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Assessing Healthcare Leader Competency Proficiency Levels in Evaluating Graduate Healthcare Leadership Student Competency Proficiency Levels and Curriculum

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Assessing Healthcare Leader Competency Proficiency Levels in Evaluating Graduate Healthcare Leadership Student Competency Proficiency Levels and Curriculum

Abstract

Healthcare leaders must possess specific competencies to perform their job requirements by identifying what competencies may need development and take steps to further their education, knowledge, and proficiency. This exploratory research aims to utilize industry data when evaluating student competency proficiency and how that data might impact curriculum development. The research question that is addressed: At what competency proficiency level do working healthcare leaders rate themselves utilizing Benner's *Novice to Expert Theory* (1982)? Graduate programs should evaluate current industry data to evaluate how students' progress in their programs and determine if curriculum changes are needed. Graduate programs should also determine a competency proficiency level goal that students will achieve based off stakeholder input. Twenty-two healthcare leaders from a Midwest, non-profit healthcare organization were invited to participate in an online survey that utilized a 5-point Likert scale in which participants rated their level of proficiency across five domains: (a) leadership, (b) professionalism, (c) communication and relationship building, (d) knowledge of the healthcare environment, and (e) business skills. The corresponding competencies were adapted from the American College of Healthcare Executives (ACHE) Competencies Tool (2019) and the Healthcare Leadership Alliance (HLA) Competency Directory (2010). The majority of participants rated themselves between competent and intermediate/advanced on the competencies. Corresponding means and modes were rated highest with levels above three (intermediate) and four (between intermediate/advanced) related to the domains of leadership, professionalism, and communication and relationship building. The domains of knowledge of the healthcare environment and business skills had intermediate and intermediate/advanced ratings with lower means compared to the other three domains. The results of this study could help graduate programs define a program goal for student competency proficiency level and design a plan to utilize industry data to design, evaluate, and update graduate curriculum to help students meet the identified competency proficiency goal.

Keywords

Leadership, competencies, leadership development, graduate curriculum, healthcare administration

Author Bio

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Introduction

Leaders in today's healthcare environment must possess specific knowledge competencies to perform and handle the vast and varying job requirements often seen in healthcare. Students in graduate healthcare administration programs must be prepared to enter the workforce with the skills and knowledge competencies needed to address the challenges found within the ever-changing healthcare environment and propose innovative solutions to those challenges. In an effort to better understand how healthcare leaders perceive their competency proficiency level, this exploratory research serves as an intermediate step in higher education curriculum development by first identifying the level of proficiency that healthcare leaders have across different competencies. From that data, graduate programs can establish a student competency proficiency level goal. Graduate curriculum can then be evaluated and updated to ensure students are progressing towards the competency proficiency level that successful healthcare leaders possess.

A challenging aspect within this topic is for educational institutions and healthcare organizations to create competencies that align with one another, to a certain extent. The literature does not often identify what educational institutions deem as necessary competencies vs. what healthcare organizations deem necessary, and more often than not, there are gaps within these competency requirements. For the purpose of this research, competency has been defined as:

A cluster of related knowledge, skills, and attitudes that: (a) affect a major part of one's job (a role or responsibility), (b) correlate with performance on the job, (c) can be measured against well-accepted standards, and (d) can be improved by training and development. (Lucia & Lepsinger, 1999, p. 82)

According to Robbins et al. (2001), health administration graduate programs train their students for the increasingly diverse sectors found within healthcare. Examples of these varying sectors range from healthcare finance, delivery systems, managed care, health informatics, marketing, etc. Healthcare leaders, however, continue to express concern about the lack of preparation of graduates and the inadequate numbers of qualified leaders to assume senior positions in this complex industry (Robbins et al., 2001).

Higher education has struggled with the issue of competency-based education. Graduate programs must develop students that have the knowledge, skills, and attitudes to function as future healthcare leaders (Stefl & Bontempo, 2008). But, at what proficiency level should programs expect students to function within these desired competencies? The curriculum taught within graduate healthcare administration programs directly impacts student success and outcomes within healthcare organizations. Academic programs must keep up with stakeholder needs and the rapidly changing healthcare environment to better integrate students into successful healthcare roles. Creating and implementing all-encompassing competency assessments can help healthcare organizations identify vital skills and knowledge competencies needed to achieve success, but also serve as a platform for educational institutions to adapt their programs for student success (Baker, 2003).

Graduate programs can utilize data from industry competency assessments and compare to how students are progressing in their own programs. Graduate programs may need to update assignments, curriculum, and/or courses to better align with the identified desired competency proficiency level needed for student success. Baker (2003) stated the importance of how educational competency assessments can directly impact the performance of healthcare systems.

There are many competing demands on educators and disagreement on how much emphasis should be given to new topics and traditional materials. Identification of core competencies provides a mean to identify the learning necessary to develop the skills and knowledge for effective practice. Better understanding of this knowledge and skills will assist in raising the performance of regional and national healthcare systems. (Baker, 2003 p. 20)

The first step in addressing the gap between academic and organizational needs is determining the level of proficiency that leaders have across different competency domains. The most prevalent competencies identified in literature are those adapted from the American College of Healthcare Executives (ACHE) Competencies Tool (2019) and the Healthcare Leadership Alliance (HLA) Competency Directory (2010). These five competency domains include: (a) leadership, (b) professionalism, (c) communication and relationship building, (d) knowledge of the healthcare environment, and (e) business skills. These competency domains were utilized as the basis of this research in which healthcare leaders in a Midwest, non-profit healthcare organization, were given the opportunity to rate their proficiency level of competencies on a 5-point Likert scale across the five specific competency domains listed above.

This exploratory research aimed to determine the relationship between organizational healthcare leaders' competency levels and discuss the importance of using current data to evaluate and update graduate healthcare administration curriculum, and compare to current student competency proficiency levels. This research could help to bridge the gap between assessing healthcare industry competencies of what is being developed and delivered at academic institutions and lay groundwork for future research. The results of this competency

assessment will be analyzed with recommendations for how the data can be utilized for graduate programs to ensure healthcare administration curriculum is meeting the needs of healthcare leaders and student progression of competency proficiency in their programs.

Literature Review

There is a lack of recent literature on healthcare leadership competencies and how those competencies directly correlate with academic preparation. Much of the literature described healthcare competencies required of leaders, but there is limited literature describing how those competencies are reflected and translated into graduate curriculum.

Many geographical areas are experiencing a high nursing shortage as well as many leadership roles that turnover quickly, creating an increased demand to understand the competencies of stakeholder needs better. Rose et al. (2007) noted that recruiting talented staff to fill nurse leadership roles has become increasingly difficult. Hence, the need to better understand the skills and competencies is crucial when retaining staff. A vital factor to consider when studying healthcare leadership competencies is that there is a mix of clinical and non-clinical leadership. Shewchuk et al. (2006) indicated that communication skills, understanding the healthcare continuum, ethics, health law, and knowledge within healthcare policy were deemed as top competencies from healthcare executives. On the other hand, Sharpnack et al. (2013) found that “management skills such as teamwork and collaboration, conflict management, prioritization, and communication are difficult proficiencies to acquire and may not be given ample consideration in education” (p. 95).

