

**The Acculturation of Non-Traditionally Educated  
Healthcare Managers Into Hospitals**

**Final Survey Results  
Amy Yarbrough Landry, Ph.D.  
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In an effort to better understand the way that non-traditionally educated healthcare managers learn about both the healthcare environment and principles of healthcare management, surveys were mailed to 1,350 affiliate members of the American College of Healthcare Executives (ACHE) who had neither a traditional healthcare management education nor a clinical background. The first mailing went out on May 1, 2008, and a follow-up letter was sent to non-respondents on June 1, 2008. A total of 592 surveys were received after the specified return date, June 20, 2008.

Of the 592 surveys received, 17% of respondents (100) did not complete the full survey because they had formal healthcare management education as indicated by their responses to the initial screener question. This left 492 completed surveys, or 83% of surveys received. This indicates an overall response rate of 44%, with a response rate for usable surveys of 39%.

Descriptive statistics of the survey respondents are now presented. Individual characteristics of respondents will be described, followed by information on learning and career paths.

## INDIVIDUAL CHARACTERISTICS

### Demographics

Sixty-one percent of survey respondents are male, and 94% of respondents are white. Their median respondent age is 50 years (s.d.= 8.5) old, with a range between 25 and 68 years old.

Please see Table 1 for details.

**Table 1: Demographics**

	Frequency	Percentage (%)
<b>Gender</b>		
Male	297	61
Female	190	39
<b>Race/ Ethnicity</b>		
White/ Caucasian	449	94
Black/ African-American	12	3
Asian/ Pacific Islander	5	1
Hispanic or Latino	3	0.6
American Indian, Eskimo, or Aleut	1	0.2
Other	6	1

## Educational Background

Ninety-eight percent (n=480) of survey respondents possess at least a bachelor's degree, and 98% of respondents possess master's degrees. Three percent of respondents hold doctoral degrees, and 1% hold law degrees. Seventeen percent of respondents are clinically educated with the majority of these possessing nursing degrees.

Please see Table 2 for detailed statistics.

**Table 2: Educational Background**

	Frequency	Percentage (%)		Frequency	Percentage (%)
<b>BA/BS Degree</b>			<b>Undergraduate Major</b>		
Yes	480	98	Business	100	21
No	12	2	Nursing/Other Clinical	80	17
			Liberal Arts	30	6
			Natural Science	19	4
			Social Science	14	3
			Other	92	19
			Missing	145	30
<b>Masters Degree</b>			<b>Type of Masters Degree</b>		
Yes	483	98	MBA, non-healthcare	386	80
No	8	2	Other	97	20
<b>Doctorate</b>			<b>Law Degree</b>		
Yes	13	3	Yes	5	1
No	479	97	No	486	99
<b>Clinical Degree</b>			<b>Type of Clinical Degree</b>		
Yes	73	17	Nursing	37	51
No	419	83	MD/DO	10	14
			Allied Health	26	36

## Current Position

Fifty percent (n=246) of respondents describe their current organizations as a system hospital or the corporate headquarters of a health system. Thirty-four percent (n=165) work in freestanding hospitals, and 8% (n=39) work in managed care organizations.

Please see Table 3 for detailed statistics.

**Table 3: Current Organization**

	<b>Frequency</b>	<b>Percentage (%)</b>
Corporate system headquarters/system hospital	246	50%
Freestanding hospital	165	34%
Managed care	39	8%
other	20	4%
Public health	5	1%
Consulting firm	4	0.8%
Association (nonhospital)	2	0.4%
Ambulatory care	2	0.4%
Post-acute care	2	0.4%
health-related industry	1	0.2%
military	1	0.2%

Forty-one percent (n=203) of respondents hold executive level positions such as CEO, COO, CFO, and Sr. Vice President. Eighteen percent (n=90) of respondents are in the role of Vice President, and twenty-nine percent (n=143) of respondents are in director or manager level roles. The remaining 11% (n=56) are in other roles including consulting and staff positions.

Please see Table 4 for detailed statistics.

**Table 4: Current Position**

	<b>Frequency</b>	<b>Percentage (%)</b>
Chief Executive Officer (CEO)	90	18%
Chief Operating Officer (COO)	44	9%
Chief Financial Officer (CFO)	26	5%
Chief Nursing Officer (CNO)	20	4%
Chief Information Officer (CIO)	3	0.6%
Chief Medical Officer (CMO)	2	0.4%
Sr. Vice President	18	4%
Vice President	90	18%
Department Head/ Director	118	24%
Manager	25	5%
Staff	3	0.6%
Consultant	1	0.2%
Other	51	10%

Overall, respondents have worked for their current organizations for a median of 8 years (s.d.=9.4), with a maximum reported tenure of 43 years. Executive level respondents report working for their current organizations for a median of 8 years (s.d.=9.8), while director/manager level report a median of 7 years (s.d.=8.3) and other employees indicate a median time of employment with their current organizations of 7 years (s.d.=9.86).

Respondents have held their current positions for a median of 4 years (s.d.=5.42), with a range between zero and 30 years. This is the same for respondents in both executive and director/manager level positions. However, respondents in other roles, such as staff or consulting, report holding their current positions for a median of only 3 years (s.d.=4.7). Additionally, the range of years in a current role for this group spans between zero and 18 years.

Respondents were asked, “In what department do you work?” Fifty-two percent (n=241) of respondents are employed in either Administration or the Executive Offices. Fifteen percent (n=71) are employed in either a nursing or clinical services department.

Please see Table 5 for detailed statistics.

**Table 5: Department**

	<b>Frequency</b>	<b>Percentage (%)</b>
Administration/ Executive Offices	241	52%
Nursing/ Clinical Service Line	71	15%
Ancillary / Support Services	42	9%
Marketing/ Planning /Business Development/PR	34	7%
Finance/ Accounting	20	4%
Quality / Risk Management	15	3%
Ambulatory Care	10	2%
Post Acute Care/Psychiatry/ Rehab	10	2%
HIM/Information Systems	6	1%
Physician Relations	6	1%
Other	11	2%

Overall, 50% (n=243) of respondents were hired or promoted into their current positions from inside the organization, while the other 50% (n=241) of respondents were hired into their roles externally. This hiring pattern is true of respondents holding executive level positions, while respondents holding director/manager level positions reported being hired internally only 47% of the time. Respondents with other job roles, such as consultants or staff positions, reported being hired from within the organization 63% of the time.

Of those who were hired internally, the overall median amount of time worked prior to promotion is 6 years (s.d.=7.4). However, the amount of time worked prior to promotion is higher for executive level respondents (7 years, s.d.=7.6) and other employees (7 years, s.c. = 8.4). The amount of time pre-promotion is lower for director/manager level employees who report a median of 5 years (s.c. = 5.91) prior to promotion.

### **Functional Background**

Overall, 72% (n=345) of respondents indicated a primary area of expertise in one of the following categories: (1) general management, (2) financial management, (3) nursing services, and (4) clinical support.

