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Health Administrators Go Beyond the Healthcare Leadership Alliance in Defining Soft Skill Competencies

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Abstract

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ABSTRACT

The Healthcare Leadership Alliance [HLA] Competency Directory includes soft skill competency statements that can be considered broad and vague and therefore, not measurable or useful for training and developing the behaviors expected of new hires. The purpose of the research was to advance the Healthcare Leadership Alliance [HLA] Competency Directory by examining the views of healthcare administrators about observable behaviors expected of new hires. A convenience panel consisted of 20 mid- to senior-level health administrators in the Midwest. The research design was a 4-Round Delphi technique. Experts reached consensus on the top two HLA soft-skill competency statements included in the study and attached attitudes and behaviors after four rounds. Behaviors for a productive and successful workplace appeared challenging for several of the experts. The study sought to answer what are the observable behaviors associated with the most critical soft-skill competencies in practice.

Keywords: soft skill competencies, health administration, professional development

INTRODUCTION

Soft skills are critical for career success.¹ Research by the Stanford Research Institute and the Carnegie Mellon Foundation among fortune 500 CEOs found that 75% of long-term job success depended on people skills and only 25% on technical skills. Harvard University stated that 80% of achievement is determined by soft skills, and only 20% of achievement is determined by hard skills.² Yet, research shows that students receive degrees but are often unprepared for the workplace where interpersonal skills are very important.^{3,4} In fact, in LinkedIn's Global Trend 2019 Report, 89% of talent acquisition professionals indicated that when a new hire does not work out it is because of they lack critical soft skills.⁵

There are several competency models in the health administration field: (a) HLA⁶, (b) American College of Healthcare Executives [ACHE]⁷, and (c) The National Center for Healthcare Leadership [NCHL]⁸. The HLA is a consortium of eight leading health management organizations: American College of Healthcare Executives [ACHE]; American College of Physician Executives [ACPE]; American Organization of Nurse Executives [AONE]; Healthcare Financial Management Association [HFMA]; Healthcare Information and Management Systems Society [HIMSS]; and Medical Group Management Association [MGMA]; its certifying body, and the American College of Medical Practice Executives [ACMPE]. The HLA established the seminal list of competencies for the field that is used today by the ACHE, considered the leading association for health administration students and professionals, to develop and accredit programs that produce the next generation of healthcare administrators. The HLA Competency Directory emphasizes hard skills (e.g., project management, needs analysis, statistical analysis) and includes broadly stated soft-skill competencies (e.g., listening skills, recognize and use non-verbal forms of communication, build collaborative relationships). This study's focus is the HLA Competency Directory.

The HLA competency statements can be considered broad and do not prescribe a set of behaviors expected of students to become successful healthcare administrators. Yet these broad statements such as "demonstrate effective interpersonal relations, professional norms and behaviors", etc., are used in accreditation surveys, job descriptions, and performance evaluations. This study is an opportunity for administrators in the health administration field to identify attitudes, behaviors, dispositions, and values deemed important for early careerists. The HLA offers examples of developmental activities for professionalism at different career levels in Table 1.

Table 1. Professionalism and its Development at Different Career Levels

	Entry	Middle	Senior
Definition	First position out of graduate school up to the first level of leadership	"Manager of managers" roles up to service line-level responsibilities	From vice-president up
Competency Areas Understanding professional roles and norms	Joining relevant professional associations; attending events; getting involved in committees	Maintaining professional activities; seeking out opportunities to observe and model senior-level norms	Striving to be a model of professionalism within one's organization; encouraging professionalism of others
Working with others	Developing skills in giving and receiving feedback; strategically developing work relationships across the organization	Cultivating working relationships across the organization; Developing relationships with others in similar positions at other organizations; actively seeking/providing feedback	Cultivating a feedback-rich environment; helping direct reports align career goals with organizational objectives; encouraging others to pursue professional development
Managing oneself	Developing balance between roles within and outside of work; actively planning and managing one's career	Maintaining an effective work-life integration; continuing to monitor and manage time and stress; planning for career and post-career life	Ensuring that roles within and outside work blend effectively; actively planning post-career transition; preparing successors
Contributing	Directly contributing one's time and resources to help	Contributing expertise and resources, both within and outside the organization,	Role modeling and promoting the importance of contributing; developing a

	others; seeking others to help develop one's expertise	through activities such as mentoring, writing/presenting, and advocacy	climate that facilitates others' contributions
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Note: Adapted from "Professionalism," 2006; retrieved from the Healthcare Leadership Alliance website (<http://www.healthcareleadershipalliance.org/Professionalism.pdf>)

