From Formal Certification to Authentic Leadership in Healthcare

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Abstract

The current certification system for healthcare managers in Romania is rigid and uniform, unable to respond to the diversity and complexity of leadership roles in public hospitals. This article examines the shortcomings of current managerial training, highlighting the lack of differentiation according to levels of responsibility and the absence of essential leadership skills. A curricular reform structured on three levels – operational, intermediate and strategic – is proposed, including micro-credentials, continuous assessment and the integration of digital technologies. The model aims to align with performance indicators in legislation and adopts international best practices, such as those of the NHS Leadership Academy and CCHL. The objective of the reform is the authentic professionalization of hospital management, through the development of adaptable, competent and results-oriented leaders. Through this reform, the Romanian health system could become more efficient, transparent and sustainable, significantly improving the quality of medical services.

Key words: healthcare management, leadership development, hospital certification, health policy reform, modular training
J.E.L. classification: I15, I18

1. Introduction

In Romania, access to management positions in public hospitals is officially regulated by normative acts that allow a wide spectrum of specialists – doctors, economists, lawyers to apply as managers of health units.

On paper, this interdisciplinary framework should support modern, diverse and high-performance leadership. The current training courses in hospital management organized by the National Institute for Health Services Management (INMSS) based on recent ministerial orders, are addressed to graduates with higher education interested in developing managerial skills and who want to apply for the position of hospital manager. However, the form of training offered is standardized and uniform, without clear differentiation on levels of managerial responsibility or on the specifics of the type of hospital.

The training of healthcare managers remains largely rigid and formal: it is carried out in the form of a single course of ~180 hours, which covers general management topics (management functions, hospital organization, human resources, public finances, quality of services, etc.), but does not sufficiently adapt to the complexity of the management position. The syllabus includes modules from general concepts of management and public finance to hospital quality management (e.g., nosocomial infections prevention) and crisis communication. These topics are necessary, but the unique curricular approach does not consider the differences between managing a small hospital or ward and a regional/university hospital.

Moreover, the current certification system does not emphasize strategic leadership development and lacks performance-based recertification. This results in a mismatch between practice and preparation – creating "front managers" instead of authentic leaders.

This paper aims to critically assess the current certification system for healthcare managers in Romania and to propose a new, modular, competency-based training model aligned with leadership principles and performance requirements.

2. Theoretical background

Romanian healthcare legislation (Law no. 95/2006 and Ministry of Health orders) stipulates that hospital managers must possess professional skills acquired through accredited courses.

Currently, these courses are built around general modules, focused primarily on theory, with a final management project, but lacking a clear emphasis on measurable outcomes. For instance, the "Hospital Management" refresher course (MS Order no. 126/2024) includes health reforms, population health assessment, service planning, DRG system, project and quality management, HR and financial oversight.

Despite the breadth, the training remains theoretical, lacking integration of digital tools or simulations, and omits periodic recertification tied to real results. There are no interactive simulations, digital portfolios, or ongoing curriculum revisions based on actual practice. Consequently, there's no guarantee hospital managers lead effectively, motivate teams, or handle crises well.

Scientific evidence supports the relevance of leadership in health services. Leadership interventions are linked to improved performance indicators and protocol adherence.

Ystaas et al. (2023) found that transformational leadership focused on staff needs positively impacts retention, morale, and satisfaction. A leader who engages and supports staff reduces turnover, boosts morale, saves resources, and enhances care quality.

A false equivalence has emerged: holding a manager's certificate is mistaken for possessing leadership capabilities. True healthcare leadership is visionary and strategic. Authentic leaders anticipate epidemiological and societal shifts, innovate internal systems, and inspire teams to achieve excellence.

Unlike reactive management, authentic leadership is adaptive, collaborative, and long-term focused. It strengthens communication, innovation, and resilience to crises like pandemics. International studies confirm that leadership development correlates with improved clinical care, organizational efficiency, and staff well-being.

Globally, successful programs like the NHS Leadership Academy (UK) and the Canadian College of Health Leaders (CCHL) reflect differentiated, tiered curricula tailored to roles. They focus on practical skills, outcomes, and continuous updates.