According to the Association of University Programs in Health Administration and the Accrediting Commission on Education for Health Services Administration, the courses that meet both market and academic demands for future healthcare leaders are strategic

management and planning, management of information systems, marketing/interpersonal skills, leadership, and health finance (Smith et al., 1998). The respondents for Smith et al. (1998) cited that crucial career advancement courses were public relations, risk-taking/entrepreneurship, negotiating, health information systems, managed care, and corporate relationships.

Once core competencies of healthcare leaders were identified, Campbell et al. (2006) provided systematic steps that graduate programs can undergo when implementing a competency-based framework for graduate programs. These steps included: (a) identify and establish core competencies as educational outcomes that are relevant to the mission of the graduate program, student population, and reflects needs of the community of interest partners; (b) link the competencies to the curriculum and course learning objectives; objectives should be clearly linked to assignments and evaluation methods to develop and reinforce course content; (c) identify missing competencies and add them to the curriculum; (d) assess student progress toward achieving competencies - approaches used, overall program outcomes, and specific course outcomes; and (e) use the results to improve course and program content.

Academic organizations, like healthcare organizations, face accreditation requirements and needs. These accreditors, such as the Commission on Accreditation of Healthcare Management Education (CAHME), are shining a spotlight on the need to provide competency-based education. CAHME Criteria III.A - Curriculum Design, stated that:

The Program will adopt a set of competencies that aligns with the Program's mission and types of jobs graduates enter. The Program will use these competencies as the

basis of its curriculum, course content, learning objectives, and teaching and assessment methods. (CAHME, 2017, p.4)

Additionally, accreditation, such as CAHME, which is the only organization recognized to grant accreditation to individual academic graduate healthcare management programs, is not only important for academic organizations, but also healthcare organizations as there is continuous quality improvement within the curriculum to ensure future healthcare leaders are prepared with measurable, mission driven competency-based criteria in partnership with stakeholders (CAHME, n.d.). CAHME also asks that graduate programs not only develop competencies but establish a method to assess the proficiency level of students in each of those competencies as they progress through and complete the program.

There is an underlying understanding of what core competencies should be present in healthcare, but the ways these competencies are demonstrated in real practice may vary according to different management levels (Liang et al., 2013). Liang et al. (2013) identified that essential competencies differed in the level of leadership required for the job, as well as geographic areas, such as regional vs. metro. For example, entry-level leaders were focused on the management of operational requirements. Middle-level leaders were often more focused on managing and developing staff, and service quality assurance. Senior-level leaders were concentrated in developing the organization strategically on a wide scale. This research highlighted that competencies pivot as leaders' progress in the organization and within their careers.

Measuring and connecting competencies within graduate healthcare programs to healthcare organizations lead to increased student and organizational outcomes. Examples include a higher graduation rate, successful job placement, and developed competencies to

professionally manage healthcare teams and operations, all leading to improving quality outcomes for patient care. There are many ways in which healthcare programs can identify stakeholder competencies, such as surveys or board meetings.

The ACHE Healthcare Executives Competencies Assessment Tool is an example of a survey tool that can be used to identify opportunities within academic programs by measuring leadership competency. The domains and competencies that were assessed in this research were the same domains and competencies identified by the ACHE that guide the Master of Healthcare Administration (MHA) program at the academic institution of the researchers.

Theoretical Framework

Assessment of competency proficiency has traditionally been based on Benner's *From Novice to Expert Theory* (1982), in which individuals progress from (1) explorer to (2) novice to (3) advanced beginner to (4) competent to (5) proficient and, ultimately to (6) expert or master (Campbell et al., 2006). The progression through these competency levels is dependent on the leader's or student's current status and program content that is being delivered.

Benner's *From Novice to Expert Theory* (1982) provided the framework for this study. This theory was adapted from the Dreyfus Model of Skill Acquisition and applied to nursing leadership by Benner in 1982. This theory posits that in order for individuals to acquire knowledge and skills, one must pass through five levels of proficiency. Benner (1982) identified the five stages as (a) novice, (b) advanced beginner, (c) competent, (d) proficient, and (e) expert. In this theory, novice individuals will start with using abstract principles in leadership. These principles are new and foreign. As they progress through competency

development, they will start to utilize concrete, past experiences in guiding decision-making (Benner, 1982).

All leaders start from the beginning or novice stage in which they have no experience with situations but are expected to perform tasks. In this stage, novice leaders must be given rules and expectations to guide them in performing these tasks. The leader has no experience or ability to utilize discretionary judgment in guiding their actions (Benner, 1982).

The “advanced beginner can demonstrate marginally acceptable performance” (Benner, 1982, p. 403). These individuals may have some experience with a situation or are guided by a mentor to deal with situations. These individuals start to recognize some aspects of situations, but situations are still new and foreign. These individuals focus more on remembering guidelines and rules. These leaders need help in setting priorities to help them advance to the next level.

The competent leader “begins to see his or her actions in terms of long-range goals or plans” (Benner, 1982, p. 404). This leader does understand the importance of prioritization and links to goals, but still is lacking proficiency speeds. This level is often the desired state for many leaders or supervisors (Benner, 1982), as this level is reinforced by institutions to standardize and provide routine in leading departments and/or units. With additional practice, the leader can move to a proficient level.

At the proficient level, the leader is able to perceive situations as a whole (Benner, 1982). Experience is guiding the leader at this stage as they are able to reflect on events and anticipate what to expect. Decision-making is less laborious at this level as experience is driving expectations (Benner, 1982).

The final progression to expert level is demonstrated by the leader “no longer relying on analytical principles (rules, guidelines) to connect their understanding of the situation to an appropriate action” (Benner, 1982, p. 405). The leader relies upon significant experience and background to drive decision-making. Benner (1982) clarified: “Experience is not the mere passage of time or longevity; it is the refinement of preconceived notions and theory by encountering many actual practical situations that add nuances or shades of differences to theory” (p. 407).

By utilizing this theoretical framework in combination with a leadership competency assessment tool, healthcare organizations and educational institutions can determine levels of competency development in leaders and/or students and apply different learning principles to help leaders and students’ progress from novice to expert.

Methods

Ethical Approval

Approval for this study was obtained through the university Institutional Review Board (IRB) prior to contacting participants. The project was deemed exempt status by the IRB review panel. Approval for the study was also obtained through the healthcare organization’s senior leadership team. Participants were provided with informed consent during an in-person meeting describing the purpose of the research, the competency assessment, and survey tool. Participants received an email invitation to complete the survey, and informed consent was provided in that email. Participants were informed that they were not required to participate in the survey. Participants were able to abstain from the study by not responding to the email invitation. Participants’ information and responses remained anonymous and confidential.

