## RESEARCH ARTICLE

# **U.S. Student Knowledge Gaps in the Interpersonal Skills Competency**

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### Abstract

The aim of the paper is to examine interpersonal competencies to effectively perform a healthcare management role. The authors used the American College of Healthcare Executives and National Center for Healthcare Leadership competency models to examine which competencies were most relevant to emerging leaders who were recently employed in healthcare and graduate students studying to pursue healthcare management roles. In 2017, the Commission on the Accreditation of Healthcare Management Education began requiring that its accredited programs identify a competency model to measure student success. With the two prominent competency models and the CAHME competency requirement, this study examines which competencies are key to supervisors of emerging leaders and which are relevant to students entering graduate school.

A national survey was conducted to determine the current state of senior executive perceptions of recent entrant managers within corporate headquarters, hospital systems, and freestanding hospitals. The survey was constructed based on leadership interpersonal competencies and competency-based career development programs. The goal of the study was to determine the perceptions that senior executives have about the interpersonal skills of recent entrants. A total of 676 respondents returned the survey, representing 31 percent of the mailing sample. In a follow-up study to 368 matriculating graduate students to determine their knowledge gaps in the transformation, execution, and people domains of the NCHL competency model, it was determined that the "people competency" received minimal attention in comparison to competencies in the transformation and execution domains. Graduate students did not recognize that their interpersonal skills needed enhancement. The conclusion is that impressing upon students that interpersonal skills are important to their long-term career success requires reinforcement at the graduate school level. The study also serves to inform graduate programs as they develop the curriculum for the next generation of healthcare leaders.



# A Study of Recent Entry Managers (REM) to Health Management

The aim of the paper is to examine interpersonal competencies to effectively perform a healthcare management role. The authors used the American College of Healthcare Executives and National Center for Healthcare Leadership competency models to examine which competencies were most relevant to emerging leaders who were recently employed in healthcare and graduate students studying to pursue healthcare management roles. In 2017, the Commission on the Accreditation of Healthcare Management Education began requiring that its accredited programs identify a competency model to measure student success. With the two prominent competency models and the CAHME competency requirement, this study examines which competencies are key to supervisors of emerging leaders and which are relevant to students entering graduate school. It helps inform graduate programs as they develop the curriculum for the next generation of healthcare leaders.

The American College of Healthcare Executives (ACHE) administered a national survey to determine the current state of senior executive perceptions of recent managers within entrant corporate headquarters, hospital systems, and freestanding hospitals (Howard, 2015). The survey was constructed based on leadership interpersonal competencies and competency-based career development programs. The goal of the study was to determine the perceptions that senior executives have about the interpersonal skills of recent entrants to management.

The survey questions were validated by the research team at the ACHE and then established face validity by an independent psychologist who is an expert in survey question design. A pilot test of the survey was administered to a sample of fifty professionals. The survey data were subsequently cleaned to eliminate negatively phrased questions. A total of 676 respondents returned the revised survey, representing 31 percent of the mailing sample (Howard, 2015). In an unpublished section of the research project, the intrapersonal and interpersonal attributes of REMs were studied (Howard and Silverstein, 2011).

## Paired Comparisons on Intrapersonal and Interpersonal Attributes

In the study, the intrapersonal and interpersonal characteristics of the REM were assessed. Evaluators were presented with 26 items derived from suggestions from focus group respondents, a preliminary survey and the pertinent literature. The 26 questions were divided into four categories: (1) intrinsic qualities, (2) self-development, (3) outlook, and (4) management skills (Table 1).

Respondents were asked to rate their REM on a five point scale where "1" indicates superior performance or possession of a positive attribute, "2" indicates excellent, or above average competence, "3" indicates average performance or possession of the attribute, "4" represents fair or somewhat below average and "5" indicates poor performance or possession of an attribute.

Intrinsic qualities. Four attributes comprised this category: (1) the REM's personal values being consistent with the management team values, (2) the REM being honest about mistakes the REM made, (3) ease for the evaluator to trust the REM, and (4) ease for others to trust the REM.

The intrinsic qualities of the four statements were evaluated by summing the proportion of REMs that were assessed

above average," (i.e., scores of 1 or 2) and contrasted with the proportion that rated their REM "below average" (i.e., scores of 4 or 5). Overall, in regard to these four attributes, evaluators scored their REM positively. Seventy-five percent or more of the evaluators gave their REMs above average ratings.