Reported areas of expertise vary across respondent organizational level. The two most common areas of expertise reported by executive level respondents are general management (47%, n=138) and financial management (14%, n=40). The most common areas of expertise indicated by director/manager level respondents include general management (21%, n=30), clinical support services (17%, n=24), and marketing/planning (11%, n=16). Other types of employees commonly reported general management (19%,

n=10), nursing services (19%, n=10), and marketing/planning (15%, n=8) as areas of expertise.

Please see Table 6 for detailed statistics.

**Table 6: Primary Area of Expertise**

	Executives	Directors	Others	Total
	% within organizational level			% of total
General Management	47	21	19	37
Financial Management	14	8	11	12
Nursing Services	13	7	19	12
Clinical Support Services	8	17	11	11
Marketing/ Planning/ Public Affairs	2	11	15	6
Human Resources Management	3	4	4	4
Ancillary Services	1	4	4	2
Ambulatory Care/ Emergency Services	2	5	2	3
Medical Staff Relations	1	0.7	0	1
Information Systems/ Medical Records	1	1	0	1
Quality Assurance/ Utilization/Ethics	0.3	1	4	1
Medical Care Program	0.3	3	0	1
Mental Health/ Substance Abuse	1	0.7	0	0.8
Managed Care/ HMO/ PPO	0.3	0.7	0	0.4
Legal/ Risk Management	0.3	0	0	0.2
Long Term Care	0	0.7	0	0.2
Fund Development/ Community Relations	0.3	0	0	0.2
Educational Administration/ Residency Training	0.3	0	0	0.2
Policy/ Advocacy/ Government Affairs	0	0	2	0.2
Other	3	13	8	7

When asked about post-baccalaureate work experience, respondents collectively reported a median of 23 years (s.d.=13.8). Respondents reported a median of 19 years (s.d.=9.3) of healthcare management experience, but only 2 years (s.d.=11.9) of clinical experience. Fifty-six percent (n=276) of respondents reported zero years of non-healthcare

management experience. Respondents reporting at least 1 year of non-healthcare management experience indicated a median of 5 years (s.d.=6) of such experience.

Years of work experience vary significantly ( $F=8.8$ ,  $p < .000$ ) by organizational level. Executive level and other employees reported more years of post-baccalaureate and healthcare management experience than director/manager level employees. In contrast, director/manager level and other employees reported more clinical experience than executive level employees.

Please see Table 7 for detailed statistics.

**Table 7: Years of Work Experience**

	Median Years			
	Executives	Directors	Others	Overall
Years post-baccalaureate experience	25	18	22	23
Years healthcare management experience	20	12	20	19
Years clinical experience	0	5	4	2
Years non-healthcare management experience	0	0	0	0
Years in prior industry	5	5	5	5

When asked, “Have you always worked in healthcare,” 55% ( $n=269$ ) of survey respondents answered “Yes.” This response did not vary across organizational level. Those having worked outside of healthcare listed a wide variety of prior industries ranging from banking to hotel/restaurant management to construction, with no discernable patterns. Of those who did work in an industry other than healthcare, the median length of time reported was 5 years (s.d.=6). Finally, 83% ( $n=396$ ) of respondents worked in healthcare prior to accepting their current positions. Director/manager level respondents were less likely to have worked in healthcare immediately prior to accepting their current positions (75%) than executive level (87%) and other (83%) respondents.

## **LEARNING**

### **Healthcare Environment**

Respondents were asked how they learned basic information about the healthcare environment. The least frequently cited ways of learning about the healthcare environment were undergraduate (28%,  $n=135$ ) and graduate school (31%=152). Ninety-four percent ( $n=459$ ) responded they learned about the healthcare environment on the job,

and 71% (n=349) learned from reading relevant books and periodicals. Employee offered orientation or training helped 45% (n=221) of respondents learn about the healthcare environment.

Responses vary slightly by organizational level. Ninety percent of director/manager level employees indicated learning on the job, while 95% of executive level and 98% of other employees reported learning in this way. The other major difference observed between organizational levels is in learning through professional reading. Only 63% of director level employees reported the reading of books and periodicals as a way of learning about the healthcare environment, while executive level and other employees indicated learning through reading at much higher rates (74% and 78% respectively). Please see Table 8 for detailed statistics.

**Table 8: Learned About the Healthcare Environment**

	Percentage (%) who Learned			
	Executives	Directors	Others	Overall
On the job (through experience)	95	90	98	94
Reading books and periodicals	74	63	78	71
Employer orientation or training Course	44	47	47	45
Undergraduate school	27	29	29	28
Graduate school	31	30	31	31

## Healthcare Management

Respondents were asked how they learned about the basic principles of healthcare management. Ninety-six percent (n=470) of total respondents cited learning through the actual performance of their jobs. Eighty percent (n=394) cited seminars and conferences as helpful, and 80% (n=389) reported learning from professional reading. Networking in conjunction with professional association activities helped 68% (n=333) of respondents learn about principles of healthcare management, and 68% (n=334) responded that mentoring helped them learn.

Respondents cited employer-based leadership development (65%, n=319) and manager orientation (52%, n=253) as helpful to learning, in addition to licensure and certification processes (44%, n=218). While less than half of respondents learned about principles of healthcare management through formal education, more learned from graduate school (44%, n=216) than undergraduate school (19%, n=91).

Although results are relatively consistent across organizational level, differences were observed among respondents at the executive level. These respondents indicated more learning from seminars and conferences, networking, and certification and licensure than

both the director level and other respondents. Additionally, executive level respondents cited learning less from employer-based leadership development courses than other respondents. Director/manager level respondents differed from other respondents by learning less from professional reading than the other groups.

Please see Table 9 for detailed statistics.

**Table 9: Learned About Principles of Healthcare Management**

	Percentage (%) who Learned			
	Executives	Directors	Others	Overall
On the job (through experience)	96	97	91	96
Seminars and conferences	83	75	78	80
Professional reading	81	76	80	80
Professional association networking activities	71	63	66	68
Mentoring	69	68	66	68
Employer-based leadership development course	63	69	66	65
Employer-based management orientation	51	52	53	52
Certification or licensure process	50	36	36	44
Graduate school	45	43	40	44
Undergraduate school	20	16	18	19

## Organizational Processes

Respondents were asked about processes their organizations use to introduce new employees to the healthcare environment. Sixty-five percent (n=319) of respondents stated that their organizations have some type of process in place.

When asked if their organizations have programs specifically designed for new employees without formal healthcare management education, 45% (n=219) said “yes,” and 49% (n=237) said “no.” The remaining 6% (n=28) did not know if such programs are offered.