Research Setting and Participants

A purposive, convenience sample was utilized to recruit participants from a rural, Midwestern non-profit healthcare organization. This organization was selected due to close proximity to the researchers, as well as directly relating to the underlying study's purpose: To gather leadership competency proficiency data from healthcare leaders. Thirty-four eligible leaders from different departments across the organization were invited via email to participate in this study. The participants were determined by inviting leaders that held a director role or higher in the organization. The researchers utilized the organizational chart to identify the 34 participants that would meet the criteria of the following job classifications: director, vice president, senior vice president, or president. All departments in the organization were included when identifying participants, (e.g. nursing, ancillary patient care and non-patient care departments). To maintain confidentiality and anonymity of participants, the specific department that individuals worked in, or their specific job title, were not asked in the survey.

Research Design and Survey Tool

The research design for this study was an exploratory, quantitative survey utilizing Benner's *From Novice to Expert Theory* (1982) to assess current competency proficiency level in healthcare leaders. A Qualtrics survey was developed by the researchers to distribute via email to eligible participants. The domains and competencies that were assessed were the same domains and competencies that guide the MHA program at the academic institution of the researchers. These domains and competencies were developed by the MHA faculty utilizing the ACHE Healthcare Executive Competencies Tool (2019) and Healthcare Leadership Alliance Competency Directory (2010). The domains and competencies from the

ACHE Healthcare Executive Competencies Tool (2019) were derived from job analysis surveys of healthcare leaders across various management and administration disciplines. According to ACHE (2019), these domains and competencies represent the challenges and opportunities that leaders face today. The tool is reviewed and updated annually. This survey tool was utilized because it represents the current domains and competencies from the academic institution. This would allow the researchers to compare industry results to the results of students in the program.

Prior to developing the survey tool, the researchers met with the organization's senior leadership team to determine a tool that would be agreeable by the organization and provide the needed data for the academic institution. The initial tool considered was the complete ACHE Healthcare Executive Competencies Assessment Tool (2019). This tool is available online with a link provided in Appendix A. The senior leadership team reviewed this tool and did not feel that all leaders in the organization would complete the entire tool due to the length of the survey. It was decided that an abbreviated survey would be utilized.

The survey tool utilized for this research is the same tool utilized by the MHA program of the academic institution. The tool was adapted from the validated ACHE Healthcare Executive Competencies Assessment Tool, Healthcare Leadership Alliance Competency Directory, evidence-based literature, and input from industry partners. The Domains and Competencies Tool from the graduate program was developed by extracting main elements from the HLA and ACHE competency tools that aligned with the mission, vision, and values of the graduate program. The resulting tool does not contain exact language from either tool but is representative of the themes expressed from the ACHE Healthcare Competency Assessment Tool and the HLA Competency Directory. The domains

and competencies adapted from the HLA represent an interdisciplinary approach in assessing competencies as these domains and competencies were developed from job analysis and surveys from several organizations including: (a) American College of Healthcare Executives, (b) American Association of Physician Leadership, (c) American Organization of Nursing Executives (now known as American Organization of Nursing Leaders), (d) Healthcare Financial Management Association, (e) Healthcare Information and Management Systems Society, and (f) Medical Group Management Association (HLA, 2010). Due to the collaborative nature of this alliance, this tool can be utilized across several disciplines to assess competency proficiency. A link to the Healthcare Leadership Alliance Competency Directory Tool can be found in Appendix B.

The MHA program utilizes the tool to assess domain and competency proficiency levels for new, current, and past students. This tool is also utilized to develop and deliver the curriculum of the MHA program. The tool assesses five domains and corresponding competencies which include: (a) Leadership domain with six competencies; (b) Professionalism domain with four competencies; (c) Communication and Relationship Building with five competencies; (d) Knowledge of the Healthcare Environment domain with five competencies; and (e) Business Skills with six competencies. By utilizing the same competency tool that the researchers utilize at their academic institution to measure students' competency proficiency levels, researchers can compare and analyze the results from students to healthcare leaders' competency proficiency levels. This research tool allows data to be collected that are relevant and applicable to the graduate program. This could allow for replication of study results into future student and leader groups.

Basic demographic information was also included in the survey. This information included: (a) sex, (b) age in years, (c) race, (d) ethnicity, (e) years of work experience in the healthcare industry, (f) highest completed academic degree, and (g) specific degree that has been completed. An example of the survey tool utilized for this research study can be found in Appendix C.

Data Collection

The researchers met with the senior leadership team prior to distributing the survey tool to eligible participants. Once the tool was accepted by the team, a meeting was scheduled to allow the researchers to meet with the entire leadership team to discuss the tool, provide informed consent, discuss the process for the survey, and answer any questions.

Thirty-four eligible leaders were emailed the survey via a secure organizational email. The email outlined the process and also provided informed consent for participating in the survey. Participants were informed that information would be kept confidential and secure. Participants were provided with contact information of the lead researcher if they had any questions or concerns about the survey. The link to the Qualtrics survey was included at the end of the email. An example of this survey is found in Appendix C.

Participants were initially given four weeks to complete the survey. After a four-week period, only 14 participants had completed the survey. The lead researcher provided a reminder email to participants to complete the survey. After this email, eight more participants completed the survey over another two-week period. The survey was closed, and data were analyzed with results provided in the next section.

Results

Data were analyzed and arranged into table formats utilizing reporting features in the Qualtrics software. The percentage of responses per competency were calculated by researchers, as well as the mean and mode for each competency. The analysis was based upon evaluation of each of the five domains and corresponding competencies.

Demographics and Response Rates

Of the 34 eligible leaders who were invited to complete the survey, 22 participants responded to the invitation email for an initial 65% response rate. Twenty of those 22 participants completed all of the questions except domains four and five, which had 19 of 22 participants complete the last two questions, for a 56% response rate.

Demographic characteristics of the participants represented a larger proportion of women respondents, representing 77.27% of the population, whereas men represented 22.73%. Ages of participants ranged from 18 to greater than 55 years of age. The sample was homogenous, representing only Caucasian participants of non-Hispanic descent. Demographic data characteristics for participants is provided in Table 1.

The leaders represented all departments in the healthcare organization. The specific department or job titles were not asked in this survey to protect the privacy of the leaders due to the small organization and sample size. Leaders had varying educational backgrounds. Seven out of the 22 respondents have a master's or doctoral degree, which represented 32% of the population. The leaders represented middle, upper, and senior levels of management. Years of work experience ranged from one to 30 years, with the majority of the sample, 81.82%, representing 1-20 years of experience. Work experience and academic preparation data are provided in Table 2.

