How Health Management Leaders Evaluate the Interpersonal Skills of U.S. Business and Health Management-Trained Professionals

Abstract—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. A total of 676 respondents returned a survey, representing 31 percent of the mailing sample.

The goal of the research was to determine the perceptions that senior executives have about the interpersonal skills of recent entrants to the field of health care management and identify best practices for organizational training of such entrants. The research in this study focuses on MBA versus MHA preparation and how senior executives view entry managers from each discipline. While there is no statistically significant difference in how senior executives evaluate REMs with an MBA or MHA, there were interpersonal competencies that REMs from all educational backgrounds needed to develop. Senior executives reported that the MBA graduates needed to enhance their ability to accept constructive criticism, take direction, control their emotions, read other's emotions, enhance their ability to work with others, handle situations with diplomacy, and build rapport with the management team. Senior executives reported that MHA graduates need to enhance their ability to exercise authority, confront others about mistakes, and improve their understanding of organizational politics. Senior executives also observed the need to require additional training of recent entrant managers in areas of management skills on understanding organizational politics, using a variety of techniques to influence others, handling difficult people or situations using diplomacy, confronting others about their mistakes, and exercising authority.

Keywords—Early careerists, entry-level managers, MBA versus MHA training, interpersonal skills

1. Introduction

There is ongoing debate about which degree program best prepares students to be successful in the field of health care management (Isaac, Nippak, Ikeda-Douglas, and Pringle, 2012). The American College of Healthcare Executives describes the advantages of various master's degree programs that include the MHA, MBA, and MPH (ACHE, 2014). Each degree attracts prospective students based on interest and curriculum.

Griffith (2007) found that master's education is the most common entry portal to senior positions management in healthcare. Regardless of academic degree completed, he recommended a model whereby continuous improvement of education practices was implemented. Dorgan, Layton, et al (2011) reported that graduate education is linked to management and better-managed better companies employ more educated managers and workers. While MBA and MHA graduate programs subscribe to this educational logic, the program curricula emphasize different management competencies.

The consensus is that the MBA and MHA degrees are similar, but may vary slightly on a school-by-school basis. Typically, MHA curricula will integrate healthcare content in all courses. Conversely, healthcare MBA students will typically take a core MBA course-load in addition to elective coursework in healthcare topics.

Bennis (2005) accused business schools of failing to impart useful skills, failing to prepare leaders, failing to instill norms of ethical behavior, and failing to lead graduates to good corporate jobs. However, there was an absolute increase in salaries for those that obtained an MBA (Inderrieden, Holtom, and Bies, 2006). The same commentary is directed at the MHA curriculum with the caveat that the graduate is restricted to the healthcare

environment and may not have the opportunity to cross into other industries comparable to the generalist MBA (Student-Doctor Network, 2007).

Yarbrough and Baumgardner (2008) report that having a clinical degree or a particular type of degree (i.e., MHA) did not impact a manager's career progression. However, other studies suggest that positive career outcomes related to networking demonstration of sincerity, an ability to influence others interpersonally, and being socially astute (Ferris, Perrewe, and Douglas, 2002). In research funded by the American College of Healthcare Executives, researchers examined how senior executives perceived their REM based on academic preparation in an MBA or MHA program. degrees health **REMs** with in management and those with degrees in general business were compared. The relevance of twenty-six interpersonal competencies related intrinsic qualities, self-development, outlook, and management skills were the basis for comparison.

Studies report that 90 percent of executive failures are attributable to interpersonal competencies that include leading teams, developing a positive work environment, retaining staff, inspiring trust, and coping with change (Wheeler, 2005). Carnevale, Gainer, and Meltzer (1990) stated essential workplace skills include listening, negotiation, teamwork, leadership, career goal setting, and creative thinking. Daniel Golman (2000) has published extensively on working with emotional intelligence on the job which often predicts career success.

