2015

Health Care Administration Faculty Perceptions on Competency Education, Graduate Preparedness, and Employer Competency Expectations

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This is to certify that the doctoral dissertation by

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Walden University
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Abstract

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by

Wittney A. Jones

MEd, University of Arkansas, 1988

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Care Administration

Walden University

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Abstract

Health care administration programs have transitioned to using the competency approach to better prepare graduates for workplace success. The responsibility of preparing graduates lies with the program faculty, yet little is known about faculty perceptions of the competency approach. The purpose of this cross-sectional study was to assess the perceptions of graduate-level health care administration faculty about the competency approach, the approach's effect on graduate preparedness, and employer expectations. Adult learning theory and the theory of self-efficacy were used as the theoretical foundations for the study. Faculty demographics related to personal information, workplace/teaching experience, and program information served as the independent variables, while survey item perception ratings were the dependent variables. Nonprobability sampling of graduate-level health care administration faculty ($n = 151$) was used and data were collected using an online survey developed by the author. Descriptive statistics, independent samples t tests, correlation analyses, and multiple linear regressions were used to examine and describe faculty perceptions. Findings indicated that faculty generally support the use of the competency approach and that it effectively prepares graduates. Teaching in a CAHME-accredited program predicted perceptions about the approach adequately addressing employer expectations ($\beta = .343$, $p < .05$). Issues including need for standardization and use for accreditation versus educational purposes were identified. Social change implications include contributing to professional development efforts for faculty and improving the quality of health care administration graduates and the future leadership of the industry.

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Dedication

This journey has been dedicated to my sons who inspire me daily. You three give greater meaning to my life than any other accomplishment ever could. Find your passion, follow your hearts, and live your dreams. Enjoy the journey and celebrate life. You are loved beyond measure…

Acknowledgments

I could not have started or completed this journey without the support and love of my family. You saw in me what I did not see in myself. I am forever grateful for your love, continual encouragement, and belief in my abilities. I also want to acknowledge my friends and colleagues who encouraged me throughout this journey. All of you have helped turn this from "Can I do this?" into "Yes I can"!

I also want to thank Walden University and my instructors over the past 3.5 years for this educational opportunity. Your instruction and guidance contributed to the foundations of this research. I must also give a very special and heartfelt thank you to my chair, Dr. Shari Jorissen, and my committee member, Dr. Lee Bewley, for their encouragement, assistance, and support. You made this process and journey an enjoyable one.

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Chapter 1: Introduction to the Study

Health care organizations are complex, challenging, and ever-changing in nature, making the industry unique when compared to others (Hartman, 2002; Landry & Hearld, 2013). With the success of the health care industry and its organizations being the responsibility of health care leadership, it is appropriate to focus attention on the education and development of the industry's future leaders (Landry & Hearld, 2013). Faculty play a key role in student learning as well as in graduate and workforce preparedness (Umbach & Wawrzynski, 2005; Wainwright, York, & Woodard, 2012). Therefore, the responsibility to educate and develop the future leadership of the health care industry falls directly on the faculty of health care administration programs.

In the last decade, health care administration programs have transitioned to using an educational approach that focuses on competencies in an effort to improve the quality of their graduates and the future leadership of the health care industry (Friedman & Frogner, 2010; Stefl, 2008). This approach is known as competency-based education and is endorsed by the Department of Education (2013) and is required for accreditation by the Commission on Accreditation in Healthcare Management Education, commonly referred to as CAHME (CAHME, 2014a). The competency approach stipulates that by focusing on the knowledge, skills, and attitudes students need to know and apply in order to meet the needs of industry, instead of learning what the teacher thinks the student should know, graduates will be better prepared and more successful in addressing the challenges they will face in the workplace (Garman & Johnson, 2006; McCowan, 1998; Woodhouse, 2011). Yet, little is known about health care administration faculty

perceptions in regards to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations. By understanding the perceptions of health care administration faculty regarding this educational approach, faculty will be provided with a voice, helping to ensure that their concerns related to using the competency approach are addressed, gaining their support for this educational approach as well as contributing to the improvement of faculty development efforts.

This chapter provides an overview of the background of the problem, the statement of the problem, the nature of the study, and the rationale of the study. The research questions and hypotheses are then presented. The significance of the study, the assumptions, delimitations, limitations, and the definitions of terms used throughout the study are described. The chapter concludes with the study's implications for social change.

Background of the Problem

A gap exists between the competency level that health care executives want graduates entering their employ to have and the competency level graduates actually have attained (Friedman & Frogner, 2010). Competency attainment of health care administration students, alumni, and early careerists has been explored by other researchers through the use of self-ratings and ratings by preceptors and health care executives (Bradley et al., 2008; Cherlin, Helfand, Elbel, Busch, & Bradley, 2006; Freidman & Frogner, 2010; Helfand, Cherlin, & Bradley 2005; White & Begun, 2006; White, Clement, & Nayar, 2006). Developments in the field of health care management education have lead the educational programs to transition to using the competency

approach in an effort to meet the leadership needs of the health care industry and as a manner of improving the quality of graduates entering the workplace as early careerists (Beauvais et al., 2011; Calhoun et al., 2002; Cassidy, 2006; Friedman & Frogner, 2010; Ginter, Menachemi, & Morrisey, 2009; Stefl, 2008).

Another factor influencing this transition has been the requirement by CAHME that a competency set or model be used in all graduate programs that currently are accredited or are seeking accreditation from their organization (CAHME, 2014a). This accreditation requirement followed the growing concern expressed in the 2003 Institute of Medicine's report, *Health Professions Education: A Bridge to Quality* in regards to the need to improve the education of the nation's health care professionals (Calhoun, Vincent, Calhoun, & Brandsen, 2008b). A decade later, providing further support to this transition, the American College of Healthcare Executives [ACHE] released a policy position statement, *Appropriate Preparation for Healthcare Executive Management Positions for All New Entrants to the Field*, in which a graduate degree from an accredited graduate program, such as those accredited by CAHME, was determined to be the preferred "minimum requirement for entry to executive healthcare management" (ACHE, 2015, p. 104).

With the responsibility of education and development being placed directly on health care administration faculty and driven by professional organizations, accreditation bodies, and employers (Klein-Collins, 2013), assessing faculty perceptions of the transition to using the competency approach and the expectations associated with this educational approach is important. Other academic disciplines (i.e., nursing, counseling,

industry and business, veterinarian medicine, and library sciences) have examined faculty perceptions on a limited basis in the areas of assessing graduate preparedness, implementing and assessing competency education, and its application to adult learners (Brooks, 2010; Day, Lovato, Tull, & Ross-Gordon, 2011; Lane & Bogue, 2010; Leveson, 2000; Numminen et al., 2014; Singh, 2005; Tanyel, Mitchella, & McAlumb, 1999). Faculty in these other disciplines appear to support using a competency approach and are more aware of adult learners and their needs (Brooks, 2010; Day et al., 2011; Lane & Bogue, 2010). The differences in the perspectives between industry and academia have been acknowledged by faculty as an issue related to using this approach (Leveson, 2000; Numminen et al., 2014; Tanyel et al., 1999). Faculty also indicated that a lack of training and sufficient time to implement this educational approach effectively contributes to faculty reluctance to using this approach (Brooks, 2010; Day et al., 2011; Lane & Bogue, 2010; McCowan, 1998).

The fields of administration and higher education, especially at the graduate level, require working with adult learners on a daily basis (Merriam, Caffarella, & Baumgartner, 2007). It is the faculty's responsibility to produce competent graduates, who are generally adult learners, so their acquired knowledge, skills, and attitudes can be applied in the context of their changing workplace environment (Knowles, 1980; Storey, Howard, &Gillies, 2002). In light of the distinct characteristics of adult learners, in this study, I drew on the theoretical foundations of Knowles' (1980) adult learning theory, also known as andragogy, and Bandura's (1977) theory of self-efficacy, as many of the constructs within each theory mirror the other.

Statement of the Problem

While the health care industry and academia have come to a consensus in regards to identifying and defining competencies for the field as well as on the development of various competency models (Calhoun et al., 2008a; Stefl, 2008), this does not ensure acceptance or use (Calhoun et al., 2009). Additionally, there has been no agreement on a specific set of competencies or model for health care management education program use, and CAHME only requires that a competency model or set be used as the basis for a program's curriculum (CAHME, 2014b). This use of similar but varying competency models/sets creates inconsistencies within health care administration programs and for faculty. Furthermore, even though CAHME began requiring the use of competency models for accreditation in 2008 (CAHME, 2014a), a gap still appears to exist between employer competency expectations of early careerists and the graduates that health care administration programs are producing (Friedman & Frogner, 2010). As health care administration programs have transitioned to using competency education, the responsibility of educating and developing the future leaders of the health care industry has fallen directly to the faculty of these programs. However, health care administration faculty perceptions have not been gathered or analyzed. Therefore, the problem that this study addressed was that the perceptions of graduate level health care administration faculty in regards to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations have not been considered in the past and there is a disconnect between the perceptions of students, the perceptions of employers, and the perceptions of faculty regarding graduate preparedness. This study

contributed to determining what the disconnect may be as faculty are the linking factor between students and employers.

Nature of the Study

This quantitative study was exploratory and descriptive in nature as little is known about health care administration faculty perceptions in regards to using the competency approach, it effectiveness on graduate preparedness, and employer competency expectations. A nonexperimental, cross-sectional design was used to gather data from graduate level health care administration faculty whose programs are associated with AUPHA and/or CAHME. This research design allowed for generalizability to faculty who belong to an AUPHA-associated program and/or a CAHME-accredited program (Creswell, 2009; Frankfort-Nachmias & Nachmias, 2008); however, findings may be useful to other programs that are interested in the competency approach, attempting to understand faculty reaction to the competency approach, and/or in determining how to get their faculty to support such an educational plan.

Faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, training in competency approach, program type, accredited program) were used to determine if any relationships existed between the demographics and faculty perceptions regarding using the competency approach, graduate preparedness, and employer competency expectations. Demographic data were also used to help determine if any of the perceptions of faculty may be related to other factors and to control for those factors

if needed. Data were analyzed through frequencies, independent samples *t* test,

correlation analyses, and multiple linear regressions.

Rationale of the Study

Driven by employer expectations, the accreditation bodies, and professional

organizations, the competency approach has been adopted by health care administration

programs associated with AUPHA and CAHME. The competency approach is seen as an

appropriate method to address the needs of the health care industry, and it can assist the

programs in preparing their graduates. Employers have stated that it is the responsibility

of faculty to educate and develop health care administration graduates (Archer &

Davison, 2008; Calhoun, Davidson, Sinioris, Vincent, & Griffith, 2002; Cassidy, 2006;

Umbach & Wawrzynski, 2005), with the assumption that graduates will be adequately

prepared to meet employer competency expectations as they enter the workplace. While

other academic arenas have assessed their faculty's perceptions related to various aspects

of using the competency approach (Brooks, 2010; Day, Lovato, Tull, & Ross-Gordon,

2011; Lane & Bogue, 2010; Leveson, 2000; Numminen et al., 2014; Singh, 2005; Tanyel

et al., 1999), there is limited research on health care administration faculty perceptions

and competency education. Determining the perceptions of health care administration

faculty in regards to using the competency approach, its effectiveness on graduate

preparedness, and employer competency expectations helps educational programs and

professional organizations to address faculty concerns about this educational approach

and adds to faculty development efforts.

Research Questions and Hypotheses

Overarching Research Question: What are health care administration faculty perceptions regarding the use of the competency approach in their programs, its effectiveness on graduate preparedness, and employer competency expectations and are these perceptions related to faculty demographics?

Research Question 1: Is there a relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, training in competency approach, program type, accredited program) and faculty perceptions of the competency approach?

$H_0 1$: There is no statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, training in competency approach, program type, accredited program) and faculty perceptions of the competency approach.

$H_1 1$: There is a statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of healthcare management experience, number of years as faculty member, training in competency approach, program type, accredited program) and faculty perceptions of the competency approach.

Research Question 2: Is there a relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, training in competency approach,

program type, accredited program) and faculty perceptions of student preparedness in graduate level health care administration competencies?

$H_0 2$: There is no statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of healthcare management experience, number of years as faculty member, training in competency approach, program type, accredited program) and faculty perceptions of student preparedness in graduate level health care administration competencies.

$H_1 2$: There is a statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, training in competency approach, program type, accredited program) and faculty perceptions of student preparedness in graduate level healthcare administration competencies.

Research Question 3: Is there a relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, program type, accredited program) and faculty perceptions of employer competency expectations for health care administration graduates entering their employ?

$H_0 3$: There is no statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, program type, accredited program) and faculty perceptions of employer competency expectations for health care administration graduates entering the field as early careerists.

$H_1$3: There is a statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of healthcare management experience, number of years as faculty member, program type, accredited program) and faculty perceptions of employer competency expectations for health care administration graduates entering the field as early careerists.

Significance of the Study

The results of this study contribute to the knowledge base of faculty perceptions regarding competency education in general, as well as inform health care administration programs and their faculty specifically. This study was unique because it provided a voice to those held responsible for graduate preparedness in health care management education. The information that this study provided can help ensure that faculty concerns related to the competency approach are addressed, ultimately gaining faculty support for this educational approach.

This study can contribute to the improvement of faculty development efforts. Professional organizations, such as ACHE, AUPHA, and CAHME, which all seek to improve the outcomes of health care administration programs and support leadership development (ACHE, 2014; AUPHA, 2014; CAHME, 2014a), can use the insights from this study to further guide training for faculty who educate and develop future health care careerists. Only through continually assessing and adapting the educational approaches of health care administration programs can there be improvements in health care leadership and of the health care system. This study contributed to that process. Lastly, this study reinforces the continued efforts of those committed to improving the profession of health

care administration and supports the development of the future leadership of the health care industry (Calhoun et al., 2002; Cassidy, 2006; Friedman & Frogner, 2010; Helfand et al., 2005; White et al., 2006).

Assumptions, Delimitations, and Limitations

It was assumed that the willingness of the respondents to participate in this study did not bias the study. It was also assumed that the respondents in the study were who they said they were and that they completed the survey truthfully and completely. It was presumed that the respondents were computer literate, used their computers often, and had regular and ease of access to the Internet and e-mail (Fricker, 2008). Additionally, it was assumed that the electronic survey was an appropriate means to measure the designated variables, with reliability and validity being established during data analysis. Internal validity is weaker for nonexperimental design than for experimental design (Frankfort-Nachmias & Nachmias, 2008). Due to the nonexperimental and exploratory nature of the study, a determination on causation was not pursued.

This study was delimited by the respondents being graduate-level faculty of programs associated with AUPHA/CAHME, which will not reflect the perceptions of undergraduate faculty who teach in health care administration programs. This decision was based on the ACHE policy position statement that a graduate level degree from an accredited program, such as those programs accredited by CAHME, is the preferred minimum requirement for entry to executive health care management (ACHE, 2013; 2015). This study was also delimited to graduate faculty of any rank without

consideration of tenure in order to gain a broader view of faculty within health care administration programs associated with AUPHA/CAHME.

The generalizability of this study may have been limited due to the respondents and the programs they represent being associated with the professional organizations of AUPHA and CAHME, which holds programs and their faculty to higher educational standards and indicates the respondents were more familiar with competency education, as well as have a vested interest in improving the health care industry through the enhancement of the quality of education for health care administration graduates. The health care administration programs and faculty who are not associated with either of these two professional organizations were not represented in this study because they are not held to the higher standards of competency education that these professional organizations represent, they may not be as familiar with the competency approach, or they may not be as committed to improving the education and development of health care administration graduates and leaders. Generalizability may have also been limited by the response rate, as lower response rates have been associated with electronic surveys (Roberts, 2007; Ye, 2007).

Definitions of Terms

American College of Healthcare Executives (ACHE): A professional organization of healthcare executives (ACHE, 2014). ACHE offers the credential of FACHE®, which signifies board certification in health care management (ACHE, 2014). ACHE is a corporate sponsor of AUPHA.

Association of University Programs in Health Administration (AUPHA): A network of colleges and universities, which also includes faculty, individuals, and organizations dedicated to ensuring quality health care management and policy education (AUPHA, 2014).

Commission on Accreditation of Healthcare Management Education (CAHME): CAHME represents an interdisciplinary group of organizations that are dedicated to improving health care management education and the professionals it produces (CAHME, 2014a). CAHME is the only organization that may grant accreditation to individual master's level degree programs in healthcare management education (CAHME, 2014a).

Competencies: The combination of knowledge, skills, and abilities that are linked to workplace success (Koo & Miner, 2010; Shewchuk, O'Connor, & Fine, 2006; Stefl, 2008; U. S. Department of Education, 2002; Wainright, York, & Woodard, 2012; White & Begun, 2006; Woodhouse, 2011).

Competency domain: A clustering of like knowledge, skills, and attitudes into a defined and descriptive overarching category (NCHL, 2014; Stefl, 2008).

Competency education: An educational process that moves the educational emphasis from being teacher-focused, where academics decide what graduates need to know, to being student-focused, which looks at what students need to know and do to be successful in complicated situations within the workplace (Woodhouse, 2011). For the purposes of this study, the terms *competency education*, *competency approach* and *competency-based education* are interchangeable.

Competency level: The level of achievement or skill acquisition of a specific competency or competency domain. For the purposes of this study, the five-stage model of adult skill acquisition developed by Dreyfus and Dreyfus (1980, 1986) was used. Skill acquisition is based on knowledge and experience (Dreyfus & Dreyfus, 1980; 1986). The five stages are identified and described as (Dreyfus, 2004; Koo & Miner, 2010):

1.   Novice – needs rules and regulations to follow; has no context for judgments; has little experience, and makes routine decisions through analytical thinking

2.   Advanced Beginner – developing independence though still follows the rules; can accomplish tasks on own but still needs guidance when troubleshooting

3.   Competent – has experience; realizes rules may not clearly apply; is able to problem solve; demonstrates initiative and resourcefulness; understanding and decision making is easier

4.   Proficient – has experience; sees what needs to be done but still must decide how to do it; sees the whole of the organization and how decisions relate to the whole; begins assuming leadership roles

5.   Expert – works from intuition with little deliberation when making decisions; has become the 'go to' source for information; appoints others to leadership positions

Competency model: Defined as an illustration of empirically-based competencies grouped into domains as agreed upon by experts in the field (Calhoun et al., 2008a; Stefl, 2008).

Employer competency expectations: The competencies and competency levels that health care administration graduates are expected to have attained and that are desired by health care executives and leaders upon entering the workplace (Friedman & Frogner, 2010).

Graduate preparedness: The competencies and competency level attained by health care administration graduates through their educational efforts and contributes to their employability (Teijeiro, Rungo, & Freire, 2013).

Health care administration program: A university-based educational program that provides the curricular requirements to grant individuals completing the program a degree in health care administration/health care management (AUPHA, 2014). For the purposes of this study, health care management education/program is interchangeable with this term.

Healthcare Leadership Alliance (HLA): HLA represents the nation's leading health care administration associations and their professionals (HLA, 2014). This organization developed the HLA competency model and directory (HLA, 2014).

National Center for Healthcare Leadership (NCHL): A not-for-profit organization dedicated to improving the quality of leadership for the healthcare industry (NCHL, 2014a). This organization developed the NCHL health leadership competency model (NCHL, 2014b).

Implications for Social Change

A desired result of this study was to bring awareness to health care administration programs and the professional organizations associated with these programs about faculty

perceptions regarding competency education. This can lead to positive social change by increasing and enhancing faculty development efforts, which can improve faculty skills in the competency approach as well as improve the overall quality of health care administration education.

It is important to make a connection to the perceptions of health care administration students and expectations of employers regarding preparedness and the competency approach so that any disconnects can be addressed through the faculty. Through the promotion of faculty professional development, this study can impact social change by improving the quality of graduates from these programs so they are better prepared to address the complexities and challenges of the ever-changing health care industry. The implication for social change made possible by improving the competency of early careerists is that as the quality of health care leadership improves and this in turn can improve the health care industry as a whole. Other implications for positive social change that this study can have by enhancing the quality of our faculty, graduates, health care leadership, and industry include eventually changing the overall quality of health care as well as the health of the health care consumer, leading to a healthier nation.