Table 1*Demographic Data*

	n	%
Gender		
Men	5	22.73
Women	17	77.27
Age		
18-25	0	0.00
26-30	2	9.09
31-35	3	13.64
36-40	4	18.18
41-45	4	18.18
46-50	3	13.64
51-55	1	4.55
Greater than 55	5	22.73
Race		
American Indian or Alaska Native	0	0.00
Asian	0	0.00
Black or African American	0	0.00
Native Hawaiian or Other Pacific Islander	0	0.00
White	22	100.00
Ethnicity		
Hispanic or Latino	0	0.00
Not Hispanic or Latino	22	100.00

Table 2*Work Experience and Educational Preparation*

	n	%
Years of work experience		
Less than one year	0	0.00
1-5 years	3	13.64
6-10 years	5	22.73
11-20 years	10	45.45
21-20 years	2	9.09
More than 30 years	2	9.09
Highest degree		
Doctorate Degree	1	4.55
Master's Degree	6	27.27
Bachelor's degree	10	45.45
Associate Degree	5	22.73
High School Graduate	0	0.00
Type of degree earned		
N/A – no graduate degree	7	43.75
Other doctorate (Doctor of Nursing Practice, Doctor of Education, PharmD, Doctor of Physical Therapy, JD, etc.)	1	6.25
Master of Science in Nursing (MSN or MS of Nursing)	2	12.50
Master of Public Health (MPH)	1	6.25
Master of Science	3	18.75
Master of Arts	1	6.25
Other	1	6.25

Participants were asked to rate their competency level under each domain and corresponding competencies using a 5-point Likert scale: (5) Advanced/Expert (encompassing ability to evaluate, judge, and synthesize information); (4) between Advanced/Intermediate;

(3) Intermediate (encompassing application of knowledge to analyze a problem); (2) between Intermediate/Basic; or (1) Basic/Novice (encompassing knowledge and comprehension of the subject matter). This 5-point Likert Scale aligns with Benner's *From Novice to Expert Theory* (1982). Descriptive statistics for each domain and competency are provided in which the mean, mode, and distribution of competency ratings are provided. The distribution of competency ratings could allow researchers to identify areas that have larger variations. This can help faculty identify specific competencies that may need further development. The results of this study do support the research question as required healthcare leadership competencies were evaluated. Implications of these results are provided in the discussion section in which the development of graduate healthcare leadership curriculum to help students progress toward desired competency proficiency levels is further discussed.

Domain #1 - Leadership Competency Assessment Results

Leadership is defined as “the ability to inspire individual and organization excellence, create a shared vision and successfully manage change to attain the organization’s strategic ends and successful performance” (ACHE, 2019, p. 3; HLA, 2010, p. 7). Participants rated their overall competency proficiency level related to the leadership domain, as well as their assessment of six corresponding competencies. Descriptive statistical results with calculated mean, mode, and distribution of competency ratings are shown in Table 3.

Table 3*Leadership Domain and Competencies Assessment Results*

	n	Mean	Mode	Competency Rating %				
				(5)	(4)	(3)	(2)	(1)
Domain #1: Leadership (overall rating)	12	3.58	4.0	0.0	66.7	25.0	8.3	0.0
1. Utilize a systems approach as an organizational leader to effectively plan resource use	20	3.45	4.0	0.0	60.0	25.0	15.0	0.0
2. Build and facilitate relationships within the healthcare environment to inspire stakeholders toward a shared vision	20	3.75	4.0	10.0	60.0	25.0	5.0	0.0
3. Employ ethical decision-making when encountered with a problem	20	4.15	4.0	30.0	55.0	15.0	0.0	0.0
4. Improve system outcomes by implementing evidence-based practice to organizational issues	20	3.70	4.0	10.0	60.0	25.0	0.0	5.0
5. Provide innovative thinking and critical reasoning on issues that impact health care organizations	20	3.90	4.0	15.0	70.0	10.0	0.0	5.0
6. Use change theory to implement change to assure safe, high quality patient outcomes	20	3.15	3.0	0.0	35.0	55.0	0.0	10.0

Domains #2 - Professionalism Competency Assessment Results

Professionalism is defined as “the ability to align personal and organizational conduct with ethical and professional standards that include a responsibility to the patient, community,

a service orientation, and a commitment to lifelong learning and improvement” (ACHE, 2019, p. 3; HLA, 2010, p. 8). Participants rated their overall competency proficiency level related to the professionalism domain, as well as their assessment of four corresponding competencies. Descriptive statistical results with calculated mean, mode, and distribution of competency ratings are shown in Table 4.

Table 4

Professionalism Domain and Competencies Assessment Results

	n	Mean	Mode	Competency Rating %				
				(5)	(4)	(3)	(2)	(1)
Domain #2: Professionalism (overall rating)	16	4.13	4.0	25.0	62.5	12.5	0.0	0.0
1. Uphold ethical principles and corporate compliance standards	20	4.30	4.0	40.0	50.0	10.0	0.0	0.0
2. Advocate for optimal health care in communities and populations	20	3.70	4.0	25.0	35.0	25.0	15.0	0.0
3. Demonstrate professional norms and behaviors	20	4.10	4.0	20.0	70.0	10.0	0.0	0.0
4. Engage in continued professional development and lifelong learning	20	3.95	4.0, 5.0	35.0	35.0	20.0	10.0	0.0

Domains #3 – Communication and Relationship Building Competency Assessment

Results

Communication and relationship building is defined as “the ability to communicate clearly and concisely with internal and external customers, establish and maintain relationships, and facilitate constructive interactions with individuals and groups” (ACHE, 2019, p. 3; HLA, 2010, p. 7). Participants rated their overall competency proficiency level

related to the communication and relationship building domain, as well as their assessment of five corresponding competencies. Descriptive statistical results with calculated mean, mode, and distribution of competency ratings are shown in Table 5.

Table 5

Communication and Relationship Building Domain and Competencies Assessment Results

	n	Mean	Mode	Competency Rating %				
				(5)	(4)	(3)	(2)	(1)
Domain #3: Communication and Relationship Building (overall rating)	16	3.88	4.0	12.5	62.5	25.0	0.0	0.0
1. Develop clear and concise communication methods as an emerging healthcare leader	20	3.85	4.0	20.0	45.0	35.0	0.0	0.0
2. Collaborate as leader/member of interprofessional teams to optimize care management, coordination, and administrative practices	20	3.85	4.0	0.0	85.0	15.0	0.0	0.0
3. Establish cultural competency within a diverse workforce	20	3.30	3.0, 4.0	10.0	35.0	35.0	15.0	5.0
4. Create a shared vision that strategically aligns with an organization	20	3.65	4.0	10.0	60.0	15.0	15.0	0.0
5. Collaborate with community stakeholders to enhance healthcare decision making	20	3.35	3.0	15.0	30.0	40.0	5.0	10.0

Domains #4 – Knowledge of the Healthcare Environment Competency Assessment

Results

Knowledge of the healthcare environment is defined as “the ability to understand the healthcare system and environment in which healthcare managers and providers function” (ACHE, 2019, p. 3; HLA, 2010, p. 8). Participants rated their overall competency proficiency level related to the knowledge of the healthcare environment domain, as well as their assessment of five corresponding competencies. Descriptive statistical results with calculated mean, mode, and distribution of competency ratings are shown in Table 6.

