

The Healthcare Management Workforce

If you are reading this book, you are probably trying to determine what you want to do with your career and where the best jobs will be in the next 5 to 10 years. Maybe you've had family, friends, teachers, and guidance counselors pepper you with questions about your life after graduation, usually couched in phrases that begin with, "Well, when I was your age . . ." or "You know there are a lot of jobs out there in . . ." Perhaps you've been watching the news, and you realize that health care is a field with growing demand and a wide variety of job opportunities. Possibly you're a business person and want to apply your knowledge and skills to a different sector. Maybe you already work in a healthcare organization and wonder how you can move into a management role. Or, perhaps you're a clinician, who has spent years in direct patient care, and want to become an administrator. Whatever your educational background, age, or career level, you want to get up in the morning, go to work, be glad you are there, and *make a difference*. Job satisfaction is one thing that money cannot buy. It comes from within and is "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" (Locke, 1983, p. 1300). If you have vivid memories of specific work experiences, they are more likely than not to be of very good or very bad times. What you want to do is to learn to make wise career choices, minimize those bad experiences, and grow from the challenging ones. By reading this book, you will

have a good idea of whether this is the field for you and if you will be satisfied with the work expected of a healthcare manager.

WHY CHOOSE HEALTHCARE MANAGEMENT?

The purpose of this book is to provide an opportunity for students or professionals not familiar with the field to understand the specifics of healthcare management employment, types of available positions and career opportunities, career tracks for healthcare managers, the day-to-day responsibilities associated with these positions, and the specific challenges faced by these administrators on a daily basis. Just to tantalize you with a preview of what's ahead, here are some great reasons for choosing this field:

1. Healthcare management is one of the fastest growing career fields in the United States.
2. Healthcare management is an exciting field with opportunities for advancement.
3. There will *always* be a need for health care and healthcare managers.
4. Healthcare management offers a variety of jobs and settings, from hospitals to nursing homes to consulting firms and more.
5. Healthcare managers can help populations of people or they can help one person at a time.
6. Students learn about health care and business, making them more competitive when looking for jobs or graduate schools.
7. Practical internships and residencies enable students to get a head start in real-world experiences and jobs.
8. Most undergraduate programs have small classes, so students are able to develop personal relationships with teachers and classmates.
9. Alumni are often involved in undergraduate programs and help students to network and find jobs.
10. According to the U.S. Bureau of Labor Statistics, the average entry-to-mid-level salary for Healthcare Management graduates with a bachelor's degree is \$32,000–35,000, and people with master's degrees and many years of experience can earn six-figure incomes (U.S. Bureau of Labor Statistics [BLS], 2007a).

THE ORIGINS OF HEALTHCARE MANAGEMENT

The University of Chicago founded the first program in Health Administration in 1934 under the leadership of Michael M. Davis, who had a PhD in Sociology. Davis recognized that there was no formal training for hospital managers and that an interdisciplinary program of education was needed. Envisioning the role of the healthcare manager as both a business and social role, he utilized the expertise of medical administration, social service administration, and business faculty to create an interdisciplinary model that has been replicated repeatedly across the United States and throughout the world (University of Chicago, n.d.). Originally, schools that offered a degree in Healthcare Management or Health Services Administration were all master's degree programs, geared to preparing hospital administrators. Now, in addition to master's degrees, there are baccalaureate and doctoral programs in Healthcare Management. Today, more jobs in healthcare management are being created outside of hospital settings than within. Increasing specialization of health care, burgeoning allied healthcare disciplines, a diversity of healthcare organizations, greater variety in jobs, higher expectations for healthcare outcomes, and demanding consumers mean healthcare organizations must be able to respond appropriately, effectively, and efficiently.