Only between 7 and 9 percent of REMs were evaluated negatively on their intrinsic qualities. The average negative score on this dimension was 8. The largest proportion of negative scores (9 percent) was that "others find it easy to trust this manager." Eight percent stated that their REM's personal values were not always consistent with the management team. As many, 8 percent, stated the manager was below average in being honest about his mistakes. Only seven percent said they found it difficult to trust their REM.

**Self-development**. The second dimension, self-development, was comprised of five attributes: (1) the REM seeks feedback from knowledgeable others; (2) the REM is receptive to constructive criticism, (3) the REM takes direction well, (4) the REM is open to new ideas and (5) the REM deals with facts when deciding on issues. Again, as was true for the intrinsic qualities, evaluators gave their REM high marks on self-development. Seventy-six percent or more of the REMs were given scores above average.

Negative evaluations on this dimension ranged from a low of four to a high of 10; the average negative percentage was 6.2. Of the five questions, ten percent rated their REM negatively relative to not seeking feedback from others who are more knowledgeable. On the other hand, only four percent rated their REM negatively on not being open to new ideas.

**Outlook.** The third dimension evaluated REMs on six qualities that reflect on the perceived mental state that the REM exhibited. Attributes included in this dimension were: (1) being self- assured, (2) showing respect to superiors, (3) having a positive mental attitude, (4) being in control of emotions, (5) enjoying the work, and (6) having a good sense of humor.

As was the case for intrinsic and self-development dimensions, evaluators gave high marks to their REMs' outlook. Seventy-six or more percent rated their REMs as excellent or superior on the six attributes.

Negative scores on this dimension ranged from a low of two percent to a high of 9 percent. The average negative percentage was 5.5. Nine percent of evaluators stated their REM was not in control of his emotions. Only two percent said that their REM does not have a positive mental attitude.

Management skills. The fourth dimension evaluated REMs on 11 qualities that reflect on the management skills of the REM. Included were: (1) handling difficult people diplomacy, situations with understanding organizational politics, (3) confronting others about their mistakes, (4) setting challenging goals for staff, (5) exercising authority easily, (6) reading other people's emotions well, (7) working easily with others, (8) being sensitive when communicating with diverse cultures, (9) using various techniques to influence others, (10) building rapport with peers and others on the management team, and (11) communicating directly about controversial issues.

Whereas none of the previous attributes received less than 75 percent above average scores, 7 out of the 11

attributes on management skills did not reach the 75 percent threshold.

More negative evaluations were given to the following: (1) the REM can read other people's emotions well (54 percent above average;14 percent below average scores); (2) the REM understands politics in the organization (60 percent above average and 13 percent below average scores); (3) the REM uses a variety of techniques to influence others (61 percent above average and 13 percent below average scores); 4) the manager handles difficult people or situations with diplomacy (65 above average and 10 percent below average); (5) the REM confronts others about their mistakes (64 percent above average, nine percent below

average); (6) the REM communicates directly about controversial issues (70 percent above average, eight percent below average); and (7) the manager exercises authority easily (65 percent above average and 9 percent below average). Negative scores on this dimension ranged from a low of 5 to a high of 14; the average negative percentage was 9.2.

Of the four dimensions identified, the management skills category garnered the highest proportion of negative evaluations of the REMs. This demonstrates the importance of developing managerial skills and where additional training might be most useful for entry level managers.

Table 1. Senior Executive Evaluations of their REM Using Paired Comparisons on Four Dimensions – Row Percentages

1. INTRINSIC QUALITIES

	Positive		Medium	•	Negative	
	1	2	3	4	5	
This manager's personal values are always consistent with the management team.	126 (38%)	133 (40%)	43 (13%)	24 (7%)	1 (1%)	This manager's personal values are not consistent with the management team.
This manager is honest about his mistakes.	191 (59%)	84 (26%)	27 (8%)	21 (7%)	2 (1%)	This manager is not always honest about his mistakes.
I find it easy to trust this manager.	179 (55%)	91 (28%)	34 (10%)	18 (6%)	4 (1%)	I find it difficult to trust this manager.
Others find it easy to trust this manager.	133 (41%)	109 (34%)	51 (16%)	23 (7%)	5 (2%)	Others do not find it easy to trust this manager.

## 2. SELF-DEVELOPMENT

	Positive		Medium		Negative	
	1	2	3	4	5	
This manager seeks feedback for projects from others who are more knowledgeable.	157 (48%)	106 (33%)	29 (9%)	27 (8%)	5 (2%)	This manager does not seek feedback from others who are more knowledgeable.
This manager is receptive to constructive criticism.	134 (41%)	114 (35%)	44 (19%)	27 (5%)	4 (1%)	This manager is not receptive to constructive criticism.
This manager takes direction well.	169 (52%)	92 (28%)	43 (13%)	19 (6%)	0 (0%)	This manager does not take direction well.