Table 6

Knowledge of Healthcare Environment Domain and Competencies Assessment Results

	n	Mean	Mode	Competency Rating %				
				(5)	(4)	(3)	(2)	(1)
Domain #4: Knowledge of Healthcare Environment (overall rating)	15	3.40	3.0	13.3	33.3	40.0	6.7	6.7
1. Apply safety and quality principles, methods, performance measures, and standards to continually improve health outcomes across the continuum of care	19	3.47	3.0	15.8	31.6	42.1	5.3	5.3
2. Develop and articulate organizational performance improvement programs and goals	19	3.47	3.0	10.5	36.8	42.1	10.5	0.0

	n	Mean	Mode	Competency Rating %				
				(5)	(4)	(3)	(2)	(1)
3. Prepare projects that align with governmental, regulatory, professional and accreditation agency requirements	19	3.53	4.0	10.5	47.4	26.3	15.8	0.0
4. Evaluate, advocate for, and support organizational/governmental policy to improve health care delivery and population health outcomes	19	3.05	3.0	0.0	31.6	47.4	15.8	5.3
5. Utilize evidence for establishment of standards, practices and innovative patient care models within an organization	19	3.42	4.0	10.5	42.1	26.3	21.1	0.0

Domains #5 – Business Skills Competency Assessment Results

Business skills is defined as “the ability to apply business principles, including systems thinking, to the healthcare environment” (ACHE, 2019, p. 3; HLA, 2010, p. 9). Participants rated their overall competency proficiency level related to the business skills building domain, as well as their assessment of six corresponding competencies. Descriptive statistical results with calculated mean, mode, and distribution of competency ratings are shown in Table 7.

Table 7*Business Skills Domain and Competencies Assessment Results*

	n	Mean	Mode	Competency Rating %				
				(5)	(4)	(3)	(2)	(1)
Domain #5: Business Skills (overall rating)	14	3.21	4.0	0.0	50.0	28.6	14.3	7.1
1. Utilize data and information management to drive business decisions	19	3.21	4.0	5.3	42.1	31.6	10.5	10.5
2. Employ basic financial management and analysis principles	19	3.16	4.0	5.3	42.1	31.6	5.3	15.8
3. Demonstrate human resource management for effective workforce planning	19	3.32	4.0	5.3	47.4	26.3	15.8	5.3
4. Demonstrate strategic resource to effectively lead projects within an organization and/or community	19	3.32	4.0	0.0	47.4	42.1	5.3	5.3
5. Demonstrate operations management through problem solving skills that impact employees, the patient, the organization and the environment	19	3.42	3.0	10.5	31.6	52.6	0.0	5.3
6. Analyze healthcare market demands of organizations, communities and populations	19	2.89	3.0	5.3	21.1	42.1	21.1	10.5

The last question of the survey asked participants to list any missing competencies/skills they believed are important for health leaders in today's healthcare environment. There was one qualitative comment. The comment stated: "Empathy and

listening are a huge part of leading a team. If they know they can come to you for understanding, the trust and rapport as a leader are so much greater.”

Discussion

The results of this study provide practical insight for assessing expertise in critical areas of healthcare management related competencies. According to the ACHE Healthcare Executive Competencies Assessment Tool (2019), competency assessment tools can be used in several different ways to identify strengths and areas of improvement. Areas in which the results can be utilized include: (a) self or organizational assessment; simply providing valuable information for areas of strengths and weaknesses in competencies to develop a professional improvement plan; (b) team or group development; the tool can help link individual goals to team and organizational goals leading to achievement of corporate goals, objectives, and values; (c) employee selection or job descriptions; examine the entire workforce by exploring strengths, weaknesses, and gaps across the organization to allow informed decisions on training initiatives, allocation of resources, and aligning development opportunities with organizational goals; and (d) academic or professional development programs; the tool can help uncover knowledge and skills and specific competencies that programs can focus upon when developing curriculum and/or offering professional development programs. For the purposes of this paper, the last benefit related to academic or professional development programs will be discussed.

Corresponding means and modes were rated highest with levels above three (intermediate) and four (between intermediate/advanced) related to the domains of leadership, professionalism, and communication and relationship building. The domains of knowledge of the healthcare environment and business skills had ratings of intermediate and some

intermediate/advanced with lower means as compared to the other three domains. There was one competency that had a mean below intermediate. This competency was under the business skills domain: Analyze healthcare market demands of organizations, communities, and populations. This was rated with a mean of 2.89 as participants rated themselves between basic and intermediate on this competency. Overall, the modes for all domains and competencies did not fall below a rating of three. The majority of these participants rated themselves between competent and intermediate/advanced on the competencies assessed in our survey.

Healthcare leaders should demonstrate basic competence in aspects of all five domains and competencies. Studies have shown that competency requirements likely differ depending on the level of leadership (Liang et al., 2013). Our study grouped all leaders into one sample, so assessing direct correlation between level of leadership and core competency proficiency levels is unclear. Middle managers typically make up a greater portion of an organization. The results of our study did align with literature in that the majority of competencies were rated at the intermediate or competent level. At the competent level, the leader does understand the importance of prioritization and links to goals, but still is lacking proficiency speeds. This level is often the desired state for many leaders or supervisors (Benner, 1982), as this level is reinforced by institutions to standardize and provide routine in leading departments and/or units.

It would be important for organizations to understand the proficiency level of leaders in their strategic plan. For example, if leaders are not engaging in strategic planning and global decision-making, it is likely related to their inability to possess the needed competencies, skills, and experience. At the proficient level, the leader is able to perceive

situations as a whole (Benner, 1982). Experience is guiding the leader at this stage as they are able to reflect on events and anticipate what to expect. Decision-making is less laborious at this level as experience is driving expectations (Benner, 1982). At the expert level, the leader is no longer relying on analytical principles (rules, guidelines) to connect their understanding of the situation to an appropriate action (Benner, 1982). The leader relies upon significant experience and background to drive decision-making. So, if an organization is experiencing difficulty connecting strategy and achieving global goals, it could likely be that leaders have not achieved the needed skills and knowledge at the proficient and expert level. The lack of progressing in competency proficiency may be attributed to lack of experience or education in the role and/or competing priorities required of leaders. One method to help leaders progress in proficiency level is for the organization to invest in education to help leaders advance beyond a competent proficiency level. Organizations should be supporting leaders in moving toward an expert level, because at that level, leaders can engage in strategic thinking (Benner, 1982).