Summary

Graduate-level health care administration programs have transitioned to using the competency approach as a means of addressing the leadership needs of the health care industry, as well as in an effort to improve the quality of the education provided and of the graduates developed in these programs. This places the responsibility of education and development directly on the faculty of these programs. This study was a step toward

identifying the perceptions of faculty related to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations. This study provides a voice to faculty, helping programs and professional organizations address faculty concerns about this educational approach and can contribute to improving faculty development efforts.

In this chapter, I presented the background of the problem and the statement of the problem. I reviewed the nature of the study, the rationale for the study, and listed the research questions and hypotheses. The significance of the study, its assumptions, delimitations, and limitations, definitions of terms used within the study, and the implications for social change were also presented.

The next chapter contains a review of the literature relevant to competency education and the transition to its use in health care administration programs. Literature related to graduate preparedness and employer competency expectations, as well as faculty perceptions that have been assessed in other academic arenas is described. The chapter concludes with an overview of the theoretical foundations of andragogy and self-efficacy.

Chapter 2: Literature Review

Introduction

Within the past decade, health care administration programs began transitioning to the use of competency education in an effort to address noted deficiencies between the actual competency level and the employer-desired competency level of early careerists (Beauvais et al., 2011; Calhoun et al., 2002; Cassidy, 2006; Friedman & Frogner, 2010; Ginter et al., 2009; Stefl, 2008). This places the responsibility of competency education directly on the faculty of health care administration programs. Little is known about the perceptions of health care administration faculty in regards to using the competency approach, its effectiveness on graduate preparedness, and the expectations of competency levels by health care executives. The purpose of this quantitative study was to determine the perceptions of health care administration faculty in regards to competency education, graduate preparedness, and employer competency expectations.

Current health care executives believe a gap exists between the competencies early careerists possess and what is necessary for success in the workplace (Friedman & Frogner, 2010; Helfand et al., 2005; White et al., 2006). Previous researchers have further noted that health care executives place the responsibility of preparation of future health care administrators on the educational institution (Calhoun et al., 2002; Cassidy, 2006). Competency education is founded in evidence that supports this approach as being highly effective in training early careerists (McCowan, 1998). Researchers have demonstrated that attainment of competencies is directly linked to workplace success (Bradley, 2003; Stefl, 2008; Wainright et al., 2012; Woodhouse, 2011). Competency attainment of health

care administration students, early careerists, and alumni has been explored in previous research through self-ratings and ratings by health care executives and those supervising students participating in preceptorships and fellowships (Bradley et al., 2008; Cherlin et al., 2006; Freidman & Frogner, 2010; Helfand et al., 2005; White & Begun, 2006; White et al., 2006). Faculty and employer perceptions of student preparedness have been explored in other fields (Lane & Bogue, 2010; Leveson, 2000; Numminen et al., 2014; Singh, 2005; Tanyel et al., 1999) but faculty perceptions regarding the use of the competency approach or its effectiveness on graduate preparedness in health care administration programs have not been gathered and analyzed.

Organization of the Chapter

This chapter provides the literature review of the topic to illustrate the gap in the literature as well as discuss the theoretical foundations of andragogy and self-efficacy. The review of literature begins with the history and overview of competency education and proceeds to a description of the movement toward competency education by health care administration programs. Research related to competency education and graduate preparedness in health care administration is described and employer competency expectations discussed. Research related to faculty perceptions is described and the chapter concludes with a summary of the main concepts and how this study contributes to extending the knowledge base.

Literature Search Strategy

A search of literature was conducted digitally through multiple electronic databases and search engines because of this study's association with the areas of health

services, education, and business/management. The health science databases searched

were CINAHL & MEDLINE Simultaneous Search and PubMed. The education

databases searched were ERIC and Education Research Complete. The

business/management databases searched were Business Source Complete/Premier and

Emerald. Multidiscipline databases were also searched and included Sage Premier,

Science Direct, and ProQuest Central, as well as Google Scholar and the Walden

University dissertation database. Key terms used in the literature search included

competency-based education, *competency levels*, *health care administration*, *health*

services, *faculty perceptions*, *student preparedness*, *employability*, and *workplace*

success. The range of years searched was 1980 to present, with most literature originating

from 2000 forward. The main types of literature reviewed were peer-reviewed journals

and books. Many of the peer-reviewed articles related to health care administration were

obtained from the Association of University Programs in Health Administration

(AUPHA) through membership access.

Literature Review Related to Key Concepts

Competency Education

Competency-based education has become an accepted curriculum model in higher

education, providing the faculty, students, and employers with a common understanding

of the requisite knowledge and skills for workplace success. However, according to

McCowan (1998), "The origins of any educational movement are difficult to describe

because theoretical concepts seldom have a direct, straight-line influence on related

theories. Instead, they overlap, draw from each other, and change" (p. 6). This is true for

competency-based education. The roots of competency-based education, learning, and training can be traced back to the early 20th century with its theoretical foundations being grounded in the social sciences, industry management, and education (Calhoun et al., 2002; McCowan, 1998).

McCowan (1998) credited the foundational beginnings of competency-based education to Thorndike (through his work in behaviorism and social-efficiency) and Taylor (considered the originator of scientific management for industry). Thorndike's philosophy centered on connectionism with learning associated with activity and experience (McCowan, 1998). Thorndike is credited with contributing to the foundational underpinnings of competency-based training "in the areas of quantification, individual measurement, and assessment of outcomes" (McCowan, 1998, p. 14). Taylor's studies on task analysis, as a means to increase efficiency through proper management of the skills required to complete the task, influenced the competency-based movement and public administration as it is known today (McCowan, 1998; Shermon, 2004). Dewey has also been acknowledged as contributing to the movement for the theory of progressive education, believing that education should be student-centered and focused on the student's interest with the role of the teacher becoming that of a guide instead of a taskmaster (McCowan, 1998). Initially, the movement to competency-based education in the early 1900s was considered a managerial movement, being viewed as a way to increase efficiency within industry (Hanson, 2008). The movement was not considered to be educationally or professionally centered but was seen as a way to better connect industry with educational preparation (Hanson, 2008).

In the 1950s, Bloom added to the movement toward competency-based education in work that pertained to competency identification and assessment, with this contributing to the discussion among educators regarding the competency-based educational approach (Calhoun et al., 2002). This educational approach became more prevalent in the 1970s with the work of McClelland, who emphasized motivation and achievement (Calhoun et al., 2002). McClelland (1973) stipulated that testing intelligence did not actually measure competence as some contemporaries readily accepted. Understanding that correlation did not equate to causation and basing the premise on the available research that revealed testing job skills predicted workplace success, McClelland suggested transitioning from intelligence testing to competency testing (McClelland, 1973). By the 1990s, the use of outcomes and competencies in education became a popular way to address the fast-paced changes organizations were facing (Garman & Johnson, 2006). The transition to competency-based education was an effort to meet the needs of industry (McCowan, 1998), as well as a way to document that higher education could "produce results consistent with the demands of businesses employing graduates" (Hanson, 2008, p. 72). The use of competency-based education within health care administration programs could help address the ever-changing nature and needs of the health care industry and its employers desiring graduates who are adequately prepared to address these challenges (Calhoun et al., 2002; Calhoun et al., 2008b; Freidman & Frogner, 2010).

The areas of higher education related to health and health care have tried to describe competencies and the competency approach. Woodhouse (2011), whose efforts have been directed toward assisting schools of public health in understanding

competency-based learning, described the competency approach as a process, one that educational institutions use to move from teacher-focused instruction (focusing on what the teacher thinks the student needs to know) to the learner/workplace-focused instruction (focusing on what the student needs to know and is able to do based on different situations). Competency-based learning focuses on the outcomes of learning, or more specifically on competencies. Those associated with health care administration have defined competencies as the skills, knowledge, attitudes, values, and behaviors required to be successful in the workplace (Shewchuk et al., 2006; Stefl, 2008; Wainright et al., 2012; White & Begun, 2006; Woodhouse, 2011).

The fields of medicine, nursing, and pharmacy began transitioning to competency-based education approximately 2 decades ago (Calhoun et al., 2008b; Calhoun et al., 2009; Friedman & Frogner, 2010). Some of the key drivers behind this transition included the changing sociopolitical environment; an increasingly competitive marketplace; changes in regulatory, industry, and professional requirements; policies calling for greater accountability in professional functioning; better structuring of career and clinical progression; global trends in health care industry; workforce shortages; and the growing evidence of the gap between educational preparation and workplace success (Brownie, Thomas, & Bahnisch, 2011; Calhoun et al., 2002). Concurrent with this transition, health care executives began expressing dissatisfaction with the preparedness of health care administration graduates, noting deficiencies in what was needed for workplace success (Friedman & Frogner, 2010). These two circumstances motivated those involved in health care administration and its educational programs to begin

looking at competency identification and development, competency models, and competency education as a means of preparing future health care executives to better address the ever-changing needs within the health care industry (Calhoun et al., 2002; Calhoun et al., 2008b).

Competency Identification and Model Development

As the field of health care continued to emphasize competency attainment and its relationship to education, efforts to identify competencies specific to health care administration and the development of competency models became the focus of educational institutions (Campbell, Lomperis, Gillespie, & Arrington, 2006; Cherlin et al., 2006; Shewchuk et al., 2006; White et al., 2006), as well as drew the attention of professional groups and organizations (Calhoun et al., 2008a; Stefl, 2008). Educational programs in cooperation with health care administrators began to identify competencies associated with the needs of the field and based the identification of competencies on the existing literature, expert faculty and practitioner validity, and consensus-building methods (Calhoun et al., 2008a; Stefl, 2008). The professional organizations associated with health care administration sought to create models that were evidence-based and that could be empirically tested (Calhoun et al., 2008a; Stefl, 2008). These competency identification efforts have been well-documented in the literature (Calhoun et al., 2008a; Cherlin et al., 2006; Garman & Johnson, 2006; Shewchuk et al., 2006; Stefl, 2008; White et al., 2006). The identification of competencies and development of competency models have provided "a common language and framework to guide health management

leadership" (Calhoun et al., 2008a, p. 376) and helped move the field closer to being
evidence-based (Bradley, 2003).

    The National Center for Healthcare Leadership, whose aim is to improve our
country's health status through effective leadership (NCHL, 2010), created a competency
model applicable to professional development as well as educational programs (Calhoun
et al., 2004; Calhoun et al., 2008a; Stefl, 2008). This model (see Figure 1) has three main
domains (transformation, execution, and people) and 26 competencies (Calhoun et al.,
2008a; NCHL, 2004; 2010).

NCHL Health Leadership Competency Model

The NCHL model provides breakthrough research and a comprehensive database for defining the competencies required for outstanding healthcare leadership for the future.

TRANSFORMATION
Achievement Orientation
Analytical Thinking
Community Orientation
Financial Skills
Information Seeking
Innovative Thinking
Strategic Orientation

HEALTH LEADERSHIP

EXECUTION
Accountability
Change Leadership
Collaboration
Communication Skills
Impact and Influence
Information Technology
  Management
Initiative
Organizational Awareness
Performance Measurement
Process Management /
  Organizational Design
Project Management

PEOPLE
Human Resources
  Management
Interpersonal
  Understanding
Professionalism
Relationship Building
Self Confidence
Self Development
Talent Development
Team Leadership

Figure 1. Venn Diagram of the NCHL Health Leadership Competency Model™, Version 2.0

The three main domains, which appropriately center on health care leadership (Calhoun et al., 2008a) "capture the complexity and dynamic quality of the health leader's role and reflect the dynamic realities in health leadership today" (NCHL, 2010, p. 3). The domain of *transformation* involves the health care leader's ability to envision, energize, and stimulate a change process (NCHL, 2010). The *execution* domain requires the skills to translate a vision and use strategy for optimal performance of the organization (NCHL, 2010). The *people* domain involves the health leader being able to create an organizational climate that supports diversity, helps others succeed by positively impacting their capabilities, while improving their own competencies (NCHL, 2010). This model, which is used extensively in health care settings and is the leading model used by graduate health care administration programs for accreditation (NCHL, 2010), is applicable to any position in the healthcare field, including but not limited to health care administration, medicine, and nursing (Calhoun et al., 2008a). The individual competencies in each domain are clearly defined, having levels of development and assessment that are applicable at any stage of one's health care career (NCHL, 2010).

In response to health care executives who wanted better prepared graduates for workplace success and to contribute to the advancement of the field, the Competency Task Force created by the Healthcare Leadership Alliance [HLA] also identified common health care leadership competencies and developed a competency model which incorporated the Dreyfus model of skill acquisition as well (Stefl, 2008). The resulting model as described by Stefl (2008; see Figure 2) has five competency domains: professionalism (aligning personal and professional ethics as well as commitment to

lifelong learning), business knowledge and skills (ability to apply business principles

including systems thinking), knowledge of the health care environment (demonstrated

understanding of the health care system), communication and relationship management

(ability to communicate internally and externally, facilitate teamwork, as well as maintain

relationships), and leadership (ability to inspire excellence, be visionary, and manage

change).

Competency Domains
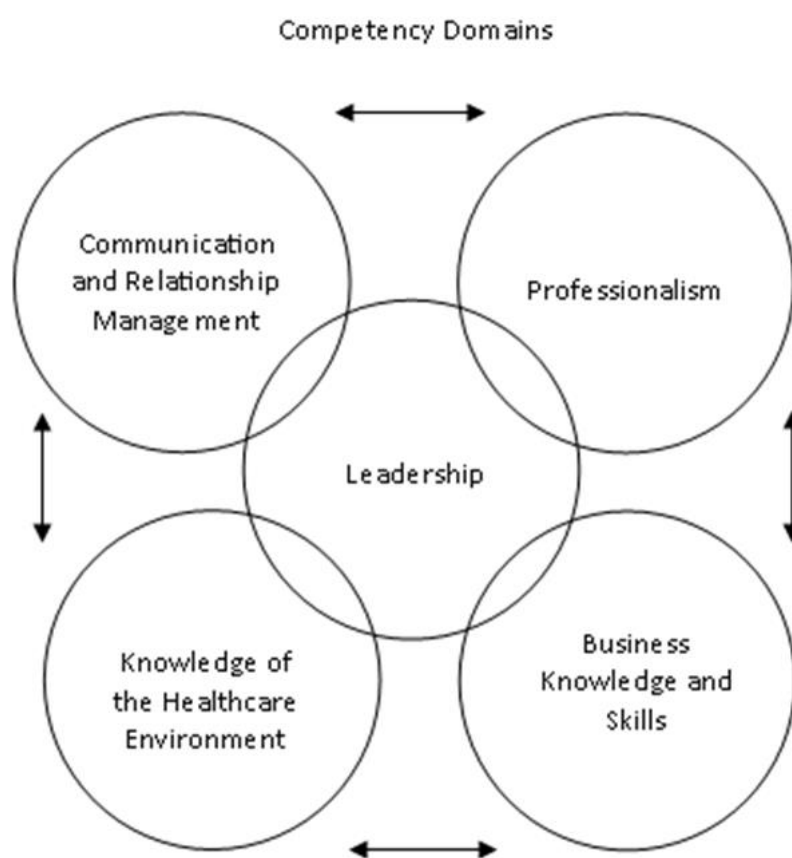
Figure 2. The Healthcare Leadership Alliance Competency Model[©] 2005. All Rights Reserved by the Members of the HLA Competency Task Force: American College of Healthcare Executives, American College of Physician Executives, American Organization of Nurse Executives, Healthcare Financial Management Association, Healthcare Information and Management Systems Society, and the certification body of the Medical Group Management Association—American College of Medical Practice Executives.

The efforts of HLA resulted in not only the development of the HLA competency model but in the creation of a comprehensive competency directory with over 800 competency statements (HLA, 2010). The directory is an interactive tool allowing individual academic programs and practitioners in the field to identify and assess competencies they deem necessary for workplace success (HLA, 2013; Stefl, 2008). In addition, this model was used by the ACHE in the development of their self-assessment instrument for health care executives at all stages in their career and has been incorporated into a self-assessment tool used by the American Organization of Nurse Executives (Stefl, 2008).

Adding to the advancement and quality of health care management education, CAHME began requiring the adoption of a competency model/set in 2008 for use in curricula by all their accredited programs and those seeking to be accredited (Calhoun et al., 2008b; Friedman & Frogner, 2010). This helps ensure that a health care management education program meets the quality standards associated with accreditation and that employers are assured properly prepared graduates for workplace success (CAHME, 2014a). Health care management education programs must meet the twelve specified eligibility requirements as well as specific criteria related to these requirements to be considered for accreditation (CAHME, 2013). One such criterion reflects monitoring and documentation of graduate career preparedness for at least two years after graduation as a means of continuous improvement within the program (CAHME, 2014b). A self-study handbook is available for those seeking accreditation or reaccreditation and allows

educational programs to self-evaluate their program as well as prepare for being peer-reviewed (CAHME, 2014b).

In regards to competencies specifically, CAHME requires that educational programs use competencies that align with the types of jobs graduates will obtain and as the "basis of its curriculum, course content, learning objectives and teaching and assessment methods" (CAHME, 2014b, p. 51). CAHME does not require that a specific competency model/set be used but only that a competency model/set must be used (CAHME, 2014b; Friedman & Frogner, 2010). This decision was based on research that concluded the competency models that had been developed and were being used were relatively equal in their effectiveness in regards to competency attainment and workplace success (Bradley et al., 2008; Friedman & Frogner, 2010). CAHME has indicated an educational program can develop its own set of competencies as long as it addresses the required curricular elements (see Table 1) set forth by the organization for accreditation (Friedman & Frogner, 2010). The general competencies listed in Table 1 are viewed by CAHME as "core to the profession of health care management" (CAHME, 2014b, p. 60).

Table 1

Competencies and Curriculum Design Criteria for CAHME Accreditation

Competencies and Curriculum Design
The Program will adopt a set of competencies that align with the mission and types of jobs graduates enter. The Program will use these competencies as the basis of the curriculum, course content, learning objectives, and teaching and assessment methods.
The program curriculum will provide students with a depth and breadth of knowledge of the healthcare system and healthcare management, aligned with the mission.
The program curriculum will develop students' competencies in communications and interpersonal effectiveness.
The program curriculum will develop students' competencies in critical thinking, analysis, and problem solving.
The program curriculum will develop students' competencies in management and leadership.
The program curriculum will develop students' competencies in professionalism and ethics.

Note. Source: CAHME. (2013). Fall 2013 CAHME criteria for accreditation. Retrieved from http://www.cahme.org/SiteVisitsCriteria.html

CAHME also specifies the content areas (see Table 2) that should be taught within the program's curriculum and provides interpretation of these areas for the program and faculty (CAHME, 2014c). Furthermore, competencies can be taught throughout the entire curriculum and do not have to be necessarily course-specific (CAHME, 2014c). Programs must be able to describe how the required competencies are addressed by the program's curriculum and where the competencies are developed within the required curriculum (CAHME, 2014b). It is important to note that CAHME continually emphasizes that curriculum and competencies must align with the mission of

the individual educational program and its university in their effort to meet the

requirements for accreditation (CAHME, 2014b; 2014c).

Table 2

Required Curriculum Content Areas for CAHME Accreditation

Content Area
Population health and status assessment
Health policy formulation, implementation, and evaluation
Organizational development/organizational behavior theory and application
Management and structural analysis of healthcare organizations, including evaluation and redesign
Operations assessment and improvement
Management of human resources and health professionals
Information systems management and assessment
Legal principles, development, application, and assessment
Governance – structure, roles, responsibilities, and alignment to leadership
Leadership – visioning, change management and team development
Written, verbal, and interpersonal communication skills
Statistical analysis and application
Economic analysis and application to decision making
Market analysis, research, and assessment
Financial analysis and management
Ethics in business and clinical decision-making
Strategy formulation and implementation
Quality assessment for patient care improvement
Professional skills development

Note. Source: CAHME. (2014c). Self-study handbook: Appendix A: A glossary of curriculum content areas. Retrieved from http://www.cahme.org/CAHMEResources.html

Issues Related to Competency Education

The efforts in the identification of health care management competencies and the

development of competency models have not been without struggles. Noted issues

discovered in the existing literature were confusing and inconsistent terminology; costs

and time requirements; methodological deployment; consensus and acceptance;

questionable assessment mechanisms and defensibility; and new development versus

adoption (Bradley, 2003; Calhoun et al., 2002; Leveson, 2000). Other problems noted in the literature included hindrance of innovation and "serendipity of new ideas and ways of thinking, which are central to high quality education" (Bradley, 2003, p. 289); issues with competency education and adult learners; competency development, level, and career stage (Bradley, 2003; Storey et al., 2002); and different people needing different educational approaches (Bradley, 2003). Garavan and McGuire (2001) noted that competency education is a paradigm that can be too specialized for generalizability and yet not specialized enough to meet employer's needs. Storey et al. (2002) discussed that competency is not static; it is ever developing as the "knowledge underpinning a skill may change over time" (p. 11). Additionally, Leveson (2000) questioned if transference of skills from academia to the workplace is realistic.