GROWTH AND OPPORTUNITIES

The healthcare management profession has experienced significant growth in the past 20 years. Twelve percent, or more than 1 out of every 10 working persons in the United States is employed in health care, and the salaries and demand for healthcare and social assistance workers are expected to grow by more than 25% according to the BLS (BLS, 2007a). This percentage growth is expected to be “above average” when compared to all occupations, and opportunities are expected to be especially attractive in physician practices, hospitals, home healthcare services, and outpatient care centers, according to the BLS projections. The net increase in the number of medical and health services managers needed by 2014 is forecast to be 105,000. This growth is fueled in part by the expansion in the

number of direct care health organizations and healthcare-related organizations, such as ambulatory care organizations, managed care organizations, retirement communities, and assisted living firms, among others (Thompson, 2007). Hospitals will continue to employ a large number of workers; however, the rate of growth in that part of the healthcare sector will slow due to health care moving to other settings. Physicians and other healthcare practitioners will be the fastest growing employers of healthcare managers between 2006 and 2016 (BLS, 2007b).

And if those projections don't entice you to run right out and find a job in healthcare management and if you're tired of being bossed around by others, think of this: With experience, education, and the right people skills, *you* can be the boss. Opportunities for advancement in healthcare management exist in every setting. Increased demand and new managerial positions are needed to staff these organizations coupled with increased turnover as baby boomers, now entering the retirement phase of their lives, are creating rapid advancement opportunities for healthcare managers in the right place at the right time (Health Resources and Services Administration [HRSA], 2003).

While both of these important trends have created significant opportunities for health services managers, they have also raised important concerns about talent identification, recruitment, retention, and succession planning. Whereas talent scouts were once considered the purview of acting and sports, headhunters and management recruiters are looking for gifted managers with the knowledge, skills, and abilities to guide healthcare organizations through the tsunami of change in health care. Are you up to the task? Think you might be the next healthcare superstar? Take a few minutes and use the following checklist (see Table 1-1) to determine your Healthcare Management Talent Quotient!

Table 1-1 Healthcare Management Talent Quotient Quiz

Instructions: Using a scale of 1–4, where 1 = Strongly Disagree and 4 = Strongly Agree, indicate how strongly you agree or disagree with each of the following sentences regarding your knowledge, skills, and abilities. Strongly Disagree = 1 point; Disagree = 2 points; Agree = 3 points; and Strongly Agree = 4 points. Add up your total number of points to determine your Healthcare Management Talent Quotient score.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I learn better by doing something.				
People tell me I am a good listener.				
I've always been interested in numbers and math.				
When I read, I readily comprehend and retain information.				
People tell me I am a good public speaker.				
I enjoy writing and look for ways to improve my writing.				
I always try to look at many sides of a question.				
I have learned how to study and improve my learning.				
Doing my best is very important to me.				
Family and friends often put me in charge of events.				
I like teaching other people new knowledge and skills.				
I am a good negotiator.				
I can be very persuasive when I need or want to be.				

Table 1-1 *Continued*

	Strongly Disagree	Disagree	Agree	Strongly Agree
I rarely lose my temper.				
I enjoy learning about other cultures.				
I enjoy being on a team and teamwork.				
I am able to communicate effectively with people from diverse cultural backgrounds.				
Men and women should have equal pay for equal work.				
I like helping people.				
I am concerned about poor, elderly, and sick people.				
The bigger the problem, the more I enjoy solving it.				
Men and women have different approaches to problem-solving.				
I like to brainstorm ideas with friends or family.				
Planning a project/event is almost as much fun as doing it.				
I like to reflect on how a project could have been improved.				
I enjoy doing research and gathering information.				
I'm good at organizing information.				
I try to identify the cause(s) of problems.				
Combining information into something new is enjoyable.				

	Strongly Disagree	Disagree	Agree	Strongly Agree
I like seeing the “big picture,” i.e., how does what I’m doing fit into the community.				
I always try to do the right thing for the right reasons.				
My personal integrity is very important to me.				
Time management is very important to me.				
Money management is critical to making sure I can continue to do the things I want and need to do.				
People are the most important asset in an organization.				
I have been told I have good judgment.				

How did you score? The higher your score, the more likely you are to do well in healthcare management. This quiz is not intended to dissuade you if you have a low score. It is intended to help you to identify your aptitude at working in a healthcare setting. Fear not, these skills *can* be learned. The rest of this chapter provides an overview of what knowledge, skills, and abilities are important for you to acquire and why they are significant in healthcare management.