Clinical and intentionally interpersonal practice degree programs such as social work, nursing and clinical psychology have long recognized the importance and a deliberate focus on teaching and practicing soft skills due to the patient contact inherent in the field.⁹⁻¹² Non-clinical disciplines including health administration, management, and business administration typically focus the curriculum on technical training with hard skills and less on soft skills. However, medical models of professionalism and soft skill competencies may not be the best models for health administration given the limited patient contact. There is a need to establish critical soft skills and operationalize definitions specific to health administration to better train and develop students to be successful in the workplace. According to Nelson and Trubek, soft skills may differ according to the perceptions of the work performed.¹³

METHODOLOGY

The prelude to data collection involved a determination of soft-skill competencies to study. The research timeline began with the selection of softs skills from the Healthcare Leadership Alliance Competency Directory [HLA]. The fall 2017 pilot study informed the final list of soft skill competency statements. Phase I collected data using the Delphi technique with health administration leaders and internship preceptors to establish the critical soft-skill competencies that early careerists should possess. Implementation of the Delphi technique occurred in winter and spring 2018. The following section details the selection process for the soft-skill competencies selected to study, followed by the research design for each phase.

Determination of Soft-Skill Competencies to Study

The HLA Competency Directory is comprised of 821 competencies of which approximately 178 are soft skill competencies. Competencies were combined or removed that were redundant in terms of actual wording or meaning (e.g., develop effective interpersonal skills, demonstrate effective interpersonal relations). The list reduced to 53 soft skill competency statements. Competencies were eliminated that were too broad (e.g., demonstrate effective interpersonal relationships) or had a hard skill component (e.g., make financial presentations to diverse audiences). The list reduced to 35 soft skill competency statements. The list of soft skill competency statements to study was intentionally reduced to 15 based on a conceptual model from a previous instrument development study by the researcher.¹⁴ The priority of these 15 soft skill competency statements was supported by the business administration literature.¹⁵⁻¹⁸

Pilot Study

The pilot study consisted of three health administrators utilizing a semi-Delphi technique. In Round I, participants received an email of the 15 HLA soft skill competency statements generated from the pilot study (see Table 2). Experts ranked the soft skill competency statements on a 5-point Likert scale from "very important to unimportant" and listed additional soft-skill competencies deemed important. Round I results show that two of the three health administrator participants ranked 10 of the 15 HLA soft skill competency statements as "very important," two soft skill statements as "important," and one soft skill statement as "moderately important". All health administrator participants unanimously ranked two soft skill statement as very important. There were six additional soft-skill competencies listed by the participants as "important" to include introspection, political savvy, generational awareness, the ability to manage and work in a fast-paced environment, the ability to handle details and the big picture, and the ability to accept criticism.

Table 2. Pilot Study HLA Soft Skill Competency Statements

Soft Skill Competency Statements	Very Important	Important	Moderately Important
Relationship Management: - Build trusting and collaborative relationships - Care about people as individuals and demonstrate empathy and concern while ensuring that organizational goals and objectives are met	2 2	1 1	
Communication Skills: - Listen and respond effectively to the idea and thoughts of others - Assert views in non-threatening, non-judgmental ways	2 1	1	2

- Provide and receive constructive feedback	2	1	
- Sensitivity to what is correct behavior when communicating with diverse cultures	2	1	
- Recognize and use non-verbal forms of communication	2	1	
Work in a Team:			
- Understand group dynamics	3		
- Motivate team members to achieve desired end results	2	1	
- Create an environment open to sharing opinions	1	2	
Work Ethic			
- Holds oneself accountable and responsible for actions and outcomes	2	1	
- Define and prioritize requirements	2		1
- Follow through on promises and concerns	2	1	
- Integrate high ethical standards and core values into everyday work activities	3		
- Support staff during times of difficult transitions	1	2	

Pilot Study Round II was an in-person discussion to clarify their ranking in Round I for the 15 soft skill competency statements as well as the 6 additional competencies and to assign attitudes, behaviors, and values [ABVs] to refine the soft-skill competencies. The results from the pilot study informed the content of the research design described below.