Health care administration faculty have called into question the need for using the competency approach within their profession as well as by the accrediting bodies (Calhoun et al., 2008b). Little evidence is available about the effectiveness of the competency approach on the quality of education received, graduate preparedness, or impact on the industries in which graduates will be employed (Calhoun et al., 2008b). Additionally, competencies will have to be continually updated and validated because the health care industry changes so rapidly (Bradley, 2003; Calhoun et al., 2002; Calhoun et al., 2009; Stefl, 2008).

While it is acknowledged that competency identification, competency models, and the use of competency education can enhance learning in relation to career entry and/or future workplace demands, Calhoun et al. (2002; 2009) noted that availability of

such does not guarantee acceptance, deployment, or utilization; nor does the use of these tools ensure early careerists will be able to succeed in the workplace. More empirical evidence is needed related to the links between educational approach, competency attainment, and early career workplace success (Bradley, 2003; Wainwright et al., 2012).

Graduate Preparedness and Employer Competency Expectations

Previous research supports the use of competency development and competency education as an effective and appropriate approach for preparing novice and early careerists for workplace success (De Vos, De Hauw, & Van der Heijden, 2011; Lowden, Hall, Elliot, & Lewin, 2011; McCowan, 1998). In addition, the development of competencies also increases employability (De Vos et al., 2011; Teijeiro et al., 2013). Employability was defined by Yorke in 2004 (as cited by Lowden et al., 2011) as "a set of achievements, skills, understandings and personal attributes that make graduates more likely to gain employment and be successful in their chosen occupations, which benefits themselves, the workforce, the community and the economy" (p. 6). The concept of employability is important to mention because of its interrelatedness to a graduate's development of competencies and workplace success (De Vos et al., 2011; Teijeiro et al, 2013). Research specifically within the health care field has established that competency attainment is linked to workplace success, indicating a positive relationship (Bradley, 2003; Griffith, 2007; Paulson, 2001; Wainright et al., 2012; Woodhouse, 2011).

In that the competency education movement combines the 'knowing' with the ability of 'doing', it has been viewed by health care administration educators and health care executives as an appropriate approach to addressing the health care industry's need

for competent early careerists that can contribute to the value of their organizations upon employment (Garavan & McGuire, 2001; Klein-Collins, 2013; Landry & Hearld, 2013). Health care executives continue to call for a better prepared workforce, having greater expectations than ever for graduates to be able to manage the ever-changing complexity of the health care system upon entry into the field (Hartman & Crow, 2002; Klein-Collins, 2013; Landry & Hearld, 2013; Storey et al., 2002). Previous studies have identified an existing gap between the actual competency level of early careerists and the employer desired competency level indicated to be necessary for workplace success (Cassidy, 2006; Calhoun et al., 2009; Cherlin et al., 2006; Friedman & Frogner, 2010; Ginter et al., 2009; Helfand et al., 2005; Landry & Hearld, 2013; Stefl, 2008; White, Clement & Nayar, 2006). Moreover, researchers have suggested that it is no longer acceptable to use the first two years of one's career in the health care field for competency development because the rapidly changing environment of health care needs a highly skilled workforce upon entry into the field (Banta, 2001; Calhoun et al., 2008b; Calhoun et al., 2009; Yorke & Harvey, 2005). Graduates that display the skills needed to be a successful contributing member of the management team will be the ones employers seek and hire first because as competent early careerists they can better address the challenges presented by the health care industry (Calhoun et al., 2008b; Calhoun et al., 2009).

The recent study by Friedman and Frogner (2010) was the first to examine employer perceptions of competency attainment of early careerists since the adoption of CAHME's accreditation requirements. The results of their study revealed early careerists

do not possess the skills necessary for workplace success (Friedman & Frogner, 2010).

Friedman and Frogner (2010) identified the competencies that employers believed early

careerists were lacking. These lacking competencies were categorized as mainly 'soft

skills', or people skills, and are related to competencies involving interrelationships,

communication, and teamwork. These "human moment" skills (Friedman & Frogner,

2010, p. 287) have been deemed by executives and those leading the professional

organizations as very necessary for success in the workplace, as indicated by other

researchers (Banta, 2001; Hartman & Crow, 2002; Husain, Mokhtar, Ahmad, &

Mustapha, 2010; Lowden et al., 2011; O'Conner, 2013, White & Begun 2006; Yorke &

Harvey, 2005).

     Health care administration educational research has examined graduate

preparedness through self-ratings as well as through the ratings of employers/preceptors

(Bradley et al., 2008; Cherlin et al., 2006; Freidman & Frogner, 2010; Helfand et al.,

2005; White & Begun, 2006; White et al., 2006). While two of these studies were

program-specific assessments (Bradley et al., 2008; White & Begun, 2006), all of the

studies acknowledged findings that indicate graduates rate themselves as being more

competent than their employers/preceptors rate them. This is also true for studies

conducted in other fields (Higgins, 2008; Teijeiro et al., 2013). The study by Friedman

and Frogner (2010) found that health care executives with a Masters in Health Care

Administration (MHA) rated early careerists significantly lower on the business skills

index and the leading and managing others index than those executives with non-MHA

degrees. The authors noted no significant differences in ratings between those holding

clinical and non-clinical degrees (Friedman & Frogner, 2010).

Other researchers have indicated that health care executives place the

responsibility of competency development on the educational institutions (Calhoun et al.,

2002; Cassidy, 2006). The mismatch in competencies held and needed has led to greater

evaluation of the role educational institutions and their faculty fills in meeting the needs

of the field (Banta, 2001). Educational institutions must produce graduates that are

competent to work upon entry into the field and are able to succeed in the workplace

(Banta, 2001; Stefl, 2008; Storey et al., 2002). In the continuing effort to help address and

reduce the noted competency mismatch, ACHE (2013) prepared a policy position

statement, *Appropriate Preparation for Healthcare Executive Management Positions for

All New Entrants to the Field*, which identified minimum requirements for the

development of competent and successful early careerists. These requirements include

the preference for students to attend an accredited graduate program, such as those

accredited by CAHME, "which requires face-to-face instructional time as well as field

experience" and a graduate degree as "the minimum requirement for entry to executive

healthcare management" (ACHE, 2013, pp. 1-2; 2015; O'Conner, 2013). Storey et al.

(2002) suggested there must be a "critical minimum level" (p. 18) of competency for

those entering the health care field.

The consensus of other researchers is that addressing the existing gap in

competency levels will take the cooperation of both the educational institution and health

care leadership/practitioners, which will enable the educational institution to focus on

meeting the employer's needs in regards to competent early careerists (Hartman & Crow, 2002; Lowden et al., 2011). In an interview with O'Conner (2013), Dolan, as CEO and president of ACHE, stated that the educational institutions and the health care workplace need to collaborate, with classes being taught by full time faculty, supplemented by practitioners rather than practitioners teaching the entire course. Ultimately, the collaboration is between the individual, the educational programs, employers, and the professional organizations of the field (Storey et al., 2002).

Previous researchers appear to have adequately assessed the perceptions of health care executives and graduates in relation to graduate preparedness and workplace success as early careerists. However, research is lacking in the area of faculty perceptions regarding the use of competency education, graduate preparedness, and employer competency expectations.

Faculty Perceptions

Faculty plays a key role in the development of graduates as well as the workforce (Archer & Davison, 2008; Calhoun et al., 2002; Cassidy, 2006). CAHME (2013) addresses faculty's responsibilities as part of their requirements for accreditation, which includes specifying and evaluating health care management competencies; involvement in research and scholarship; teaching and improvement of pedagogical methods; and participating in community and professional services. Gaining faculty support for this educational approach and its associated expectations derived from the professional organizations, accreditation bodies, and employers is challenging (Klein-Collins, 2013). While the field of health care administration and its educational programs have reached a

consensus on the desired competencies for early careerists (CAHME, 2014a; HLA, 2013; NCHL, 2010) this does not "equal acceptance, deployment, or utilization" (Calhoun, 2009, p. 172). Calhoun et al. (2008b) noted, as the transition to competency education occurred within health care administration programs, faculty questioned the need to develop competencies and models, as well as the need for using competency models for accreditation purposes. Faculty are not completely convinced about the benefits of adding employability skills to their courses and stated this could be viewed as encroachment on academic freedom in relation to course content (Lowden et al., 2011; McCowan, 1998).

The perceptions of health care administration faculty have been assessed in previous research in order to (1) identify competencies, often based on course content; (2) identify what they deem as the more important competencies; (3) identify what they thought employers were seeking in early careerists in the development of program-specific surveys; and (4) in the development of health care administration competency models (Shewchuk et al., 2006; Stefl, 2008; White & Begun, 2006). However, faculty perceptions in regards to actually using the competency approach, its effectiveness on graduate preparedness, and the expectations of competency levels by health care executives are lacking (White, 2006).

With the shift in the teaching paradigm from traditional education to competency education as a way of meeting the needs of the workplace and the noted responsibility of teaching competencies falling to faculty (Calhoun et al., 2002; Cassidy, 2006), it is important to assess the perceptions of health care administration faculty. Other

disciplines within the academic arena (i.e., nursing, counseling, industry and business, veterinarian medicine, and library sciences) have examined faculty perceptions in regards to various aspects of competency education, including the areas of graduate preparedness; implementing and assessing competency education; and adult learners (Brooks, 2010; Day, Lovato, Tull, & Ross-Gordon, 2011; Lane & Bogue, 2010; Leveson, 2000; Numminen, et al., 2014; Singh, 2005; Tanyel et al., 1999). The general findings of these studies that are related to faculty perceptions are described in the following sections.

Faculty perceptions of assessing graduate preparedness. Previous researchers indicate that the different viewpoints held by industry and academia is the greatest contributor to the gap in assessing graduate preparedness (Numminen et al., 2014; Tanyel et al., 1999). This includes the lack of commonality in the language and terms used by industry and academia, with the same word meaning something different in each field respectively (Tanyel et al., 1999), as well as having different reference points for competency level assessment (Numminen et al., 2014). Faculty and employers have also differed in their opinion in ranking the most relative competencies and the importance of specific competencies (Tanyel et al., 1999). Faculty may rate graduates higher in competency level than employers (Numminen et al., 2014). Age and work experience contribute to how faculty assess graduate preparedness, with competency levels being rated lower by employers with increased age and work experience and competency levels being rated higher by educators with increased age and work experience (Lane & Bogue, 2010; Numminen et al., 2014).

Faculty perceptions of implementing and assessing competency education.

Faculty may accept that it is their responsibility to teach competencies but may feel

lacking in the training they have received in order to effectively teach competencies

(Brooks, 2010; Lane & Bogue, 2010). Faculty have stated they had not received adequate

training in competency education to confidently implement it or to assess its outcomes

(Brooks, 2010; McCowan, 1998). Brooks (2010) found that faculty are committed to

implementing competency education, want to be active in its development, and that the

time commitment is worth the effort. The greatest obstacles in implementing competency

education as perceived by faculty were their workload demands, having an administrative

role as well as a faculty position, and teaching responsibilities (Brooks, 2010).

Faculty perceptions of adult learners. Adult learners have been defined by

those in higher education as those that are 25 years of age and older (Day et al., 2011).

These students have returned to higher education to acquire new knowledge and skills for

employability and continued workplace success (Day et al., 2011). Faculty may perceive

adult learners as more committed to and focused on their education while juggling their

life roles with their student role and as being better prepared for the learning environment

because they bring their life experiences into the classroom and can draw upon these

experiences (Day et al., 2011). This challenges faculty to stay current in respect to the

workplace and in making the learning environment more interesting for the adult learner

(Day et al., 2011). Faculty also indicated they lack adequate training for teaching

specifically in higher education, especially in regards to teaching adult learners (Day et

al., 2011). Furthermore, faculty noted they have to adapt their teaching models to address the needs of adult learners (Day et al., 2011).

Based on the limited research in other academic arenas of faculty perceptions related to competency education, faculty seem to support this educational approach and are more aware of adult learners and their needs and characteristics (Brooks, 2010; Day et al., 2011; Lane & Bogue, 2010). Faculty have acknowledged a difference in the perspectives between industry and academia (Leveson, 2000; Numminen et al., 2014; Tanyel et al., 1999), and admit there is a lack of training and time to implement this educational approach effectively (Brooks, 2010; Day et al., 2011; Lane & Bogue, 2010; McCowan, 1998). Faculty attitudes and behaviors greatly affect student learning and faculty therefore play a key role in student learning as well as in graduate and workforce preparedness (Umbach & Wawrzynski, 2005).

These prior research studies on faculty perceptions informed the basis for this study. By understanding the faculty perceptions in other academic arenas related to various aspects of using competency education, including its effectiveness on graduate preparedness and its application to adult learners, this study examined health care administration faculty perspectives based on the findings and concerns raised in the previous studies. This contributes to the knowledge base of faculty perceptions regarding the use of competency education in general as well as informs health care administration programs and faculty specifically.

Theoretical Foundation

The task of faculty in graduate education is to produce competent students that can apply their acquired knowledge, skills, and attitudes in the context of their changing work environment (Knowles, 1980; Storey et al., 2002). The fields of higher education and administration deal with adult learners on a daily basis (Merriam et al., 2007). In that graduate students are typically adult learners, it is important to understand the characteristics of adult learners. Knowles' theory and assumptions of adult learning, also referred to as andragogy, is considered foundational in adult learning theory and was used as part of the theoretical framework for this study (Knowles, 1980; Merriam et al., 2007). Additionally, the concept of self-efficacy as described by Bandura (1977) was added to the theoretical foundation, as many of its constructs mirror andragogy, and higher self-efficacy in students and educators has been linked to student achievement and work performance (Fives, 2003; Mohamadi & Asadzadeh, 2012; Opacic, 2003; Stajkovic & Luthans, 1998).

Knowles' Theory and Assumptions of Andragogy

The concept of andragogy originated in Germany in the nineteenth-century (Knowles, Holton, & Swanson, 2012; Merriam, 2001). In 1926, the systematic theory about adult learning was established through the work of Lindeman, who described adult learners as motivated to learn based on their needs, having a life-centered orientation, having experiences that are a rich resource, being self-directed, and increasing individual differences with age (Knowles et al., 2012). Andragogy became connected to the "professionalization of adult education" by the second half of the twentieth century

(Merriam, 2001, p. 7). Knowles introduced this European concept to the United States in 1968 and andragogy has been used as the principle theoretical framework for adult learning since that time (Elias & Merriam, 2005; Knowles et al., 2012; Merriam, 2001; Merriam et al., 2007).

As an adult educator, Knowles' philosophical orientation has been described as humanistic, as the main concepts of this orientation are autonomy, cooperation, participation, and self-directed learning (Elias & Merriam, 2005). Knowles (1980) defined andragogy as "the art and science of helping adults learn" (p. 43). He wanted to differentiate adult learning from pre-adult learning (Merriam et al., 2007). Andragogy represents a shift in educational theory from focusing on teaching to learning, with the instructor becoming a facilitator and a resource for the self-directed and autonomous learner (Knowles, 1980; Knowles et al., 2012). Elias and Merriam (2005) describe andragogy as "needs-meeting and learner-centered" (p. 13).

In that andragogy specifically centers on the adult learner, and adult learners learn "best when outcomes are clear and can be integrated into a context relative to life and career experiences" (Wainwright et al., 2012, p. 42), andragogy is an appropriate theoretical foundation for this study because it provides insights into appropriate and effective education for adults (Miner, Childers, Alperin, Cioffi, & Hunt, 2005). Andragogy holds the following assumptions: 1) the learner is self-directed and independent, 2) the learner has life experiences that are a useful resource for learning, 3) learner readiness to acquire knowledge and competencies is based on a need to learn and social roles, 4) the learner takes a performance or problem-solving approach to learning

for immediate application, and 5) the learner is internally motivated (Knowles, 1980;

Merriam, 2001; Wainwright et al., 2012).

It is important to note that learning in adulthood is different from learning in

childhood in terms of the learner and the context (Merriam et al., 2007). Adults are set

apart from children by their life experiences – they have had more experiences, they have

had different kinds of experiences, and they organize their experiences differently

(Merriam et al., 2007). The adult learner brings all these experiences with them into their

learning process and uses these experiences as a resource to transform meanings and

values, while children use learning experiences to gain skills and knowledge (Merriam et

al., 2007). Additionally, the social context of an adult's life situation also differentiates

them from children in that adults are viewed as independent and learning is an additional

responsibility in life, whereas children are considered dependent and use learning for

preparation in life (Merriam et al., 2007).

Andragogy has been applied in the development of transformational frameworks

for education in the fields of public health and health care administration as a means of

integrating competency-based education and workforce preparation (Koo & Miner, 2010;

Miner et al., 2005; Wainwright et al., 2012). In the model recommended by Koo and

Miner (2010), adult learning theory, competency-based education, and an expanded

Dreyfus model for professional skills acquisition specifically designed for public health

were integrated in effort to improve the education for and development of the public

health workforce. Koo and Miner (2010) stipulated that applying adult learning theory in

their framework takes into consideration the learning needs of professional adults, helps

establish an appropriate learning approach, and better engages the adult learner which increases the likelihood of learning.

Miner et al. (2005) emphasized the use of adult learning theory in conjunction with instructional competencies and workforce competencies to address public health workforce development. They described their model as a means of placing into context "the organizational and instructional theories that underpin workforce preparation and practice" (Miner et al., 2005, p. 9). The transformative model for healthcare management education developed by Wainwright et al. (2012) expands on previous health care administration competency models with an increased focus on graduate students as adult learners while acknowledging the link between competency attainment and job performance. The authors emphasized that including the characteristics of adult learners, such as bringing of life experiences into the learning process as valuable intrinsic resources, is a necessity in model development (Wainwright et al., 2012).

Bandura's Concept of Self-Efficacy

Self-efficacy is a component of Bandura's social cognitive theory and is loosely defined as one's belief in their personal competence (Pajares, 1996). Bandura (as cited by Schunk, 1991) defined self-efficacy as "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (p. 207). The theory stipulates that the higher one's self-efficacy, the greater their effort, perseverance and resilience in confronting tasks (Bandura, 1977; Pajares, 1996).

Self-beliefs are linked to one's motivation, personal accomplishments, and self-regulation, which mirror the assumptions of internal motivation, life experiences, and self-directedness in andragogy (Pajares, 2002). Self-efficacy has been tied to outcome expectancy and efficacy expectancy in that one will estimate that a certain behavior will lead to a specific outcome, and one's belief that they expect to perform the behavior successfully will produce the desired outcome (Bandura, 1977). While confident individuals expect successful outcomes, if the needed knowledge and skills are not present, no amount of self-efficacy can produce success (Pajares, 2002). Self-efficacy is also sensitive to context and affects the choice of activity, effort, and persistence (Pajares, 1996; Schunk, 1991).

Self-efficacy has been researched enough for a causal relationship to be established with performance (Opacic, 2003). A meta-analysis by Stajkovic and Luthans (1998) established a significant weighted average correlation ($G(r_+) = .38$; $d = .82$) between self-efficacy and work-related performance. A study conducted by Opacic (2003) found self-efficacy was correlated to graduate students' clinical performance at a statistically significant level ($r = 0.16$, $p < 0.01$), while their previous health care experience did not correlate at a statistically significant level as judged by the student's preceptor.