KNOWLEDGE BASE REQUIRED FOR HEALTHCARE MANAGEMENT

At the undergraduate level, the Association of University Programs in Health Administration (Association of University Programs in Health Administration [AUPHA], n.d.a) at www.aupha.org sets the standards for excellence in healthcare management education and encourages healthcare

management (HCMN) programs to demonstrate excellence in research, practice, and educational curriculum. At the graduate level, the Commission on Accreditation of Healthcare Management Education (CAHME) does the same and “assures the highest quality educational product” (Commission on Accreditation of Healthcare Management Education [CAHME], 2007). In the following sections of this chapter, we will discuss the knowledge areas that should be covered in Healthcare Management programs. The curriculum for HCMN incorporates a multidisciplinary approach including public health, health services research, and finance and management as well as sociological, political, and economic orientations. Graduates of HCMN programs must possess the knowledge and skills necessary to enhance the management and delivery of health services and to serve as future leaders for healthcare organizations in a changing healthcare market. See Appendix B for an example of a Bachelor of Science Healthcare Management (BS, HCMN) Program of Study and Appendix C for an example of a Master of Health Administration (MHA) Program of Study. In addition, you can review undergraduate programs at the AUPHA website, www.aupha.org, and graduate programs at the CAHME website, www.cahme.org.

Liberal Arts and General Education

At the undergraduate level, general education requirements are designed to help students gain essential intellectual skills and knowledge that will be important throughout their lives, not just in an occupation. These skills include successful speaking and writing, the gathering and evaluation of information, the appreciation of diverse points of view, and the ability to understand and formulate ideas and values. “Liberal arts provide students with (1) the flexibility and resourcefulness required to adapt successfully to rapid social, economic, and technological change, (2) the understanding and tolerance necessary for informed citizenship and social action, and (3) the interest and curiosity essential to the pursuit of learning throughout the whole of life” (Towson University, 2008).

A solid HCMN curriculum integrates the liberal arts general education requirements of communication (written and oral); computational skills (mathematics and quantification); critical thinking (ability to analyze problems); and societal context (historical, philosophical, social, economic,

political, and scientific foundations) with its curriculum to take advantage of this foundation and to build upon it with HCMN requirements (Towson University, 2008).

Conceptual, Technical, and Functional Competency in Management

At both the undergraduate and graduate levels, healthcare managers derive skills and knowledge from basic management theory and practice. The following competencies should be covered in an HCMN program of study: general management and theories of management including, but not limited to, content in business, law, organizational behavior, organizational design, and strategic management. Examples of course titles that will develop these competencies include accounting, economics, business law, marketing, computer literacy, financial management, human resources management, operations analysis, management information systems, strategic planning, marketing, research methods, and statistics.

Although business courses offer a sound foundation in these competencies, a solid HCMN curriculum demands healthcare-specific conceptual and technical competency in management. Students must have an understanding of the interaction of disease, public health, health promotion, and disease prevention with health, environments, organizations, populations, the healthcare delivery system, and the health professions. Examples of courses that will develop these competencies include bioethics, chronic and communicable disease, epidemiology, introduction to public health, health economics, health finance, health policy, organization of healthcare services, introduction to healthcare management, legal and ethical issues in health care, long-term administration, long-term ethical problems, and quality/performance improvement (AUPHA, n.d.b; CAHME, n.d.).

MANAGERIAL SKILLS REQUIRED FOR HEALTHCARE MANAGEMENT

Managerial skills and abilities cover a wide range of abilities including leadership, interpersonal skills, teamwork, managerial ethics, professional development, cultural competence, and motivation for continued learning.

Although leadership has always been at the forefront of people's minds when they think of managers, changes in populations, including the aging baby boomers, and ethical dilemmas are growing parts of the landscape of healthcare delivery.

