the content of the articles. Using a different method to study the subject might have resulted in a different angulation of the subject. As neither of the authors mother tongue is English, at times, ChatGPT and Word autocorrect was used for producing a grammatically correct text and formulation.

## 6.4 Relevance for professional sustainability

Based on the background factors, theoretical framework and article results, there are some aspects and competences that we would like to highlight, particularly in the context of healthcare, as essential for leaders to consider in the rapidly evolving global landscape. The competencies found in our article result matched the LEADS framework, which seems to support the importance of learning culture, and the appropriate leadership to support it in the organisation. This entailed competences like leading oneself, engaging others, achieving results, developing coalitions and system transformation. We conclude that the LEADS framework is a good representation of leadership competences needed today. At the same time, we submit that digitalisation and innovation (as highlighted in the Sitra rapport) should be more prominent when assessing competencies for the future.

Rapidly evolving global trends and future leadership competencies are interconnected. Effective leadership in the face of these changes requires a combination of strategic thinking (Jeppesen et al, 2021, p. 9; Worum et al, 2020, p. 5), adaptability (Benjamin & Chung, 2022, p. 2), and the ability to engage and develop the healthcare community (Enticott et al, 2020, p. 10; Bigland et al, 2020, p. 7; Hubley, 2022, p. 31). Leaders who can integrate current and future competencies into their approach will be better equipped to address the challenges and opportunities approaching. Sitra's Megatrends review (Dufva & Rekola, 2023), and other future studies, discussed in the introduction and background, presents interpretations of ongoing global change. These predictions are highly relevant to healthcare as they affect how we live and work and has a profound effect on the field. In this chapter we reflect on the ways LEADS competency framework and the future studies on megatrends by Sitra aligns with the findings in our article research.



*Fig. 6 Future competences outweigh past practices*

In our article research we found that the emphasis on leadership competences lie in utilising so called soft tactics opposed to economics and goal driven managements styles (Benjamin & Chung, 2022, p. 2,4; Worum et al, 2020, p.3; James, 2023, p. 3; Bigland et al, 2020, p. 7). Soft leadership emphasizes qualities such as self-awareness, emotional intelligence, self-development, and relationship-building and is seen as a beneficial style in future healthcare leadership even as the global economic declines. Leaders of healthcare consider themselves as important facilitators of change if they understand their role in driving sustainable changes within healthcare organizations (Jeppesen et al, 2021). To achieve a sustainable future for both people and the environment, a shift in paradigms and ideals is necessary. The concept of well-being extends beyond individual welfare and is interconnected with the health of the environment and communities (Dufva & Rekola, 2023, p.27).

Sustainability and change are naturally a red thread through all of Sitra's megatrends (Dufva & Rekola, 2023). LEADS competencies related to systems transformation and fostering a culture of learning and innovation are relevant to sustaining an organization's success in a changing world where social, economic and ecological sustainability has a significant role. Leaders should engage with the community and advocate for sustainable healthcare practices (Jeppesen et al, 2021) as well as collaboration with other sciences. Continuous learning is dependent on a diverse group working together to solve complex

problems around a shared vision (Enticott et al, 2020, p. 10) and the cultivation of trusting relationships between stakeholders (Enticott et al, 2020, p. 8, 9) Sitra's report also suggests that community engagement and advocacy is an element of holistic wellbeing work (Dufva & Rekola, 2023, p.27-28) Building coalitions and partnerships can facilitate resource-sharing and collaborative efforts, which are important for addressing complex challenges and driving innovation in healthcare (Enticott et al, 2020, p 10).

The well-fare states, and the healthcare organisations in them, are dependent on funding and taxation-income. As economic power shifts globally, leaders need to understand the implications of these changes and adapt their organizations accordingly. Instead of focusing on costs, consideration of the benefit long-term investments is needed to prevent problems (Dufva & Rekola, 2023, p. 28) The global economic reality underscores the importance of leaders ensuring the availability of resources, including financial resources, to support their vision and leadership initiatives in creating a learning culture (Jeppesen et al, 2021, p. 9). Leadership competencies related to strategic thinking and financial understanding are essential in this context and are found as core leadership competencies in the LEADS framework.

With an aging population, there is a growing focus on healthcare and well-being (Dufva & Rekola, 2023, p.9-10, 32). Leadership competencies related to engaging and developing people are essential in leading healthcare organizations to provide better services for an aging population and people in various vulnerable life circumstances (Dickson & Tholl, 2023, p. iv). Achieving results is essential when dealing with the economic realities and the aging population so LEADS competencies related to strategic thinking, achieving results and decision making are important also in this context.