2. ACHE Study Findings

The ACHE research examined how senior healthcare executives viewed the interpersonal skills of recent entrant managers across educational backgrounds. A national survey was conducted to determine the current state of senior executive perceptions of recent entrants within corporate headquarters, hospital systems, and freestanding hospitals. The ACHE survey was constructed based on leadership interpersonal competencies and competency-based career development programs.

The survey was fielded using web-based solicitations for participation. The sample consisted of 2,200 senior executives from the American College of Healthcare Executives membership. The electronic surveys were distributed along with a cover letter explaining the purpose of the survey. The survey contained a screener question which inquired if the senior executive could identify a recent entrant manager (REM) with whom they worked on a regular basis. The REM was defined as an individual 30 years of age or less who had been a healthcare management professional for five years or less. In threeweeks following the electronic solicitation, 1,301 faxes were directed to non-responders from the initial web-based solicitation. A total of 676 respondents returned a completed survey from the two solicitations which represented 31 percent of the 2,200 affiliates originally sampled. Of the 676 surveys, 9% (61) did not complete the full survey. This left 615 completed surveys, or 91% of surveys received. Of the 615 surveys, 52% of senior executives indicated that they worked with a REM.

Sixty-nine percent of the respondents were male and 31% percent were female. The race/ethnicity of the respondent was: Caucasian/White 94%; American/Black - 3%; Hispanic - 2%; and Asian/Pacific Islander – 1%. The degree completed was in the following area: Health Business – 28%; Management (50%); Clinical/Allied Health – 15%: and Other – 7%.

The self-reported position of the respondent senior executive population was: CEO – 42%; COO – 14%; CFO – 3%; CIO – 1%; CMO 1%; CNO - 7%; Senior VP - 6%; and VP - 25%. The work setting of the senior executive respondents was Freestanding Hospital – 55%; System Hospital - 32%; and Corporate Headquarters – 13%. The mean age of the respondent was 53. Fifty-two percent (319) of the respondents reported that they could identify a REM with whom they worked on a regular basis. The capacity in which the senior executive interacted with the REM was primarily as an immediate supervisor (39%); formal mentor (14%); informal mentor (22%); work group participant (17%); and has an office near the recent entrant manager (7%).

3. Interpersonal Competencies of MBA versus MHA Graduates

When the 26 interpersonal competencies were assessed by the senior executives based on the education program of the REM, there was no statistical difference among the REMs holding degrees in Healthcare Management and those holding degrees in general Business. Though the results did not reach statistical significance, it appears that more Healthcare Management and Policy graduates were assessed more favorably than general Business graduates in personal values being consistent with the management team (83% vs. 78%), Table 1.1; being receptive to constructive criticism (80% vs. 72%); taking direction well (86% vs. 79%); having control over their emotions (86% vs. 74%), Table 1.3; having the ability to read other peoples' emotions (59% vs. 48%), Table 1.4; handling difficult people with diplomacy (70% vs. 60%), Table 1.4; and building rapport with peers and others on the management team (82% vs. 75%), Table 1.4. Conversely, general Business graduates were assessed more favorably in the ability to exercise authority (73% vs. 59%); confronting others about mistakes (71% vs.

61%); and understanding organizational politics (67% vs. 61%), Table 1.4.

Table 1. Paired Comparisons on Dimensions of Interpersonal Competency, by Health Management and Business Degrees

1. INTRINSIC QUALITIES

This manager's personal values are always consistent with the management team

REM Education	Positive		Medium		Negati ve		Chi Sq
KEM Eaucation	1	2	3	4	5	Total	P- value
Health Policy &	65	58	20	6	0	149	.060
Management	(44%)	(39%)	(13%)	(4%)			
Business	26	16	8	8	0	58	
	(45%)	(28%)	(14%)	(14%)			

This manager is honest about his mistakes

REM Education	Positiv e		Medium		Negativ e		Chi Sq P-
	1	2	3	4	5	Total	value
Health Policy &	88	40	12	9	0	148	.564
Management	(59%)	(27%)	(8%)	(6%)			
Business	36	13	5	3	1	58	
	(62%)	(22%)	(9%)	(5%)	(2%)		