Research Design

Delphi technique with health administration leaders were colleagues of the researcher and internship preceptors because of their relation to one University in the study, the proximity to each other, and presumed challenges with scheduling for in-person sessions. The Delphi technique is a common methodology that elicits the opinions of experts.¹⁹⁻²¹ Experts received a summary of responses to generate consensus on the topic of investigation. The feedback included qualitative and quantitative data in each subsequent round of survey administration. The results from each round helped formulate subsequent questionnaires. This process also allowed experts to identify items overlooked or thought unimportant. Additionally, the multiple rounds afforded the experts opportunities to change their opinions or disagree with certain results. The Delphi technique concluded upon consensus.

The Delphi technique design for this study was anonymous. The identities of experts, and their responses in the multiple rounds of survey administration and feedback of results were anonymous to arrive at a consensus. The starting point for expert input was the 15 HLA competency statements identified in Table 2. The Delphi technique consisted of four rounds. In Rounds I, and II, experts were asked to rate the 15 soft skill competency statements that early careerists should possess. Experts then provided what behaviors demonstrate these competencies in healthcare administration in Rounds III and IV.

Part I, Round I of the Delphi technique began by emailing the experts a consent form along with a survey containing the 15 HLA soft skill competency statements. The experts rated the 15 soft skill competency statements using a Likert scale from “very important to unimportant. The survey included an open-ended question to allow experts to list other soft-skill competencies they deemed necessary that were not among the 15 competencies provided.

Round II began by emailing the results of Round I along with the list of additional soft-skill competencies. The experts rated the new list that included both the original set of 15 HLA soft skill competency statements and 15 additional soft-skill competencies the experts deemed to be of some level of importance from 1 the “most important” to 30 “unimportant.” The average ratings determined the soft skills from “most important” (top-ranked) to “unimportant”.

Round III began by emailing the experts the results from Round II. Round III required an agreement on the top two soft-skill competencies. Upon agreement, the experts operationalize ABVs for only those two soft skill competency statements. No response from three experts necessitated a telephone call to obtain their responses to the same two questions other experts received by email. Most experts’ initial descriptors were vague or too broad, necessitating a fourth round.

Discipline Experts

The experts were internship preceptors from a Midwestern university and leaders in health administration organizations in a nearby metropolitan urban/suburban area. Table 3 summarizes the expert respondents.

Table 3. Demographics of Phase 1 Expert Respondents

Category	Inclusion Criteria
Healthcare Sector	Allied Health, Association/Foundation, Health Center/Clinic, Health Department, Health System/Hospital, Home Care/DME/Other Supplier, Health Insurance/Claims, Natural/Alternative Medicine, Senior Living Facility, Veterans Administration/Other Governmental Health Organization, Other
Internship Preceptor/Other Health Administrator Title	Administrator, Coordinator, Director, Lead, Licensed Practitioner, Manager, Officer, Owner, Supervisor, Vice President/Asst. Vice President, Other
Organizational Structure	Non-profit, For-profit
Location of Healthcare Organization	Urban, Suburban
Internship Preceptor/Other Health Administrator Gender	Female, Male
Years in Health Administration	5 + years

Development of Discipline Experts

The researcher’s professional network of internship preceptors and other health administrators comprised the sample of experts. The goal was to obtain at least two experts from 10 of the healthcare sectors. The experts had to hold one of the titles in Table 3 and have worked five or more years in the field to be included in the study.

Instrument

Part I: Rating and Ranking the Soft Skills

The Health Administration Soft Skills Set Assessment is comprised of the 15 HLA soft skill competency statements to rate utilizing a 5-point Likert scale from *very important* to *unimportant*. Experts could add any additional soft-skill competencies deemed important for early careerists that were not part of the original 15 soft skills listed. Survey 1 shows a section of the 15 HLA soft skill statements generated through the technique described in the preceding sections. Survey 2 shows a section of the instrument use for Round II Delphi technique.