For the past 30 years, the population of the United States has had dramatic changes in racial and ethnic composition (U.S. Census Bureau, 2000, 2005). In addition, the U.S. Census Bureau has projected a tripling of Hispanic and Asian populations in the next 50 years (U.S. Census Bureau, 2004). However, according to Loden and Rosener (1991, p. 20), dimensions of diversity are not limited to race and ethnicity, but also include "geography, military background, work experience, family socioeconomic status, religion, primary language, communication, learning and work styles, educational background, age, gender, physical/mental/emotional characteristics, and sexual orientation." The diversity of the populations served in health care has not yet been matched by the diversity of healthcare providers, so opportunities in healthcare management abound for students who speak a second language and are interested in and sensitive to other cultures.

Oftentimes, healthcare managers have been portrayed in the media as individuals who are only interested in the bottom line and in how much money they can make for themselves. Unfortunately, there have been occasions when greed, avarice, and access to money have tempted healthcare executives with scandals and tarnished images as the resultant outcomes. However, the American College of Healthcare Executives (ACHE) has a code of ethics that explicitly lists the behaviors expected of an ethical healthcare manager: responsibilities to the profession, patients, organization, employees, community, and society (American College of Healthcare Executives [ACHE], n.d.). Solid healthcare management programs address these issues in their curriculum at all levels—undergraduate, graduate, and executive—and cull out those students who do not act in a manner consistent with this code of ethics.

In addition, professors and employers are increasingly mindful of the need for professional demeanor and are weeding out unfit future healthcare managers. Classroom disruptions in the form of temper tantrums or "desk rage" over grades, bullying behavior toward other students, and attempts to intimidate faculty and staff are unacceptable. Students who behave in this manner will, more likely than not, be referred to the university's judicial affairs department of student affairs. If a student is not

responsive to the requirements for civility training and/or anger management, then he or she does not belong in a healthcare organization. Each time you have a choice to make, you should ask yourself, “Is this ethical? Would it withstand the headline test?” If you cannot say yes, you shouldn’t do it (Buchbinder, 2008, p. 2).

As Buchbinder and Thompson wrote in 2007, “. . . in healthcare management, from the day you enter the door of your first job, you will be part of an interdisciplinary team. Teamwork requires leadership, strategic thinking, diverse groups of people with different perspectives and disciplines, excellent organizational and interpersonal skills, and a good sense of humor” (p. 303). Teamwork is one of the most important competencies a healthcare manager can have and in high-quality HCMN programs, teamwork is integrated throughout the curriculum; students are required to develop the ability to work productively with a diverse, interdisciplinary team. In addition to being a good team player, the excellent healthcare manager will go above the call of duty to ensure that the organizational goals are achieved. If you are a clock-watcher and are not interested in putting in extra hours to ensure a quality product or service, healthcare management is not for you. Health care is a 24/7 business; people become ill and require services at any hour—day or night—and healthcare managers must be willing to put the patient’s needs first. Like nursing and medicine, healthcare management is a sacred calling and you must be prepared to defer your own immediate gratification to work in a patient-centered organization.

Motivation for continued learning must be a priority for healthcare managers and those who choose to work in the discipline. Health care is a dynamic field; you need only to read the headlines on the Internet, in the newspapers, or to watch the evening news to realize that this is a constantly evolving field. If you are not interested in lifelong learning, then healthcare management is not the right choice for you. For example, the American College of Healthcare Executives offers postgraduate credentialing. Board certification as a Fellow in the American College of Healthcare Executives (FACHE) is a demonstration of one’s commitment to the field and provides opportunities for advancement and professional growth (ACHE, n.d.). Other professional organizations, such as the Medical Group Management Association (MGMA) and the American College of Health Care Administrators (ACHCA), also offer certification programs for healthcare management professionals.

EXPERIENTIAL LEARNING REQUIRED FOR HEALTHCARE MANAGEMENT

David Kolb's experiential learning cycle model states that learning is the process and knowledge is the outcome; learning becomes knowledge when the learner is caught up in the experience (Kolb, 1984). Kolb argued that the most meaningful learning, knowledge acquisition, and integration occur when the learner progresses through all four stages of Abstract Conceptualization, Active Experimentation, Concrete Experience, and Reflective Observation. Another researcher, Donald Schön, called the phenomenon of learning through experience, "knowing-in-action," which becomes "knowledge-in-action" (Schön, 1983, p. 59). He argued that practitioners "know-in-doing" and that their art could be taught to others. In his subsequent work (1987), Schön indicated that real-world problems are not clean, pristine, and textbook perfect. They are messy, overwhelming, and full of underlying themes, issues, and agendas that may not be related to the practitioner's discipline, but influence the problem at hand. Practitioners name and identify what is relevant and create a conceptual framework for problem solving according to their training and discipline (Buchbinder et al., 2005). To succeed in practice, healthcare managers must be able to wrangle their way through these tricky problems.

