Transforming Health Service Competencies in Remote Regions: Lessons from Lithuania's Public Health Reform

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Abstract: In Lithuania, the year 2024 has been identified as a pivotal moment for healthcare reform, which encompasses two primary objectives: implementing a proactive public health policy and enhancing the accessibility, quality, and efficiency of healthcare through the restructuring of the service delivery network. This reform is essential for remote regions, where demographic shifts have modified service requirements. Certain services, such as midwifery, have diminished, while others, including elderly nursing care, require reestablishment. Adapting to these reforms has disrupted competencies, underscoring their importance as a critical area for regional development, particularly in enhancing new resources. By analysing the public health reform in Lithuania through the lens of remote regions, it becomes possible to identify specific strategies and practices that can be applied both nationally and internationally. The study aims to highlight shifts in the emerging needs of healthcare personnel's competencies in remote regional areas, particularly during the national healthcare system's structural transformations, and their capacity to achieve the reform goal of delivering top-quality health services based on transformative competencies. The study uses qualitative interviews to identify the competencies health professionals lack following the establishment of new Primary Health Care Centres. The study revealed that while clinical and professional competencies related to legal and clinical responsibilities are easier to adopt from a technical standpoint, competencies like leadership, collaboration, and patient involvement pose greater challenges, leading to community stress. The acquisition of these competencies requires long-term investment in staff development, emotional support, and clear change management. Moreover, the new structure of health centers and newly introduced work processes may increase employees' emotional exhaustion, stress, or even the risk of burnout if adequate support or training is not provided.

Keywords: Health service, Competencies, Remote regions, Lithuania, Reform

1. Introduction

The management of the healthcare system is a crucial aspect of any society, as the most sensitive dimensions of society—namely, the quality of life, well-being, and social welfare—are contingent upon the effectiveness with which the system is administered (Jerdiakova et al., 2020). Governments are continually reforming the healthcare system to address the evolving needs of citizens across the globe (Tenbensel, 2023). This ongoing process is a response to emerging challenges, such as the COVID-19 pandemic and demographic changes, and seeks to develop innovative solutions (Norkienė, Petrauskienė & Norkutė-Macijauskė, 2019).

In Lithuania, the year 2024 has been identified as a pivotal moment for healthcare reform, initiated at 2020, which encompasses two primary objectives: implementing a proactive public health policy and enhancing the accessibility, quality, and efficiency of healthcare through the restructuring of the service delivery network. To achieve this objective, these areas of reform are to be addressed (Meeting of the Committee on Health Affairs of the Parliament of the Republic of Lithuania, 6 September 2023). These areas include:

- Determine the location of institutions so that the system is prepared to respond to the challenges and threats that arise as a result.
- Create a basic package of healthcare services in municipalities, integrating primary and secondary outpatient and day healthcare services, and involving public health offices in activities.
- Optimize inpatient active treatment services (secondary and tertiary healthcare) in order to reduce their use and transform them into high-quality and safe outpatient and day healthcare services.
- Centralize the organization of emergency medical services so that residents receive timely and high-quality life-saving and protective services.
- Create a long-term care model and network in municipalities (communities).

This reform is essential for remote regions, where demographic shifts have modified service requirements. Certain services, such as midwifery, have diminished, while others, including elderly nursing care, require reestablishment. Adapting to these reforms has disrupted competencies, underscoring their importance as a critical area for regional development, particularly in enhancing new resources. The competences of the

institution manager, specialists and other staff will undoubtedly play a major role in ensuring the effective implementation of change and the quality of services in healthcare settings (Restivo et al., 2022). The personal qualities and professional competences of the manager are the most frequently highlighted factors in the scientific literature as determinants of the success of change (Errida & Lotfi, 2021). According to these researchers, the personal and professional competences of the manager are most often associated with the barriers to the implementation of organisational changes. Implementing change in an organisation, managing it, and detecting the phenomena of resistance to change is an important task for managers at all levels of an organisation in order to implement change (Dambrauskienė, 2021).