Those respondents who work in organizations offering programs targeted at employees without formal healthcare management education were asked what topics are covered in these programs. Ninety percent (n=226) of respondents’ organizations cover patient safety and patient relations/ customer service. Financial management and budgeting (79%, n=197) along with quality metrics (76%, n=192) are also topics frequently covered

in such programs. Sixty-eight percent (n=171) of respondent organizations cover ethics and regulatory issues in their training programs.

Please see Table 10 for detailed statistics.

**Table 10: Topics Offered to Managers without Healthcare Education**

	<b>Frequency</b>	<b>Percentage (%)</b>
Patient safety	226	90
Patient relations/ customer service	224	89
Healthcare financial management and budgeting	197	79
Quality metrics	192	76
Healthcare ethics	171	68
Regulations/Legislation pertaining to healthcare	166	66
Healthcare technology/ information systems	146	58
Healthcare issues and trends	132	52
Clinical staff relations	115	46
Physician relations	96	38
Community relations	91	36
Medical terminology	90	35
Healthcare supply chain management	87	35
Service line development	71	28

An open-ended question asked respondents to describe the programs their organizations offer to managers without healthcare education. Orientation was the description most commonly offered (72%, n=211), with respondents indicating general organizational orientation, departmental orientation, and managerial orientation as commonly used processes. Fourteen percent (n=40) of respondents cited some form of leadership development programs ongoing in their organizations, while twelve percent (n=38) stated that their organizations use some form of mentoring or preceptor matching.

### **Competency Domains**

Respondents were given a list of healthcare management competency domains and asked to indicate (1) whether or not it is offered to managers as part of their training and (2) level of expertise.

Respondents indicate that the training most commonly offered by employers includes the competency domains encompassing quality and performance improvement (76%, n=348), human resources (72%, n=327), and management (72%, n=326). Training on

finance (66%, n=300) and professionalism/ethics (62%, n=283) is also frequently provided. Training on laws/regulations (49%, n=222), healthcare technology (46%, n=211), business (43%, n=197), and governance (43%, n=194) is offered less frequently, but still remains widely available to respondents. Information on the broad competency domain of healthcare is the least frequently offered, with only 37% (n=169) of respondents' organizations providing training on this topic.

Respondents were asked to rank their expertise in each of the competency areas using a 5 point scale with 1= Novice, 3= Competent, and 5= Expert. Overall, respondents rated themselves the highest in the competency domains of management, professionalism/ethics, and business. They rated themselves the lowest in healthcare technology/information management and laws/regulations. However, the lowest mean scores are still above the "Competent" mark.

The mean levels of expertise were compared between those respondents that received training in a particular competency area and those that did not receive training in an area. Those respondents that received training reported a higher mean level of expertise than those without training in all competency domains with the exception of business that is specific to the organizations. The differences in the mean levels of expertise were statistically significant in the competency domains of human resources ( $t=4.2, p < .01$ ), laws and regulations ( $t=3.5, p < .01$ ), healthcare technology and information management ( $t=2.5, p < .05$ ), governance and organizational structure ( $t=2.8, p < .01$ ), and the overall healthcare competency domain ( $t=2.5, p < .05$ ).

Please see Table 11 for detailed statistics.

	Training Offered (%)	Level of Expertise	
		With Training (Mean Score)	Without Training (Mean Score)
Quality and performance improvement	76	3.90	3.42
Human Resources**	72	3.91	3.57
Management (general management principles, planning, organizing, directing, and controlling in addressing overall organizational objectives)	72	4.31	4.24
Finance	66	3.96	3.82
Professionalism and ethics	62	4.18	4.09
Laws and regulations**	49	3.63	3.39
Healthcare Technology and Information Management*	46	3.50	3.34
Business (specific areas of organization, e.g., marketing, business planning, strategic planning)	43	4.08	4.16
Governance and Organizational Structure**	43	3.96	3.75
Healthcare (includes a broad range of organizations and professions involved in the delivery of healthcare, e.g., managed care models, healthcare trends, and ancillary services)*	37	3.93	3.73

\*p < .05, two-tailed t test; \*\*p < .01, two-tailed t test

## Professional Development Opportunities

Respondents were asked whether or not their organization provides opportunities for professional development. Overall, ninety-five percent (n=462) responded that their organizations do provide some form of internal or external development opportunities and this was consistent across organizational levels.

Respondents indicated that the most commonly provided internal professional development opportunity is an internally offered leadership development course (84%, n=397). Next are developmental “stretch” assignments (40%, n=190), formal mentoring programs (34%, n=158), administrative fellowships (29%, n=137), and formal coaching programs (27%, n=127).

Respondent organizations more commonly offer externally provided professional development opportunities. Ninety-five percent (n=450) of organizations offer reimbursement for conferences and seminars, while 90% (n=426) provide reimbursement for degree granting educational programs. Eighty-five percent (n=402) of respondent organizations pay professional association dues for employees, and 55% (n=260) of organizations reimburse for certification or licensure preparation coursework.

Responses vary by organizational level. On the whole, executive level respondents indicated more opportunities for professional development than director/manager level respondents. Areas with notable differences between executives and director level employees include opportunities for developmental “stretch” assignments, formal coaching programs, the reimbursement for professional association dues, and reimbursement for certification/licensure preparation coursework. However, director/manager level respondents did report higher opportunities for administrative fellowships and the same percentage of opportunity for tuition reimbursement for degree programs.

Other respondents, such as staff level employees and consultants, indicated more opportunities for internal professional development than both executives and director/manager level employees in every area except for leadership development. In contrast, this group reported fewer external professional development opportunities than executives and director/manager level respondents with the exception of reimbursement for conferences and seminars.

Please see Table 12 for detailed statistics.

**Table 12: Professional Development Opportunities**

	<b>Percentage (%) with Opportunities</b>			
	<b>Executives</b>	<b>Directors</b>	<b>Others</b>	<b>Overall</b>
<b>Internal Opportunities</b>				
Leadership development course	86	84	76	84
Developmental "stretch" assignments	42	35	44	40
Formal mentoring program	34	32	38	34
Administrative fellowships	28	30	36	29
Formal coaching program	29	20	34	27
<b>External Opportunities</b>				
Reimbursement for conferences and seminars	95	93	96	95
Tuition reimbursement for degree programs	90	90	86	90
Professional association membership dues	88	78	82	85
Certification/ licensure preparation coursework	59	47	55	55

## **On the Job Learning**

Respondents were asked to select from a list different ways in which they learned through the performance of their managerial/job functions. The most common mechanism of on the job learning cited by all respondents was reading books, journal articles, and trade magazines (92%, n=451). Eighty-six percent (n=420) of respondents learned by experience, and 83% (n=404) of respondents cited learning through multidisciplinary group work. Eighty-two percent (n=403) learned by socializing with colleagues. Most respondents also listed committee assignments (81%, n=398) and informal mentoring (80%, n=393) as common mechanisms of on the job learning.