Various prior studies have also established a relationship between the level of educator efficacy and student achievement levels (Fives, 2003). Ashton and Webb (as cited by Schunk, 1991) referred to this as teaching efficacy and defined it as the personal belief the educator holds about their capabilities to help students learn. Here too, the

higher the educator's teaching efficacy, the better able the educator is to meet the needs of and support the student (Schunk, 1991).

Application of Theory to Study

Andragogy and self-efficacy were deemed appropriate theoretical frameworks for this study related to faculty perceptions of competency education, graduate preparedness, and employer competency expectations and how these constructs relate to workplace performance and success. These two theories compliment and support each other, with andragogy centering on the adult learner being independent and self-directed, bring life experiences as a useful resource to further knowledge and skills to meet existing needs through immediate application, and with self-efficacy focusing on the belief that one can do what needs to be done to achieve a desired outcome (Bandura, 1977; Knowles, 1980). A graduate student in health care administration needs to have high self-efficacy to accomplish the educational goals and obtain the necessary competencies set before them by their program's faculty as they strive to meet the needs of the field as described by employers (Friedman & Frogner, 2010; Pajares, 1996; Schunk, 1991). Additionally, high teaching efficacy, a form of self-efficacy, is needed by faculty in these health care administration programs to help their students as adult learners achieve the necessary competencies for workplace success (Friedman & Frogner, 2010; Pajares, 1996).

Summary and Conclusions

Over the last decade, health care administration programs have transitioned to competency education in an effort to better prepare graduates to meet the increasing demands of the workplace (Calhoun et al., 2002; Cassidy, 2006; Friedman & Frogner,

2010; Ginter et al., 2009; Stefl, 2008). Previous research has explored competency attainment of students, early careerists, and alumni through self-ratings and ratings by preceptors and health care executives (Bradley et al., 2008; Cherlin et al., 2006; Freidman & Frogner, 2010; Helfand et al., 2005; White & Begun, 2006; White et al., 2006). However, employers are still suggesting that graduates do not have the desired competencies or competency levels to be successful in the workplace (Friedman & Frogner, 2010; Helfand et al., 2005; White et al., 2006). Employers and professional organizations have placed the responsibility of teaching the desired competencies on the educational institutions, placing the task directly on the faculty of these educational programs (Calhoun et al., 2002; Cassidy, 2006; Storey et al., 2002).

In this chapter the research surrounding the development of competency education with attention to competency identification and model development in health care administration was examined. While deemed an appropriate educational approach to developing competencies, other researchers have identified concerns related to using this educational approach. Researchers have also clearly documented that a gap exists between graduate preparedness and the employer competency expectations necessary for workplace success, with this being attributed to different viewpoints between industry and academia. Previous researchers have suggested that cooperation between industry and academia is the answer to addressing the competency gap.

With the responsibility of developing graduate competencies falling to faculty of health care administration programs, it is important to understand faculty perceptions of competency education. Faculty perceptions related to various aspects of competency

education have been assessed. Based on the research in other academic arenas, faculty may support using competency education but conflicting responsibilities as well as lack of training and time interfere with effectively implementing and assessing the outcomes of competency education. Previous researchers have indicated that faculty is more aware of the needs and characteristics of the adult learners returning to higher education for knowledge and skill acquisition to improve employability and workplace success.

What had yet to be examined were health care administration faculty perceptions in regards to using competency education, how well it prepares graduates, and the employer expectations of competencies upon entering the workplace. This study provides a voice to the faculty of health care administration programs and helps ensure that faculty concerns about the competency approach can be addressed in order to get their complete support for this educational approach and improve faculty development efforts.

The quantitative design chosen for this study was based on the existing literature in the areas of competency education, graduate preparedness, and employer competency expectations. The next chapter discusses the research design and rationale, the target population, sampling and recruitment procedures, data collection, instrumentation, and the analyses that will be used in conducting this study.

Chapter 3: Research Method

Introduction

In an effort to address the identified discrepancy between employer competency expectations and graduate preparedness from health care administration programs, the educational programs have transitioned to using competency education (Beauvais et al., 2011; Calhoun et al., 2002; Cassidy, 2006; Friedman & Frogner, 2010; Ginter et al., 2009; Stefl, 2008). With the responsibility of competency education falling directly on the faculty of these programs, it is important to understand the perceptions of faculty in regards to using the competency approach, its effectiveness on graduate preparedness, and the expectations of competency levels by health care executives that employ these graduates as early careerists. The purpose of this quantitative study was to determine these faculty perceptions as a means of providing a voice to faculty and to ensure that faculty concerns about the competency approach are addressed. This will hopefully help gain their support for this educational approach as well as contribute to improving faculty development efforts.

This chapter provides an overview of the study's methodology and identifies the foundational research hypotheses. The population and sample are described, as well as the instrumentation and procedures. The chapter continues with a discussion of the protection of participant rights and concludes with a description of the plan for data analysis.

Methodology

The aim of this quantitative study was exploratory and descriptive in nature. A nonexperimental, cross-sectional survey design was used to describe the perceptions of health care administration faculty in regards to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations of early careerists. A cross-sectional design is appropriate to use when assessing attitudes and perceptions (Frankfort-Nachmias & Nachmias, 2008). In this study I was not trying to establish causation; instead, the nonexperimental design allowed the study to be conducted in the faculty's actual environment within a health care administration educational program (Creswell, 2009; Frankfort-Nachmias & Nachmias, 2008). This research design permitted perceptions of health care administration faculty and any possible relationships discovered to be described in terms of "what exists, in what amount, and in what context" (Isaac & Michael as cited by Glasow, 2005, p. 1-1). Additionally, this research design allowed for generalizability to graduate level health care administration faculty (Creswell, 2009; Frankfort-Nachmias & Nachmias, 2008).

Web-based data collection was chosen for this study. This type of data collection has been deemed "effective, reliable, and safe" (D'Agruma & Zollett, 2007, p. 253). An electronic survey, which has been defined in the research literature as "one in which a computer plays a major role in both the *delivery* of a survey to potential respondents and the *collection* of survey data from actual respondents" (Jansen, Corley, & Jansen, 2007, p. 2), was included in this study. This research design allowed convenient access to faculty who is geographically dispersed, provided for a larger population of study, and

was more convenient for those who decided to participate (Ahern, 2005; Evans & Mathur, 2005).

Of particular importance to this study were the benefits associated with using an electronic survey with a population that is affiliated with a professional organization that uses dedicated online websites (Wright, 2005), as in this study with the target population being faculty teaching in programs associated the AUPHA and the CAHME. This permitted "access to people who share specific interests, attitudes, beliefs, and values regarding an issue, problem, or activity" (Wright, 2005, p.2), which can ultimately increase survey response rates. Shannon, Johnson, Searcy, and Lott (2002) found that "surveys can be used most effectively with targeted populations such as professional groups with published email addresses" (p. 8 -9), as well as with populations that have access to technology, such as professional groups and university professors.

Research Questions and Hypotheses

The following research questions and hypotheses were the foundation for this study.

Overarching Research Question: What are health care administration faculty perceptions regarding the use of the competency approach in their programs, its effectiveness on graduate preparedness, and employer competency expectations and are these perceptions related to faculty demographics?

Research Question 1: Is there a relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management

experience, number of years as faculty member, training in competency approach, program type, accredited program) and faculty perceptions of the competency approach?

H_0**1:** There is no statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, training in competency approach, program type, accredited program) and faculty perceptions of the competency approach.

H_1**1:** There is a statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, training in competency approach, program type, accredited program) and faculty perceptions of the competency approach.

Research Question 2: Is there a relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, training in competency approach, program type, accredited program) and faculty perceptions of student preparedness in graduate level health care administration competencies?

H_0**2:** There is no statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, training in competency approach, program type, accredited program) and faculty perceptions of student preparedness in graduate level health care administration competencies.

$H_1$2: There is a statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, training in competency approach, program type, accredited program) and faculty perceptions of student preparedness in graduate level health care administration competencies.

Research Question 3: Is there a relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, program type, accredited program) and faculty perceptions of employer competency expectations for health care administration graduates entering their employ?

$H_0$3: There is no statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, program type, accredited program) and faculty perceptions of employer competency expectations for health care administration graduates entering the field as early careerists.

$H_1$3: There is a statistically significant relationship between faculty demographics (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, program type, accredited program) and faculty perceptions of employer competency expectations for health care administration graduates entering the field as early careerists.

Population and Sample

The population of interest for this study was current university health care administration faculty teaching in graduate level programs that were associated with AUPHA and CAHME, as these professional organizations hold health care administration programs and their faculty to high standards related to competency education (AUPHA, 2014; CAHME, 2014a).

A nonprobability sampling design was used as there was no way to determine which faculty would accept the invitation to complete the survey (Frankfort-Nachmias & Nachmias, 2008; Trochim, 2006). Nonprobability sampling is less costly and more convenient than probability sampling (Frankfort-Nachmias & Nachmias, 2008). In addition to nonprobability sampling, a combination of convenience and snowball sampling was also used. Convenience sampling was illustrated by the predefined population being identified from the program listing that was conveniently available on the AUPHA and CAHME websites (Frankfort-Nachmias & Nachmias, 2008). In that faculty associated with AUPHA and CAHME programs were purposively chosen as the target population, a type of snowball sampling was used. Snowball sampling is an appropriate sampling method to use when the target population is hard to access or find (Trochim, 2006), as with identifying all current faculty of AUPHA-associated and CAHME-accredited graduate level health care administration programs. Snowball sampling is also used to identify those that meet the criteria for inclusion in a study and allows the researcher to ask these identified individuals to recommend others that would also meet the criteria for inclusion (Trochim, 2006). In that the identified program contact

of the AUPHA- and CAHME-associated programs met the criteria for inclusion in this study and was the best source for identifying and gaining access to the faculty of these programs, this was identified as snowball sampling.

The sampling frame was list-based (Fricker, 2008) and was obtained from the AUPHA and CAHME public websites of graduate health care administration programs. There were 126 graduate health care administration programs identified as associated with AUPHA with 77 of these being listed as CAHME-accredited programs, and two other programs were identified as CAHME-accredited but not currently associated with AUPHA (AUPHA, 2014; CAHME, 2014a). The program contact for each individual program, as listed on the AUPHA and CAHME websites, was identified and the e-mail addresses of each program's faculty was requested from the program contact. Faculty identified by the e-mail addresses received directly from the program contacts, obtained from the program's website as suggested by the program contact, or as obtained from publicly available program websites if the program contact had not responded to the request and if available were the sample population.

The sample for this study was ultimately determined by those accepting the invitation to participate in the study and their completion of the electronic survey. It was assumed that as university faculty these individuals are computer literate, use their computers often, and have regular and easy access to the Internet and e-mail (Fricker, 2008). Faculty could either be full time or part-time/adjunct faculty but must teach in a master's level health care administration program. Faculty who teach in undergraduate

programs were not be included in the sample. Tenured, tenure-track, and nontenure-track were not a consideration for participation in this study.

With the sample size ultimately being determined by those respondents that voluntarily decided to participate in the study, it was important to conduct a power analysis in order to have an idea of an appropriate sample size that would contribute to the study's "chance of obtaining a significant result" (Cohen, 1992, p.155). For this study, the alpha level, effect size, and power level were based on the accepted recommendations of Cohen (1992), as the available literature on faculty perceptions did not specify any of these variables for determining sample size. Using G*Power (Faul, Erdfelder, Lang, & Buchner, 2007) to conduct the power analysis based on an independent samples *t* test, using linear multiple regression: fixed model, single regression coefficient, two-tailed, a priori alpha level of .05 and power of .80, using two to five predictors, and calculating for a medium effect (.15), the sample size calculate for this study would need to be at least 55.

In addition to considering a power analysis based on independent samples *t* test, a power analysis based on multiple linear regression was also considered. Using G*Power (Faul, Erdfelder, Lang, & Buchner, 2007) to conduct the power analysis based on the test family of *F*, using the statistical test of linear multiple regression: fixed model, R^2 deviation from zero, with an a priori alpha level of .05 and power of .95, using up to 9 predictors (age, gender, degree held, ACHE board certified, number of years of health care management experience, number of years as faculty member, training in competency approach, program type, accredited program), and calculating for a medium effect (.15),

this power analysis specified that the sample size would need to be at least 166.

Therefore, based on the two power analyses conducted, the total sample size desired by

this study was at least 166.

Instrumentation

An electronic survey was developed by this researcher through the use of

Qualtrics (http://www.qualtrics.com), which is an electronic survey development and

management tool. Survey questions were answered on either a dichotomous/categorical

(e.g., yes or no) level or a Likert-type scale (e.g., strongly agree, agree, disagree, strongly

disagree, not sure/no opinion).

The survey was divided into four sections:

- Measures of faculty perceptions on using the competency approach.

- Measures of faculty perceptions on the effectiveness of the competency
  approach on graduate preparedness.

- Measures of faculty perceptions on employer competency expectations of
  the graduates entering their employ.

- Demographic information on the participant (age, gender, degree held,
  ACHE board certified, number of years of health care management
  experience, number of years as faculty member, training in competency
  approach, program type, accredited program).

The survey was developed based questions that were derived from the literature

review (Bradley, 2003; Calhoun et al., 2008; Calhoun et al., 2009; Cherlin et al., 2006;

Day et al., 2011; Leveson, 2000; Numminen et al., 2014; Shewchuk et al., 2006; Tanyel

et al., 1999; Umbach & Wawrzynski, 2005). Additionally, questions from previous surveys used to conduct similar research were deconstructed to add to the survey (Brooks, 2010; Farnsworth; 2013).

To address the survey's validity, face validity is a more "subjective evaluation of the appropriateness of the instrument for measuring the concept" (Frankfort-Nachmias & Nachmias, 2008, p. 150). For the purposes of this survey, the issues presented in the literature review were included in the survey. The developed survey was also compared to similar surveys developed by other researchers (Brooks, 2010; Farnsworth; 2013). Content validity was addressed by asking a colleague that is an ACHE board-certified faculty member teaching in an undergraduate health care administration program that is CAHME-accredited as well as associated with AUPHA to examine the survey as an expert reviewer to ensure that it represented the concepts needed for a good measure of faculty perceptions related to using the competency approach, graduate preparedness, and employer competency expectations (Frankfort-Nachmias & Nachmias, 2008).

Procedures

The program contacts of graduate level health care administration programs associated with AUPHA and those accredited by CAHME were collected. The Walden University Institutional Review Board (IRB) was contacted to determine if IRB approval would be needed to contact the programs requesting their current full-time and part-time faculty e-mail addresses. The IRB stated that their approval was not needed to request this information from the program contacts.

A request e-mail (see Appendix A) was sent to each program contact, as identified on the websites of AUPHA and CAHME, requesting their program's current full-time and part-time faculty e-mail addresses. Obtaining the most up-to-date faculty e-mail addresses from the program itself helped ensure that as many AUPHA-associated and CAHME-accredited program faculty as possible had the opportunity to be a part of this research study. In an effort to increase the response rate, after the initial e-mail request had been sent, a reminder e-mail was sent to the program contacts one week later. Non-respondents received a third e-mail reminder one week after the second e-mail, indicating the deadline to reply was in two days.

Once the programs had time to respond to the request for faculty e-mails, the faculty e-mail list was deemed complete through the receipt of faculty e-mail addresses directly from the program contact or by obtaining the e-mail addresses from the program's website as suggested by the program contact. Additionally, faculty e-mail addresses were gathered, if available, from public websites of programs whose contact did not respond to the initial request. Once IRB approval to conduct this study and collect data was obtained, an e-mail invitation (see Appendix B) to participate in the research study was sent to the faculty listed. Additionally, a separate invitation to participate was sent to the program contact of those programs that stated in their response to the request for faculty e-mails that they could not share faculty email addresses due to program policy or out of respect for faculty privacy but wanted to participate in the study by forwarding the invitation e-mail on to their program's faculty once IRB approval to conduct the study was received.

The invitation e-mail provided informed consent materials including an explanation of the purpose of the study and how the study's results would be used, stressed the voluntary nature of the study, ensured confidentiality, and provided contact information if there were any questions by participants concerning the study. The invitation e-mail provided the necessary information to the participants so that they were informed about the study and could consent to participate or not participate. The invitation e-mail also included a direct link to the electronic survey. Entering the survey via the link and beginning the survey implied consent. Participants then completed and submitted the survey online. A reminder e-mail was sent out to non-respondent faculty as identified on the collected e-mail list each week for four weeks after the initial invitation e-mail was sent and a final reminder sent the morning of the last survey date. Once the survey time period was over, data were downloaded from the online survey tool into SPSS for statistical analysis.

Protection of Participant's Rights

Approval for this research study was obtained from the Walden University Institutional Review Board (IRB) before there was any contact with survey participants and any survey data collected. Letters of cooperation with AUPHA and CAHME were not needed as program contact information obtained from their websites is of public record. It was understood that when using e-mail to recruit participants that they may feel their privacy has been invaded through an unsolicited e-mail or that it is junk mail or spam (Evans & Mathur, 2005; Shannon et al., 2002).

Every effort was made to protect the participant's rights in this study, with informed consent being the generally accepted method of protection (Creswell, 2009; Frankfort-Nachmias & Nachmias, 2008). This was addressed in the invitation e-mail which identified the researcher and sponsoring institution, presented the study's purpose, how the participants were selected, ensured that participation was completely voluntary and that one could withdraw at any time, confidentiality was discussed, the level of participation was described as completing the survey, and any potential benefits and risks to the participants listed (Creswell, 2009; Frankfort-Nachmias & Nachmias, 2008).

The faculty's participation in the study indicated they had provided their informed consent and were willing to voluntarily participate in answering the survey. This study did not target any protected populations (although they could have chosen to participate) or have any type of coercion. This study was designed to present minimal risks to the participants' psychological well-being as the questions on the survey were not sensitive or personal in nature and participants had the option to skip any question they wanted. Agreeing to participate in this study did not affect participants' employment or membership in the professional organizations associated with this study.

No information that links the participant to the data collected will be shared outside the research study and participants were informed that their responses would be kept confidential. Data will be stored electronically by this researcher on my personal laptop, which is password and fingerprint protected. Data will be kept a minimum of five years but no more than seven years after the period of data collection ends. At that point

in time, the data files will be erased from the researcher's laptop using a secure erasing process included in the computer firmware.

Data Analysis

Data were downloaded from the online Qualtrics database and analyzed using IBM's Statistical Package for Social Sciences (SPSS), version 21.Descriptive statistics were used to describe faculty demographics and means were used to summarize survey items. Independent samples *t* tests were conducted to determine if there are any differences between identified faculty groups (e.g., ACHE board certified or not) were statistically significant (Laerd, 2014). Correlation analysis was used to determine associations between variables (Laerd, 2014). Multiple linear regression analyses were conducted due to the multiple independent variables that may predict the dependent variable (Laerd, 2014).

Conclusion

With the responsibility of applying the competency approach falling directly to the faculty of health care administration programs as they ensure that graduates have attained the competencies necessary for workplace success, it is essential to understand faculty perspectives of this educational approach. A quantitative methodology was chosen for this study. A nonexperimental cross-sectional survey design was deemed appropriate to gather and analyze the perceptions of health care administration faculty in regards to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations, as causation was not being determined. After IRB approval was obtained and the electronic survey was developed through the use of

the online survey tool Qualtrics, an e-mail invitation to participate in study that included

a link to the survey was sent to a list of faculty teaching in graduate level health care

administration programs associated with AUPHA and/or CAHME-accredited. Every

effort to protect the participant's rights was made and issues related to this were

addressed in the invitation to participate. Once the data were collected, it was analyzed

using a variety of statistical analyses in SPSS, including frequencies, independent t test,

correlation analysis, and multiple linear regressions.

The next chapter presents the results of the study, including how the data were

collected, the descriptive statistics of the sample, and the statistical analyses of the

independent samples t test, correlations, and multiple linear regressions, as well as how

these results addressed the three research questions and their respective null or alternative

hypotheses.