The reform launched in Lithuania involves restructuring healthcare institutions across regions, encompassing a package of healthcare services that integrates primary and secondary outpatient care as well as day care services and public health offices, including private facilities. This initiative will significantly impact the skills of healthcare managers and specialists. The new mechanisms for integrating personal healthcare services are likely to cause tensions among the integrated institutions, specialists, and processes as they seek effective solutions while clarifying roles and responsibilities among staff. Structural change in organizations is not an easy process and is often resisted by a large number of employees. Innovations also require a new approach to work processes. As a result, employees implementing changes or participating in changes have all sorts of internal feelings and attitudinal differences about the benefits of change (Kolbergytė, 2022). When there is a high level of emotional and psychological tension in an organization, the manager becomes a key instrument to help normalize the psychological climate and move towards implementing change and ensuring service quality (De Klerk, 2019). Therefore, in the context of the transformation of the healthcare network and in order to ensure the quality of services, it is essential to highlight the transformation of the competences of the managers and specialists of healthcare institutions (Jerdiakova et al., 2020).

The study aim is to highlight shifts in the emerging needs of the competencies of healthcare personnel in remote regional areas throughout the structural transformations of the national healthcare system and their capacity based on transformative competencies to achieve the reform goal of delivering top-quality health services.

To achieve this aim, it is foreseen to find out what competences health care professionals are lacking in the region as a result of the establishment of new Primary Health Centres and to identify the main problems and challenges in order to provide the highest possible quality of services.

A study on the transformation of competencies in remote areas will provide a deeper understanding of how the roles of healthcare professionals are changing, what new functions and responsibilities they are taking on, and how these changes affect the quality and accessibility of services. Such research will also help to assess how the impact of the reform manifests in different regional contexts.

The structure of the paper is as follows. We will explore the major global trends that influence the health care competencies needed. We will also present our research approach, including the interview method used and the respondents involved, together with a short description of the questionnaire. Afterwards, we will discuss what the interview findings reveal about how health care personnel in the region view their competencies and how these perceptions are shaped by emerging political attitudes. Finally, we will summarise the key findings in the conclusions section.

2. Literature Review

The theoretical background relates to the existing competence-based health care management that forms the foundation for research on transformative competencies in the health care sector. It encompasses clinical, social, and managerial skills necessary for implementing reforms in a health care system and emphasises evidence-based practice in medicine, diagnostic skills, and patient-centred care.

2.1 Transformative Competencies (Leadership)

As Daly & Jackson (2020) pointed out, flexible and empathetic leadership is needed to maintain trust during reforms. Gifford et al. (2018) highlight that transformational leadership, which includes setting a clear vision, motivating and empowering staff, is associated with greater staff engagement and adaptability to policy changes and better service outcomes. Understanding health policy requires strategic thinking, which involves the ability to set a long-term vision, plan for the future, assess potential changes and align the organization's actions with the objectives of health systems (Leggat, 2020). Researchers Seljemo et al. (2020) argue that transformational leadership contributes significantly to the creation of a patient safety culture, helps to strike

a balance between work challenges and resources, and improves employees' perception of safety. The researchers also emphasize that transformational leadership strengthens employee motivation and gives them a sense of authentic control, encouraging innovative behaviour (Bektas et al., 2025). The literature also emphasizes that transformational leadership promotes interdisciplinary collaboration, helps overcome professional barriers, and strengthens a patient-centred approach and team culture (Chivaka, 2024). In a reform environment, health professionals need to learn new skills quickly and have the opportunity to experiment, make mistakes and improve yourself (Berwick, 2020). Weick & Sutcliffe (2015) stress the importance of continuous readiness for change, which requires not only personal adaptability but also organizational support: leadership, training and psychological safety.

2.2 Transformative Competencies (Teamwork, Collaboration)

Interprofessional teamwork is essential for the holistic treatment of the patient; therefore, the interprofessional context of treatment becomes an important factor. Reeves et al. (2018) highlight that effective collaboration between professionals reduces treatment errors, length of hospital stay, burnout among professionals, improves patient outcomes and satisfaction with the healthcare system. However, according to the authors, such practices only work when they are supported at the organisational and cultural level. A culture of teamwork not only promotes professional satisfaction but also requires a clear division of roles, open communication and mutual trust (Reeves et al., 2018). In addition, research shows that involving patients and their families in decision-making enhances collaboration and improves the quality of care (Karam et al., 2021).