	Positive		Medium		Negative	
	1	2	3	4	5	
This manager is open to new ideas.	184 (57%)	93 (29%)	32 (10%)	12 (4%)	1 (0%)	This manager is not open to new ideas.
This manager deals with facts when deciding on issues.	126 (39%)	131 (41%)	47 (15%)	13 (4%)	3 (1%)	This manager does not deal with fact when deciding on issues.

# 3. OUTLOOK

	Positive		Medium		Negative	
	1	2	3	4	5	
TO : CC:					_	TDI:
This manager is sufficiently	116	130	56	20	2	This manager is not sufficiently
self-assured.	(36%)	(40%)	(17%)	(6%)	(1%)	self-assured.
Th. '						Th's area and the same of the
This manager shows	194	90	25	9	4	This manager does not show
appropriate	(60%)	(28%)	(8%)	(3%)	(1%)	appropriate respect to his
respect to his superiors.	(/	( /	()	( )	( ,	superiors.
This manager has a positive	201	90	25	7	1	This manager does not have a
mental attitude.	(62%)	(28%)	(8%)	(2%)	(0%)	positive mental attitude.
This manager is in control of	140	110	43	27	2	This manager is not in control
his emotions.	(43%)	(34%)	(13%)	(8%)	(1%)	of his emotions.
					_	
This manager enjoys his	186	105	23	6	0	This manager does not enjoy
work.	(58%)	(32%)	(7%)	(2%)	(0%)	his work.
This was a same has a same	170	100	2.5	1.0	•	This was a see does not have a
This manager has a good	173	109	26	10	2	This manager does not have a
sense of humor.	(54%)	(34%)	(8%)	(3%)	(1%)	good sense of humor

## 4. MANAGEMENT SKILLS

-	Positive		Medium		Negative	
	1	2	3	4	5	
This manager sets challenging	134	107	44	27	4	This manager does not set
goals for his staff.	(42%)	(33%)	(19%)	(5%)	(1%)	challenging goals for his staff.
This manager exercises authority easily.	82 (25%)	128 (40%)	84 (26%)	26 (8%)	3 (1%)	This manager does not exercise authority easily.
This many arm and other	57	116	106	25	1.1	This was a second as a
This manager can read other people's emotions well.	57 (18%)	116 (36%)	106 (33%)	35 (11%)	11 (3%)	This manager cannot read other people's emotions well.
It is easy for this manager to work with others.	155 (48%)	100 (31%)	46 (14%)	22 (7%)	1 (0%)	It is not easy for this manager to work with others.
This manager is sensitive to culturally correct behavior when communicating with	138 (43%)	119 (37%)	51 (16%)	12 (4%)	2 (1%)	This manager is not sensitive to culturally correct behavior when communicating with
diverse cultures.						diverse cultures.
This manager confronts others about their mistakes.	72 (22%)	134 (42%)	86 (27%)	26 (8%)	3 (1%)	This manager does not confront others about their

	Positive		Medium		Negative	
	1	2	3	4	5	
						mistakes.
This manager handles difficult people or situations with diplomacy.	91 (28%)	120 (37%)	77 (24%)	29 (9%)	3 (1%)	This manager does not handle difficult people or situations with diplomacy.
This manager understands politics in the organization.	69 (22%)	121 (38%)	86 (27%)	34 (10%)	10 (3%)	This manager does not understand politics in the organization.
This manager communicates directly about controversial issues.	87 (27%)	138 (43%)	69 (21%)	25 (7%)	3 (1%)	This manager fails to communicate directly about controversial issues.
This manager uses a variety of techniques to influence others.	62 (20%)	130 (41%)	86 (27%)	32 (10%)	8 (3%)	This manager does not use a variety of techniques to influence others.
This manager builds rapport with peers and others on the management team.	127 (39%)	125 (38%)	47 (15%)	20 (6%)	3 (1%)	This manager does not build rapport with peers and others on the management team.

# How to Teach in a Competency-based Education Model

What are the best methods to advance employer preferences and close interpersonal skills gaps in the classroom and educate graduate students who are prepared for the world of work? In 2006, the Commission on Accreditation of Health Management Education (CAHME) approved implementation the competency-based education as a means to reshape its accreditation standards and move the field of healthcare management education to better prepare graduates for the changing health industry (Broom and Gentry, 2018). The goal Broom and Gentry state was to move the academic community beyond teaching knowledge and towards developing more robust sets of industrydriven competencies that would enable graduates to better meet the management needs of industry stakeholders. Prior to CAHME's move to competency-based education criterion. The National Center for

Healthcare Leadership (NCHL) published its competency model with 26-competencies in the three domains of transformation, execution, and people, Figure 1 (Calhoun, et al, 2004).