Chapter 4: Results

Introduction

The responsibility of educating and developing competencies of the future leaders of the health care industry has been placed upon the faculty of health care administration programs (Friedman & Frogner, 2010; Klein-Collins, 2013; Umbach & Wawrzynski, 2005; Wainwright et. al., 2012). Yet, the perceptions of graduate level health care administration faculty in regards to using the competency approach, it effectiveness on graduate preparedness, and employer competency expectations have not been considered in the past. The purpose of this quantitative study was to determine these perceptions thereby providing faculty, as the linking factor between student perceptions of preparedness and employer expectations of preparedness, with a voice and ensure that faculty concerns about the competency approach can be addressed.

The principal research question for this study was the following: What are health care administration faculty perceptions regarding the use of the competency approach in their programs, its effectiveness on graduate preparedness, and employer competency expectations and are these perceptions related to faculty demographics? Faculty demographics collected included age, gender, highest degree held, ACHE board certified, current role in program, experience outside of academia, health care management experience, experience as faculty member, training in competency approach, university type, program college, program size, and program accreditation.

Research Question 1 was used to examine the relationship between faculty demographics and faculty perceptions of the competency approach. Research Question 2

was used to examine the relationship between faculty demographics and faculty

perceptions of student preparedness in graduate level health care administration

competencies. In Research Question 3, I examined the relationship between faculty

demographics and faculty perceptions of employer competency expectations for health

care administration graduates entering their employ. Each of the respective null

hypotheses stated there would be no statistically significant relationship between faculty

demographics and faculty perceptions of the variable under examination. The respective

alternative hypotheses stated there would be a statistically significant relationship

between faculty demographics and faculty perceptions of the variable under examination.

This chapter provides the data collection time frame, the recruitment of

participants, and response rate. The demographic characteristics of the sample are

described and the results of the statistical analyses are summarized.

Data Collection

This research study began with the collection of graduate level health care

administration faculty e-mail addresses from programs that were associated with the

AUPHA and/or accredited by CAHME. This process began in September 2014. In early

November 2014, an invitation to participate in the research study, which included a link

to the survey, was distributed to the identified faculty. The data collection period was

originally planned to last 3 weeks. During that time period the response rate was lower

than desired and the study was then extended an additional 3 weeks. Data collection,

which lasted a total of 6 weeks, ended in early December 2014.

The population of interest was current graduate level health care administration faculty teaching in AUPHA-associated and/or CAHME-accredited programs because these types of programs and their faculty have a more informed understanding of the competency approach through their association with these professional organizations. The program contact for each individual program, as listed on the AUPHA and CAHME websites, was identified and the e-mail addresses of each program's faculty was requested from the contact. A total of 128 programs were contacted. Of these programs, 126 programs were associated with AUPHA and 77 were CAHME-accredited. Forty programs either sent me their faculty e-mail addresses or referred me to their public website for faculty e-mail addresses. For those programs that did not respond to the e-mail request for faculty e-mail addresses, the e-mail addresses, if available, were gathered from the program's public website. A total of 65 programs had their faculty e-mail addresses available on their website. There were 39 programs that declined to participate by not replying to the request or their faculty e-mail addresses were not available on their website. The number of programs that participated in this phase of the study was 89 (69.5%).

Upon initial contact, seven health care administration programs requested that they be allowed to forward the survey to their faculty members once the study received IRB approval from Walden University. Of these seven programs, five programs acknowledged that they had forwarded the survey that used an anonymous link to a total of 48 faculty members. Five respondents completed the survey through the anonymous link provided to these programs.

The Qualtrics electronic survey tool (http://www.qualtrics.com) was used to contact 1,362 faculty members from the collected e-mail addresses with an invitation to participate in this study. Of the 1,362 e-mails distributed, 11 e-mail addresses bounced and 93 opted-out of participation. There were 153 respondents from this group who decided to participate. Faculty who voluntarily decided to participate in the study defined the sample (n = 1410). Based on a power analysis conducted using G*Power (Faul, Erdfelder, Lang, & Buchner, 2007), the sample size desired was at least 166. However, the total number of respondents was 158. The response rate was therefore 158/1306, which was a response rate of 12.1%.

Results

In this section I discuss the results of the statistical analyses, which is divided by the type of analyses conducted. Statistical analyses were conducted using the Statistical Package for Social Sciences (SPSS), Version 21.0. The data were downloaded and screened. There were nine (.06%) cases that were removed because there were no data present for those respondents. Using the *Explore* feature of SPSS, the data were inspected for outliers and normality of distribution and found to have no extreme outliers and to be normally distributed on most variables. The data were then examined for missing data and it was determined that the missing data were missing completely at random (MCAR); and was therefore considered ignorable (Osborne, 2011; Pigott, 2001). The independent variables were recoded and/or dummy variables were created as necessary to conduct the specified analyses. A total of 151 respondents were used to run the analyses.

Demographic Characteristics

The demographics of the respondents were divided into three main categories:

personal, experience, program. Personal demographics collected included age, gender,

highest degree held, and ACHE board certification. This information is summarized in

Table 3. The respondents were mainly age 50 and over (53.0%). Gender was split

relatively even between males ($n = 65$) and females ($n = 61$). More than half (60.9%) of

the respondents had PhDs and 14.6% were board certified (designated as FACHE) by

ACHE.

Table 3

Personal Demographic Frequencies

Independent Variable		Frequency	Percentage
Age	30-39	16	10.6
	40-49	20	13.2
	50-59	40	26.5
	60-65+	40	26.5
	Prefer not to answer	8	5.3
Gender	Male	65	43.0
	Female	61	40.4
	Prefer not to answer	4	2.6
	Did not indicate	21	13.9
Highest Degree	MHA	3	2.0
	MPH	1	.7
	MBA	7	4.6
	PhD	92	60.9
	EdD	7	4.6
	MD	11	7.3
	JD	2	1.3
	Other *	8	5.3
	Did not indicate	20	13.2
FACHE	Yes	22	14.6
	No	101	66.9
	In the process	2	1.3
	Not sure	5	3.3
	Did not indicate	21	13.9

Note. *Other degrees listed by respondents included DBA, DHSc, DPH, MS, and prefer not to answer.

The second category included demographics related to the respondent's experience in health care management, higher education, and training in competency education. This information is summarized in Table 4. Full-time faculty members represented 53.6% of respondents. Respondents indicated that 65.6% had worked outside of academia where employers expect competencies and 56.3% have served in a position of health care management or administration. Sixty-four percent of respondents have been teaching fewer than 20 years in health care administration programs with 51.0% indicating they have had some training in the competency approach.

Table 4

Experience Demographic Frequencies

Independent Variable		Frequency	Percentage
	Full-Time Faculty	81	53.6
	Part-Time Faculty	17	11.3
	Adjunct Faculty	16	10.6
	Lecturer	3	2.0
	Tenure	12	7.9
	Tenure-Track	11	7.3
Worked outside of academia where employers expect competencies	Yes	99	65.6
	No	31	20.5
	Not sure	2	1.3
	Did not indicate	19	12.6
Years worked outside of academia where employers expected competencies	0-9	25	16.6
	10-19	26	17.2
	20-29	22	14.6
	30+	23	15.2
	Did not indicate	55	36.4
Currently hold a position outside of academia	Yes	39	29.8
	No	92	70.2
	Did not indicate	20	13.2
Served in a position of healthcare management or administration	Yes	85	56.3
	No	47	31.1
	Did not indicate	19	12.6
Currently serve in this healthcare management or administration position	Yes	19	12.6
	No	63	41.7
	Did not indicate	69	45.7
Years you have held the healthcare management or administration position	0-9	31	20.5
	10-19	13	8.6
	20-29	19	12.6
	30+	11	7.3
	Did not indicate	77	51.0
Years you have been teaching in healthcare administration programs	0-9	60	39.7
	10-19	37	24.5
	20-29	21	13.9
	30+	10	6.6
	Did not indicate	23	15.2
Training in the use of/implementing/assessing competency education	Yes	77	51.0
	No	54	35.8
	Did not indicate	20	13.2

Respondents were asked to indicate the field(s) in which they had worked that expected competencies. Responses included military, accounting/finance/banking, pharmaceutical industry, state and federal governments, research, business, consulting, strategic planning, marketing, technology, manufacturing, public schools, youth corrections, not-for-profits, policy and law, CEOs and COOs, medical groups, clinical laboratory, managed care, long-term care, hospitals, mental health, health education, health care provider, and health insurance/plans.

The third demographic category was related to the respondent's university and health care administration program in which they teach (see Table 5). Of those who responded to these questions, 58.9% teach at a public university and those programs are housed mainly in the colleges of health sciences (23.8%) or public health (37.1%). Respondents indicated that 55.6% of their programs' had an enrollment size of less than 100 students and that 64.9% of their programs were accredited by CAHME, with 50.3% holding accreditation for six years or more.

Table 5

Program Demographic Frequencies

Independent Variable		Frequency	Percentage
University Type	Public	89	58.9
	Private	41	27.2
	Did not indicate	21	13.9
Program Housed	Health Sciences	36	23.8
	Public Health	56	37.1
	Business/Management	11	7.3
	Medical	6	4.0
	Public Administration/Public Policy	2	1.3
	Other*	19	12.6
	Did not indicate	21	13.9
Program Enrollment Size	0-50	36	23.8
	51-99	48	31.8
	100-199	22	14.6
	200-299	7	4.6
	300-399	5	3.3
	700-799	2	1.3
	800-899	1	.7
	Did not indicate	30	19.9
Accredited by CAHME	Yes	98	64.9
	No	14	9.3
	In the process	14	9.3
	Did not indicate	25	16.6
How long accredited by CAHME	Less than 1 year	1	.7
	1 year	2	1.3
	2 years	2	1.3
	3 years	2	1.3
	5 years	1	.7
	6+ years	76	50.3
	Did not indicate	67	44.4
Other Accreditation(s) besides CAHME	Yes	51	33.8
	No	44	29.1
	Not sure	32	21.2
	Did not indicate	24	15.9

Note. *Other colleges in which programs reside included College of Graduate Health Studies, Health and Human Services, Health and Human Development, Health Professions, Health Services Administration, Healthcare Administration/Management, Human Ecology, and Nursing.

Respondents were asked to list the accreditation(s) their program had other than CAHME. These included AUPHA; regional and national accreditations including the Higher Learning Commission and SACS (Southern Association on Colleges and Schools); public health accreditations by CEPH (Council on Education for Public Health) and SOPHE (Society for Public Health Education); long term care accreditation by NAB (National Association of Long Term Care Administrator Boards); business accreditations by AACSB (Association to Advance Collegiate Schools of Business) and AMBA (Association of MBAs); and accreditation by NASPAA (Network of Schools of Public Policy, Affairs, and Administration).

Frequency Distributions on Survey Items

Respondents were asked to indicate their level of agreement with the survey items which were Likert-scaled, ranging from *Strongly Agree (5)* to *Strongly Disagree (1)*, as well as rank competency level using the Dreyfus Model of Adult Skill Acquisition categories of *expert (5)*, *proficient (4)*, *competent (3)*, *advanced beginner (2)*, and *novice (1)*. Frequency distributions were conducted on all survey items and grouped according to the three main areas of interest - the competency approach and its use, graduate preparedness, and employer competency expectations. The results of these frequencies (in percentages) can be found in Appendix D.

Competency approach means. The mean frequency for each survey item regarding faculty perceptions of the competency approach are reported in Table 6. As Table 6 illustrates, faculty agree with most of the survey items. However, faculty disagree

that requiring competencies encroaches on their academic freedom in regards to course content ($\overline{x}$ = 2.45) and primarily indicated "neither agree nor disagree" that their program actively trains/prepares faculty to use/implement/assess competency education ($\overline{x}$ = 3.05).

Table 6

Mean Frequencies of Faculty Perceptions of Competency Approach

Survey Item	Mean
The competency approach to education is an effective method of preparing graduates for workplace success (*n* = 145).	3.94
The competency approach to education is a collaborative effort between academia and the workplace (*n* = 147).	3.82
Current competencies used in competency models are tied with the realities and needs of healthcare management practice (*n* = 138).	3.63
I consider the evidence supporting the competency approach to education to be valid (*n* = 134).	3.66
I see value in the use of the competency approach (*n* = 151).	4.06
I support using the competency approach within healthcare administration programs (*n* = 149).	4.01
I have a good understanding of the competencies required of healthcare administration graduates (*n* = 143).	4.18
I feel adequately prepared to use/implement/assess competency education (*n* = 145).	3.89
Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging (*n* = 143).	4.03
Competencies must be constantly updated to reflect the needs of the field (*n* = 144).	4.13
Implementing the competency approach is worth the effort it takes (*n* = 137).	3.86
Requiring competencies encroaches on the academic freedom of faculty in regards to course content (*n* = 144).	2.45
Having to update courses to reflect changing competencies creates additional work for faculty (*n* = 144).	4.06
My institution is supportive of the competency approach. (*n* = 136).	4.28
My institution understands its faculty attitudes toward competency education (*n* = 124).	3.62
Our faculty was included in the planning of our program's competency model/set (*n* = 127).	4.16
Our faculty was included in the implementation of our program's competency model/set (*n* = 132).	4.16
My program actively trains/ prepares faculty to use/implement/assess competency education (*n* = 136).	3.05
I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution (*n* = 138).	3.80

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1).

Graduate preparedness means. The means of faculty perceptions related to graduate preparedness are reported in Table 7. The table shows that faculty mostly agreed

with the statements related to graduate preparedness. In regards to the competency level

at which graduates are leaving their programs, faculty perceive students to be competent

overall, especially in the domain of Knowledge of the Healthcare Environment ($\overline{x}$ =

3.63). The Leadership domain was perceived by faculty to be a graduate's least prepared

area ($\overline{x}$ = 2.91).

Table 7

Mean Frequencies of Faculty Perceptions of Graduate Preparedness

Survey Item	Mean
The responsibility of graduate preparedness falls directly on faculty (*n* = 138).	3.60
It is the responsibility of faculty to meet the leadership needs of the healthcare industry (*n* = 136).	3.65
It is the responsibility of faculty to prepare graduates to the competency level expected by employers (*n* = 138).	3.99
Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent (*n* = 133).	3.68
The competency approach positively impacts the quality of education students receive (*n* = 132).	3.85
The competency approach prepares graduates for workplace success (*n* = 134).	3.88
The competency approach positively impacts the industries in which students will be employed (*n* = 125).	3.73
Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are (*n* = 123).	3.41
At what overall competency level do you perceive most students are leaving your program? (*n* = 128)	3.12
At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management? (*n* = 128)	3.16
At what competency level do you perceive students leaving your program to possess in the area of Professionalism? (*n* = 127)	3.43
At what competency level do you perceive students leaving your program to possess in the area of Leadership? (*n* = 128)	2.91
At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment? (*n* = 128)	3.63
At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills? (*n* = 128)	3.28

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1).

Employer expectations means. The means of faculty perceptions related to employer expectations are reported in Table 4.6. Faculty primarily agree that the competencies employers expect of graduates can be adequately taught in health care administration programs ($\overline{x} = 3.71$) and that more cooperation between academia and employers is needed to close the expectation gap ($\overline{x} = 3.89$). Faculty disagree with the statements that employer expectations of health care administration graduates' competency levels are too high ($\overline{x} = 2.26$) and that employers expect the same skill level in new hires as in senior team members ($\overline{x} = 2.12$). Overall, faculty perceive that employers expect graduates to be competent in most competency domains but that employers expect graduates to be closer to proficient in the domains of Knowledge of the Healthcare Environment ($\overline{x} = 3.71$), Professionalism ($\overline{x} = 3.69$), and Communication and Relationship Management ($\overline{x} = 3.50$).

Table 8

Mean Frequencies of Faculty Perceptions of Employer Expectations

Survey Item	Mean
There is a gap between the competency level that employers desire in graduates and the competency level graduates attain (*n* = 122).	3.42
Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught (*n* = 118).	3.22
The competencies employers expect of graduates can be adequately taught in healthcare administration programs (*n* = 127).	3.71
Employer expectations of healthcare administration graduates' competency levels are too high (*n* = 118).	2.26
Employer expectations of healthcare administration graduates' competency levels are on target(*n* = 113) .	3.48
Employers expect the same skill level in new hires as in senior team members (*n* = 121).	2.12
The different perspectives and culture of academia and the workplace contribute to the expectation gap (*n* = 120).	3.56
The difference in the language used in academia and in the workplace contributes to the expectation gap (*n* = 120).	3.20
Differences between academia and employers related to which competencies are more important contribute to the expectation gap (*n* = 112).	3.38
I feel that more cooperation between academia and employers is needed to close the expectation gap (*n* = 125).	3.89
At what overall competency level do you perceive employers expect of graduates entering their employ? (*n* = 125)	3.45
At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management? (*n* = 124)	3.50
At what competency level do you perceive employers expect of graduates in the area of Professionalism? (*n* = 124)	3.69
At what competency level do you perceive employers expect of graduates in the area of Leadership? (*n* = 122)	3.26
At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment? (*n* = 124)	3.71
At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills? (*n* = 125)	3.57

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1).

Independent Samples *t* Test Analyses

   Independent samples *t* tests were conducted to determine if there were statistically

significant differences between faculty demographic groups and answers on the survey

items. The results of these tests can be found in Appendix E. The following section

presents a table for each independent variable and discusses the statistically significant

differences of that analysis.

   Age. Table 9 identifies the means of the survey items for the independent variable

of age, with group one being those identified as ages 18 through 49 and group two as

those ages 50 and older, as 53.0% of respondents indicated they were over age 50. There

was a statistically significant difference ($p<.05$) between the younger age group and those

over age 50 on faculty perceptions related to the survey item *Q2.3 Current competencies*

used in competency models are tied with the realities and needs of healthcare

management practice, with the younger age group perceptions being higher, $M = 3.83$,

$SE = .19$, $t(83.50) = 2.034$, $p = .045$. Additionally, the younger age group perceived the

overall competency level to be higher ($M = 3.69$, $SE = .14$, $t(109) = 2.126$, $p = .036$) on

the survey item *Q16.1 At what overall competency level do you perceive employers*

expect of graduates entering their employ.

Table 9

Means for the Independent Variable of Age

Survey Item	Age		Statistically Significant Difference?
	18-49	50-65+	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	4.00	4.00	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.83	3.90	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.83	3.45	Y*
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.75	3.64	N
Q2.5_I see value in the use of the competency approach.	4.11	4.11	N
Q2.6_I support using the competency approach within healthcare administration programs.	4.17	4.00	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.28	4.14	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.97	3.86	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.83	4.08	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.03	4.25	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.85	3.96	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.63	2.37	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.11	4.11	N
Q6.1_My institution is supportive of the competency approach.	4.44	4.20	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.88	3.56	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.22	4.16	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.26	4.11	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	2.89	3.04	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.85	3.94	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.83	3.60	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.86	3.61	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.18	4.04	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.42	3.85	Y*
Q8.5_The competency approach positively impacts the quality of education students receive.	3.94	3.89	N
Q8.6_The competency approach prepares graduates for workplace success.	4.06	3.89	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.73	3.80	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.52	3.34	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.37	3.44	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.27	3.19	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.81	3.66	N

(*table continues*)

Survey Item	Age		Statistically Significant Difference?
	18-49	50-65+	
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.33	2.16	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.64	3.48	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.14	2.08	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.71	3.53	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.33	3.23	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.38	3.44	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.94	3.95	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.28	3.05	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.42	3.09	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.54	3.38	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	3.00	2.87	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.83	3.51	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.44	3.18	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.69	3.38	Y*
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.60	3.49	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.79	3.67	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.53	3.19	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.91	3.63	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.80	3.50	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p<.05$.

Gender. Table 10 displays the results by the independent variable of gender, divided into male and female. There were statistically significant differences ($p<.05$) between males and females on faculty perceptions related to three survey items. Females agreed more with the survey items of *Q2.3 Current competencies used in competency models are tied with the realities and needs of healthcare management practice*, $M = 3.84$, $SE = .18$, $t(114) = 2.034$, $p = .017$ and *Q10.2 Healthcare administration programs*

are adequately addressing employer expectations in regards to the competencies being

taught, $M = 3.39$, $SE = .17$, $t(108) = -1.951$, $p = .05$. However, males demonstrated more

agreement with statement *Q10.1 There is a gap between the competency level that*

employers desire in graduates and the competency level graduates attain, $M = 3.64$, $SE =$

$.20$, $t(111) = 2.316$, $p = .022$.

