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The Changing Role of Hospitals and Hospital Managers

Leadership is the decisive variable.

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EUROPEAN ASSOCIATION
OF HOSPITAL MANAGERS

For a century, the hospital was

a place.

It is becoming a function —

a node in a network of care.

When the institution changes its nature, so must the people who lead it.

Three forces are reshaping the hospital

01

Demography & demand

Older, frailer, more isolated patients living with several chronic conditions at once.

02

The workforce crisis

Deep, structural shortages and an ageing, exhausted health workforce across Europe.

03

Technology & AI

Powerful tools arriving on the wards — whose value depends entirely on management.

The patient has changed

“You cannot solve frailty with a bed.

You cannot cure multimorbidity with a discharge letter.”

A system built for single, acute episodes is now asked to manage long, overlapping conditions.

The 83-year-old we all know

- Lives alone — heart failure, diabetes, early cognitive decline.
- The most dangerous place can be an acute ward.
- The most valuable intervention is rarely a procedure — it is coordination.
- Cardiologist · GP · community nurse · pharmacist · family.

Sources: *European Observatory on Health Systems and Policies — The Changing Role of the Hospital in European Health Systems (Cambridge University Press).*

Our scarcest resource is people

~950,000

health-worker shortfall projected in the WHO European Region by 2030

WHO/Europe

~1.2M

doctors, nurses & midwives already short in the EU in 2022

OECD, 2024

> 1 in 3

doctors — and ~1 in 4 nurses — in the EU are over 55

OECD, 2024

Retaining people, protecting them from burnout, giving them reasons to stay — that has moved from HR to the centre of strategy.

Sources: *WHO/Europe (2025); OECD, Health at a Glance: Europe 2024; Aiken et al. (2024), BMJ Open — Magnet4Europe.*

AI is designed in procurement — delivered in management

Designed here

AI & digital tools, vendors, procurement, national strategy

→

The implementation gap

Where 70–90% of hospital improvement projects stall, slow or get diluted

→

Delivered here

Owners, workflows, dashboards — your hospital, your teams, your patients

70–90% of hospital improvement projects fail to reach their goals — **management capability is the mediating variable, every time.**

⚠ **The premature-optimisation trap:** in 127 NHS trusts, hospitals that built some capabilities but not others performed worse than those that changed nothing. You cannot buy an algorithm to fix a broken pathway.

Sources: Al-Amin et al. (2024), J. Healthcare Management; Seabra & Pettigrew (2026); Braithwaite et al. (2017) — via 'From Reform to Management Practice' (Bucharest, 2026).

Closing the AI gap: four management enablers

1 Strategic clarity

Translate a digital ambition into this quarter's three priorities — 90 days, not a five-year vision.

2 Operational translation

Give every new tool a named owner, a workflow and an accountability. Every reform needs an owner.

3 Quality & safety culture

Treat AI governance, data protection and patient safety as the spine of adoption — not a compliance afterthought.

4 Data-driven management

A digital system creates value only when leaders use the data: build the dashboard, review it weekly, act on it.

"A scanner is hardware. A pathway is leadership."

Sources: Isouard (2010), Asia Pacific J. Health Management; Sorensen et al. (2013); Carroll & Edmondson (2002), BMJ Quality & Safety.

From hospital-centric to people-centred

4.7

hospital beds per 1,000 in the EU (2022) — and falling

~6.5

days — average acute length of stay, compressing

Care is moving to day surgery, outpatient settings and the home.

Hospital-at-home

Acute-level care in the living room — the hospital as the clinical brain, the home as the ward. The walls are becoming permeable.

Evidence: *Cochrane 2024 (20 RCTs, 3,100 patients) — similar outcomes to inpatient care, probably lower cost and less residential-care admission.*

WHO/Europe, Shaping the Vision (2025): integrate with primary & long-term care, coordinate, go digital, be sustainable and resilient — and "quality leadership and governance turn the vision into reality."