In addition to issues related to cost, quality, and access, real-world healthcare management problems are tangled up in personalities and politics. Healthcare employers are looking for people who are team players, problem solvers, and politically savvy self-starters, who will go above the call of duty. Solid healthcare management programs utilize a wide variety of approaches to develop the knowledge, skills, and abilities needed for this fluid environment. In addition to the traditional readings, quizzes, examinations, and research papers, educators in healthcare management also utilize self-assessment tools, reflective papers, online discussions, in-class lectures and discussion, case studies, and role play.

Experiential learning, such as case studies focused on healthcare settings and extensive teamwork, group projects, team and individual presentations, role play, and internships, are signature teaching methods in most HCMN curricula. Faculty-supervised internships, practica, and projects in healthcare organizations provide an opportunity for students to learn how to apply theory and principles in the context of work situations and to develop skills essential to these tasks. In addition to providing an oppor-

tunity for the transition from the student to professional role, at the undergraduate level internships offer the chance to try out a job without risk. If it turns out that it was something you never want to do again, you have gained that knowledge without looking like a job-hopper after you graduate.

Internships give you opportunities for networking, to find a mentor, and to see what kinds of roles exist. Also, internships allow you to practice what you have learned by demonstrating your knowledge and skills, and help to further develop your competencies (Thompson, 2005). Many healthcare management graduates obtain their first job from their internship. Internships should be treated like a very long job interview: Every day is a chance for the intern to demonstrate how indispensable he or she can be to the organization. Healthcare management interns are welcomed enthusiastically by health services organization practitioners. The most frequent question posed preceptors at the end of an internship placement is “When can we have another intern?” Likewise, undergraduate students always say the internship is the most useful part of the curriculum. At the graduate level, many universities offer a paid administrative residency or practicum, that is, eight-months to one-year-long training with a healthcare executive preceptor who has made the commitment to mentor and coach a student into an executive role. As Xavier University notes, these experiential educational opportunities provide you with “intensive project and management experiences . . . invaluable for developing a strong management foundation and helping you launch a successful career” (Xavier University, 2008).

CHAPTER SUMMARY

Healthcare management is one of the fastest growing fields in the United States. Opportunities for employment and a satisfying career are expected to be above average for the next two decades. Critical learning includes: liberal arts; conceptual, technical, and functional competency in general management and healthcare management; managerial skills and abilities; and experiential learning where you can apply classroom theory to real-world healthcare management. If you are willing to study and work hard, the dynamic field of healthcare management might just be the career for you.