I find it easy to trust this manager

	Positive		Medium		Negative		Chi Sq
REM Education	1	2	3	4	5	Total	P-
							value
Health Policy &	86	39	15	7	1	148	.608
Management	(58%)	(26%)	(10%)	(5%)	(1%)		
Business	30	20	6	1	1	58	1
	(52%)	(34%)	(10%)	(2%)	(2%)		

Others find it easy to trust this manager

REM Education	Positive		Medium		Negativ e		Chi Sq P- value
	1	2	3	4	5	Total	
Health Policy &	62	52	23	8	1	146	.869
Management	(42%)	(36%)	(16%)	(5%)	(1%)		
Business	21	22	11	4	0	58	

	(36%)	(38%)	(19%)	(7%)		

2. SELF-DEVELOPMENT

This manager seeks feedback for projects from others who are more knowledgeable

DEM E la satista	Positiv e		Medium		Negati ve		Chi Sq
REM Education	1	2	3	4	5	Total	P- value
Health Policy &	80	41	13	13	1	148	.718
Management	(54%)	(28%)	(9%)	(9%)	(1%)		
Business	25	18	7	5	1	56	
	(45%)	(32%)	(13%)	(9%)	(2%)		

The manger is receptive to constructive criticism

REM Education	Positiv e		Medium		Negati ve		Chi Sq
KEM Education	1	2	3	4	5	Total	P- value
Health Policy &	63	54	18	11	0	146	.231
Management	(43%)	(37%)	(12%)	(8%)			
Business	20	22	12	3	1	58	
	(34%)	(38%)	(21%)	(5%)	(2%)		

This manager takes direction well

DEM Edwards	Positiv e		Medium		Negati ve		Chi Sq
REM Education	1	2	3	4	5	Total	P- value
Health Policy & Management	86 (59%)	40 (27%)	10 (7%)	11 (7%)	0	147	.177
Business	25 (44%)	20 (35%)	8 (14%)	4 (7%)	0	57	

This manager is open to new ideas

REM Education	Positiv e		Medium		Negati ve	1	Chi Sq P-value
	1	2	3	4	5	Total	
Health Policy &	96	32	16	3	0	147	.079
Management	(65%)	(22%)	(11%)	(2%)			
Business	29	23	5	1	0	58	
	(50%)	(40%)	(9%)	(2%)			

6

This manager deals with facts when deciding on issues

	Positiv		Medium		Negativ		Chi Sq
REM Education			1/10000000		e		P-value
	1	2	3	4	5	Total	
Health Policy &	62	62	17	4	1	146	.827
Management	(42%)	(42%)	(12%)	(3%)	(1%)		
Business	22	26	6	3	1	58	
	(38%)	(45%)	(10%)	(5%)	(2%)		

3. OUTLOOK

This manager is sufficiently self-assured

REM Education	Positive		Medium		Negati ve		Chi Sq
KEM Eaucauon	1	2	3	4	5	Total	P- value
Health Policy & Management	57 (39%)	58 (39%)	21 (14%)	11 (7%)	1 (1%)	148	.918
Business	25 (43%)	22 (38%)	8 (14%)	3 (5%)	0	58	

This manager shows appropriate respect to his superiors

	Positive		Mediu m		Negative		Chi
REM Education	1	2	3	4	5	Total	Sq P-
Health Policy &	91	37	11	3	3	145	<i>value</i> .599
Management	(63%)	(26%)	(8%)	(2%)	(2%)		
Business	32	19	5	2	0	58	1
	(55%)	(33%)	(9%)	(3%)			

This manager has a positive mental attitude

REM Education	Positiv e		Mediu m		Negativ e		Chi Sq P-value
	1	2	3	4	5	Total	
Health Policy &	99	38	8	1	0	146	.203
Management	(68%)	(26%)	(5%)	(1%)			
Business	32	22	3	0	1	58	
	(55%)	(38%)	(5%)		(2%)		