In the ACHE REM study (2011), the commentary came from the 676 senior executives who responded to the survey about recent entry managers. A subsequent survey was administered to 369 graduate students in two health management programs from 2014 to 2019 to identify their perceived knowledge gaps based on the competency model. demographics of the student body in the respective programs appear in Table 2. One of the graduate programs was located in the Midwest and attracted a younger cohort of students with an average age of 25 and limited work experience. The other program was located in the Mountain region with the average age of the students at 45 years with over 10 years of employment. The students self-identified their knowledge gaps from the NCHL Competency Model (Figure 1). Of the 26 competencies falling in the domains of transformation, execution, and people, the competency gaps that both groups wanted to close were in the execution and transformation domains (Tables 3a, 3b, and 3c). The people domain received minimal emphasis.

In comparing the ACHE REM study results and the NCHL Competency Assessment of two graduate programs, the questions were presented if interpersonal knowledge gaps can be closed when identified and could this be done through undergraduate and graduate education.

**Table 2: Demographics of Two Graduate Programs:** 

Demographics	Midwest	Mountain State
Average class size	25	35
Average age	23	38
Gender	Female 52%; Male 48%	Female 52%; Male 48%
Work experience >10 years	8%	90%
Total students (2014 – 2019)	141	227

As Table 2 indicates, the Midwest program has a class cohort of twenty-five students with an average age of 23; 52% of the student body are female with minimal work experience. The Mountain State student cohort is seven-percent larger with a larger male cohort, and 90% of the student body

with over ten-years of work experience. Anecdotally the Midwest students are on scholarships and have taken out loans to finance their education while the Mountain students are being financed through an executive program financed, for the most part, by their employers.

Table 3a: Knowledge gaps of Midwest Students

Rank	2014	2015	2016	2017	2018	2019
1	Financial skills	Financial	Financial skills	Financial skills	Financial skills	Financial
		skills				skills
2	Project	Strategic	Innovative	Team	Project	Team
	management	orientation	thinking	leadership	management	Leadership
3	Analytical	Project	Project	Innovative	Self-	Innovative
	skills	management	management	thinking	confidence	thinking
4	Innovative	Analytical	Change	Process	Information	Process
	thinking	thinking	leadership	management	technology	management
5	Strategic	Communication	Process	Self-confidence	Organization	Organization
	orientation	skills	management		awareness	awareness

**Table 3b: Knowledge gaps of Mountain State Students** 

Rank	2014	2015	2016	2017	2018	2019
1	Change	Financial skills	Financial skills	Financial	Financial skills	Financial
	leadership			skills		Skills
2	Financial skills	Innovative	HR	HR	Innovative	Strategic
		thinking	management	management	thinking	Orientation
3	Community	Strategic	Talent	Strategic	HR management	Project
	orientation	orientation	management	orientation		management
4	Project	Analytical	Strategic	Communicatio	Analytical	Change
	management	thinking	orientation	n	thinking	leadership
				skills		
5	Strategic	Impact and	Community	Process	Interpersonal	Team
	management	influence	orientation	management	understanding	leadership

Table 3c: Competency Legend, Midwest and Mountain Regions

Color Designation	Competency	Midwest	Mountain	
	Transformation	41%	50%	
	Execution	36%	30%	
	People	22%	19%	

The students at each university were requested to identify their top three knowledge in twenty-six gaps the competencies contained in the NCHL Competency Model (Figure 1). Of the twenty-six competencies in the NCHL model, financial skills are clearly the more popular knowledge gap to close for Midwest and Mountain students (Tables 3a and 3b). It may be due to being in a younger age group with a limited work history, but the Midwest students focus on the Execution domain in Figure 1 to a greater extent than the Mountain State students at 36% to 30%, respectively. The authors assume these emerging professionals are focusing on managing the scope of their jobs with limited time and opportunity to focus on the broader perspectives of their employment. As their careers and experiences broaden, the authors postulate that they will move

their orientation to the competencies under the Transformation domain (Table 3c).

The Mountain State students focus on competencies under the Transformation domain at 50% (Table 3c). The authors posit that their work history and time of employment give them perspective and so allow them to focus on analytical thinking, innovative thinking, community orientation, strategic management, and financial skills areas where their training allows them to address issues at a broader perspective The People domain did not (Figure 1). appear to be a priority of either group and the authors presume that the Midwest and Mountain students believe they are good at competencies under the People domain and so enter graduate programs to learn hard skills under the Transformation Execution domains (Figure 1).