Fifty-four percent (n=265) of respondents cited learning through a certification or licensure process and 53% (n=261) learned through developmental “stretch” assignments. Learning through a formal mentoring program or a formal apprenticeship process were less frequently cited as learning mechanisms with 22% (n=107) and 9% (n=44) of respondents respectively citing these methods

Reported mechanisms of on the job learning vary by organizational level. Executive level respondents are more likely to learn on the job than director/manager level respondents in all categories except for formal mentoring where learning is equivalent. Other respondents, such as staff level employees and consultants, reported learning on the job in ways similar to executive level respondents. However, other respondents did report learning less from committee assignments and the certification and licensure process than both executive and director/manager level employees. Additionally, this other category of respondents indicated more learning from both formal mentoring and the apprenticeship process.

Please see Table 13 for detailed statistics.

**Table 13: Mechanisms of On the Job Learning**

	Percentage (%)			
	Executives	Directors	Others	Overall
Reading books, journal articles, trade magazines	94	88	95	92
Experiential learning (by doing)	87	83	87	86
Multidisciplinary group work	84	80	86	83
Socializing with colleagues	85	78	84	82
Committee assignments	84	78	76	81
Informal mentoring	83	75	84	80
Certification or licensure process	59	48	44	54
Developmental "stretch" assignments	57	46	55	53
Formal mentoring program	21	21	29	22
Formal apprenticeship, fellowship, or practicum	10	5	15	9

### **Multidisciplinary Group Learning**

When asked if they participated in multidisciplinary groups on the job, 95% (n=464) of respondents answered “yes.” In an effort to gauge both advantages and disadvantages of multidisciplinary group work, respondents were given a list of potential positive and negative issues. Overall, respondents found more advantages than disadvantages to working in groups with colleagues of different disciplines.

Respondents cited increased knowledge of other disciplinary roles (93%, n=436), increased recognition of the complexity of problems and organizational issues (89%, n=417), a more integrated perspective of the organization (85%, n=400) and an increased awareness of relationships among various organizational stakeholders (86%, n=403) as advantages of multidisciplinary group work. Additionally, multidisciplinary group work was reported to increase willingness to commit to mutual goals (71 %, n=333), increase trust among different disciplines (70 %, n=331) and reduce misunderstandings (68 %, n=321).

In contrast, 57% (n=270) of respondents suggested that multidisciplinary groups can result in conflict due to ambiguous or conflicting goals. Conflict can result from differing approaches to problem solving (34%, n=158). Jockeying for “expert” status among group members was cited as a disadvantage among 31% (n=144) of respondents, and the conflict between professional and organizational commitment was reported by 27% (n=129) of respondents.

Reported advantages and disadvantages of multidisciplinary group work vary by organizational level. Directors/managers cited more advantages resulting from multidisciplinary group work than executive level employees in all areas except for the increased trust of different disciplines, which was slightly lower. Executive level respondents indicated that conflict stemming from ambiguous or conflicting goals resulted from multidisciplinary group work more so than director/manager level respondents. However, more director/manager level employees reported conflict from different problem solving approaches than executive level respondents.

Other respondents, including staff level employees and consultants, reported advantages of multidisciplinary group work that were similar to executive level responses in the areas including increased knowledge of disciplinary roles, increased organizational perspectives, and increased commitment to mutual goals. However, these other respondents reported greater advantages in the recognition of problem complexity resulting from multidisciplinary group work than both executive and director/manager level respondents. In contrast, the other group, reports less of an advantage in the category of increased trust.

This group of other respondents reported conflict stemming from ambiguous/conflicting goals to a greater degree than the other categories of respondents, but reported disadvantages related to jockeying for status and professional commitment to a lesser degree.

Please see Table 14 for detailed statistics.

**Table 14: Advantages and Disadvantages of Multidisciplinary Group Work**

	Percentage (%)			
	Executives	Directors	Others	Overall
<b>Advantages</b>				
Increased knowledge of disciplinary roles	91	96	91	93
Increased recognition of problem complexity	88	89	93	89
Integrated perspective of organization	84	87	85	85
Raised awareness of stakeholder relationships	85	89	81	86
Increased willingness to commit to mutual goals	70	72	70	71
Increased trust of different disciplines	72	71	60	70
Reduced misunderstandings	65	73	74	68
<b>Disadvantages</b>				
Conflict from ambiguous or conflicting goals	58	53	64	57
Conflict from different problem solving approaches	32	37	34	34
Jockeying for "expert" status	31	31	28	31
Professional commitment outweighs organizational commitment	28	28	21	27

Ninety-three percent (n=453) of respondents reported working with colleagues of different educational backgrounds on a daily basis. Respondents commonly cited working with nurses (96%, n=470), physicians (91%, n=447), colleagues with a master's degree in healthcare management (86%, n=421) or business administration (82%, n=403), or co-workers with an allied health degree (83%, n=405). Seventy-six percent (n=375) of respondents work with colleagues with a different type of master's degree, and 30% (147) work with a co-worker with a different degree type.

Respondents were asked an open-ended question about what different types of degrees their colleagues possess other than those included in the survey. Respondents reported working with individuals of various backgrounds including accounting, engineering, and other clinical degrees. However, 34% of respondents indicated that they commonly work with individuals with no formal education beyond high school.

Responses vary by organizational level. Executive level respondents reported working with individuals of all educational backgrounds except for health care management more often than both director/manager level and other respondents. Director/manager level respondents indicated working with fewer individuals with backgrounds in medicine,

health care management, and allied health than both executive level and other respondents. Other respondents reported working with individuals with health care management educational backgrounds more often than executive level respondents, and this group reported working with individuals possessing other master's degrees less often than both executives and director/manager level respondents.

Please see table 15 for detailed statistics.

**Table 15: Educational background of colleagues**

	Percentage (%)			
	Executives	Directors	Others	Overall
Nursing degree	97	94	93	96
MD/DO	95	84	89	91
Health Care Management (MHA, MHSA, MPH)	87	82	91	86
MBA, non-healthcare related	84	80	80	82
Allied Health degree	87	75	78	83
Other masters degree	79	76	66	76

Respondents were asked to compare managers and executives with degrees in general management or business to those with specialized education in healthcare management within their organizations. They were given a series of statements and asked to state whether or not they agreed or disagreed. Responses were on a 5 point scale ranging from strongly disagree (1) to strongly agree (5). On the whole, most respondents tended to disagree with the statements provided.

When asked if managers with healthcare management education are less aware of lessons taught by non-healthcare businesses than managers with a general management education, the overall mean respondent level of agreement was 3.16 indicating a neutral response or a slight agreement. Respondents tended to be neutral or disagree with statements that those managers with healthcare management educations relate to clinicians more easily (2.85), move up the management ranks more rapidly (2.78), network more easily (2.70), or get assigned more interesting projects than those managers with a general management background (2.47).

Please see Table 16.