2.3 Transformative Competencies (Patient Safety)

In modern medicine, evidence-based practice has become one of the most important standards of clinical care, combining three key elements: high-quality clinical test results, a physician's clinical expertise, as well as a patient's values and expectations (Greenhalgh et al., 2022). Greenhalgh et al. (2022) state that evidence-based medicine should not be understood as the strict application of guidelines without context. At the same time, they present a new approach called 'sensemaking', which requires physicians not only to be aware of the evidence, but also to be able to apply it to each individual patient, taking into account his or her clinical, cultural, and social environment.

2.4 Transformative Competencies (Mental Health Recognition)

In modern medicine, not only the biological treatment of the patient is important, but also the patient's psychological and social context. Patient-centred care is based on empathy, respect for the patient's values and shared decision-making practices. Empathy, according to Lee et al. (2022), is not limited to the doctor-patient interaction. Empathy and compassion are therefore considered to be one of the most important factors in improving clinical outcomes for patients. through patient-centred care, as recognising and respecting patients' cultural, religious and linguistic differences is an important part of a global society. Cultural competence, as Tervalon & Murray-Garcia (1998) argue, is evolving into cultural humility, and encourages health professionals not to consider themselves as experts in all cultures, but to continuously learn from patients and to reflect on their own biases.

2.5 Transformative Competencies (Nursing)

The reform focuses on reducing inpatient services, improving service accessibility, individualizing patient care, and improving patients' quality of life. According to Carnahan et al. (2017), outpatient care allows patients to receive the services they need after inpatient treatment, ensuring a smooth recovery process and reducing the risk of repeat hospitalizations. Home-based services are particularly important for older people, those with chronic illnesses, or those with mobility difficulties. Nurses often become important sources of psychological support for patients and their families.

2.6 Transformative Competencies (Digital)

It is hard to imagine a modern health system without the use of technology. Researchers emphasize that healthcare leaders can strengthen decision-making, promote team coordination, and improve patient outcomes by implementing measures such as EHR, telemedicine, and AI. Inclusive leadership—characterized by fairness, accessibility, and appreciation—also contributes to better outcomes (Khusheim, 2025).

Researchers Alanazi (2022) emphasize that digital leadership in modern healthcare management encompasses the following key aspects: digital literacy, communication with patients, and time and workload as barriers—these are the core competencies of digital leadership.

Electronic Health Records have become an essential tool in clinical practice. Nguyen et al. (2022) highlight that a properly implemented EHR system speeds up decision-making, improves access to patient data, and reduces the risk of errors. However, Kellermann & Jones (2020) also present new challenges, such as data security threats. According to Intes et.al. (2024), the majority of patients are positive about distant medical consultations, but there are problems with the availability of the technology in remote regions. Ethical challenges in healthcare arise in relation to informed consent, privacy and patient autonomy. Beauchamp & Childress (2019) propose four key principles of bioethics: autonomy, beneficence, non-maleficence and justice. The protection of personal data has become particularly important with digital technologies. In the European Union, the General Data Protection Regulation (2018) obliges healthcare institutions to ensure data security.

In summary, the advancement of the healthcare sector in response to patient requirements for high-quality healthcare services necessitates a complex integration of diverse competencies. Accordingly, any new reform within the sector must aim to preserve existing competencies and enhance them in accordance with global trends WHO (2021), integrating clinical, managerial, and cross-sectoral skills. This approach should address patient safety concerns, cultivate a robust organizational culture, encourage learning from errors, and implement systematic risk management.

3. Methodology

Study Design. The Marijampolė geographical region, located in southwestern Lithuania, was selected for the study. The region comprises five municipalities with a population of 150,000 and 24 healthcare institutions of various sizes. A qualitative research method was chosen – semi-structured interviews. Healthcare professionals, heads of institutions, and local politicians shared their experiences regarding professional competencies, professional challenges, the impact of the reform on the community and the organisation. The questionnaire covers 5 competency areas, which include 6 domains: leadership, teamwork and cooperation, nursing, mental health recognition, digital skills, and patient-centred care.