REFERENCES

- American College of Healthcare Executives. (n.d.). *ACHE code of ethics*. Retrieved July 22, 2008, from http://www.ache.org/ABT_ACHE/code.cfm
- American College of Healthcare Executives. (n.d.). *FACHE: Advancement to fellow*. Retrieved July 22, 2008, from <http://www.ache.org/membership/credentialing/credentialing.cfm>
- Association of University Programs in Health Administration. (n.d.a). *Program certification and accreditation*. Retrieved November 18, 2008, from <http://www.aupha.org/i4a/pages/index.cfm?pageid=3518>
- Association of University Programs in Health Administration (n.d.b). *Criteria for undergraduate program certification*. Retrieved November 18, 2008, from <http://www.aupha.org/files/public/2008++%20UNDERGRADUATE%20CRITERIA.pdf>
- Buchbinder, S. B. (2008, Spring). Walking the talk. *AUPHA Exchange*, p. 2.
- Buchbinder, S. B., Alt, P. M., Eskow, K., Forbes, W., Hester, E., Struck, M., et al. (2005, June). Creating learning prisms with an interdisciplinary case study workshop. *Innovative Higher Education*, 29(4). Retrieved July 22, 2008, from <http://www.springerlink.com/content/h8k6k2537l603h04/>
- Buchbinder, S. B., & Thompson, J. M. (2007). Teamwork. In S. B. Buchbinder & N. H. Shanks (Eds.), *Introduction to health care management* (p. 303). Sudbury, MA: Jones and Bartlett.
- Commission on Accreditation of Healthcare Management Education. (n.d.). *About CAHME: Historical overview*. Retrieved November 18, 2008, from <http://cahme.org/History.html>
- Health Resources and Services Administration. (2003, Spring). *Changing demographics: Implications for physicians, nurses, and other health workers*. United States Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis. Retrieved July 22, 2008, from <http://bhpr.hrsa.gov/healthworkforce/reports/changedemo/content.htm>
- Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice-Hall.
- Locke, E. A. (1983). The nature and causes of job satisfaction. In M. Dunnette (Ed.), *Handbook of industrial and organizational psychology* (pp. 1297–1349). New York: John Wiley and Sons.
- Loden, M., & Rosener, J. B. (1991). *Workforce America! Managing employee diversity as a vital resource*. Homewood, IL: Business One Irwin.
- Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Schön, D. A. (1987). *Educating the reflective practitioner*. San Francisco: Jossey-Bass.
- Thompson, J. M. (2005, Fall). Competency development and assessment in undergraduate healthcare management programs: The role of internships. *The Journal of Health Administration Education*, 22, 417–433.

- Thompson, J. M. (2007). Health services administration. In S. Chisolm (Ed.), *The health professions: Trends and opportunities in U.S. health care* (pp. 357–372). Sudbury, MA: Jones and Bartlett.
- Towson University. (2008). *General education requirements*. Retrieved July 22, 2008, from <http://www.towson.edu/registrar/Degree/geneds/index.asp>
- U.S. Bureau of Labor Statistics. (2007a, Fall). *Occupational outlook quarterly*. Retrieved July 22, 2008, from <http://www.bls.gov/opub/ooq/2007/fall/art03.pdf>
- U.S. Bureau of Labor Statistics. (2007b, December). *Occupational outlook handbook, 2008–2009 Edition*. Medical and Health Services Managers. Retrieved July 22, 2008, from <http://www.bls.gov/oco/ocos014.htm>
- U.S. Census Bureau. (2000). *Census 2000 demographic profile highlights*. Retrieved July 22, 2008, from http://factfinder.census.gov/servlet/ACSSAFFacts?_event=&geo_id=01000US&_geoContext=01000US&_street=&_county=&_cityTown=&_state=&_zip=&_lang=en&_sse=on&ActiveGeoDiv=&_useEV=&pctxt=fph&pgsl=010&_submenuId=factsheet_1&ds_name=DEC_2000_SAFF&_ci_nbr=null&qr_name=null®=null%3Anull&_keyword=&_industry=
- U.S. Census Bureau. (2004). *Census bureau projects tripling of Hispanic and Asian populations in 50 years; non-Hispanic whites may drop to half of total population*. Retrieved July 22, 2008, from <http://www.census.gov/Press-Release/www/releases/archives/population/001720.html>
- U.S. Census Bureau. (2005). *2006 American community survey data profile highlights*. Retrieved July 22, 2008, from http://factfinder.census.gov/servlet/ACSSAFFacts?_event=&geo_id=01000US&_geoContext=01000US&_street=&_county=&_cityTown=&_state=&_zip=&_lang=en&_sse=on&ActiveGeoDiv=&_useEV=&pctxt=fph&pgsl=010&_submenuId=factsheet_1&ds_name=DEC_2000_SAFF&_ci_nbr=null&qr_name=null®=null%3Anull&_keyword=&_industry=
- University of Chicago, School of Social Service Administration, Chicago, IL. The graduate program in health administration and policy. (n.d.). *About GPHAP*. Retrieved July 22, 2008, from <http://gphap.uchicago.edu/aboutgphap.shtml>
- Xavier University. (2008). *Residency*. Retrieved November 18, 2008, from <http://www.xavier.edu/mhsa/Residency.cfm>