Survey 1. Excerpt of Health Administration Soft Skill Set Assessment, Round I, Delphi Technique

Soft-Skill Competencies	Very Important	Important	Moderately Important	Of little importance	Unimportant
Relationship Management					
Build trusting and collaborative relationships					
Care about people as individuals and demonstrate empathy and concern while ensuring that organizational goals and objectives are met					

Survey 2. Excerpt of Health Administration Soft Skill Set Assessment, Round II, Delphi Technique

Soft-Skill Competencies	Round 1 Rank Outcome	Round 2 Rank 1 - 30
Build trusting and collaborative relationships	1	
Follow through on promises and concerns	2	
Holds oneself accountable and responsible for actions and outcomes	3	

Part II: Behaviors Associated with the Most Important Soft Skills

There were three parts to the instrument used in Part II. In Round III the first section simply asked --- in a yes/no format --- if the experts can agree on the top two soft skill competency statements of the HLA 15 soft skill competency statements. A second part of the Round III instrument was a table of only the top two soft skill competency statements along with an example to assist the experts in providing observable behaviors for early careerists to display in the workplace. Round IV survey consisted of a two-column table where the left column populated any questionable responses from the experts to describe in more detail in the right column. Surveys 3 and 4 show sections of these instruments.

Survey 3. Excerpt of Important Observable Behaviors that Define Soft Skill Competencies, Round III, Delphi Technique

- Do you agree that the two soft skill statements below are at or near the top of your list that you want displayed in a new hire?
 _____ YES _____ NO
- If yes, please describe observable behaviors that you would like a new hire to display for the soft-skill competencies below.

You are not confined to the space provided. The blank cell will expand as you type your responses.

Soft-Skill Competencies	If these skills were targeted for coaching an employee in the first three years, what BEHAVIORS would you describe to that employee?
Example: Foster teamwork between clinical and administrative staff	Example: Initiate one-on-one, informal conversations with clinical and administrative staff team members on team topics to get an understanding of everyone's ideas, opinions, or positions; make sure everyone's ideas are heard; acknowledge members for their contribution; encourage constructive criticism from team members; make sure that decisions are made democratically.
Build trusting and collaborative relationships	

Survey 4. Further Define Important Observable Behaviors that Define Soft Skill Competencies Template, Round IV, Delphi Technique

Soft Skill Statement: Build trusting and collaborative relationships	
Excerpts of Your Responses	What are the observable behaviors?

Data Collection Procedures**Part I**

The experts received an email that served as a cover letter, informed consent, and survey to rate the 15 HLA soft skill statements (Round I, Delphi technique). Follow-up calls achieved a 100% response rate. Experts emailed their responses back to the researcher. The data entry platform was an Excel spreadsheet for each Round. Next, experts received the results of round I and asked to rank the list of soft skill competency statements and additional soft-skill competencies. Again, experts were required to return via email.

Data Analysis

Round I, data included demographic data, ratings of importance on the initial list of soft skills, along with additional soft skills added by the experts. Demographic data analysis ensured the representativeness of the sample. Descriptive data analysis of averages determined the soft skill deemed *most important* (due to the highest mean) and ranking each soft skill based on their mean. Re-categorizing experts' responses created a scale of behavioral descriptions of soft-skill competencies. The scale of behavioral descriptions of soft-skill competencies was pilot tested, developed, and administered in Phase II.

RESULTS

The discussion begins with describing the profile of the experts. There are similarities between the respondents' demographic profile in Table 3 compared to the population characteristics in the literature. Table 4 summarizes the demographic information for the Expert respondents. The discussion of results follows the Delphi procedures reporting details for each round, along with explanations of decisions for soft-skill competencies at the end of each round.