Table 10

Means for the Independent Variable of Gender

Survey Item	Gender		Statistically Significant Difference?
	Male	Female	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.95	4.02	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.92	3.76	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.41	3.84	Y*
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.58	3.74	N
Q2.5_I see value in the use of the competency approach.	3.95	4.21	N
Q2.6_I support using the competency approach within healthcare administration programs.	3.91	4.15	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.06	4.37	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.86	4.02	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.95	4.10	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.14	4.15	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.79	3.95	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.49	2.51	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.20	4.00	N
Q6.1_My institution is supportive of the competency approach.	4.14	4.43	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.44	3.83	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.05	4.28	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.09	4.25	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.02	3.03	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.73	3.95	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.80	3.47	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.84	3.50	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.02	4.03	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.72	3.68	N

(*table continues*)

Survey Item	Age		Statistically Significant Difference?
	Male	Female	
Q8.5_The competency approach positively impacts the quality of education students receive.	3.89	3.89	N
Q8.6_The competency approach prepares graduates for workplace success.	3.92	3.93	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.73	3.83	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.53	3.27	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.64	3.18	Y*
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.05	3.39	Y*
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.77	3.66	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.14	2.38	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.42	3.54	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.19	2.05	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.73	3.40	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.34	3.11	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.51	3.26	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	4.02	3.82	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.08	3.15	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.19	3.14	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.49	3.36	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.89	2.92	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.71	3.54	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.27	3.29	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.44	3.47	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.52	3.50	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.71	3.70	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.25	3.27	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.71	3.73	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.55	3.60	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p<.05$.

Highest degree earned. The independent variable of highest degree held was divided into those that had obtained a terminal degree (PhD), which represented approximately 60.9% of respondents, and those without a terminal degree which included master degrees in science, health administration, public health, and/or business, and doctorates in education, medicine, business, health science, public health, and/or law. The results of this independent samples *t* test are displayed in Table 11. There was a statistically significant difference ($p<.05$) between those with other degrees and those with PhDs in regards to statement *Q10.1 There is a gap between the competency level that employers desire in graduates and the competency level graduates attain*, with those with other degrees indicating more agreement, $M = 3.70$, $SE = .19$, $t(72.01) = 2.132$, $p = .036$. There was also a statistically significant difference between the two demographic groups in regards to statement *Q10.3 The competencies employers expect of graduates can be adequately taught in healthcare administration programs*, where those with PhDs indicated more agreement than those other degrees, $M = 3.80$, $SE = .17$, $t(122) = -2.090$, $p = .039$.

Table 11

Means for the Independent Variable of Highest Degree Held

Survey Item	Highest Degree		Statistically Significant Difference?
	Other	PhD	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.77	4.01	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.89	3.81	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.41	3.66	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.67	3.58	N
Q2.5_I see value in the use of the competency approach.	3.95	4.07	N

(*table continues*)

Survey Item	Highest Degree		Statistically Significant Difference?
	Other	PhD	
Q2.6_I support using the competency approach within healthcare administration programs.	3.92	4.01	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.10	4.23	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.90	3.91	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	4.03	3.99	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.21	4.11	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.73	3.87	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.56	2.43	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.08	4.07	N
Q6.1_My institution is supportive of the competency approach.	4.09	4.35	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.52	3.65	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.15	4.13	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.09	4.17	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.11	2.97	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.65	3.87	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.68	3.59	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.79	3.60	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	3.85	4.06	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.53	3.74	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.74	3.91	N
Q8.6_The competency approach prepares graduates for workplace success.	3.74	3.93	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.55	3.79	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.42	3.39	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.70	3.28	Y*
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.13	3.24	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.44	3.80	Y*
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.23	2.28	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.34	3.51	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.19	2.11	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.50	3.58	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.09	3.24	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.50	3.31	N

(*table continues*)

Survey Item	Highest Degree		Statistically Significant Difference?
	Other	PhD	
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.94	3.86	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	2.97	3.19	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	2.94	3.26	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.31	3.49	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.78	2.99	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.64	3.64	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.33	3.29	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.33	3.50	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.43	3.53	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.72	3.68	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.09	3.34	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.64	3.75	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.50	3.60	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p<.05$.

Board certification (FACHE). Table 12 displays the results of the independent variable of board certification by ACHE, designated as FACHE. Respondents were divided into two groups based on whether they indicated they were board certified or not. There was a statistically significant difference ($p<.05$) between the demographic groups in regards to statement *Q4.4 Competencies must be constantly updated to reflect the needs of the field*, with those having board certification indicating more agreement than those without, $M = 4.55$, $SE = .20$, $t(126) = -2.402$, $p = .018$. Faculty who indicated they were board certified also agreed more with statement *Q8.3 It is the responsibility of*

faculty to prepare graduates to the competency level expected by employers, $M = 4.36$,

$SE = .20$, $t(125) = -2.317$, $p = .022$.

Table 12

Means for the Independent Variable of FACHE

Survey Item	FACHE		Statistically Significant Difference?
	No	Yes	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.92	4.18	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.82	4.10	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.61	3.62	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.61	3.70	N
Q2.5_I see value in the use of the competency approach.	4.04	4.14	N
Q2.6_I support using the competency approach within healthcare administration programs.	3.95	4.27	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.14	4.41	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.83	4.23	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.95	4.27	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.06	4.55	Y*
Q4.5_Implementing the competency approach is worth the effort it takes.	3.79	4.18	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.53	2.18	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.08	4.00	N
Q6.1_My institution is supportive of the competency approach.	4.22	4.57	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.58	3.77	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.08	4.45	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.05	4.55	Y*
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	2.96	3.45	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.78	4.00	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.55	3.77	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.57	3.90	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	3.90	4.36	Y*
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.62	3.90	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.79	4.27	Y*

(*table continues*)

Survey Item	FACHE		Statistically Significant Difference?
	No	Yes	
Q8.6_The competency approach prepares graduates for workplace success.	3.86	4.14	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.68	4.05	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.34	3.57	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.37	3.53	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.23	3.10	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.66	3.95	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.23	2.33	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.50	3.52	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.13	2.24	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.51	3.71	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.19	3.24	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.33	3.50	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.85	4.10	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.12	3.23	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.16	3.27	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.39	3.64	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.90	3.00	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.65	3.55	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.29	3.32	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.44	3.50	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.52	3.41	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.70	3.59	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.27	3.23	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.75	3.50	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.57	3.55	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p<.05$.

Program director role. Table 13 displays the results for the independent variable

of program director. Respondents were grouped by their role as the program director or

not. Of the statistically significant differences noted (*p*<.01; *p*<.05), those respondents

that were not program directors were more in agreement with statements *Q10.1 There is*

a gap between the competency level that employers desire in graduates and the

competency level graduates attain, *M* = 3.55, *SE* = .25, *t*(120) = 3.227, *p* = .002, and

Q10.9 Differences between academia and employers related to which competencies are

more important contribute to the expectation gap, *M* = 3.48, *SE* = .25, *t*(110) = 2.552, *p* =

.012.

Table 13

Means for the Independent Variable of Program Director

	Program Director		Statistically Significant Difference?
Survey Item	No	Yes	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.89	4.22	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.80	3.95	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.54	4.09	Y**
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.63	3.77	N
Q2.5_I see value in the use of the competency approach.	4.03	4.22	N
Q2.6_I support using the competency approach within healthcare administration programs.	3.98	4.17	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.09	4.65	Y**
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.82	4.26	Y*
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.98	4.26	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.15	4.04	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.83	4.00	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.47	2.35	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.04	4.17	N
Q6.1_My institution is supportive of the competency approach.	4.21	4.64	Y*

(*table continues*)

Survey Item	Program Director		Statistically Significant Difference?
	No	Yes	
Q6.2_My institution understands its faculty attitudes toward competency education.	3.61	3.67	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.10	4.45	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.08	4.55	Y*
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.04	3.13	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.79	3.87	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.58	3.70	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.70	3.43	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	3.97	4.14	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.65	3.78	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.81	4.04	N
Q8.6_The competency approach prepares graduates for workplace success.	3.83	4.13	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.72	3.78	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.43	3.26	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.55	2.75	Y**
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.14	3.63	Y*
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.65	4.00	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.30	2.10	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.43	3.72	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.20	1.76	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.60	3.32	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.25	2.95	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.48	2.84	Y**
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.98	3.43	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.05	3.45	Y**
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.08	3.55	Y*
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.36	3.73	Y**
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.86	3.18	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.55	4.00	Y**

(*table continues*)

Survey Item	Program Director		Statistically Significant Difference?
	No	Yes	
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.20	3.68	Y*
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.41	3.62	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.49	3.57	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.64	3.90	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.20	3.57	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.66	3.95	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.53	3.76	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p<.05$; **Statistically significant $p<.01$.

As indicated in Table 13, other statistically significant differences ($p<.01$; $p<.05$) were observed between the two groups with program directors agreeing more with many of the statements than those that were not program directors. Noteworthy statements in which program directors agreed more included statement *Q2.3 Current competencies used in competency models are tied with the realities and needs of healthcare management practice* ($M = 4.09$, $SE = .22$, $t(136) = -2.549$, $p = .012$) and statement *Q10.2 Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught* ($M = 3.63$, $SE = .22$, $t(116) = -2.216$, $p = .029$).

Additionally, when comparing these two groups, statistically significant differences ($p<.01$; $p<.05$) were noted in the section related to the perceived competency level at which students were leaving their programs on all survey items (*Q13.1*, *Q13.2*, *Q13.3*, *Q13.5*, and *Q13.6*) but one (*Q13.4*), with program directors perceiving students more competent than their comparison group.

Full-time faculty role. Table 14 shows the results for the independent variable

grouped by whether the respondents held the role of full-time faculty (53.6%) or not. A

statistically significant difference was found for the statement *Q2.4 I consider the*

evidence supporting the competency approach to education to be valid, with those not

being full time faculty agreeing more with the statement ($M = 3.85$, $SE = .17$, $t(131.83) =$

2.081, $p = .049$) than those respondents that indicated they were full time faculty

members.

Table 14

Means for the Independent Variable of Full-Time Faculty

Survey Item	Full-Time Faculty		Statistically Significant Difference?
	No	Yes	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.98	3.91	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.84	3.81	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.73	3.55	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.85	3.49	Y*
Q2.5_I see value in the use of the competency approach.	4.13	4.00	N
Q2.6_I support using the competency approach within healthcare administration programs.	4.13	3.90	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.10	4.25	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.91	3.88	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.98	4.06	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.05	4.20	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.88	3.85	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.48	2.43	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	3.98	4.13	N
Q6.1_My institution is supportive of the competency approach.	4.36	4.22	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.62	3.62	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.15	4.16	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.15	4.17	N

(*table continues*)

	Full-Time Faculty		Statistically Significant Difference?
Survey Item	No	Yes	
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.11	3.01	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.67	3.91	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.44	3.72	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.61	3.69	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	3.98	4.00	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.74	3.63	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.81	3.87	N
Q8.6_The competency approach prepares graduates for workplace success.	3.76	3.96	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.65	3.78	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.48	3.36	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.45	3.40	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.21	3.23	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.74	3.69	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.11	2.36	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.55	3.44	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.09	2.15	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.59	3.54	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.15	3.23	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.34	3.39	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.83	3.92	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.04	3.16	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.17	3.16	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.38	3.46	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.90	2.93	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.44	3.74	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.21	3.33	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.35	3.51	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.35	3.59	N

(*table continues*)

Survey Item	Full-Time Faculty		Statistically Significant Difference?
	No	Yes	
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.67	3.69	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.24	3.27	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.63	3.76	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.52	3.59	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant *p*<.05.

Tenure status. The independent variable of tenure/tenure-track was examined and the results are presented in Table 15. There was a statistically significant difference between those faculty members that had tenure or were tenure-track and those that were not for statements *Q6.3 Our faculty was included in the planning of our program's competency model/set* (*M* = 4.73, *SE* = .37, *t*(20) = -2.209, *p* = .039) and *Q6.4 Our faculty was included in the implementation of our program's competency model/set* (*M* = 4.75, *SE* = .34, *t*(21) = -2.181, *p* = .041). Faculty with tenure/tenure-track agreed more with these two statements than those without tenure.

Table 15

Means for the Independent Variable of Tenure

Survey Item	Tenure		Statistically Significant Difference?
	No	Yes	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.90	4.00	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.55	3.60	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.55	3.80	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.45	2.89	N
Q2.5_I see value in the use of the competency approach.	3.91	3.75	N
Q2.6_I support using the competency approach within healthcare administration programs.	4.09	3.67	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.09	4.25	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.91	3.83	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.64	4.09	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	3.91	4.18	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.80	3.50	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.80	2.33	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.18	4.33	N
Q6.1_My institution is supportive of the competency approach.	4.27	4.36	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.55	3.88	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	3.91	4.73	Y*
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.00	4.75	Y*
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	2.82	3.42	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.80	3.36	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.73	4.42	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.91	3.82	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.00	4.00	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.55	3.82	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.40	3.55	N
Q8.6_The competency approach prepares graduates for workplace success.	3.64	3.82	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.50	3.70	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.67	3.64	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.82	3.40	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.00	3.30	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.64	3.82	N

(*table continues*)

Survey Item	Tenure		Statistically Significant Difference?
	No	Yes	
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.09	1.78	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.64	3.33	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	1.91	1.80	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.60	3.80	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.20	3.78	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.30	3.38	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	4.27	3.73	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.09	2.91	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.45	2.91	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.60	3.27	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	3.09	2.64	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.64	3.82	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.27	3.00	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.55	3.45	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.55	3.45	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.70	3.64	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.33	2.91	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.90	3.64	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.82	3.55	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p<.05$.

Experience outside academia. Respondents were asked if they had worked outside of academia in fields where employers expected competencies and this independent variable was divided into groups of yes (65.6%) and no. Table 16 displays the results of the comparison between these two groups. Statistically significant differences ($p<.05$) between the two groups were noted on the section related to employer

competency expectations, with those that had worked outside of academia in fields where employers expected competencies agreeing more on three statements than those that indicated they had not: *Q10.1 There is a gap between the competency level that employers desire in graduates and the competency level graduates attain* ($M = 3.52$, $SE = .22$, $t(117) = -2.206$, $p = .029$); *Q10.9 Differences between academia and employers related to which competencies are more important contribute to the expectation gap* ($M = 3.49$, $SE = .23$, $t(109) = -2.310$, $p = .023$); and *Q10.10 I feel that more cooperation between academia and employers is needed to close the expectation gap* ($M = 4.01$, $SE = .23$, $t(121) = -2.126$, $p = .036$).

Table 16

Means for the Independent Variable of Worked Outside of Academia with Competencies Expected

Survey Item	Worked Out of Academia		Statistically Significant Difference?
	No	Yes	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.97	3.95	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.65	3.91	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.77	3.54	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.58	3.63	N
Q2.5_I see value in the use of the competency approach.	4.03	4.04	N
Q2.6_I support using the competency approach within healthcare administration programs.	3.94	4.01	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	3.97	4.28	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.56	4.03	Y**
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	4.00	4.01	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	3.94	4.21	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.66	3.90	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.72	2.42	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.03	4.09	N

(*table continues*)

Survey Item	Worked Out of Academia		Statistically Significant Difference?
	No	Yes	
Q6.1_My institution is supportive of the competency approach.	4.48	4.21	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.92	3.53	Y*
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.33	4.08	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.37	4.08	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.23	2.96	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.63	3.87	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.78	3.55	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.56	3.68	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	3.90	4.02	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.53	3.72	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.61	3.93	N
Q8.6_The competency approach prepares graduates for workplace success.	3.87	3.90	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.67	3.75	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.18	3.47	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.03	3.52	Y*
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.38	3.16	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.77	3.68	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.19	2.29	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.56	3.44	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	1.93	2.20	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.33	3.63	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.18	3.22	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	2.96	3.49	Y*
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.53	4.01	Y*
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.19	3.09	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.16	3.16	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.55	3.39	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.94	2.91	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.87	3.55	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.45	3.23	N

(*table continues*)

Survey Item	Worked Out of Academia		Statistically Significant Difference?
	No	Yes	
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.40	3.46	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.37	3.54	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.43	3.77	Y*
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.17	3.29	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.67	3.72	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.53	3.58	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant *p*<.05; **Statistically significant *p*<.01.

Years worked outside academia. The independent variable of how long respondents had worked in a field outside of academia where employers expected competencies was analyzed next. This variable was divided into one grouping of fewer than 1 to 19 years and the other grouping of 20 plus years. Table 17 displays these results. A statistically significant difference (*p*<.01) was found between the two groups for statement *Q10.10 I feel that more cooperation between academia and employers is needed to close the expectation gap*, in which those that expressed 20 plus years of experience agreed more with the statement than those working fewer than 20 years, *M* = 4.38, *SE* = .21, *t*(85.76) = -3.029, *p* = .003.

Table 17

Means for the Independent Variable of Years Worked Outside of Academia

Survey Item	Years Worked Out of Academia		Statistically Significant Difference?
	<1-19 yrs	20+ yrs	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.88	4.12	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.92	3.91	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.63	3.48	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.67	3.65	N
Q2.5_I see value in the use of the competency approach.	4.02	4.13	N
Q2.6_I support using the competency approach within healthcare administration programs.	3.96	4.13	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.36	4.24	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	4.10	3.98	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	4.02	3.98	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.14	4.27	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.82	4.02	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.44	2.33	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.12	4.07	N
Q6.1_My institution is supportive of the competency approach.	4.10	4.35	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.47	3.67	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.02	4.24	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.06	4.15	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	2.80	3.20	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.90	3.84	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.65	3.39	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.52	3.81	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	3.98	4.09	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.78	3.67	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.94	3.98	N
Q8.6_The competency approach prepares graduates for workplace success.	3.82	4.05	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.65	3.95	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.36	3.56	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.42	3.62	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.30	2.97	N

(table continues)

Survey Item	Years Worked Out of Academia		Statistically Significant Difference?
	<1-19 yrs	20+ yrs	
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.62	3.76	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.37	2.11	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.40	3.62	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.18	2.15	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.48	3.80	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.13	3.31	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.40	3.58	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.75	4.38	Y**
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.08	3.12	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.27	3.05	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.48	3.30	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.98	2.79	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.63	3.44	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.31	3.14	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.55	3.32	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.59	3.45	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.88	3.59	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.38	3.13	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.82	3.54	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.63	3.46	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). **Statistically significant *p*<.01.

Current position outside academia. Table 18 displays the results for the

independent variable of currently hold a position outside of academia, of which 70.2% of

the respondents replied no. The variable was grouped by yes and no. A statistically

significant difference ($p<.05$) was found for the following two statements related to

updating competencies with faculty currently holding a position outside of academia

agreeing more than those only holding a position in academia: *Q4.4 Competencies must*

be constantly updated to reflect the needs of the field ($M = 4.39$, $SE = .17$, $t(127) = -$

2.208, $p = .029$) and *Q4.7 Having to update courses to reflect changing competencies*

creates additional work for faculty ($M = 4.33$, $SE = .18$, $t(127) = -1970$, $p = .05$).