Practical Implications

The domains and competencies adapted from the HLA represent an interdisciplinary approach in assessing these domains and competencies (HLA, 2010). Due to the collaborative nature of this alliance, this tool can be utilized across several disciplines to assess competency proficiency. From this study's results, graduate healthcare leadership/administration programs can assess and update curriculum to help prepare students to meet the challenging needs and competencies of today's healthcare leaders. In addition, programs should be measuring competency proficiency levels of students as they progress through the program. Graduate programs should develop a competency proficiency level goal

that students will achieve as they exit their program. For example, the overall competency proficiency levels of leaders in this research were assessed at competent to intermediate levels. Graduate programs could utilize similar survey designs with local healthcare leaders to determine what level of proficiency that their students might need for leadership roles. From these data, the program can determine a competency proficiency level goal and work to ensure the assignments, courses, and curriculum are designed and sequenced to help students meet that desired competency proficiency level as they graduate from their program.

The implications of this study highlight the importance of assessing leadership competency of healthcare leaders. Studies show there can be a perceived gap between what health administration programs are teaching and their real-world application (Shewchuk et al., 2006). It is important that graduate programs partner with healthcare leaders and ask what is needed in the field. Graduate programs should be assessing competencies of current and past students in the program, in addition, these programs need to partner with their community of interest to determine competency proficiency of working healthcare leaders. Healthcare administration programs can leverage these results and evaluate their curriculum to ensure that they prepare students to meet the challenges leaders face while managing healthcare organizations. Graduate programs can identify strengths and areas that may need more development from the results.

Graduate programs should develop a competency-based framework that guides their curriculum. Campbell et al. (2006) provided systematic steps that graduate programs can undergo when implementing competency. In addition, competency development is a lifelong process that does not stop when the student graduates (Campbell et al., 2006). No academic program can prepare the student for every competency or skill that they will need after

graduation. The leader must engage in professional development and lifelong learning. Organizations must also understand the importance of assessing competency levels and providing the tools that leaders need to grow and develop their leadership skills.

For the purpose of our study, the first step of the competency framework can be supported by the data collected: Identify and assess core competencies as educational outcomes that are relevant to the mission of the graduate program, student population, and reflects needs of the community of interest partners. As programs develop curriculum, it is imperative that industry partners are surveyed to reduce the gap between the perceived needs of the graduate program and the actual needs of the industry partners. Graduate programs must prepare students that are competent to address the challenges of the current healthcare environment. When looking at graduate curricula, the mission statement of the academic program should clearly define the proficiency level of students in the program. For example, is the program aimed at early to mid-careerists or executive/senior leaders? If the program is comprised of early to mid-careerists, the program should be developing a curriculum that helps move the student into the competent level with goals of achieving intermediate/advanced. These students have limited experience, so expecting students to leave at an expert level could be an unrealistic program goal (Benner, 1982). The results of this study could support this program goal as leaders in this study rated themselves as competent to intermediate. Whereas an executive program should expect students to enter at a competent level and help move students towards the expert level upon graduation. A clear mission statement of the academic program will help establish the expected proficiency level that students might expect to achieve upon exiting the program.

Next, the program must link the competencies to the curriculum and course learning objectives; objectives should clearly be linked to assignments and evaluation methods to develop and reinforce course content. The assessment of core competencies can provide insight into areas in which more focus is needed in the graduate program. For example, if healthcare leaders are rating certain competencies at lower levels of expertise, faculty should link these competencies to course content and activities to ensure that each of the core competencies are addressed throughout the curriculum. Course content should allow the student to progress in proficiency throughout the program with the goal of exiting the program beyond the basic level, striving for intermediate/advanced levels, but realizing that competency development is a lifelong process. This step can be supported by the data collected in our study in which industry partners were asked to assess their current competency proficiency levels and were asked if there were missing competencies from the program's guiding domains and competencies. Qualitative data collection can be an impetus to allow faculty to research and update curriculum based on current evidence and industry needs.

In addition, graduate programs must engage students by assessing student progress toward competency achievement by assessing approaches used, overall program outcomes, and specific course outcomes. Students' feedback should go beyond course learning outcomes. Their feedback should: (a) provide assessment of program approaches; (b) ask if the program is meeting its defined outcomes; and (c) ask if each course is meeting its desired learning outcomes.

Finally, programs must use the results to improve course and program content. From these results, program faculty can assess competency distribution ratings and align course

activities to address areas that have lower competency proficiency ratings. Graduate program curriculum development and improvement should follow the continuous quality improvement cycle. Programs must seek out data from multiple sources to continually evaluate and update curriculum, course content, and learning outcomes. This will help bridge the gap between what is delivered in the classroom to what is needed to lead in today's healthcare organizations.

By assessing competency levels in healthcare leaders, we believe that we have provided descriptive data that our program can utilize to evaluate our existing graduate curriculum. The researchers intend to utilize the results from this study to compare to current and alumni student competency assessment data. We can compare and contrast areas in which healthcare leaders assess their ratings vs. student assessed ratings. The results of this study could be utilized in this comparison. Our program goal is that students leave at an intermediate, beyond a basic level of competency. The results from this small study did show that healthcare leaders did assess their competencies at a competent/intermediate level; beyond a basic level. These assessments can help us at the course and curricular level to ensure that our assignments and activities are aligned with competency expectations. Our goal is that we witness student competency proficiency progression through the graduate program. If that progression is not occurring, we must make changes in course assignments and/or curriculum to better align with achievement of those required competencies. Any changes in graduate curriculum should be reflective and in alignment with required competencies of healthcare leaders. It is imperative that we continue to collect student data related to competency proficiency. We must prepare graduate students to leave their program equipped with the competencies to lead within a challenging healthcare environment.

Limitations

There were several limitations to this study. First, the sample size was small at only 22 participants starting the survey and 19 completing the entire survey. The sample was utilized due to the proximity and relationship that the lead researcher had with the organization. This relationship could introduce bias as the leaders of the organization did know that the results of the survey were being utilized in assessment of graduate curriculum. Despite this small sample, it did represent a 56% response rate for the organization. Similar studies should be conducted with a larger sample size.

In addition, the sample characteristics were homogenous, only representing Caucasian, non-Hispanic respondents. The organization does not represent a diverse population in which to draw participants. This certainly questions the applicability to other ethnicities and races. Similar studies should be conducted using a more diverse population to study competency requirements and impacts on different ethnicities and races. Also, all levels of leaders were grouped into one sample, including middle, upper, and senior level leaders. These leaders also represented varying educational backgrounds from associate degrees to graduate degrees in multiple departments in the organization, (e.g., nursing, ancillary patient care, and non-patient care). Studies have shown that competency requirements likely differ depending on the level of leadership (Liang et al., 2013). Additional studies that focus on separating these leadership groups to assess competency levels based on position/department and/or academic preparation would be advantageous to further delineate core competency proficiency levels represented in different leadership levels.