Table 4. Summary of Demographic Information for Phase 1 Expert Respondents

Characteristics Category of Discipline Experts	Characteristics of Discipline Experts and Organization	Sample
Gender	Female	n = 15
	Male	n = 5
Health Administrator Title	Administrator	n = 1
	Coordinator	n = 1
	Director	n = 5
	Manager	n = 4
	Privacy Officer	n = 1
	Sr. Recruiter	n = 1
	President/CEO	n = 4
	Vice President	n = 1
	Consultant	n = 2
	Health Care Sector	Health Department
Health System / Hospital		n = 8
Health Insurance		n = 1
VA or other governmental organization		n = 1
Other		n = 7
Facility Location	Urban	n = 15
	Suburban	n = 5
Legal Structure	Non-Profit	n = 9
	For Profit	n = 6
	Government	n = 5

Profile of Experts

Number of Years in the Industry

The experts occupied health administration roles ranged from 6 to 38 years, with an average of 22.25 years of experience with a standard deviation of 10.53 years. Survey results from a 5-year time-lapsed longitudinal study of 186 CEOs on the demographic changes on the U.S. hospital CEOs, 56.5% of healthcare managers worked in health administration greater than 20 years.²²

Gender

The sample was largely female. According to Gamble (2012), women make up 73% of healthcare managers but only 18% of hospital CEOs.²³

Health Administrator Title

The experts held titles at every level of healthcare administration from a coordinator to president/CEO. There is diversity among the experts' departments or functions to include marketing, emergency preparedness, maternal-child health, employee wellness, mental health, population health, health policy, specific diseases or health conditions, human resources, procurement and vendor compliance, supplier diversity, minority, and community health, compliance and privacy, operations, and community benefit. Other titles not identified in the sample of experts include lead and supervisor.

Healthcare Sector

The experts reported the hospital is the biggest single category (35%, $n = 7$) with a similarly sized group reporting other sectors not included in the survey (35%, $n = 7$). The "Other" category includes case management company, university, health authority, disease research and information company, and entrepreneurs. The fast-growing industries in the Health Care and Social Assistance Sector is general medical and surgical hospitals.²⁴

Facility Location

Seventy-five percent ($n = 15$) of the experts worked in facilities located in urban settings while 25 % ($n = 5$) of the experts worked in facilities located in suburban settings. The locations of the corporate offices and satellite of the healthcare organizations were in southeastern Michigan counties. Two-thirds of most U.S. hospitals are located in large cities.²⁵

Organization Legal Structure

At the time of data collection, 45% ($n = 9$) of the experts worked in a non-profit organization. Two of the experts (consultants) did not provide information regarding the structure of their organizations and comprised the “Other” category. In 2017, most of the U.S. hospitals were non-profit facilities.²⁶

Part I: Soft Skill Competency Identification

The sections below will discuss the results and outcomes of each round of the Delphi technique. There were two major “parts” of the process. The first part (Rounds I and II) focused on generating the list of soft skills the experts believe were important. The second part (Rounds III and IV) concentrate on confirming the most important soft skills and generating a list of behaviors that exemplify these top skills in the practice of health administration.

Round I

The experts received a survey with the 15 soft skills competencies. Each expert rated the importance of each soft skill utilizing a 5-point Likert scale from *very important* to *unimportant*. Included were four blank lines to provide space for experts to add soft skills that they deemed important that were not part of the original 15 soft skills listed. Table 5 reports the frequency of responses for each of the 15 HLA soft skills competency statements that were “very important, important”, and “moderately important”. No expert rated any of the soft skills of “little importance” or “unimportant”.

Table 5. Initial List and Percentage of Expert Responses, Round 1

Soft-Skill Competencies	Very Important	Important	Moderately Important	Mean SD
Relationship Management				
Build trusting and collaborative relationships	95%	5%		M = 4.95 Sd = 0.22
Care about people as individuals and demonstrate empathy and concern while ensuring that organizational goals and objectives are met	65%	35%		M = 4.65 Sd = 0.49
Communication Skills				
Listen and respond effectively to the idea and thoughts of others	70%	30%		M = 4.7 Sd = 0.47
Speak clearly and effectively before individuals and groups in formal and informal settings	75%	20%	5%	M = 4.7 Sd = 0.57
Provide and receive constructive feedback	45%	55%		M = 4.45 Sd = 0.51
Sensitivity to what is correct behavior when communicating with diverse cultures	65%	25%	10%	M = 4.55 Sd = 0.69
Recognize and use non-verbal forms of communication	25%	60%	15%	M = 4.1 Sd = 0.64
Work in a Team				
Understand group dynamics	45%	50%	5%	M = 4.4 Sd = 0.60
Motivate team members to achieve desired end results	60%	40%		M = 4.6 Sd = 0.50
Create an environment open to sharing opinions	50%	50%		M = 4.5 Sd = 0.51
Work Ethics				
Holds oneself accountable and responsible for actions and outcomes	80%	20%		M = 4.75 Sd = 0.44
Define & prioritize requirements	65%	30%	5%	M = 4.3