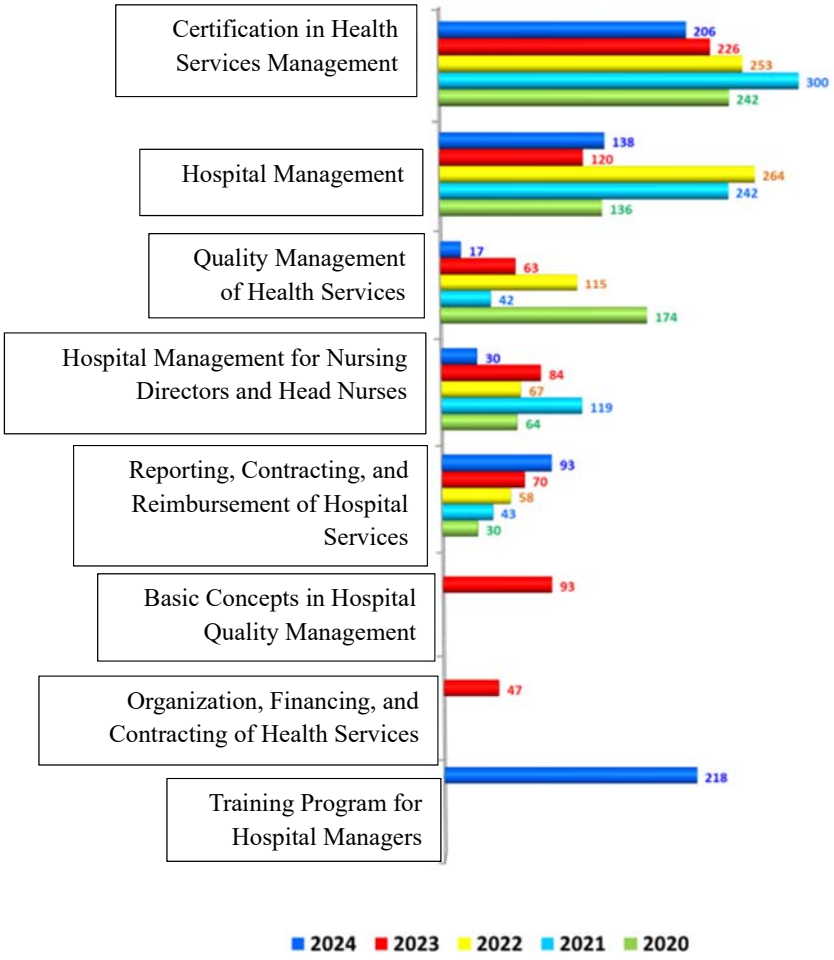
3. Research methodology

This article is grounded in conceptual analysis, policy review, and comparative benchmarking. It critically analyses Romania's regulatory framework, current INMSS curricula, and performance criteria under Order 3626/2022. International models (NHS UK, CCHL) serve as best-practice references. The proposal reflects insights from academic literature, institutional performance indicators, and organizational leadership theories.

4. Findings

MS Order no. 3626/2022 evaluates the performance of hospital managers based on five key dimensions: (A) Human Resources, (B) Service Utilization, (C) Economic Indicators, (D) Quality, and (E) Institutional Integrity. For managerial training to be truly effective, it must directly correspond to these criteria.

Figure no. 1 Number of participants by program types in the period 2020-2024



Source: National Institute of Health Services Management, 2024 Activity Report

Recent data from the 2024 INMSS activity report (Figure 1) illustrate the evolution of participation in managerial training programs in Romania over the past five years. The most attended program was the "Hospital Management" course, with 264 participants in 2023 and 242 in 2022, reflecting its widespread use as the de facto pathway toward healthcare leadership roles. However, the figures also highlight the uniformity of this training path, as more advanced or specialized leadership modules were significantly less attended.

For instance, the "Advanced Training Program for Hospital Managers" — which might be expected to offer tailored or strategic content — only appears in the data for 2024, with 218 participants. Other niche or technically specific courses, such as "Contracting and Reporting of Hospital Services" or "Quality Management in Hospitals," had lower enrollment and variable consistency across the years.

These numbers confirm the central argument of this paper: despite the diversity of managerial needs, the current training ecosystem continues to rely heavily on a single, undifferentiated format. While participation in general management courses remains high, the lack of structured specialization by leadership level (operational, intermediate, strategic) remains a systemic gap.