Sources: *OECD, Health at a Glance: Europe 2024; Edgar et al. (2024), Cochrane; WHO/Europe (2025), Shaping the Vision.*

Our role is changing under our feet

~~Institution~~ → System

Value is created at the seams — how well we connect to GP, community, social care, home.

~~Capacity~~ → People

When workforce is the binding constraint, the leader is chief retention officer.

~~Control~~ → Enabling

Hard competencies remain; soft competencies now decide — adaptability, trust, coalition-building.

~~Firefighting~~ → Stewardship

Of finances, buildings, climate footprint and the community we serve.

Sources: *Ndayishimiye et al. (2023), Frontiers in Public Health; Kakemam et al. (2020), J. Healthcare Leadership — hospital-management competencies.*

What competencies does this demand?

Revised International Hospital Federation global competency model (2024): 32 competencies, six domains.

Values

Ethics, service, integrity

Self-development

Reflection, learning, resilience

Execution

Operations, finance, delivery

Relations

Communication, teams, collaboration

Context management

Leading across the boundaries of the organisation

Transformation

Changing the system, not just running it

The two on the right are the new frontier — exactly what the administrator of a building never needed.

Sources: *Basterrechea, Frich & Garman (2024), BMJ Leader (revised IHF model); Wojtak & Goldhar (2019); Kleine et al. (2022).*

Four commitments for the next two days

1	**Put people first**	The future of the workforce is the very next session — for a reason.
2	**Lead across boundaries**	Integration is delivered by managers who build bridges, not by hospitals alone.
3	**Adopt technology with judgement**	Close the implementation gap: owners, workflows, dashboards — not just procurement.
4	**Build for resilience & sustainability**	Colleagues here have led through war, mass casualties, cyber-attack and crisis.

HELM-S — Health European Leadership & Management Survey

The helm is the hand on the wheel — leadership is what steers the ship. If leadership and management decide whether patients get good care, we are obliged to measure them.

A first for Europe

The first systematic effort to map the state of hospital leadership and management across the continent.

What it measures

Our competencies, our working conditions, and the gaps we need to close.

Why it matters

Hospital leaders are the least-studied part of the health workforce. This gives us — and policymakers — the evidence to act.

Hospital managers are the hands at the helm. *I invite every association to take part.*

The hospital is changing from a place

into a promise.

That promise will be kept — or broken — by the quality of the people who lead these institutions. By us.

Welcome to Vilnius. Let us take the helm — and let us lead.

EUROPEAN ASSOCIATION
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Evidence & sources

Every figure is drawn from the sources below — none estimated or invented. Peer-reviewed sources located via Elicit; implementation evidence from 'From Reform to Management Practice' (Bucharest, 2026).

Policy & institutional

- WHO/Europe — workforce shortfall in the European Region (~940–950k by 2030); reliance on foreign-trained staff (UN News, 2025).
- OECD / EC — Health at a Glance: Europe 2024: ~1.2M short (EU, 2022); >1/3 doctors & ~1/4 nurses >55; 4.7 beds/1,000; acute LOS ~6.5 days.
- European Observatory — The Changing Role of the Hospital in European Health Systems (CUP).
- WHO/Europe (2025) — Shaping the Vision: Strategic Hospital Transformation.

Peer-reviewed (via Elicit) & implementation evidence

- Edgar et al. (2024), Cochrane — hospital-at-home: similar outcomes, likely lower cost.
- Aiken et al. (2024), BMJ Open — Magnet4Europe: burnout ~25%; staffing & less bureaucracy beat resilience programmes.
- Basterrechea, Frich & Garman (2024), BMJ Leader — revised IHF competency model (6 domains).
- Implementation/AI: Al-Amin et al. (2024) J Healthcare Mgmt; Braithwaite et al. (2017); Seabra & Pettigrew (2026) — 70–90% fail; premature-optimisation trap.