Sample. The study used a targeted sampling method combined with the snowball sampling principle to select participants from the study population in the Marijampolė region. The 22 interviews were selected primarily to encompass all five municipalities and to ensure the inclusion of at least one participant from each target group—doctor, nurse, local politician, and administrator—resulting in a total of 20 participants. An additional two were included to verify data saturation.

Data collection. Interviews with respondents were conducted from May 20, 2025, to May 29, 2025, on the Microsoft Teams platform at a time convenient for the respondents. During the interviews, with the consent of the participants, the conversations were audio recorded and transcribed using Microsoft software. The average duration of each interview was approximately 60 minutes. All participants were informed that their participation in the study was entirely voluntary and that they could withdraw at any time.

Data analysis. The audio recordings of the interviews conducted during Microsoft Teams meetings were transcribed using Microsoft software. All data obtained during this study were coded, and the names and surnames of the persons mentioned in the interviews were changed to ensure their confidentiality and anonymity. The interview transcripts were coded, and the codes were analysed by categorising them into research themes (transformative competence).

4. Findings

In the process of reforming the healthcare system, it is imperative to consider the evolution of competencies. As patient needs, technologies, and healthcare models undergo transformation, the role of specialists is increasingly becoming interdisciplinary and focused on collaboration. Consequently, traditional professional frameworks must be broadened to encompass new skills, including digital literacy, leadership, and community health management (The Ministry of Health of the Republic of Lithuania, 2023). Only through this approach can sustainable, effective, and patient-centred healthcare be achieved. Therefore, the objective was to identify the skills that healthcare professionals in the region currently lack, following the establishment of new health centres, and to ascertain the primary issues and challenges to ensure the provision of the highest quality and most accessible services.

4.1 The Content of Regional Health System Reform

The Ministry of Health of the Republic of Lithuania (n.d.) notes that the development of a network of health facilities based on a model of centres of excellence and cooperation has been driven by the following health system reasons:

- Poor health and healthcare consumption indicators of the Lithuanian population;
- Insufficient resilience of the healthcare system to threats and crises;
- Fragmentation of services: no integration of personal and public health care in municipalities;
- Insufficient access to and quality assurance of personal health care services and territorial disparities;
- Lack of efficiency and effectiveness of health services, problems of waiting lists for patients.

The network redesign aims to partially replace inpatient services with more efficient outpatient and day personal care services. This can be achieved by municipalities deciding on structural or network transformations to ensure that basic health care services are available to the population everywhere in the same way and in the same way in the territory where they live. Personal health care facilities in the municipality have entered into cooperation agreements with a public primary or secondary health care institution designated by the municipality to coordinate the provision of basic services to the municipality's population, involving private health care facilities.

4.2 Transformative Competencies (Collaboration)

Health centres aim to improve service coordination, but cooperation between institutions often faces challenges. This can cause overlapping services or gaps in coverage. The informant notes, "we have had to listen to the Ministry's position, analyse our situation, and we have probably always heard concerns that our public institutions under the municipality and private medical institutions are not in the same situation." And it is always easier for those municipalities where there are fewer private ones to allocate and share those functions, responsibilities, insights, follow-up, control activities." Another informant believes that there are no queues in private institutions to see doctors, but that the situation is more complicated in public institutions: "what we hear from the private ones is that everything is fine with them. Here we only have queues in big public institutions. Because if you ask them, there are no queues. Patients come to them here and now, so they show you the way you need to be shown. It's just that, as I say, we still have the same problem. <...> the queue is still bigger than the two weeks". There were also concerns that it was not clear how cooperation between agencies would work in a crisis situation, when specialists would have to be shared, "<...> what does it mean for our agency, what are we afraid of, that someone will ask for a loan of staff, and who will work for us in our agency then".