				Sd = 0.73
Follow through on promises and concerns	85%	15%		M = 4.75 Sd = 0.55
Apply lessons learned from successes, setbacks, and failures to improve subsequent outcomes	55%	40%	5%	M = 4.5 Sd = 0.61
Anticipate and plan strategies for overcoming obstacles	45%	40%	15 %	M = 4.3 Sd = 0.73

In addition to the original 15 items, the expert group added 26 more skills to the list. Analysis of the 26 additional skills revealed the following: (a) the most frequently added soft skill was emotional intelligence, (b) some skills were hard skills, or (c) some skills linked the original 15 HLA soft skill competency statements. The final survey for Round II included the results of Round I and 15 of the 26 skills added by the experts. Experts ranked a new list of 30 skills (15 original soft skill competency statements and 15 hard and soft-skill competencies provided by experts in Round I) from "1" being "most important" to "30" being "unimportant". Examples of hard skills include critical thinking, conceptual thinking, and problem-solving. Round II survey did not exclude hard skill competencies because the experts listed the hard skills as important, and there was some disagreement as to whether they were soft or hard skills. The section below will discuss the outcome of Round II data collection.

Round II

The results in each round revealed the same top three most commonly ranked soft-skill competencies health administrators want early careerists to display were (a) build trusting and collaborative relationships, (b) follow through on promises and concerns, and (c) holds self-accountable and responsible for actions and. Experts ranked other soft skills with much less frequency as their top three. The most commonly ranked hard skill by some experts was critical thinking. None of the additional soft-skill competencies ranked higher than the original 15 HLA competency statements included in the study.

Common themes emerged in the comments written by the experts regarding the similarity of skills and whether a skill was a hard or soft skill. These comments fell within two domains: (a) Differing Definition of Hard vs. Soft Skills, (b) Overlap of Skills.

Differing Definition of Hard vs. Soft Skills

One expert only ranked the skills listed from "1" to "20," commenting,

"I was able to rank 20 out of the 30. Many of the traits I do not consider soft skills (e.g., problem-solving, attention to detail, critical thinking, Leadership Development). I consider [Follow through on promises and concerns] successful execution which is a hard skill in my opinion."

Regarding leadership development, another expert wrote,

"I pondered over the ranking of leadership development because I believe it is an ongoing activity."

Overlap of Skills

Several experts saw an overlap between the skills writing the following comments:

That was a little more difficult because some of them seemed to be inferred in other areas of the survey. So many of these can/should be in same category, makes it difficult, splitting hairs. I found this exercise to be a bit challenging as in my view several of the items could be combined. For example, follow through on promises and concerns can reasonably be combined with holds self-accountable and responsible for actions and outcomes or build trusting and collaborative relationships.

The experts' comments above resulted in the omission of the soft skill competency statement "Follow through on promises and concerns". The basic methodology to finalize the results of other questionable soft-skill competencies included a literature search on the taxonomy of other skills listed and ranked by the experts. The experts listed additional important skills for success to include critical thinking, leadership development, conceptual thinking, and problem solving. Problem-solving and conceptual thinking is an essential part of critical thinking. The literature classifies critical thinking and leadership development as a hard skill or as a hard skill component.^{27, 28} Round III instruments included data collected in Round II. Other additional soft-skill competencies mapped to the original list or omitted.

Part II: Soft Skill Competency Behavior Identification

There were two rounds for the behavior data collection. Round II concluded the selection of skills. Rounds III confirmed the top two soft skills and to generate observable behaviors that would represent these soft skills in practice.