**Table 16: Managers with healthcare management education**

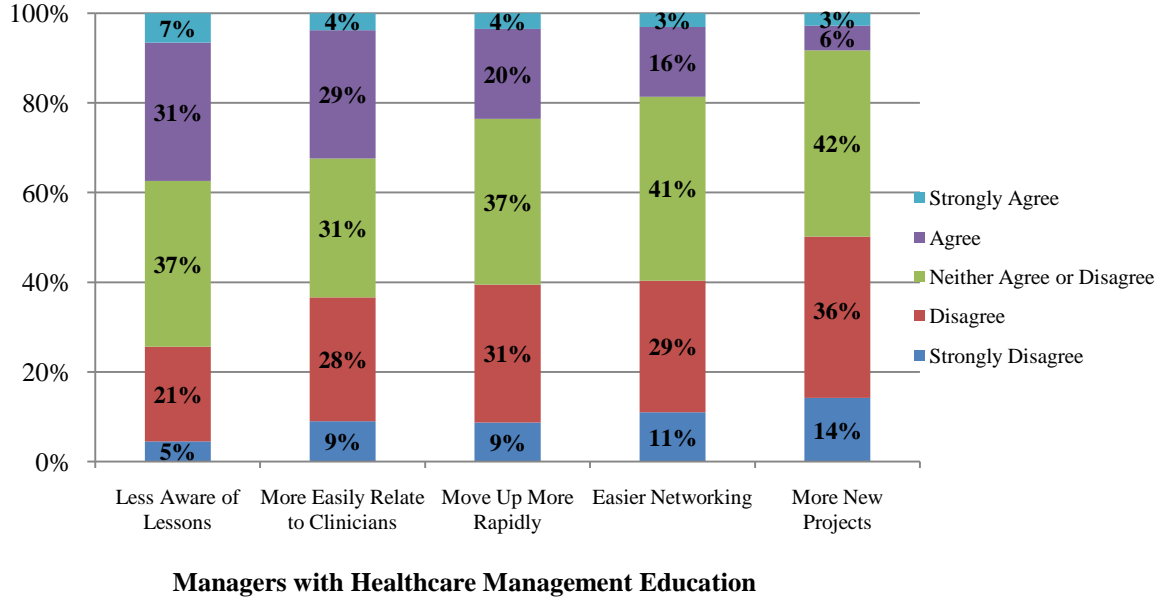
	<b>Agreement (Mean Score)</b>			
	<b>Executives</b>	<b>Directors</b>	<b>Others</b>	<b>Overall</b>
Are less aware of lessons taught by non-healthcare businesses	3.14	3.16	3.29	3.16
Relate to clinicians more easily	2.91	2.70	2.96	2.85
Generally move up the management ranks more rapidly	2.79	2.80	2.66	2.78
Easier time networking	2.70	2.72	2.62	2.70
Get assigned more interesting new projects*	2.47	2.64	2.34	2.47

Chi square \*p<.05

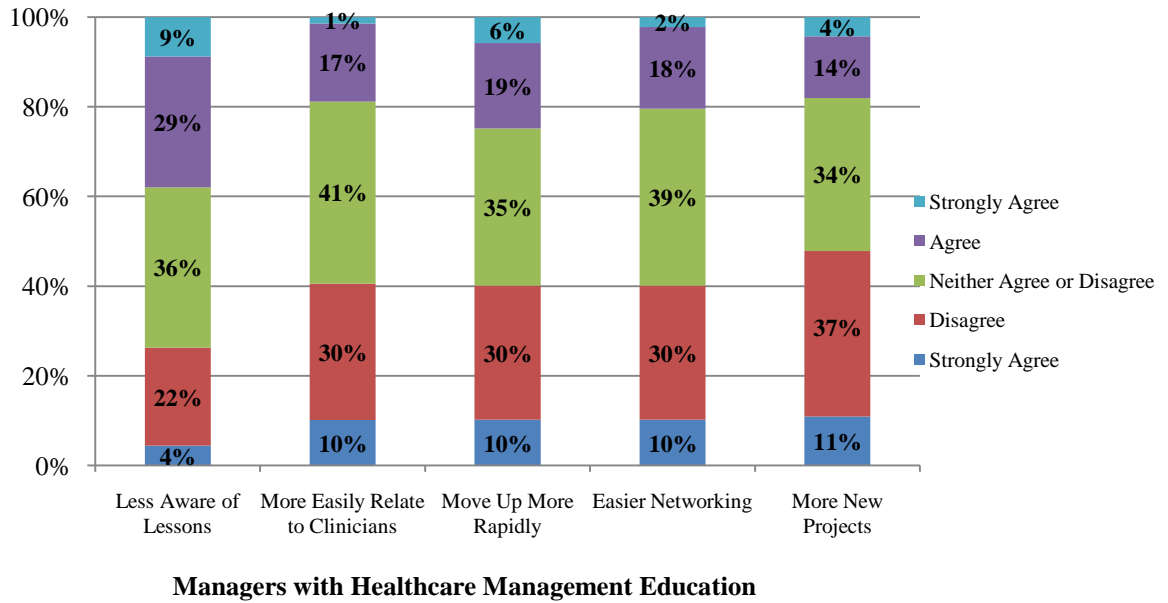
Two-sided Pearson Chi Square tests were conducted, and although responses vary by organizational level, differences were not statistically significant for most statements. However, responses to the statement that suggests managers with healthcare management education “get assigned more interesting new projects” were significantly different among respondents of differing organizational levels. Executives tended to give either a neutral response or a “disagree” response to this statement more often than director/manager level respondents and other respondents.

Figures 1 - 3 graphically depict the responses by organizational level.

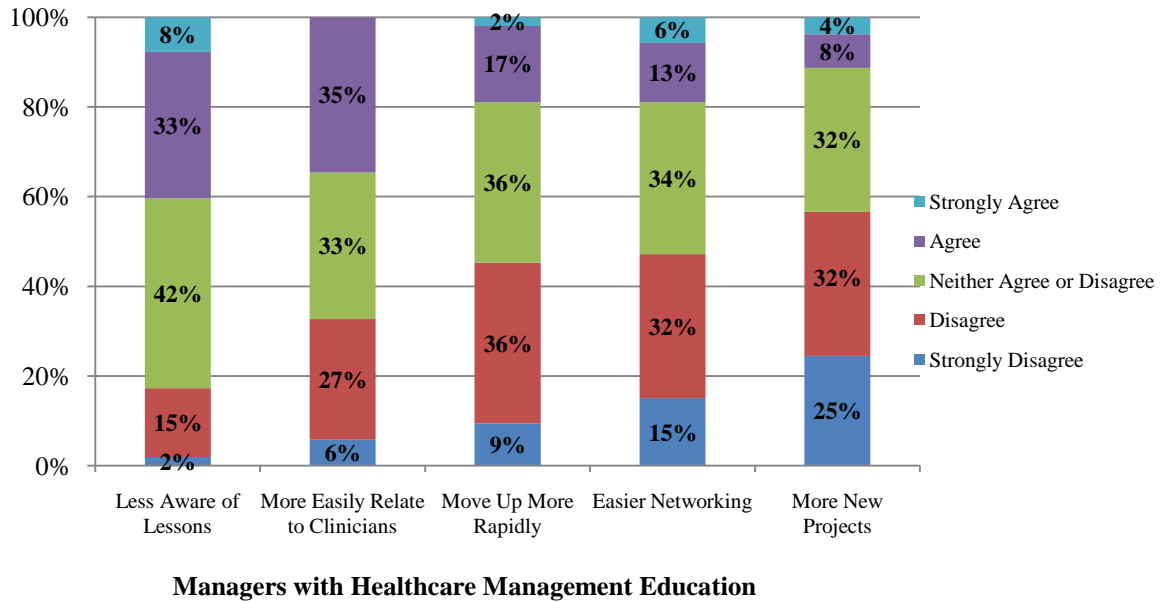
**Figure 1: Executive Level Responses of those Educated in Healthcare Management**