4.3 Transformative Competencies (Teamwork, Coordination)

The reform process of setting up health centres in municipalities has highlighted not only the lack of staff but also the lack of competences. These changes require a new approach to teamwork, *prevention, patient motivation and service coordination*. There is a lack of communication within the professional team itself (doctor + nurse + social worker + psychologist, etc.). Staff often lack the skills to effectively share responsibilities and cooperate with other professionals. In particular, communication between doctors and nurses needs to be addressed. According to the informant "the nurse is not so appreciated by doctors <...> we are doctors, you are just nurses and you have to have your place". As one informant noted, today managers need "<...> collaboration skills, management skills" because they constantly need to participate in meetings with other managers and find joint solutions”.

The transformation has led to an increasing number of services focusing on mental health, but general practitioners often lack the knowledge to recognise or react appropriately to mental health disorders. As one informant put it, "<...> Patients come in all sorts of angry and aggressive. Other times it's just difficult to control the situation".

4.4 Transformative Competencies (Mental Health Recognition)

It should be noted that there are many older doctors and nurses working in healthcare institutions. As a result, some staff still have difficulties in using electronic systems. In addition, senior doctors, according to the informant, are "very slow to adopt and implement these innovations". Another informant confirms that older doctors today find it difficult "to change their attitude, to adopt new ways of working".

4.5 Transformative Competencies (Leadership)

The vast majority of respondents identified "leadership and crisis management competences, the ability to work in a team, and the ability to adapt to change" as today's priority competences. Other informants highlighted "communication with the patient, computer skills, quick orientation, the ability to distribute, to guide the patient in the right direction".

Today, informants identified "independent decision-making skills, critical thinking, competences in digital skills" as the most lacking skills for healthcare professionals.

4.6 Transformative Competencies (Digital)

Most health professionals have learnt to use eHealth, remote consultations (telephone, platforms). However, the vast majority of interviewees say that eHealth is often slow and stagnant. According to one informant, there is not yet successful integration between the registry centre system and the health facility system "it's like they are talking, but there are some places where they are not talking yet and <...> what we have in our system, we can't yet bring it into the eSystem". This undermines trust in digital technology and adds to the stress. Another informant expressed the view that "we hear from doctors really, really strongly, especially older doctors, concerns that, you know, we come as these administrators or secretaries, first they have to fill in the form and then they just have to see the patient". So "<...> we have, we have problems with the systems, and we think it's really safe to say that they're not perfect".

4.7 Transformative Competencies (Nursing)

Healthcare reform emphasises the importance of nursing, particularly outpatient home care as a key component of long-term care. Consequently, the national team of nurses, nursing assistants, and physical therapists delivering home services has been enlarged. Informants agreed this is significant for the region, but attracting specialists remains a major challenge.

4.8 Transformative Competencies (Patient Safety)

Health reform, including the creation of health centres, is not just about structural or financial changes, but also about better, safer and more humane healthcare. Health centres provide a range of services according to defined standards (e.g. preventive programmes, emergency care, coordinated treatment), monitor the progress of treatment, avoid errors (e.g. prescribing inappropriate medicines), and improve access to data among professionals. Informant expressed the opinion that "<...> safe and evidence-based supervision stems from the cornerstones of knowledge, the application of training in practice, and monitoring and reflection on control." By involving a wide range of professionals in the care of patients, this model avoids errors in one person's decisions. This was confirmed by the vast majority of informants.

5. Conclusions

Reform in the health sector not only changes the structures of institutions, but also requires new, transformational competencies. The study recorded the existing competencies of healthcare institution specialists and focused on new, transformational competencies. To effectively adapt to evolving patient needs, technological innovations, and the demand for interdisciplinary collaboration, the healthcare system must evolve the competencies of its specialists. Skills in digital technology, leadership, awareness of mental health issues, and the capability to work collaboratively in teams across various professional domains are becoming increasingly vital. A lack of collaboration and coordination impedes the progress of the reform. Although the establishment of health centres was aimed at enhancing coordination among institutions, frequent obstacles related to the sharing of information, responsibilities, and functions result in either duplication or a deficit of services. The inadequate involvement of municipalities in the decision-making process, along with ineffective communication with the Ministry of Health, erodes confidence in the reform and obstructs its seamless execution.

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