Round III

Experts answered two questions about the top two soft skill competency statements for “Build trusting and collaborative relationships” and “Holds oneself accountable and responsible for actions and outcomes.” Question 1 asked if they agreed that the two soft skill statements were at or near the top of their list of soft skills early careerists should display. Question 2 instructed experts to describe observable behaviors attached to only the top two soft skill competency statements. All experts agreed that these two soft skills were at or near the top of their list of soft skills. Next, the experts assigned observable behaviors to the two soft skill competency statements.

An additional theme emerged in the analysis of Round III. Experts included communication skills and positive attitude in the top two soft skills competency statements – “Build trusting and collaborative relationships” and “Holds oneself accountable and responsible for actions and outcomes.” Examples to show the interdependencies of soft skills and differences depending on context is in Table 6.

Table 6. Summary of ABVs for Communication Skills and Positive Attitudes by Experts

Concept Map Domain	Soft Skill Competency Statement	Soft Skill Label	ABVs
Relationship Management	Build trusting and collaborative relationships	Effective Communication	- Sharing information - Communicate other than work-related matters (e.g., family, life, commonalities, interests)
		Positive Attitude	- Cheerful demeanor - Complementing others - Enthusiastic - Being nice - Speak positive words - Approachable
Work Ethic	Holds oneself accountable and responsible for actions and outcomes	Effective Communication	- Communicate progress toward goal(s) with supervisor and staff - Oral and written updates - Communicate delays promptly - Follow up with the manager to determine whether or not work was complete and accurate
		Positive Attitude	- Open to comments and others' observations/feedback - Accepting criticism

Round IV

Although the original request to the experts indicated three survey rounds, a fourth round was necessary to obtain clarification or further descriptions of observable behaviors for the top two soft-skill competencies agreed upon by the experts. Twelve, or 70.5%, of the experts' written responses lacked observable behaviors for the top two HLA soft skill competency statements. Experts received a request for more information. Excerpts of the written response describing the behaviors for “Build trusting and collaborative relationships” and “Holds oneself accountable and responsible for actions and outcomes” that required clarification or further description are in Table 7.

Table 7. Example of some Experts' Written Responses for Behaviors Requiring Clarification, Round IV

Expert Identifier	Build trusting and collaborative relationships	Holds oneself accountable and responsible for actions and outcomes
2	<ul style="list-style-type: none"> - Team player - Consistent - Pay attention to non-verbal cues - Find commonality - Be respectful 	<ul style="list-style-type: none"> - Ownership - Assist in coming up with solutions - Positive attitude
4		<ul style="list-style-type: none"> - Open to feedback
1	<ul style="list-style-type: none"> - Learn others 	<ul style="list-style-type: none"> - Pride in work - Vulnerable to the process
17	<ul style="list-style-type: none"> - Actively network - Communication that fosters team productivity and cohesiveness 	<ul style="list-style-type: none"> - Willingness to seek, to offer and to receive constructive feedback
20	<ul style="list-style-type: none"> - Listen 	<ul style="list-style-type: none"> - Providing a high level of service
	<ul style="list-style-type: none"> - Operate with integrity 	
3	<ul style="list-style-type: none"> - Active listening - Provide constructive feedback - Team building - Follow-through - Leads by example 	<ul style="list-style-type: none"> - Manages multiple demands
6	<ul style="list-style-type: none"> - Aware of actions and attitudes that impact team - Look for opportunities to work together - Nurture the relationship by showing self-approachable - Grounded and enthusiastic 	<ul style="list-style-type: none"> - Take risks - Be own manager
15	<ul style="list-style-type: none"> - Working together with a team - Active listening 	<ul style="list-style-type: none"> - Self-monitor the prioritization of work and workflow - Ensure task/assignments are completed within the set time frame
18	<ul style="list-style-type: none"> - Treating others with respect by asking their opinions - Listening to them when they offer suggestions 	
7	<ul style="list-style-type: none"> - Role model – walking the talk - Listening - Team player - Mentoring, coaching - Communication skills 	<ul style="list-style-type: none"> - Accepting criticism - Self-discipline
10	<ul style="list-style-type: none"> - Demonstrate interest in others - Show care and concern - Provide and receive constructive feedback - Seeks to understand others point of view even if not agree with - Seek to achieve a win-win outcome solution to conflict 	