In addition, the survey did not ask the participants if they felt each of the domains and competencies were deemed essential or core competencies required of today's healthcare

leaders. The participants only rated their current proficiency levels. For future surveys, it would be beneficial to have participants report if each of the identified domains and corresponding competencies are viewed as essential for healthcare leaders. Participants were able to identify missing competencies and provide qualitative feedback in the survey.

Finally, the survey tool has never been utilized in a published study. The organization would not agree to use the published ACHE Healthcare Executives Competencies Tool due to the length of that tool. The survey tool utilized was adapted from published assessment tools but has not been studied in a formal setting. The validity and reliability of the results would be dependent on repeat utilization of the tool. The tool did offer valuable information for the academic university as it provided direct descriptive data and feedback on the MHA domains and competencies that can be utilized for course and curriculum evaluation, as well as comparison data to current and alumni student competency proficiency levels.

Conclusion

The continued need to study healthcare leadership competencies is vital as healthcare continues to evolve and change. Healthcare organizations and educational institutions must understand the core competencies required for healthcare leaders for knowledge acquisition and professional development. It is imperative that we understand the competency proficiency level required of healthcare leaders. These data could be utilized to compare graduate healthcare leadership student competency proficiency levels. Understanding competency proficiency levels can help graduate programs assess, evaluate, and update graduate courses, assignments and/or curriculum.

With the gap in literature, it is clear that competencies among healthcare leaders need to be further studied and compared against healthcare educational programs. The competency

proficiency level of leaders and students should be assessed by healthcare organizations and academic institutions. These types of assessments can help organizations and academic institutions develop the knowledge and skills of leaders to meet the challenges of our current healthcare environment. Graduate curriculum must be designed to deliver the needed competencies and knowledge required for healthcare leaders. Graduate curriculum should be evaluated and any gaps in competencies should be addressed. Gaps in those competencies could appear as students not achieving the desired proficiency levels in comparison to needed competency proficiency levels of today's leaders. Graduate programs can utilize survey tools in collaboration with community of interest partners to provide data and feedback into graduate curriculum planning.

Survey tools should be based on a theoretical framework, such as Benner's, *From Novice to Expert* (2018), allowing organizations and academic organizations to evaluate leaders' and/or students' competency proficiency levels. It is crucial that future healthcare leaders possess competencies that help them to reflect, adapt, and innovate in response to the challenging healthcare environment. Organization and academic institutions must assess current competency proficiency levels and utilize those results to help develop, evaluate, and prepare our future healthcare leaders.

References

- American College of Healthcare Executives. (2019). *Healthcare executives 2019 competencies assessment tool*.
- Baker, G. R. (2003). Identifying and assessing competencies: A strategy to improve healthcare leadership. *HealthcarePapers*, 4(1), 49-58. doi:10.12927/hcpap.16896
- Benner, P. (1982). From novice to expert. *The American Journal of Nursing*, 82(3), 402–407. <http://www.jstor.com/stable/3462928>
- Campbell, C. R., Lomperis, A. M., Gillespie, K. N., & Arrington, B. (2006). Competency-based healthcare management education: The Saint Louis University experience. *The Journal of Health Administration Education*, 23(2), 135–168. <https://pubmed.ncbi.nlm.nih.gov/16700441/>
- Commission on Accreditation of Healthcare Management Education. (2017). *CAHME eligibility requirements*. https://www.cahme.org/files/resources/FALL_2017_CAHME_CRITERIA_FOR_ACCREDITATION_2018_06_01.pdf
- Commission on Accreditation of Healthcare Management Education. (n.d.). *Why CAHME is important to healthcare organizations*. <https://cahme.org/healthcare-management-education-accreditation/health-care-organizations/>
- Healthcare Leadership Alliance. (2010). *Overview of the HLA competency directory*. <http://www.healthcareleadershipalliance.org/Overview%20of%20the%20HLA%20Competency%20Directory.pdf>
- Liang, Z., Howard, P. F., Koh, L. C., & Leggat, S (2013). Competency requirements for middle and senior managers in community health services. *Australian Journal of Primary Health*, 19, 256–263. <http://dx.doi.org/10.1071/PY12041>

- Lucia, A. D. & Lepsinger, R. (1999). *The art and science of competency models: Pinpointing critical success factors in organizations*. Jossey-Bass/Pfeiffer.
- Robbins, C. J, Bradley, E. H., & Spicer, M. (2001). Developing leadership in healthcare administrative: A competency assessment tool. *Journal of Healthcare Management*, 46(3), 188–202. https://journals.lww.com/jhmonline/Abstract/2001/05000/Developing_Leadership_in_Healthcare.10.aspx
- Rose, S., Bishop, M., Eggenberger, T., & Karden, R. (2007). Development of a leadership competency model. *JONA: The Journal of Nursing Administration*, 37(2), 85–94. <https://doi.org/10.1097/00005110-200702000-00011>
- Sharpnack, P., Goliat, L., & Rogers, K. (2013). Using standardized patients to teach leadership competencies. *Clinical Simulation in Nursing*, 9(3), 95–102. <https://doi.org/10.1016/j.ecns.2011.10.001>
- Shewchuk, R. M., O'Connor, S. J., & Fine, D. J. (2006). Bridging the gap: Academic and practitioner perspectives to identify early career competencies needed in healthcare management. *The Journal of Healthcare Administration Education*, 23(4), 367–392. <https://pubmed.ncbi.nlm.nih.gov/17503704/>
- Smith, P., Vorderer, L., Dwore, R., Murray, B., Parsons, R., Gustafson, G., & Smith, P. (1998). Academic preparation for healthcare executive-track personnel. *Health Marketing Quarterly*, 16(1), 25–47. https://doi.org/10.1300/J026v16n01_03
- Stefl, M. E. & Bontempo, C., A. (2008). Common competencies for all healthcare managers: The Healthcare Leadership Alliance Model. *Journal of Healthcare Management*, 53(6), 360-374. <http://www.healthcareleadershipalliance.org/common%20competencies%20for%20all%20healthcare%20managers.pdf>

Appendix A

ACHE Healthcare Executive Competencies Assessment Tool

Available online at: https://www.ache.org/-/media/ache/career-resource-center/competencies_booklet.pdf

Appendix B

Healthcare Leadership Alliance Competency Directory Tool

Available online at: <http://www.healthcareleadershipalliance.org/directory.htm>

Appendix C

Leadership Competency Survey Fall 2019

Leadership Competency Survey Fall 2019

This survey is aimed at evaluating current competencies of healthcare leaders. These domains and competencies were adapted from the Healthcare Leadership Alliance (HLA) Competency Directory (2017) and the American College of Healthcare Executives (ACHE) Competency Assessment Tool (2019). The survey should only take about 5-10 minutes to complete. All results are anonymous.

Please indicate your sex:

- ☐ Male
- ☐ Female
- ☐ Do not wish to respond

What is your age in years?