Table 18

Means for the Independent Variable of Currently Hold Position Outside Academia

Survey Item	Currently Hold Position Out of Academia		Statistically Significant Difference?
	No	Yes	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.97	4.03	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.88	3.79	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.69	3.41	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.59	3.72	N
Q2.5_I see value in the use of the competency approach.	4.08	4.08	N
Q2.6_I support using the competency approach within healthcare administration programs.	4.02	4.05	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.17	4.33	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.89	4.03	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.96	4.15	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.02	4.39	Y*
Q4.5_Implementing the competency approach is worth the effort it takes.	3.84	3.86	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.41	2.62	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	3.99	4.33	Y*
Q6.1_My institution is supportive of the competency approach.	4.25	4.37	N

(*table continues*)

Survey Item	Currently Hold Position Out of Academia		Statistically Significant Difference?
	No	Yes	
Q6.2_My institution understands its faculty attitudes toward competency education.	3.68	3.55	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.12	4.26	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.12	4.29	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	2.97	3.19	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.79	3.89	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.55	3.74	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.61	3.74	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.00	4.03	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.59	3.87	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.85	3.92	N
Q8.6_The competency approach prepares graduates for workplace success.	3.85	4.03	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.71	3.85	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.29	3.67	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.26	3.78	Y**
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.32	3.00	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.68	3.76	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.36	2.00	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.51	3.43	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.12	2.09	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.41	3.94	Y**
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.05	3.63	Y*
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.21	3.78	Y**
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.78	4.22	Y*
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.20	2.95	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.25	3.03	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.47	3.37	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.97	2.84	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.73	3.45	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.35	3.18	N

(*table continues*)

Survey Item	Currently Hold Position Out of Academia		Statistically Significant Difference?
	No	Yes	
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.44	3.45	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.47	3.57	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.66	3.74	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.26	3.24	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.68	3.76	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.52	3.66	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p<.05$; **Statistically significant $p<.01$.

Additionally, other statistically significant differences ($p<.01$; $p<.05$) were found between these two groups on the statements related to employer competency expectations and the expectation gap (*Q10.1*, *Q10.7*, Q*10.8*, *Q10.9*, and *Q10.10*) with faculty currently holding a position outside of academia agreeing more with these statements.

Health care management position. Table 19 displays the results for the independent variable of respondents having served in a position of health care management or administration, in which 85.0% of the respondents replied yes and the variable was grouped by an answer of yes or no. There were many statistically significant differences ($p<.01$; $p<.05$) between those that had served in such a position and those indicated they had not. Statements worth noting in which respondents who had not served in a position of health care management agreed more with survey items than those that had served in said position were *Q8.1 The responsibility of graduate preparedness falls directly on faculty*, $M = 3.89$, $SE = .20$, $t(116.91) = 2.188$, $p = .031$ and *Q13.5 At what*

competency level do you perceive students leaving your program to possess in the area of

Knowledge of the Healthcare Environment, *M* = 3.89, *SE* = .16, *t*(125) = 2.313, *p* = .022.

Table 19

Means for the Independent Variable of Have Held a Position in Healthcare Management

Survey Item	Have Held Position		Statistically Significant Difference?
	No	Yes	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.73	4.11	Y*
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.64	3.96	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.58	3.62	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.41	3.74	N
Q2.5_I see value in the use of the competency approach.	3.89	4.16	N
Q2.6_I support using the competency approach within healthcare administration programs.	3.78	4.15	Y*
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	3.91	4.36	Y**
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.65	4.06	Y*
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.96	4.04	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	3.93	4.24	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.47	4.05	Y**
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.67	2.37	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.20	4.02	N
Q6.1_My institution is supportive of the competency approach.	4.00	4.44	Y**
Q6.2_My institution understands its faculty attitudes toward competency education.	3.58	3.67	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	3.81	4.37	Y**
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	3.86	4.34	Y*
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	2.89	3.13	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.52	3.98	Y*
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.89	3.45	Y*
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.76	3.58	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.09	3.96	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.56	3.75	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.52	4.04	Y**
Q8.6_The competency approach prepares graduates for workplace success.	3.75	3.98	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.48	3.88	Y*
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.20	3.51	N

(*table continues*)

Survey Item	Have Held Position		Statistically Significant Difference?
	No	Yes	
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.25	3.49	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.32	3.16	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.60	3.75	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.32	2.23	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.51	3.46	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.05	2.16	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.33	3.71	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.05	3.32	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.14	3.49	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.63	4.06	Y*
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.27	3.05	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.25	3.13	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.55	3.38	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.98	2.89	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.89	3.51	Y*
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.50	3.18	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.48	3.43	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.43	3.53	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.61	3.72	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.33	3.22	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.79	3.67	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.62	3.54	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p<.05$; **Statistically significant $p<.01$.

Additionally, as noted in Table 19, faculty who had held a position in health care management agreed more with many of the survey items at statistically significant levels ($p<.01$; $p<.05$) than faculty who had not held such a position. Of these results, those

worth noting are related to supporting the use of the competency approach and the effort

it takes (*Q2.1, Q2.6*, and *Q4.5*). Furthermore, those that have held a position of health

care management agreed more with statements associated with the positive impact using

the competency approach has on the quality of education received and on the industries

that will employ graduates (*Q8.5* and *Q8.7*). Lastly, a statistically significant difference

($p<.05$) was noted for statement *Q10.10 I feel that more cooperation between academia*

and employers is needed to close the expectation gap, with those faculty who have held a

position of health care management ($M = 4.06$, $SE = .20$, $t(120) = -2.168$, $p = .032$)

agreeing more with the statement than those that have not held a position in health care

management.

Current health care management position. Table 20 displays the results for the

independent variable of faculty currently serving in a position of health care management

or administration, with the groupings by a reply of yes or no (63.0%). A statistically

significant difference ($p<.05$) between these two groups was noted for statement *Q4.4*

Competencies must be constantly updated to reflect the needs of the field, with faculty

currently holding a position of health care management ($M = 4.58$, $SE = .21$, $t(79) = -$

2.073, $p = .041$) agreeing more with the statement than their comparison group.

Additionally, faculty currently holding a position of health care management perceived a

higher competency level of graduates in the area of leadership being expected by

employers than those not currently holding a position in health care management, ($M =$

3.58, $SE = .24$, $t(76) = -2.003$, $p = .05$).

Table 20

Means for the Independent Variable of Currently Hold Position in Healthcare Management

Survey Item	Currently Hold Position		Statistically Significant Difference?
	No	Yes	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	4.11	4.05	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.90	4.05	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.66	3.47	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.72	3.79	N
Q2.5_I see value in the use of the competency approach.	4.17	4.11	N
Q2.6_I support using the competency approach within healthcare administration programs.	4.16	4.11	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.42	4.32	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	4.05	4.16	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	4.00	4.11	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.15	4.58	Y*
Q4.5_Implementing the competency approach is worth the effort it takes.	4.07	3.94	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.37	2.58	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	3.98	4.16	N
Q6.1_My institution is supportive of the competency approach.	4.45	4.44	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.62	3.81	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.39	4.35	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.39	4.22	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.08	3.29	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.98	3.95	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.38	3.68	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.50	3.79	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	3.95	4.05	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.75	3.74	N
Q8.5_The competency approach positively impacts the quality of education students receive.	4.10	3.84	N
Q8.6_The competency approach prepares graduates for workplace success.	4.03	3.79	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.96	3.61	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.55	3.44	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.43	3.53	N

(*table continues*)

Survey Item	Currently Hold Position		Statistically Significant Difference?
	No	Yes	
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.18	3.18	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.72	3.89	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.27	2.00	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.50	3.44	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.20	2.11	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.66	4.00	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.26	3.59	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.47	3.53	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	4.08	4.06	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.08	2.95	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.13	3.16	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.40	3.37	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.89	2.95	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.59	3.32	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.22	3.05	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.37	3.58	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.49	3.63	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.66	3.84	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.10	3.58	Y*
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.64	3.74	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.53	3.58	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p<.05$.

Years working in health care management. If respondents replied that they had

served in a position of health care management or administration, they were asked how

many years they had held said position. Table 21 lists the results of this analysis with the

groups divided by fewer than 1 to19 years and 20 plus years in such position. A

statistically significant difference ($p<.01$) between these two groups was noted for

statement *Q10.10 I feel that more cooperation between academia and employers is*

needed to close the expectation gap, with those faculty who had held a position of health

care management for 20 plus years ($M = 4.46$, $SE = .21$, $t(67.91) = -3.000$, $p = .004$)

agreeing more with the statement than those that had held a position of health care

management for fewer than 20 years.

Table 21

Means for the Independent Variable of Years Held a Position in Healthcare Management

Survey Item	Years Held Position		Statistically Significant Difference?
	<1-19 yrs	20+ yrs	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	4.02	4.23	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.91	4.10	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.57	3.62	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.71	3.79	N
Q2.5_I see value in the use of the competency approach.	4.14	4.20	N
Q2.6_I support using the competency approach within healthcare administration programs.	4.11	4.27	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.47	4.43	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	4.07	4.20	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.93	4.10	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.16	4.37	N
Q4.5_Implementing the competency approach is worth the effort it takes.	4.09	4.10	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.35	2.40	N

(*table continues*)

Survey Item	Years Held Position		Statistically Significant Difference?
	<1-19 yrs	20+ yrs	
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.07	3.93	N
Q6.1_My institution is supportive of the competency approach.	4.49	4.39	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.55	3.92	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.46	4.30	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.44	4.21	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.05	3.19	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	4.09	3.89	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.55	3.20	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.47	3.71	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.02	4.03	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.93	3.54	N
Q8.5_The competency approach positively impacts the quality of education students receive.	4.05	4.13	N
Q8.6_The competency approach prepares graduates for workplace success.	4.00	4.07	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.81	4.00	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.33	3.66	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.41	3.64	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.33	2.88	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.70	3.89	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.19	2.27	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.48	3.58	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.05	2.25	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.56	3.89	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.20	3.41	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.38	3.67	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.82	4.46	Y**
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.09	3.03	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.30	2.93	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.44	3.30	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	3.00	2.70	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.50	3.40	N

(*table continues*)

Survey Item	Years Held Position		Statistically Significant Difference?
	<1-19 yrs	20+ yrs	
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.27	3.00	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.58	3.23	Y*
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.72	3.24	Y**
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.93	3.40	Y**
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.37	3.03	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.83	3.33	Y**
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.72	3.27	Y**

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p<.05$; **Statistically significant $p<.01$.

Other statistically significant differences ($p<.01$; $p<.05$) between these two groups were noted in Table 21, in which all of these differences reflected that faculty who had held a position of health care management for fewer than 20 years perceived the competency level employers expect of graduates entering their employ (*Q16.1*, *Q16.2*, *Q16.3*, *Q16.5*, and *Q16.6*) to be higher than those faculty who had held a position of health care management for 20 plus years.

Years teaching in health care administration programs. Table 22 shows the results of the independent samples *t* test for the variable related to how many years the respondent had been teaching in health care administration programs. There were no statistically significant differences between faculty who had been teaching for fewer than 20 years (64.2%) and those that had been teaching 20 plus years (20.5%).

Table 22

Means for the Independent Variable of Years Teaching in Healthcare Management Program

Survey Item	Years Teaching		Statistically Significant Difference?
	<1-19 yrs	20+ yrs	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	4.00	3.97	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.85	3.90	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.60	3.66	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.62	3.72	N
Q2.5_I see value in the use of the competency approach.	4.12	3.94	N
Q2.6_I support using the competency approach within healthcare administration programs.	4.08	3.87	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.22	4.13	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.91	3.90	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	4.06	3.72	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.15	4.10	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.91	3.75	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.53	2.32	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.16	3.84	N
Q6.1_My institution is supportive of the competency approach.	4.35	4.04	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.65	3.59	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.22	4.04	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.20	4.04	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.02	3.11	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.84	3.79	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.57	3.65	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.63	3.63	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.01	3.94	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.63	3.79	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.91	3.83	N
Q8.6_The competency approach prepares graduates for workplace success.	3.95	3.79	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.77	3.78	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.38	3.44	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.45	3.22	N

(*table continues*)

Survey Item	Years Teaching		Statistically Significant Difference?
	<1-19 yrs	20+ yrs	
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.22	3.19	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.65	3.86	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.30	1.96	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.46	3.72	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.20	1.82	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.57	3.48	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.22	3.12	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.37	3.29	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.91	3.83	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.11	3.20	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.16	3.23	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.37	3.60	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.85	3.10	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.60	3.70	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.27	3.33	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.49	3.30	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.54	3.37	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.74	3.50	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.27	3.20	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.76	3.53	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.57	3.57	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1).

Competency approach training. Table 23 displays the results of the independent

samples *t* test for the variable related to the respondent having any training in the use of,

implementing, and/or assessing competency education. The two groups analyzed were

those with training and those without. A statistically significant difference between the

two groups was noted for statement *Q2.5 I see value in the use of the competency*

approach, with those that have received some type of training agreeing with this

statement more than those without training, *M* = 4.22, *SE* = .16, *t*(129) = -2.555, *p* = .012.

Another statistically significant (*p*<.001) result worth noting was for statement *Q4.1 I*

have a good understanding of the competencies required of healthcare administration

graduates (*M* = 4.47, *SE* = .16, *t*(77.571) = -4.115, *p* = .000), with those that have

received some type of training agreeing more than those without training.

Table 23

Means for the Independent Variable of Training in Competency Approach

Survey Item	Training		Statistically Significant Difference?
	No	Yes	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.85	4.05	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.87	3.85	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.62	3.61	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.52	3.70	N
Q2.5_I see value in the use of the competency approach.	3.81	4.22	Y**
Q2.6_I support using the competency approach within healthcare administration programs.	3.83	4.13	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	3.81	4.47	Y***
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.58	4.14	Y***
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.98	4.03	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.06	4.23	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.67	3.99	N

(*table continues*)

Survey Item	Training		Statistically Significant Difference?
	No	Yes	
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.65	2.38	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.17	4.01	N
Q6.1_My institution is supportive of the competency approach.	4.20	4.33	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.52	3.69	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	3.91	4.29	Y*
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	3.87	4.32	Y**
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	2.63	3.28	Y**
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.69	3.93	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.62	3.58	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.60	3.67	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.02	3.96	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.50	3.81	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.73	3.97	N
Q8.6_The competency approach prepares graduates for workplace success.	3.78	3.97	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.55	3.89	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.14	3.59	Y**
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.31	3.48	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.27	3.18	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.77	3.65	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.40	2.18	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.48	3.46	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.24	2.06	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.47	3.62	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.10	3.29	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.40	3.34	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.90	3.89	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.10	3.13	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.15	3.17	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.41	3.43	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.92	2.91	N

(*table continues*)

Survey Item	Training		Statistically Significant Difference?
	No	Yes	
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.65	3.61	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.21	3.33	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.46	3.44	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.50	3.50	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.65	3.71	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.42	3.16	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.76	3.68	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.56	3.57	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant *p*<.05; **Statistically significant *p*<.01; ***Statistically significant *p*<.001.

College where program is located. Demographic information related to where the respondent's health care administration program was located was collected. Those programs that were housed in either the college of health sciences or public health were put into one group, representing 60.9% of programs, and those programs in other areas, such as business management, public administration, or other were grouped together. The results of this analysis are listed in Table 24. The only statistically significant difference between the two groups was detected for statement *Q6.1 My institution is supportive of the competency approach*, with those programs housed in health sciences/public health agreeing with this statement more than those programs housed elsewhere, $M = 4.39$, $SE = .17$, $t(121) = -2.330$, $p = .021$.

Table 24

Means for the Independent Variable of Where Program is Housed

| | Program Housed | | Statistically Significant Difference? |
Survey Item	Other	PubHlth HlthScs	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.89	3.98	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	4.05	3.76	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.70	3.58	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.60	3.63	N
Q2.5_I see value in the use of the competency approach.	4.13	3.99	N
Q2.6_I support using the competency approach within healthcare administration programs.	4.00	4.00	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.42	4.11	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	4.14	3.82	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	4.00	4.00	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.22	4.11	N
Q4.5_Implementing the competency approach is worth the effort it takes.	4.00	3.77	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.24	2.58	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.03	4.12	N
Q6.1_My institution is supportive of the competency approach.	4.00	4.39	Y*
Q6.2_My institution understands its faculty attitudes toward competency education.	3.74	3.56	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.06	4.17	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.06	4.18	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.11	2.97	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	4.00	3.74	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.62	3.60	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.80	3.58	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.05	3.97	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.76	3.64	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.95	3.83	N
Q8.6_The competency approach prepares graduates for workplace success.	4.03	3.84	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.94	3.65	N

(*table continues*)

Survey Item	Program Housed		Statistically Significant Difference?
	Other	PubHlth HlthScs	
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.41	3.39	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.42	3.39	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.21	3.22	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.72	3.70	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.20	2.29	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.44	3.49	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.06	2.15	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.77	3.46	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.34	3.15	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.32	3.38	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	4.09	3.82	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.22	3.08	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.30	3.12	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.54	3.38	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	3.05	2.85	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.81	3.55	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.43	3.22	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.44	3.44	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.50	3.49	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.86	3.60	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.31	3.23	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.83	3.66	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.67	3.53	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant *p*<.05.

Institutional type. Table 25 lists the results for the variable related to the type of institution the program is with, that being public or private. The only statistically significant difference discovered between the two groups was for statement *Q8.1 The responsibility of graduate preparedness falls directly on faculty*, with programs associated with public institutions agreeing with this statement more than those whose programs associated with private institutions, *M* = 3.76, *SE* = .25, *t*(64.160) = -1.989, *p* = .05.

Table 25

Means for the Independent Variable of Type of Institution

Survey Item	Type of Institution		Statistically Significant Difference?
	Private	Public	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.95	3.99	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	4.08	3.73	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.50	3.65	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.72	3.58	N
Q2.5_I see value in the use of the competency approach.	4.12	4.03	N
Q2.6_I support using the competency approach within healthcare administration programs.	4.00	4.02	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.32	4.15	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.90	3.92	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	4.26	3.89	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.18	4.13	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.83	3.86	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.66	2.43	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.02	4.11	N
Q6.1_My institution is supportive of the competency approach.	4.15	4.35	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.51	3.68	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.17	4.16	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.11	4.20	N

(*table continues*)

Survey Item	Type of Institution		Statistically Significant Difference?
	Private	Public	
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	2.90	3.10	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.95	3.76	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.27	3.76	Y*
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.56	3.68	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	3.90	4.07	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.74	3.65	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.92	3.83	N
Q8.6_The competency approach prepares graduates for workplace success.	3.90	3.89	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.75	3.74	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.60	3.33	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.43	3.38	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.15	3.25	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.47	3.81	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.35	2.22	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.34	3.55	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.32	2.02	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.53	3.59	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.10	3.28	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.26	3.43	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	4.03	3.86	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.17	3.10	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.20	3.16	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.46	3.42	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	3.05	2.86	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.61	3.65	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.41	3.23	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.44	3.45	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.54	3.48	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.68	3.68	N

(*table continues*)

Survey Item	Type of Institution		Statistically Significant Difference?
	Private	Public	
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.20	3.28	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.80	3.66	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.59	3.55	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant *p*=.05.

Program enrollment size. Information regarding the program's enrollment size was collected and this variable was grouped by those programs that had 0 to199 in enrollment (55.6%) and those programs that had 200 or more in enrollment. These results are displayed in Table 26. A statistically significant difference between the two groups was noted for statement *Q8.2 It is the responsibility of faculty to meet the leadership needs of the healthcare industry*, with programs having an enrollment size of 200 or more agreeing with this statement more than the smaller enrollment group, $M = 4.27$, $SE = .29$, $t(116) = 2.492$, $p = .014$.

Table 26

Means for the Independent Variable of Program Enrollment Size

Survey Item	Enrollment Size		Statistically Significant Difference?
	200+	0-199	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	4.07	3.93	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.53	3.86	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.47	3.61	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.64	3.63	N
Q2.5_I see value in the use of the competency approach.	4.00	4.05	N
Q2.6_I support using the competency approach within healthcare administration programs.	3.93	4.00	N

(*table continues*)

Survey Item	Enrollment Size		Statistically Significant Difference?
	200+	0-199	
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.60	4.16	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	4.33	3.88	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	4.00	4.01	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.27	4.13	N
Q4.5_Implementing the competency approach is worth the effort it takes.	4.00	3.84	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.80	2.46	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.13	4.09	N
Q6.1_My institution is supportive of the competency approach.	4.67	4.24	N
Q6.2_My institution understands its faculty attitudes toward competency education.	4.14	3.56	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.46	4.14	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.46	4.15	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.33	2.99	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.53	3.88	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.80	3.62	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	4.27	3.55	Y**
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.40	3.97	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.60	3.72	N
Q8.5_The competency approach positively impacts the quality of education students receive.	4.07	3.84	N
Q8.6_The competency approach prepares graduates for workplace success.	3.93	3.91	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.73	3.76	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.73	3.39	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.47	3.38	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.47	3.15	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.87	3.70	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.33	2.23	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.13	3.56	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.60	2.07	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.53	3.57	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.29	3.23	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.57	3.34	N

(*table continues*)

Survey Item	Enrollment Size		Statistically Significant Difference?
	200+	0-199	
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	4.00	3.89	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.27	3.13	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.33	3.18	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.67	3.43	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	3.27	2.88	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.93	3.60	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.67	3.25	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.73	3.45	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.80	3.52	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.87	3.70	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.79	3.24	Y*
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.93	3.69	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.87	3.56	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p<.05$; **Statistically significant $p\leq.01$.