This manager is in control of his emotions

REM Education	Positive		Medium		Negati ve		Chi Sq P-value
	1	2	3	4	5	Total	
Health Policy &	71	54	12	9	0	146	.173
Management	(49%)	(37%)	(8%)	(6%)			
Business	25	18	10	4	1	58	
	(43%)	(31%)	(17%)	(7%)	(2%)		

This manager enjoys his work

REM Education	Positive		Medium		Negati ve		Chi Sq P-value
	1	2	3	4	5	Total	
Health Policy &	86	50	7	2	0	145	.838
Management	(59%)	(34%)	(5%)	(1%)			
Business	34	21	3	0	0	58	
	(59%)	(36%)	(5%)				

This manager has a good sense of humor

REM Education	Positive		Medium		Negati ve		Chi Sq P-value
	1	2	3	4	5	Total	
Health Policy &	78	51	12	3	1	145	.962
Management	(54%)	(35%)	(8%)	(2%)	(1%)		
Business	31	22	4	1	0	58	
	(53%)	(38%)	(7%)	(2%)			

4. MANAGEMENT SKILLS

This manager sets challenging goals for his staff

REM Education	Positive		Medium		Negati ve		Chi Sq
KENI Education	1	2	3	4	5	Total	P- value
Health Policy & Management	63 (43%)	48 (33%)	29 (20%)	6 (4%)	0	146	.458
Business	28 (48%)	17 (29%)	11 (19%)	1 (2%)	1 (2%)	58	

This manager exercises authority easily

DEWEL &	Positive		Medium		Negati ve		Chi Sq
REM Education	1	2	3	4	5	Total	P-

							value
Health Policy &	36	51	47	10	3	147	.406
Management	(24%)	(35%)	(32%)	(7%)	(2%)		
Business	19	23	13	3	0	58	
	(33%)	(40%)	(22%)	(5%)			

This manager can read other people's emotions well

REM Education	Positive	Positive			Negati ve	Ŭ	
REM Education	1	2	3	4	5	Total	P- value
Health Policy &	26	60	<u> </u>	18	3	148	.063
Management	(18%)	(41%)	(28%)	(12%)	(2%)	140	.003
Business	10	18	22	3	5	58	
	(17%)	(31%)	(38%)	(5%)	(9%)		

It is easy for this manager to work with others

REM Education	Positiv e			Medium			Chi Sq P-value
	1	2	3	4	5	Total	
Health Policy &	79	41	19	8	0	147	.511
Management	(54%)	(28%)	(13%)	(5%)			
Business	25	19	11	3	0	58	
	(43%)	(33%)	(19%)	(5%)			

This manager is sensitive to culturally correct behavior when communicating with diverse cultures

REM Education	Positive		Medium		Negativ e		Chi Sq P-value
	1	2	3	4	5	Total	
Health Policy &	67	53	21	5	0	146	.997
Management	(46%)	(36%)	(14%)	(3%)			
Business	26	21	9	2	0	58	
	(45%)	(36%)	(16%)	(3%)			

This manager confronts others about their mistakes

REM Education	1	2	3	4	5	Total	Chi Sq P-value
Health Policy &	29	59	43	12	2	145	.254
Management	(20%)	(41%)	(30%)	(8%)	(1%)		
Business	19	22	15	2	0	58	
	(33%)	(38%)	(26%)	(3%)			

This manager handles difficult people or situations with diplomacy

 9				
	Positive	Medium	Negati	Chi Sq
DEM Education	_ 0 5 5 5 5 7 5	1,100000000	11.0	Dualua

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	1	2	3	4	5	Total	
Health Policy &	42	60	31	12	0	145	.497
Management	(29%)	(41%)	(21%)	(8%)			
Business	17	18	17	4	2	58]
	(29%)	(31%)	(29%)	(7%)	(3%)		

This manager understands politics in the organization

REM Education	Positive		Medium		Negati ve		Chi Sq P-value
	1	2	3	4	5	Total	
Health Policy &	30	58	41	16	1	146	.182
Management	(21%)	(40%)	(28%)	(11%)	(1%)		
Business	19	20	13	4	2	58	
	(33%)	(34%)	(22%)	(7%)	(3%)		