**Figure 2: Manager/Director Level Responses of those Educated in Healthcare Management**



**Figure 3: Other Level Responses of those Educated in Healthcare Management**



Chi Square analyses were conducted to determine if significant differences in responses were present between males and females, and no significant differences in responses were observed.

Responses were analyzed looking at differences in responses based on age category. Respondents were divided into three categories based on age: (1) respondents 46 and younger, (2) respondents between the ages of 47 and 53, and (3) respondents aged 54 and older. Chi Square analyses were conducted to determine if differences in responses were significant across age categories, and responses to only one statement varied significantly across groups. Respondents in the youngest category were more likely to respond that they “disagree” with the statement that managers with healthcare management education “move up the management ranks more rapidly” than respondents in the other age groups. Respondents in the two older groups were more likely to indicate a neutral response to this statement.

In contrast, managers were given a series of statements comparing those managers without a specific healthcare management education to those managers possessing healthcare management degrees. Respondents exhibited a higher level of agreement with these statements. While respondents tended to disagree that managers without healthcare management education have a harder time networking (2.60); they agreed that those managers more readily adopt innovations from business (3.44), have greater expertise in identifying profitable opportunities (3.28), and relate better to business professionals (3.18).

Please see Table 17.

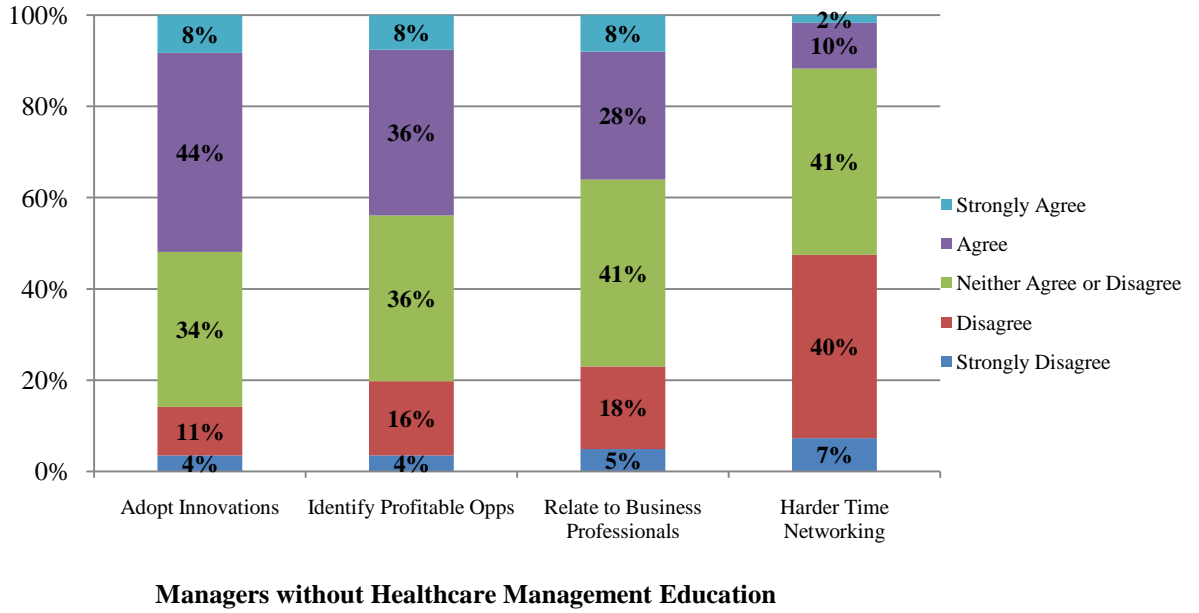
**Table 17: Managers without healthcare management education**

	<b>Agreement (Mean Score)</b>			
	<b>Executives</b>	<b>Directors</b>	<b>Others</b>	<b>Overall</b>
Adopt innovations developed by business/industry more readily	3.43	3.46	3.47	3.44
Have greater expertise in identifying profitable opportunities	3.28	3.28	3.32	3.28
Relate better to business professionals in the community	3.16	3.25	3.11	3.18
Harder time networking	2.59	2.65	2.49	2.60

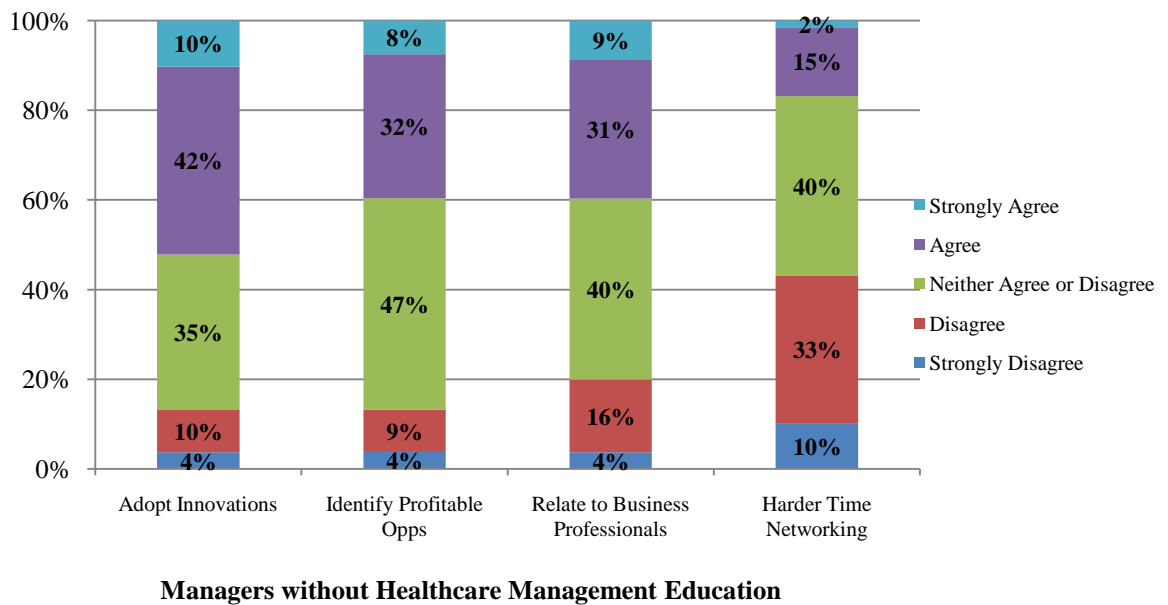
Two-sided Pearson Chi Square tests were conducted, and although responses vary by organizational level, differences were not statistically significant.