Thus, the quantitative distribution of participants reinforces the urgency of curricular reform, especially in terms of modularity, flexibility, and alignment with the complexity of leadership roles in modern hospitals.

In the proposed reform model, the alignment is clearly structured: the module on human resources management and organizational leadership addresses the requirements under Section A.

The modules focusing on quality management and public communication are designed to meet the indicators outlined in Section D. Financial and strategic decision-making courses are correlated with Section C, while digitalization and artificial intelligence training correspond to Sections B and E. This integrated alignment shifts the course objective from a defensive stance of "avoiding mistakes" to a proactive orientation toward "leading effectively in a complex system."

Curricular Proposal

The reform proposes a three-tiered model of leadership development.

Level 1 (Operational) targets department coordinators, emphasizing direct team leadership, internal communication, applied ethics, and human resources at the service delivery level.

Level 2 (Intermediate) is designed for deputy managers or experienced leaders and includes institutional governance, public health policy, financial management, and organizational change.

Level 3 (Strategic) prepares top-level managers in large hospitals or public health institutions and focuses on transformational leadership, sustainability in healthcare, stakeholder engagement, and decision-making supported by emerging technologies.

Figure no. 2 Progressive Model of Managerial Training in Romanian Public Hospitals

Source: Authors' own elaboration

This structure is reinforced by modular learning and micro-certifications. Instead of a single, rigid 180-hour course, learner's complete short thematic modules — such as online workshops and simulation-based sessions — each resulting in a micro-credential for a specific skill (e.g., "Motivating Medical Teams" or "Strategic Hospital Budgeting").

The reform also introduces continuous evaluation and performance-based recertification. Participants develop a digital portfolio containing practical assignments, case studies, and decision-making simulations. Certification is granted based not only on a final exam, but also through 360-degree feedback from colleagues and partners, as well as tangible key performance indicators.

Certification remains valid for five years, after which recertification is based on proof of continued development, such as CPD (Continuing Professional Development) credits or demonstrable managerial improvement projects.

Digitalization and advanced simulations are central to the model, with tools such as AI-driven decision support, predictive modeling, and interactive crisis simulations that enhance real-world applicability and critical thinking.

Finally, the curriculum embeds ethical leadership and interdisciplinary access. It offers content on transparency, conflict-of-interest management, whistleblower protection, and the function of ethical councils. It also ensures access to non-medical professionals — such as economists,

engineers, IT experts, and policy analysts — who can contribute to strategic management through specialized modules.

International Inspiration

This proposed model draws from successful international practices. The NHS Leadership Academy (UK) provides a wide range of training programs tailored to career stages, from introductory online courses to comprehensive development programs for senior executives. Similarly, the Canadian College of Health Leaders (CCHL) offers the Certified Health Executive (CHE) credential, built upon the LEADS framework — currently the only dedicated healthcare leadership certification in Canada.

Benefits and Success Factors

The benefits of this model are multiple. It would professionalize hospital management by developing immediately applicable skills, while offering a flexible structure that saves time and reduces training costs.

By fostering transparent and capable leadership, the reform would also boost public confidence in healthcare governance and support evidence-based decision-making. Furthermore, it encourages stronger collaboration between government, academic institutions, and professional societies, stimulating applied research and the dissemination of best practices.

The success of this reform depends on several key factors: regular curriculum updates aligned with legislative and technological changes; the selection of experienced healthcare leaders as trainers; sustainable financing mechanisms, including European structural funds; and the recognition and support of these new certifications by public sector employers.

5. Conclusions

Romania can shift from formal credentialing to authentic leadership development. The reform would ensure managers possess practical, updated, and validated skills. This is not a luxury, but a strategic necessity. Aligned with legal performance standards and modern learning approaches, the model positions Romania as a regional leader in healthcare leadership. While promising, it requires pilot testing and evaluation to validate its feasibility and real-world impact. Leadership is essential for building trust, improving care quality, and guiding teams through complexity. In healthcare, effective leaders influence not only staff performance but also patient outcomes, institutional adaptability, and ethical culture. Especially in Romania, where systemic challenges persist, leadership is not optional it is foundational. Investing in real leadership development means equipping the system to respond to crises, retain talent, and evolve responsibly.

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