# **Examining ACHE Management Skills and the NCHL People Domain**

While there are numerous competency models in health management, Standish (2018) indicates that they usually fall into one of three categories: adaptations of the NCHL model; adaptations of the American College of Healthcare Executives/Healthcare Leadership Alliance (ACHE/HLA); and models that were either locally developed or whose origins were not identified.

The **ACHE** and NCHL data collection tools are different, but there are parallels in the intra- and interpersonal skills being quantified. If the ACHE management skills are examined, the areas where REMs scored the lowest were in exercising authority, reading other's emotions, confronting others about their mistakes, handling difficult people with diplomacy, understanding politics in the organization, and using a variety of techniques to influence others. These management skills fall squarely into the NCHL People domain management, where human resources relationship interpersonal understanding, building, self-confidence, and team leadership reside.

When graduate students were asked why they rank competencies in the People domain so low, the response was that they are anxious to learn concrete skills in management, information financial technology, and project management. They perceive the People domain as something they already know because they erroneously assume they are good with people and/or human resources is something that will be imposed upon them by an organizational entity through rules and regulations. They do not realize that overlooking the People domain leaves them open to criticism that they lack interpersonal understanding and professionalism competencies.

### Conclusion

Students graduate school enter expecting skills that to learn need development. Through coursework, employer site visits, networking, professional memberships, students are aware of their knowledge gaps. While the data in this article are limited, faculty can use this information to review their courses of study to determine if student needs are being addressed. They can respond by enhancing courses in accounting, corporate finance. financial decision making. insurance, operations management, and revenue cycle management. The use of student course evaluations, student exit interviews and exams, simulations in the classroom, curriculum review by faculty, and alumni and employer interviews are required to assess if faculty and universities are fulfilling the need that students have in closing knowledge gaps and meeting employer needs.

The students in two graduate programs were assessed at the beginning of their graduate experience to identify their knowledge gaps across 26-competencies in the domains of Transformation, Execution, and People. While the student bodies varied by age and employment experience, the groups identified financial skills as the competency they most wanted to develop. There is an argument that students in current and future management roles need to focus intra-and interpersonal on skills. Professional schools can identify these gaps and bring this information to the attention of the student, regardless of age. While graduate students may perceive themselves to be knowledgeable in the People domain, it is clear that senior leadership in corporate headquarters. hospital systems. freestanding hospitals suggest that emphasis be placed on enhancing the student's interpersonal skills.

Figure 1: NCHL Competency Model

#### **TRANSFORMATION**

Achievement Orientation Analytical Thinking Community Orientation Financial Skills Information Seeking Innovative Thinking Strategic Orientation

### EXECUTION Accountability

## **HEALTH LEADERSHIP**

Change Leadership
Collaboration
Communication Skills
Impact and Influence
Information Technology
Management
Initiative
Organizational Awareness
Performance Measurement
Process Management /

Organizational Design

Project Management

PEOPLE
Human Resources
Management
Interpersonal
Understanding
Professionalism
Relationship Building
Self Confidence
Self Development
Talent Development
Team Leadership

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### References

Bureau of Labor Statistics. 2017. Occupational Outlook Handbook. <a href="https://www.bls.gov/ooh/management/medical-and-health-services-managers.htm">https://www.bls.gov/ooh/management/medical-and-health-services-managers.htm</a>. Accessed March 27, 2019.

Broom, K, Gentry D. The past, present and future: Our journey through competency-based education. J of Hlth Admin Educ, 2018; 2:123 – 132.

Calhoun, JG, Dollett, L, Sinioris, ME, et al. Development of an interprofessional competency model for healthcare leadership. J Healthc Manag. 2008;53:6:375-89.

Howard, D. How health management leaders evaluate the interpersonal skills of U.S. business and health management-

trained professionals. Medical Research Archives. 2015;1:615-629.

Howard, D., Silverstein, D. The interpersonal skills of recent entrants to the field of healthcare management: Final report. Chicago: American College of Healthcare Executives (ACHE). <a href="https://www.ache.org/-/media/ache/learning-center/research/interpersonalskillsofrecenten-trantsv3122511.pdf">https://www.ache.org/-/media/ache/learning-center/research/interpersonalskillsofrecenten-trantsv3122511.pdf</a>. Published December 2011. Accessed August 24, 2019.

Standish, M. Competency models in graduate healthcare management education: Analysis of current practices for getting to best practices. J of Hlth Admin Educ, (2018):2: 269-280.