Figures 4-6 graphically depict these responses.

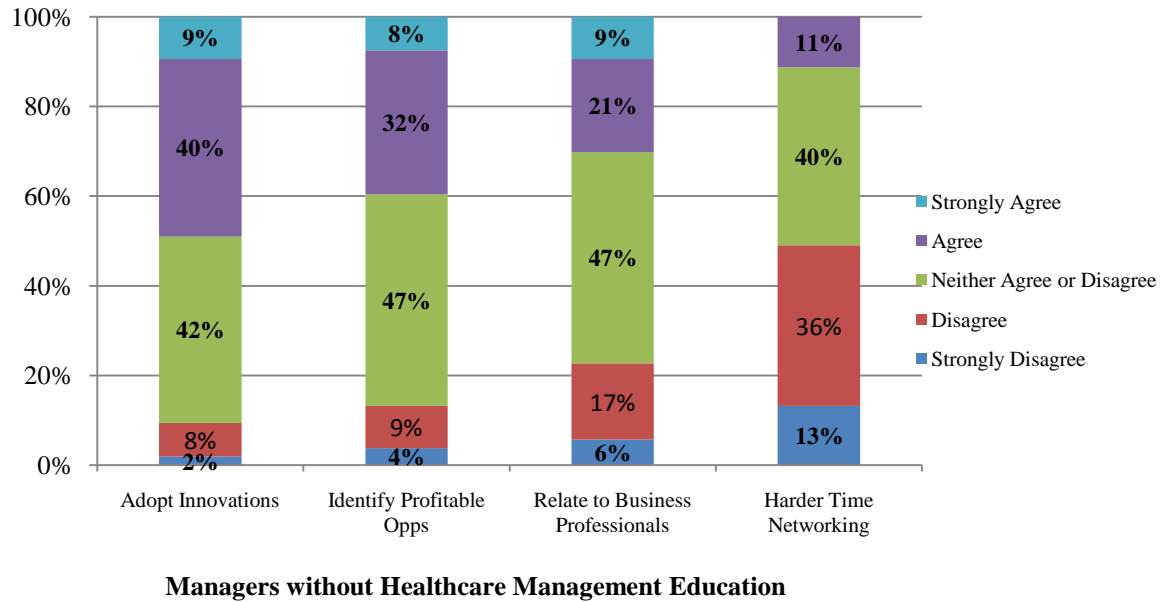
**Figure 4: Executive Level Responses of those Not Educated in Healthcare Management**



**Figure 5: Manager/Director Level Responses of those Not Educated in Healthcare Management**



**Figure 6: Other Level Responses of those Not Educated in Healthcare Management**



Chi Square analyses were conducted to determine if significant differences in responses were present between males and females, and responses were only significantly different for the statement suggesting that managers without healthcare management experience have greater expertise in identifying profitable opportunities. Men were more likely to agree with this statement than managers than women.

Responses were analyzed looking at differences in responses based on age category, using the same three categories described in the prior analyses. Chi Square analyses were conducted to determine if differences in responses were significant across age categories, and responses to the statement suggesting that managers without healthcare management experience had more difficulty networking were significantly different. The youngest group of respondents (46 years old and younger) more often disagreed with this statement, while the oldest group of respondents (54 years and older) were more likely to give a neutral response than the other age categories.

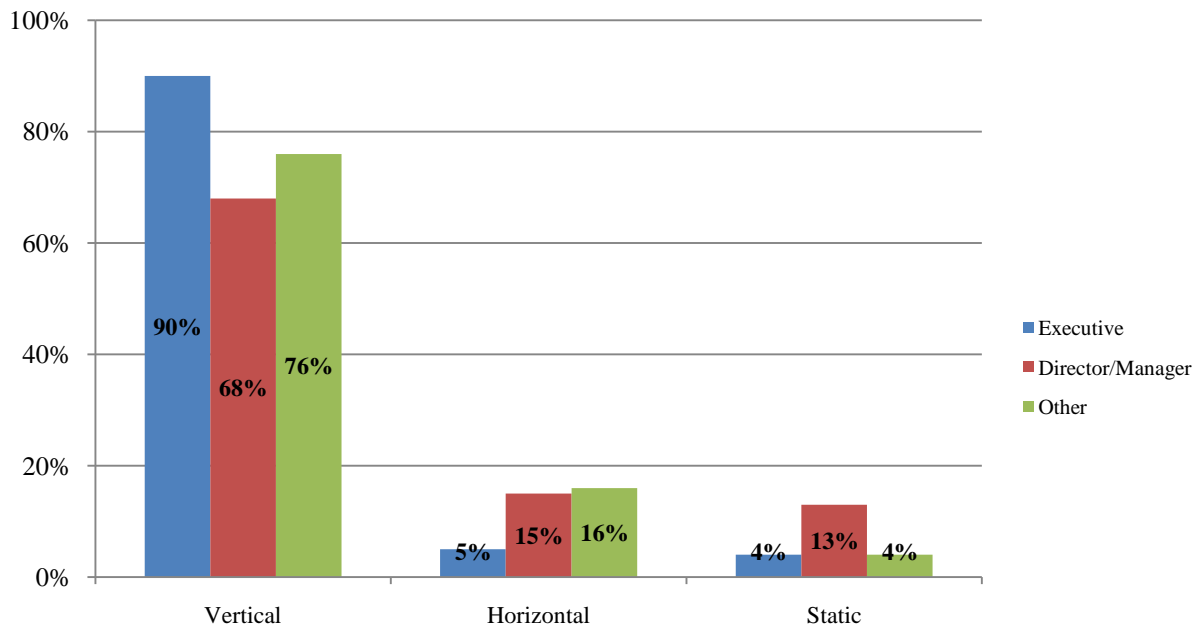
## **CAREER PATHS**

Respondents were asked to describe their career progression. Eighty-two percent (n=401) of respondents described their career paths as vertical or upward moving. Nine percent (n=43) described their career paths as horizontal or lateral moving, while 7% (n=32) described their career paths as static with very little movement.

Career paths differed by organizational level. Ninety percent (n=262) of executives described their career progression as vertical or upward moving, compared with 68% (n=97) of director/manager level respondents and 76% (n=42) of other respondents. Only 5% (n=13) of executives reported horizontal career paths, in contrast with 15% (n=21) of director/manager level and 16% (n=9) of other respondents. Director/manager level respondents reported a higher percentage of static career progression (13%, n=19) than both executive level (4%, n=11) and other respondents (4%, n=2).