This manager communicates directly about controversial issues

REM Education	Positive		Medium		Negati ve		Chi Sq P-value
	1	2	3	4	5	Total	
Health Policy &	39	62	33	10	2	146	.564
Management	(27%)	(42%)	(23%)	(7%)	(1%)		
Business	20	21	11	6	0	58	
	(34%)	(36%)	(19%)	(10%)			

This manager uses a variety of techniques to influence others

REM Education	Positive		Mediu m		Negativ e		Chi Sq P-
	1	2	3	4	5	Total	value
Health Policy &	25	64	36	15	3	143	.803
Management	(17%)	(45%)	(25%)	(10%)	(2%)		
Business	10	27	17	3	1	58	
	(17%)	(47%)	(29%)	(5%)	(2%)		

This manager builds rapport with peers and others on the management team

REM Education	Positive		Medium		Negativ e		Chi Sq P-value
	1	2	3	4	5	Total	
Health Policy &	61	58	15	10	2	146	.396
Management	(42%)	(40%)	(10%)	(7%)	(1%)		
Business	24	20	13	1	0	58	
	(41%)	(34%)	(22%)	(2%)			

*** <.001; ** <.01; *<.05

Tables may not add to 100% due to rounding.

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4. REMs' Competencies Compared with Evaluators' Own Competencies

When senior executives were asked to assess the REM compared with senior executive views of their own competency at the same career stage, there was no statistical difference in the assessment of the REM as it relates to managerial ethics and values, communication, problem solving, interpersonal skills, and developing others (Table 2). However, senior executives evaluated Health Policy and Management graduates when compared with Business graduates in the better/much better category in the areas of managerial ethics and values (18% versus 4%); communication (24% versus 18%); problem solving (22% versus 16%); developing others (12% versus 7%); and marketing/strategic planning (32%) versus 27%), Table 2a, b, c, e, f.

The interpersonal skills of REMs as they relate to supervisors, peers, subordinates, and physicians showed no statistical difference based on the REM's education. Though the test did not reach statistical significance, more Health Policy and Management graduates were evaluated favorably when compared with general Business graduates in the area of interacting with peers (69% versus 50%), Table 3b.

The researchers were interested in determining if REMs with clinical experience had a competitive advantage in how they were perceived by senior executives. The researchers wanted to know if they had more advanced interpersonal skills relating to non-clinicians and other clinicians. When the 26 interpersonal competencies were assessed by the senior executives, there was no difference in how the senior executive assessed the REM based on their REMs having or not having clinical experience.

Table 2. Recent REMs Competencies Compared with Senior Executives Views of Their Own Competency at the Same Career Stage, by Cohort

a. Managerial ethics & values

REM Education	Much worse 1	Worse 2	About the same 3	Better 4	Much better 5	Total	Chi Sq P-value
Health	0	14	99	19	5	137	.060
Management		(10%)	(72%)	(14%)	(4%)		
Business	0	9	45	2	0	56	
		(16%)	(80%)	(4%)			

b. Communication

REM Education	Much worse 1	Worse 2	About the same 3	Better 4	Much better 5	Total	Chi Sq P-value
Health	2	43	61	27	7	140	.658
Management	(1%)	(31%)	(44%)	(19%)	(5%)		
Business	2	20	25	9	1	57	
	(4%)	(35%)	(44%)	(16%)	(2%)		

c. Problem solving

REM Education	Much worse 1	Worse 2	About the same 3	Better 4	Much better 5	Total	Chi Sq P-value e
Health	1	37	72	28	3	141	.687
Management	(1%)	(26%)	(51%)	(20%)	(2%)		
Business	1	15	32	7	2	57	
	(2%)	(26%)	(56%)	(12%)	(4%)		

d. Interpersonal skills

REM Education	Much worse 1	Worse 2	About the same 3	Better 4	Much better 5	Total	Chi Sq P-value
Health	2	41	71	23	3	140	.563
Management	(1%)	(29%)	(51%)	(16%)	(2%)		
Business	3	17	24	9	1	54	
	(6%)	(31%)	(44%)	(17%)	(2%)		

e. Developing others

REM Education	Much worse 1	Worse 2	About the same	Better 4	Much better 5	Total	Chi Sq P-value
Health	7	49	66	16	2	140	.688
Management	(5%)	(35%)	(47%)	(11%)	(1%)		