The rapid advancement of technology has significant implications for leadership. Leadership competencies related to innovation and adaptability are crucial in navigating this trend. (Bigland et al, 2020, p. 6) Effective decision-making in healthcare leadership is described as requiring competence in data management and making informed decisions (Enticott et al, 2020, p.3; Bigland et al, 2020, p. 10) Leaders must embrace technology and leverage it to drive positive change in their organizations (Dickson & Tholl, 2023, p.128). In the context of Sitra's megatrends (Dufva & Rekola, 2023, p.7,9,57), leaders

must be able to set a clear direction for their organizations, especially concerning issues like sustainability and technological development.

According to Sitra, trust in institutions and leaders is eroding (Dufva & Rekola, 2023, p.37). Leadership competencies related to interpersonal and self-awareness skills are essential for rebuilding trust and maintaining credibility in leadership roles. Ability for critical thinking and reflection is crucial for the future of healthcare organizations (Worum et al, 2020, p. 6). Further, the ability to learn from both top-down and bottom-up information creates a good learning culture, emphasizing the importance of ongoing learning and improvement for sustainability (Enticott et al, 2020, p.6) LEADS 'Develop' category involves competencies related to self-awareness, self-management, and developing others. These competencies can be vital in addressing the trust crisis and fostering a culture of trust and accountability

Managing change is critical in addressing all of Sitra's megatrends. LEADS competency framework can help leaders in this aspect. Support for this can be found in for example the LEADS 'Lead' category. Climate crisis and resource scarcity are affecting every aspect of our global community. Leadership competencies, particularly in the context of ecological, economic and social sustainability, can help leaders address and mitigate the impact of climate change. Beautifully said by Dickson and Tholl (2023, p. 322) "Leadership is not the person or the position: it is a responsibility shared by those who choose to lead. We lead from where we are and who we want to be". Leaders with an understanding of future competences can work towards sustainable practices and lead organizations in reducing their environmental footprint.





*Fig. 7. Megatrends identified by SITRA in relation to LEADS competency framework*

## 7 Conclusion

In conclusion, the field of healthcare is undergoing significant transformation and facing a multitude of challenges and changes. To ensure that healthcare remains a viable career choice and continues to provide high-quality patient care and safety, healthcare leaders need to be mindful of which competences are desirable in the world of today as well as tomorrow.

Competence is a multifaceted concept with its advantages and limitations. However, it's important to recognize that competence isn't merely about quantifiable skills; it extends to encompass emotional, ethical, and relational dimensions that are equally vital in the complex world of healthcare leadership.

The evolution of competence frameworks, such as the LEADS framework in Canada, reflects the growing need for comprehensive guidance in leadership development. The framework contains five areas of competence: lead self, engage others, achieve results, develop coalitions and system transformation. Still, it's important to note that competence frameworks are not exhaustive and cannot capture a leader's complete ability.

In this landscape the role of the learning leader becomes increasingly essential. Such leaders not only possess expertise in their respective fields, but also excel in various other competencies. Learning leaders guide their teams towards a future-oriented mindset, inspiring them to pursue higher levels of performance, creativity, and growth while supporting the competence development of others and of themselves.

We have also explored the importance of a learning culture for the future of healthcare. We presented various arguments and evidence to support the idea that a learning culture is essential for healthcare organizations and emphasizes the role of leadership in fostering such a culture. We hope that these arguments can provide a source for leaders within our field to find support for a sustainable leadership culture within their organisation.

In our background chapter we described some of the globally influential trends affecting the field of healthcare and we discussed them in our chapter on vocational relevance and sustainability. We hope that our work, additionally to supporting competence development, might serve as an eye-opener on how the global change currents are interconnected with how healthcare leadership and a culture of learning might in its own right support a positive development of our global community and add to social, ecological and economic sustainability. We believe that our research can add to leaders' willingness to view themselves as important facilitators of sustainable change and environments that can adapt to change.

We found it interesting that some competences from the LEADS framework figured in our research articles more frequent than the others. We were surprised to find that competences connected to innovation, digitalisation and environmental analysis were hardly mentioned. Also, competencies around resilience, leading health and safety work were barely mentioned or merely indicated. We suggest that these competences should have a bigger role in future leadership frameworks, as these are occurring themes in future oriented strategies.

We hope our study might be beneficial to development of leadership practice and policy in the field of healthcare. The study highlights the importance of competencies beyond quantifiable skills, emphasizing emotional, ethical, and relational dimensions. We suggest that in future recruitment of leaders, to emphasise the competences required.

Researchers are encouraged to delve deeper into understanding these dimensions and identifying specific competence gaps in healthcare leadership, especially in relation to the underrepresented competences. We suggest, for further research, that competences appreciated in the private healthcare organisations are cross-references with the competence needs of the public healthcare organisations in well-fare countries. We also hope that this research can inform all healthcare organizations on the importance of fostering environments that encourage continuous learning. The importance of a learning culture underscores the need for healthcare organizations to foster environments that support continuous learning in the healthcare sector.

We will end this conclusion with a notion from ‘Future of jobs report’ (WEF, 2023, p.61). The future of work can be shaped for better outcomes, and it is the decisions made by leaders today that will determine and influence the future space for action.

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