Figure 7 depicts this graphically.

**Figure 7: Career Paths by Organizational Level**



### **Barriers to Career Advancement**

Respondents were asked to select potential barriers to career advancement. The most commonly cited barrier was age (23%, n=110), followed by gender (14%, n=67). Interpersonal relationships (12%, n=57), organizational policy (12%, n=59), race/ethnicity (3%, n=15), and lack of education (3%, n=15) were less frequently cited barriers to advancement.

Differences in responses were observed across organizational levels. Executive level respondents reported fewer barriers to career advancement than director/manager level employees. Director/manager level employees indicated gender, interpersonal relationships, organizational policy, race/ethnicity, and lack of education as barriers to

career advancement more often than both executives and other employees. Other employees reported age as a career barrier more often than other groups of respondents.

Please see Table 18 for detailed statistics.

**Table 18: Barriers to career advancement**

	Percentage (%)			
	Executives	Directors	Others	Overall
Age	20	25	27	23
Gender	13	16	13	14
Interpersonal relationships	11	15	9	12
Organizational policy	8	21	11	12
Race/ ethnicity	3	5	0	3
Lack of education	2	6	2	3

Additional questions were included to determine if the lack of a particular type of education (e.g. MHA, clinical degree) served as a barrier to career advancement. Very few respondents indicated that the lack of a particular type of degree affected their careers. Only 3% (n=13) of respondents suggested that the lack of an MHA served as a barrier, while 2% (n=11) suggested that the lack of a clinical degree was a barrier.

### **Job Challenges**

Respondents were asked about challenges they face in their current jobs. Fifty-eight percent (n=281) of respondents cited financial pressures, and 55% (n=267) cited work/life balance pressures. Respondents frequently cited stress/burnout (53%, n=260), industry regulations (52%, n=255), frustrating processes (51%, n=251), and work demands as challenges (51%, n=251). Organizational culture (42%, n=203) and complexity (37%, n=180) are also challenges faced by respondents. Finally, job uncertainty was listed as a challenge by 18% (n=89) of respondents, with only 10% (n=47) citing integration with the team as a challenge.

Job challenges vary by respondent organizational level. Executive level respondents were much more likely to report financial pressures, work/life balance pressures, stress/burnout, industry regulations, work demands, and job uncertainty as job challenges than director/manager level and other employees. In contrast, director/manager level respondents were more likely to cite frustrating processes, organizational culture, and integration with the team as challenges than other respondents. Finally, other respondents, including staff level employees and consultants, were more likely to report organizational complexity as a challenge than respondents at other organizational levels.

Please see Table 19 for detailed statistics.

**Table 19: Job Challenges**

	Percentage (%)			
	Executives	Directors	Others	Overall
Financial pressures	67	43	44	58
Work/life balance pressures	62	43	46	55
Stress/burnout	58	50	38	53
Industry regulations	58	44	40	52
Frustrating processes	47	62	49	51
Work demands	53	47	51	51
Organizational culture	39	49	38	42
Organizational complexity	36	37	40	37
Job uncertainty	19	17	16	18
Integration with the team	8	13	11	10

### Positive Aspects of Job

Respondents were asked about positive aspects of their jobs. The challenge associated with the performance of the job (94%, n=461) and the ability to help people (92%, n=451) were the two most frequently cited positive aspects of the job. Sixty-six percent (n=324) of respondents list their work environments and 59% (n=288) list compensation as positive aspects. Finally, 42% (n=206) of respondents list prestige as a positive aspect of the job.

Positive job aspects reported vary by organizational level. Executives reported more positive job aspects than both director/manager level and other respondents. In contrast, director/manager level respondents reported the least positive job aspects of the respondent groups.

See Table 20.

**Table 20: Positive Job Aspects**

	Percentage (%)			
	Executives	Directors	Others	Overall
Challenging	97	89	93	94
Helping people	94	89	93	92
Work environment	70	60	66	66
Compensation	67	45	56	59
Prestige	50	29	33	42

## SUMMARY

An increasing number of current and future executives are entering hospitals lacking educational experience rooted in either health care management or clinical disciplines. Evidence of this trend emerges when the membership characteristics of affiliates of the American College of Healthcare Executives (ACHE) are examined. Approximately 31% of affiliates and over half of all new members have non-health specific educational backgrounds (ACHE 2007). The primary purpose of this study was to increase understanding about the way these professionals learn about both healthcare management and the healthcare environment. An additional goal of this study was to identify challenges and barriers to career advancement associated with working in a healthcare organization without a formal clinical or healthcare management education. Since knowledge about the healthcare environment is a competency necessary to effectively manage a healthcare organization, it is important that existing leaders understand how this growing group of managers learns and functions on the job so that they can make informed recruitment and training decisions.

The findings of this survey suggest that survey respondents do not appear to be held back in their careers by their educational backgrounds. Further, the lack of a particular type of degree (e.g., MHA) or clinical education has not hindered career progression. However, this finding is likely due to the high percentage of respondents with master's degrees (98%) and the high concentration of executive level respondents (60%).

On the job learning is the primary mechanism of learning reported by respondents lacking formal healthcare management education. Reading, seminars and conferences, multidisciplinary group work, socializing, committee participation, and informal mentoring are some of the most common methods of on the job learning reported.

Most respondents work for organizations that offer some type of training or professional development. However, most organizations do not offer specialized training for individuals with no formal healthcare education. Of those organizations offering such programs, patient safety and customer services training are the most common types offered.

Competency based training appears to improve respondent expertise in healthcare management competency domains. Although survey respondents rated themselves as competent in all of the provided healthcare management competency domains, those receiving training in a particular area reported a higher level of expertise.

Survey respondents work with individuals of differing educational backgrounds on a daily basis, and find this type of multidisciplinary work to be more advantageous than disadvantageous. In fact, multidisciplinary group work is one of the primary ways that survey respondents reported learning on the job.

The major barriers to career advancement reported in this survey are age and gender. Career challenges include financial pressures, work/life balance issues, stress/burnout, industry regulations, and frustrating processes. However, respondents indicated that the most positive aspects of their careers include its challenging nature and the ability to help people.

Executive level respondents reported different experiences than respondents at other organizational levels (director/manager, other). Executives are more likely to have expertise in general management and financial management, while other respondents reported more clinical expertise. The career paths of executive level respondents were more often vertical than respondents in other organizational levels, and executives reported fewer barriers to career advancement. Finally, executives reported higher levels of financial pressures, work/life balance pressures, and stress/burnout than other respondents.

In summary, this survey indicates that healthcare managers without formal healthcare management experience learn what they need to know on the job. Employer provided competency based training and professional development enhance the learning experience for such individuals.