Business	3	19	32	4	0	58	I
	(5%)	(33%)	(55%)	(7%)			

f. Marketing/Strategic planning

REM Education	Much worse 1	Worse 2	About the same 3	Better 4	Much better 5	Total	Chi Sq P-value
Health	2	37	54	30	13	136	.698
Management	(1%)	(27%)	(40%)	(22%)	(10%)		
Business	1	18	22	13	2	56	
	(2%)	(32%)	(39%)	(23%)	(4%)		

*** <.001; ** <.01; *<.05

Tables may not add to 100% due to rounding.

The interpersonal skills of REMs as they relate to supervisors, peers, subordinates, and physicians showed no statistical difference based on the REM's education (Table 3). Though the test did not reach statistical significance, more Health Policy and Management graduates were evaluated favorably when compared with general Business graduates in the area of interacting with peers (69% versus 50%), Table 3b.

Table 3. The Interpersonal Skills of REMs as Evaluated by Senior Executive Respondents, by Cohort as They Relate to:

a. Supervisors

	REM Interpersonal Skills				
REM Education	Fair to Poor (1-4)	Average (5-7)	Good to Excellent (8-10)	Total	Chi Sq P-value
Health	9	34	93	136	.436
Management	(7%)	(25%)	(68%)		
Business	1	21	33	55	
	(2%)	(38%)	(60%)		

b. Peers

	REM Interpersonal Skills				
REM Education	Fair to Poor (1-4)	Average (5-7)	Good to Excellent (8-10)	Total	Chi Sq P-value
Health	9	35	96	140	.136

Management	(6%)	(25%)	(69%)	
Business	4	24	28	56
	(7%)	(43%)	(50%)	

c. Subordinates

	REM Interpersonal Skills				
REM Education	Fair to Poor (1-4)	Average (5-7)	Good to Excellent (8-10)	Total	Chi Sq P-value
Health	20	45	74	139	.409

Management	(14%)	(32%)	(53%)	
Business	6	25	24	55
	(11%)	(45%)	(44%)	

d. Physicians

	REM Interpersonal Skills				
REM Education	Fair to Poor (1-4)	Average (5-7)	Good to Excellent (8-10)	Total	Chi Sq P-value
Health	16	47	74	137	.618
Management	(12%)	(34%)	(54%)		
Business	3	20	33	56	
	(5%)	(36%)	(59%)		

e. *Overall*

	REM Interpersonal Skills				
REM Education	Fair to Poor (1-4)	Average (5-7)	Good to Excellent (8-10)	Total	Chi Sq P-value
Health	11	40	88	139	.468
Management	(8%)	(29%)	(63%)		
Business	4	23	28	55	
	(7%)	(42%)	(51%)		

*** <.001; ** <.01; *<.05

Tables may not add to 100% due to rounding.

5. Conclusion

The debate on which degree program best prepares students for careers in healthcare management will continue. While there is no statistically significant difference in how senior executives evaluate REMs with an MBA or MHA, there were interpersonal competencies that REMs from all educational backgrounds need to develop. The MBA graduates needed to enhance their ability to accept constructive criticism, take

direction, control their emotions, read other's emotions, enhance their ability to work with others, handle situations with diplomacy, and build rapport with the management team. MHA graduates need to enhance their ability to exercise authority, confront others about mistakes, and improve their understanding of organizational politics. For any entrant manager, the ability to develop these interpersonal skills comes from getting constructive feedback from the senior executive to whom the REM reports.

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