There were 17 surveys returned out of 20. Three experts participated in telephone interviews. One of the experts explained that it was “challenging to articulate expectations. If you can’t, it is unfair for the employee.” The experts ABVs showed that some ABVs are not mutually exclusive to one category in that some ABVs cross or are interdependent and vary by context. For example, the experts provided different behaviors for Effective Communication and Positive Attitude if the context was Relationship Management vs. Work Ethic. Therefore, the final list combined the experts' ABVs for Effective Communication and Positive Attitude into one description for each. Table 8 is the final list of soft-skill competencies with associated behaviors for early careerists.

Table 8. Operationalized Soft-Skill Competencies based on Experts' Written Responses

Soft Skill Competency	Behaviors
Active Listening	Taking notes, repeating back what you've heard, asking clarifying questions, and non-verbal behaviors of acknowledgment (e.g., nodding head).
Active Networking	Developing relationships to gain knowledge about how you can work together as well as commonalities, interests, family, genuine contact vs. going through the motions, using some tool to track and follow up the relationship-building process (e.g., calls, email, hand-written communication, meals, etc.).
Effective Communication	Sharing information, communicating work-related and interpersonal matters (family, life, communicating progress toward goal(s) with supervisor and staff, oral and written updates, communicating delays promptly, and following up with the manager to determine whether or not work was complete and accurate.
Being Respectful	Asking others for their opinion, not backstabbing others, no gossiping about others, not bash others, willing to interact with others that do not look like you, and courteous
Integrity	Honesty, honoring your work, keeping your commitments, following through, and shares credit for achievements
Positive Attitude	Having a cheerful demeanor, complimenting others, being enthusiastic, being nice, speaking positive words, being approachable, being open to comments and others' observations/feedback, and accepting criticism.
Humility	Not being a showboat, not thinking more highly of yourself than you ought to.
Time Management	Being punctual/meeting deadlines, developing action/work plan as a tool, prioritizing, and implementing key action items, and documenting progress.
Taking Initiative	Identifying and working through roadblocks, being a self-starter, and needing not to be prodded to complete work.
Taking Ownership	Not blaming others, admitting when you're wrong/acknowledging mistakes, not making excuses, and be willing to apologize when you're erred.
Being Inquisitive	Seeking assistance/advice/counsel in resolving problems or challenges and asking questions to clarify assignments.

DISCUSSION

Twenty health administrators and internship preceptors do not represent the universe of health administrators and internship preceptors. However, these individuals did possess the expertise to review the competency statements and determine the applicability and importance in the context of their own work and organizational environment. The profile of the 20 experts were similar in profile of other experts in the United States according to statistics. The convergence of opinion was free of pressure in that the experts were anonymous participants. All communication was by email vs. in a group setting. The experts received feedback about the overall responses. Some experts provided written statements if they disagreed with certain average ratings.

Pilot and study experts provided observable behaviors for a subset of HLA soft skill competency statements they deemed critical for career success. However, several themes emerged during the Delphi process. Both pilot and study experts saw an overlap between soft skill competency statements and pilot experts expressed that some soft skill competencies could vary depending on the context or by generation. The comment by one study expert that the tasks were challenging to articulate behavioral expectations highlights that this is a difficult area of research.

CONCLUSION

Early careerists should have a clear understanding of behavioral expectations for performance evaluations. Health administrators should define the soft skills in goals and objectives for performance of new hires to train and develop new hires to display the behaviors to meet organizational objectives. There may, however, be slight differences in how soft skills are displayed depending on the health administration setting and organizational culture. Although the results reflect a high degree of subjectivity around identifying key soft skill competencies and behavioral indicators, the findings are promising and useful information. Further research focusing on (a) replicating this and previous research to extend generalizability based on numerous small studies and (b) broaden the discussion of soft skill competency behaviors deemed important for career success in the health administration field. The subjectivity also leads to questions about how best to assess soft-skill competencies.

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