- ☐ 18-25
- ☐ 26-30
- ☐ 31-35
- ☐ 36-40
- ☐ 41-45
- ☐ 46-50
- ☐ 51-55
- ☐ Greater than 55
- ☐ Do not wish to respond

What is your race that you most identify with:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ I do not wish to respond

What is your ethnicity?

- ☐ Hispanic or Latino
- ☐ No Hispanic or Latino
- ☐ I do not wish to respond

How many years of work experience do you have in the healthcare industry?

- ☐ Less than one year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ 21-30 years
- ☐ More than 30 years

What is your highest completed degree?

- ☐ Doctorate Degree
- ☐ Masters Degree
- ☐ Bachelors Degree
- ☐ Associate Degree
- ☐ High school graduate

Please indicate what type of graduate degree you possess: (Select all that apply):

- ☐ N/A - no graduate degree
- ☐ PhD
- ☐ MD
- ☐ Other Doctorate: (Doctor of Nursing Practice, Doctor of Education, PharmD, Doctor of Physical Therapy, JD, etc.)
- ☐ Master of Healthcare Administration (MHA)
- ☐ Master of Business Administration (MBA)
- ☐ Master of Science in Nursing (MSN or MS of Nursing)
- ☐ Master of Public Health (MPH)
- ☐ Master of Science (MS)
- ☐ Master of Arts (MA)
- ☐ Master of Social Work
- ☐ Master of Speech Therapy
- ☐ Master of Physical Therapy
- ☐ Master of Occupational Therapy
- ☐ Other:

In this first section, you will rate your competencies under leadership. Leadership is defined as the ability to inspire individual and organization excellence, create a shared vision and successfully manage change to attain the organization's strategic ends and successful performance (ACHE, 2019). Please rate your current competency levels under the leadership domain using the 5-point Likert scale: (5) Advanced/Expert (encompassing ability to evaluate, judge and synthesize information); (4) between Advanced/Intermediate; (3) Intermediate (encompassing application of knowledge to analyze a problem); (2) between Intermediate/Basic; or (1) Basic/Novice (encompassing knowledge and comprehension of the subject matter).

	Advanced - 5	4	Intermediate - 3	2	Basic - 1
Domain #1: Leadership (overall competency rating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Utilize a systems approach as an organizational leader to effectively plan resource use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Build and facilitate relationships within the healthcare environment to inspire stakeholders toward a shared vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Employ ethical decision-making when encountered with a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Improve system outcomes by implementing evidence based practice to organizational issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Provide innovative thinking and critical reasoning on issues that impact health care organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use change theory to implement change to assure safe, high quality patient outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In this second section, you will rate your competencies under professionalism. Professionalism is defined as the ability to align personal and organizational conduct with ethical and professional standards that include a responsibility to the patient and community, a service orientation, and a commitment to lifelong learning and improvement (ACHE, 2019). Please rate your current competency levels under the professionalism domain using the 5-point Likert scale (5) Advanced/Expert (encompassing ability to evaluate, judge and synthesize information); (4) between Advanced/Intermediate; (3) Intermediate (encompassing application of knowledge to analyze a problem); (2) between Intermediate/Basic; or (1) Basic/Novice (encompassing knowledge and comprehension of the subject matter).

	Advanced - 5	4	Intermediate - 3	2	Basic - 1
Domain #2: Professionalism (overall competency rating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Uphold ethical principles and corporate compliance standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Advocate for optimal health care in communities and populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Demonstrate professional norms and behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Engage in continued professional development and lifelong learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In this third section, you will rate your competencies under communication and relationship building. Communication and relationship building is defined as the ability to communicate clearly and concisely with internal and external customers, establish and maintain relationships, and facilitate constructive interactions with individuals and group (ACHE, 2019). Please rate your current competency levels under the communication and relationship building domain using the 5-point Likert scale: (5) Advanced/Expert (encompassing ability to evaluate, judge and synthesize information); (4) between Advanced/Intermediate; (3) Intermediate (encompassing application of knowledge to analyze a problem); (2) between Intermediate/Basic; or (1) Basic/Novice (encompassing knowledge and comprehension of the subject matter).

	Advanced - 5	4	Intermediate - 3	2	Basic - 1
Domain #3: Communication and Relationship Building (overall competency rating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Develop clear and concise communication methods as an emerging healthcare leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Collaborate as leader/member of interprofessional teams to optimize care management, coordination, and administrative practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Establish cultural competency within a diverse workforce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Create a shared vision that strategically aligns with an organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Collaborate with community stakeholders to enhance healthcare decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In this fourth section, you will rate your competencies under knowledge of the healthcare environment. Knowledge of the healthcare environment is defined as the ability to understand the healthcare system and environment in which healthcare managers and providers function (ACHE, 2019). Please rate your current competency levels under the knowledge of the healthcare domain using the 5-point Likert scale: (5) Advanced/Expert (encompassing ability to evaluate, judge and synthesize information); (4) between Advanced/Intermediate; (3) Intermediate (encompassing application of knowledge to analyze a problem); (2) between Intermediate/Basic; or (1) Basic/Novice (encompassing knowledge and comprehension of the subject matter).

	Advanced - 5	4	Intermediate - 3	2	Basic - 1
Domain #4: Knowledge of Healthcare Environment (overall competency rating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Apply safety and quality principles, methods, performance measures, and standards to continually improve health outcomes across the continuum of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Develop and articulate organizational performance improvement programs and goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Prepare projects that align with governmental, regulatory, professional and accreditation agency requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Evaluate, advocate for, and support organizational/governmental policy to improve health care delivery and population health outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Utilize evidence for establishment of standards, practices and innovative patient care models within an organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In this last section, you will rate your competencies under business skills. Business skills are defined as the ability to apply business principles, including systems thinking, to the healthcare environment (ACHE, 2019). Please rate your current competency levels under the business skills domain using the 5-point Likert scale: (5) Advanced/Expert (encompassing ability to evaluate, judge and synthesize information); (4) between Advanced/Intermediate; (3) Intermediate (encompassing application of knowledge to analyze a problem); (2) between Intermediate/Basic; or (1) Basic/Novice (encompassing knowledge and comprehension of the subject matter).

	Advanced - 5	4	Intermediate - 3	2	Basic- 1
Domain #5: Business Skills (overall competency rating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Utilize data and information management to drive business decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Employ basic financial management and analysis principles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Demonstrate human resource management for effective workforce planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Demonstrate strategic resource to effectively lead projects within an organization and/or community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Demonstrate operations management through problem solving skills that impact employees, the patient, the organization and the environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Analyze healthcare market demands of organizations, communities and populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After completing this survey, are there any missing competencies/skills that you believe are important for health leaders in today's healthcare environment? If so, please list those competencies below:

Thank you for participating in this survey!