CAHME accreditation status. Table 27 lists the results of the independent *t* test for the variable of the program being accredited by CAHME (65.0%) or not. Results for consideration indicated that faculty teaching in programs that were not CAHME-accredited agreed more than their comparison group that they had a good understanding of the competencies required of healthcare administration graduates ($M = 4.54$, $SE = .18$, $t(122) = 2.233$, $p = .027$) and that they felt adequately prepared to use/implement/assess competency education ($M = 4.29$, $SE = .20$, $t(123) = 2.340$, $p = .021$).

However, a statistically significant difference was found on statement *Q10.2 Healthcare administration programs are adequately addressing employer expectations in*

regards to the competencies being taught, with faculty in CAHME-accredited programs

agreeing with this statement more than those in non-accredited programs, $M = 3.36$, $SE =$

.20, $t(110) = -3.015$, $p = .003$.

Table 27

Means for the Independent Variable of CAHME Accredited Program

Survey Item	CAHME Accredited Program		Statistically Significant Difference?
	No	Yes	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	4.04	3.95	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	4.04	3.78	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.63	3.60	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.93	3.51	N
Q2.5_I see value in the use of the competency approach.	4.29	3.98	N
Q2.6_I support using the competency approach within healthcare administration programs.	4.18	3.96	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.54	4.13	Y*
Q4.2_I feel adequately prepared to use/implement/assess competency education.	4.29	3.82	Y*
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.82	4.04	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.18	4.11	N
Q4.5_Implementing the competency approach is worth the effort it takes.	4.07	3.77	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.39	2.48	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.21	4.04	N
Q6.1_My institution is supportive of the competency approach.	4.19	4.33	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.46	3.69	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	3.96	4.25	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	3.80	4.30	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.11	3.02	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.89	3.79	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.32	3.75	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.69	3.68	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.14	4.03	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.68	3.69	N

(table continues)

Survey Item	CAHME Accredited Program		Statistically Significant Difference?
	No	Yes	
Q8.5_The competency approach positively impacts the quality of education students receive.	4.00	3.83	N
Q8.6_The competency approach prepares graduates for workplace success.	4.00	3.88	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.76	3.73	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.64	3.33	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.69	3.31	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	2.77	3.36	Y**
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.64	3.76	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.15	2.29	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.40	3.52	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.14	2.11	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.75	3.52	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.32	3.18	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.58	3.31	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	4.11	3.82	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.00	3.17	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	2.93	3.29	Y*
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.21	3.53	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.79	2.97	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.46	3.71	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.11	3.36	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.18	3.54	Y*
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.39	3.56	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.64	3.71	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.07	3.32	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.61	3.74	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.43	3.63	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1).
*Statistically significant $p<.05$; **Statistically significant $p<.01$.

Length of CAHME accreditation. Table 28 provides the results of the length of

time a program had been accredited by CAHME, with those accredited five years or less

in one grouping and those programs accredited 6 years or more in the other grouping. The

only statistically significant difference between the two groups was found for statement

Q13.6 At what competency level do you perceive students leaving your program to

possess in the area of Business Knowledge and Skills, with those programs accredited for

six years or more perceiving the competency level as competent, $M = 3.49$, $SE = .33$,

$t(82) = -3.416$, $p = .001$.

Table 28

Means for the Independent Variable of Length of CAHME Accreditation

Survey Item	Length of CAHME Accreditation		Statistically Significant Difference?
	1-5yrs	6+yrs	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	3.00	4.07	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.13	3.86	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.29	3.64	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.67	3.53	N
Q2.5_I see value in the use of the competency approach.	3.38	4.08	N
Q2.6_I support using the competency approach within healthcare administration programs.	3.50	4.04	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.00	4.21	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.88	3.86	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	4.38	4.01	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	3.88	4.14	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.75	3.83	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	3.25	2.40	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.25	3.99	N
Q6.1_My institution is supportive of the competency approach.	4.50	4.34	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.75	3.75	N

(*table continues*)

Survey Item	Length of CAHME Accreditation		Statistically Significant Difference?
	1-5yrs	6+yrs	
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.14	4.29	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.29	4.31	N
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.25	2.97	N
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.63	3.86	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.25	3.79	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.25	3.67	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	3.57	4.07	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.88	3.66	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.75	3.90	N
Q8.6_The competency approach prepares graduates for workplace success.	3.75	3.93	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	4.00	3.78	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.13	3.36	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.86	3.22	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.43	3.37	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.71	3.78	N
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.17	2.22	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.67	3.57	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.14	2.10	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.14	3.55	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.38	3.14	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.25	3.29	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	3.88	3.86	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.25	3.22	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.75	3.32	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.63	3.56	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	3.00	3.01	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.38	3.78	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	2.38	3.49	Y***

(*table continues*)

Survey Item	Length of CAHME Accreditation		Statistically Significant Difference?
	1-5yrs	6+yrs	
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.75	3.54	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.75	3.59	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	4.00	3.68	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.63	3.33	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.75	3.75	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.63	3.68	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). ***Statistically significant *p*=.001.

Other accreditation status. The last variable examined whether or not the

program was accredited by an accreditation body other than CAHME, grouped as yes or

no. Table 29 displays these results.   Statistically significant differences ($p\leq.05$) were

noted between these two groups on the statement (*Q6.4*) related to faculty involvement in

competency model/set implementation ($M = 4.35$, $SE = .17$, $t(115) = 2.359$, $p = .02$) and

the statement (*Q6.5*) related to programs that actively train their faculty in this

educational approach ($M = 3.23$, $SE = .23$, $t(119) = 1.957$, $p = .05$). Faculty who indicated

their program did not have other accreditation agreed more with these statements.

Table 29

Means for the Independent Variable of Other Program Accreditation

Survey Item	Other Program Accreditation		Statistically Significant Difference?
	No	Yes	
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	4.03	3.94	N
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	3.78	3.96	N
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	3.75	3.41	N
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	3.70	3.58	N
Q2.5_I see value in the use of the competency approach.	4.07	4.08	N
Q2.6_I support using the competency approach within healthcare administration programs.	4.05	4.00	N
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	4.11	4.36	N
Q4.2_I feel adequately prepared to use/implement/assess competency education.	3.96	3.88	N
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	3.99	4.04	N
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	4.17	4.12	N
Q4.5_Implementing the competency approach is worth the effort it takes.	3.89	3.88	N
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	2.61	2.33	N
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	4.15	4.00	N
Q6.1_My institution is supportive of the competency approach.	4.39	4.18	N
Q6.2_My institution understands its faculty attitudes toward competency education.	3.68	3.59	N
Q6.3_Our faculty was included in the planning of our program's competency model/set.	4.28	4.04	N
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	4.35	3.94	Y*
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	3.23	2.78	Y*
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	3.82	3.88	N
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	3.73	3.43	N
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	3.78	3.45	N
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	4.00	4.04	N
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	3.58	3.84	N
Q8.5_The competency approach positively impacts the quality of education students receive.	3.86	3.96	N
Q8.6_The competency approach prepares graduates for workplace success.	3.99	3.84	N
Q8.7_The competency approach positively impacts the industries in which students will be employed.	3.91	3.58	N
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	3.50	3.30	N
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	3.40	3.39	N
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	3.22	3.20	N
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	3.78	3.65	N

(*table continues*)

Survey Item	Other Program Accreditation		Statistically Significant Difference?
	No	Yes	
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	2.30	2.19	N
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	3.52	3.42	N
Q10.6_Employers expect the same skill level in new hires as in senior team members.	2.10	2.15	N
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	3.59	3.55	N
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	3.33	3.09	N
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	3.48	3.25	N
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	4.00	3.82	N
Q13.1_At what overall competency level do you perceive most students are leaving your program?	3.15	3.14	N
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	3.18	3.20	N
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	3.37	3.59	N
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	2.91	2.96	N
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	3.62	3.71	N
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	3.30	3.33	N
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	3.49	3.39	N
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	3.49	3.56	N
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	3.70	3.73	N
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	3.32	3.22	N
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	3.63	3.84	N
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	3.58	3.61	N

Note. The Likert scale used for survey items included *Strongly Agree* (5), *Agree* (4), *Neither Agree nor Disagree* (3), *Disagree* (2), and *Strongly Disagree* (1). The Healthcare Leadership Alliance Competency Model© was used as a reference point for specific competency domains listed and these were evaluated by faculty using the Dreyfus Model of Adult Skill Acquisition categories of *expert* (5), *proficient* (4), *competent* (3), *advanced beginner* (2), and *novice* (1). *Statistically significant $p \leq 05$.

In summary, the independent samples *t* tests supported the alternative hypotheses of the three research questions, which stated there would be statistically significant relationships between faculty demographics and faculty perceptions related to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations. The exception to this was the variable related to the number of

years the respondent had been teaching in health care administration programs. The results from this independent samples *t* test supported the null hypotheses of the three research questions, which stated there would be no statistically significant relationship between the faculty demographic and faculty perceptions related to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations.

Correlations

Spearman correlations were run to determine if there were any very strong correlations (Ferguson, 2009; Weir, 2011) between the demographic variables (IV to IV) which were on the continuous level, answers to the survey questions (DV to DV) which were on the ordinal level as scaled items, as well as between the survey questions and the demographic variables (DV to IV). The results of the correlations can be found in Appendix F. There were no highly correlated results (≥.8) between any of the demographic variables. Additionally, there were no highly correlated results (≥.8) between the demographic variables and the survey questions, supporting the null hypotheses of the three research questions which stated that there would be no statistically significant relationship between faculty demographics and faculty perceptions of the overall variables related to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations, respectively.

There were four statistically significant (*p*<.05) and highly correlated results (≥.8) between answers on survey items. There was a very strong positive correlation between

Q2.5 I see value in the use of the competency approach and *Q2.6 I support using the competency approach within healthcare administration programs*, $r_s(147) = .879$, $p < .01$; as well as between *Q6.3 Our faculty was included in the planning of our program's competency model/set* and *Q6.4 Our faculty was included in the implementation of our program's competency model/set*, $r_s(125) = .862$, $p < .01$. These questions were associated with research question one which examined the use of the competency approach.

Additionally, a strong positive correlation between *Q8.6 The competency approach prepares graduates for workplace success* and *Q8.7 The competency approach positively impacts the industries in which students will be employed*, $r_s(122) = .839$, $p < .01$, was detected. These questions were associated with research question two which addressed the effectiveness of the competency approach on graduate preparedness.

Lastly, a strong positive correlation was detected between *Q16.5 At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment* and *Q16.6 At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills*, $r_s(122) = .821$, $p < .01$. These two questions were associated with employer competency expectations addressed in research question three.

Multiple Linear Regression

Standard multiple linear regressions (Field, 2009; Mertler & Vannatta, 2013) were conducted to determine in what way the responses to the survey questions were predicted by faculty demographic variables. Eight survey questions, as discussed below, were

deemed to capture the main faculty perceptions sought by this study. The eight predictors used for the analyses were gender, ACHE board certified (FACHE), faculty role in program, worked outside academia in fields where employers expect competencies, number of years of health care management experience, number of years teaching in health care management program, training in the competency approach, and program CAHME-accredited. The assumptions of linearity, independence of errors, homoscedasticity, outliers, and normality of residuals were met unless otherwise noted.

Q2.1, Q2.3, Q2.6, Q4.3 results. The results of questions *2.1*, *2.3*, *2.6*, and *4.3* have been grouped together because they relate to the competency approach as addressed in research question number one. A multiple linear regression was conducted using the above mentioned eight predictor variables to predict response to survey item *2.1 The competency approach to education is an effective method of preparing graduates for workplace success*. The data violated the assumption of independence of errors based on the Durbin-Watson test. The variables did not statistically significantly predict response, $F(8, 51) = .588$, $p = .783$, $R^2 = .084$, adj. $R^2 = -.059$.

A multiple linear regression was conducted using the eight predictor variables to predict response to survey item *Q2.3 Current competencies used in competency models are tied with the realities and needs of healthcare management practice*. The variables did not statistically significantly predict response, $F(8, 48) = .690$, $p = .698$, $R^2 = .103$, adj. $R^2 = -.046$.

A multiple linear regression was also conducted to predict response to survey item *Q2.6 I support using the competency approach within healthcare administration*

programs. The data violated the assumption of independence of errors based on the Durbin-Watson test. The variables did not statistically significantly predict response, $F(8, 51) = .790$, $p = .614$, $R^2 = .110$, adj. $R^2 = -.029$.

A multiple linear regression was then conducted to predict response to survey item *Q4.3 Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging*. The variables did not statistically significantly predict response, $F(8, 50) = 1.308$, $p = .261$, $R^2 = .173$, adj. $R^2 = .041$.

The results of these four multiple regression analyses indicated none of the models were a good fit and supported the null hypothesis of research question one which stated there is no statistically significant relationship between faculty demographics and faculty perceptions of the competency approach.

Q8.3, Q13.1 results. To address research question number two, which dealt with graduate preparedness, the outcome variables of *Q8.3* and *Q13.1* have been grouped. A multiple linear regression was conducted using the eight predictor variables to predict response to survey item *Q8.3 It is the responsibility of faculty to prepare graduates to the competency level expected by employers*. The variables did not statistically significantly predict response, $F(8, 51) = .602$, $p = .772$, $R^2 = .086$, adj. $R^2 = -.057$.

A multiple linear regression was also conducted to predict response to survey item *Q13.1 At what overall competency level do you perceive most students are leaving your program*. The variables did not statistically significantly predict response, $F(8, 51) = .766$, $p = .634$, $R^2 = .101$, adj. $R^2 = -.033$.

The results of these multiple regression analyses indicated none of the models were a good fit and supported the null hypothesis of research question two which stated there is no statistically significant relationship between faculty demographics and faculty perceptions of student preparedness in graduate level healthcare administration competencies.

Q10.2 results. Research question three examined employer competency expectations and *Q10.2* addressed this variable. A multiple linear regression was conducted using the eight predictor variables to predict response to survey item *Q10.2 Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught*. Seven of the eight variables did not statistically significantly predict response, $F(8, 47) = 1.998$, $p = .067$, $R^2 = .254$, adj. $R^2 = .127$, indicating the overall model was not a good fit. However, the variable of faculty working in programs that are CAHME-accredited did statistically significantly predict the response to this survey item, as faculty teaching in CAHME-accredited programs agreed more with this statement. The results are listed in Table 30 and supported the alternative hypothesis for the third research question that stated there is a statistically significant relationship between faculty demographics and faculty perceptions of employer competency expectations for health care administration graduates entering their employ.

Table 30

Summary of Multiple Regression Analysis for Q10.2

Variable	B	SE_B	β
Constant	4.212	.899	
CAHME Accredited	.808	.329	.343*

Note. *p < .05; B = unstandardized regression coefficient; SE_B = Standard error of the coefficient; β = standardized coefficient.

Q16.1 results. To further address research question three regarding employer competency expectation, a multiple linear regression was also conducted to predict response to survey item *Q16.1 At what overall competency level do you perceive employers expect of graduates entering their employ.* The variables did not predict response at a statistically significant level, $F(8, 51) = 1.081$, $p = .391$, $R^2 = .145$, adj. $R^2 = .011$, indicating the model was not a good fit. This result supported the null hypothesis of research question three which stated that there is no statistically significant relationship between faculty demographics and faculty perceptions of employer competency expectations for health care administration graduates entering their employ.

Open Response Themes

Respondents were asked to provide comments after each section of ratings on the survey, as well as provide any overall comments relevant to master's level health care administration programs using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations. The comments were gathered and examined for major themes. The four main themes identified were general support, issues identified, shared responsibility, and collaborative effort. Many of the respondents' comments could be grouped into more than one main theme.

General support. The comments provided by respondents revealed that the competency approach was generally supported as an effective educational approach, although considered time consuming. Respondents' comments reflected that this approach was also viewed as an educational tool, as *one* part of a successful health care administration program, and was dependent on the model/competencies used. Comments that reflected general support included: "I agree with the idea of developing student competencies that will be useful to students as they begin their careers"; "I agree with the premise of the competency approach; however, sometimes the 'devil is in the details'"; and "While I agree we should teach competencies, we should also continue to teach other stuff as well."

Even though faculty comments revealed that using this educational approach was time consuming, respondents stated it is worth the time and effort to update competencies for the "benefit of the student's education" and in an "effort to prepare students to be leaders in the health care industry". These comments supported the statistically significant results of the independent *t* tests, in which those respondents that indicated they were currently working outside of education, had held a position of health care management, were ACHE board certified, and were currently holding health care administration positions agreed more with the statements related to this approach being worth the effort it takes to update competencies to effectively represent the needs of the field. The following comment illustrated this:

> While the competency based approach is more demanding, it is much more
>
> rewarding. To see a student actively apply the tools and concepts to the

workplace is a wonderful feeling and is a win-win for the student, the employer, and the faculty member.

In regards to the topics of the competency approach being viewed as an educational tool and as only *one* part of the health care administration program, one respondent stated:

> Competency model is a tool like any other. If used appropriately, a thoughtfully developed competency approach can help faculty ensure that their graduate programs cover key content area and skill development necessary for students to succeed in the workplace…But, it is not the only tool available nor is it essential to the development of a successful program.

Additionally, another respondent added, "Competencies are valuable as general guides to what students should learn in their graduate education…it is important to consider that competencies are only one aspect of a successful program."

The comments related to general support of this educational approach help confirm the independent *t*-test results, in which those that had served in a position of health care management agreed more with the survey item related to supporting the use of the competency approach within health care administration programs, while those that had had training in the competency approach found value in using the approach. In addition, those respondents with a terminal degree (PhD) indicated that the competencies employers expect of graduates can be adequately taught in health care administration programs, while respondents that had held a position in health care management viewed the competency approach as an effective method of preparing graduates for workplace

success. Furthermore, those respondents that were ACHE board certified and had held a position of health care management perceived the competency approach to positively impact the quality of education received.

Expanding on the main theme of general support, faculty repeatedly stated that the effectiveness of the competency approach on graduate preparedness "depended on" the competency model used, "the competencies, who selected the competencies and how they are evaluated". These comments supported the statistically significant results of the independent *t* tests in which respondents that were program directors, held tenure, had held a position in health care management, and had had training in the competency approach indicated their faculty was included in the planning and implementation of their program's competency model/set. This was also related to results in which respondents that were program directors, had worked outside of academia where employers expected competencies, had held a position of health care management, had had training in the competency approach, and were part of a CAHME-accredited program felt adequately prepared to use/implement/assess competency education.

Issues identified. Faculty comments indicated that while they generally support the use of competencies, there were still issues with using this approach that need to be addressed. These issues included the need for standardization, competencies being used more for accreditation purposes than educational purposes, being unsure the competency approach translated into workplace success, being unsure competencies are based on student/employer needs, and faculty lacking connection with industry.

While one comment suggested the need to develop a "single, validated competency model," another pointed to the need for the standardization of competencies themselves that all health care administration programs could use. The respondent stated:

> Competencies are important because these are the knowledge and skills that employers need from employees. However, there should be a standardized list of competencies that all MHA programs need to teach the students. Standardizing the lists of competencies will help [with] standardizing the knowledge that students get from all MHA programs.

Faculty comments indicated that some perceive this approach as being used more to meet accreditation requirements than for educational purposes. Comments made in regards to this topic area included: "Competencies are usually based on requirements for accreditation--not student or employer needs" and "From my perspective, process of implementing competency based education seemed to become a process in how to best 'game' the system to get accredited."

Another respondent stated:

> It's not an issue of whether the institution develops the competency program it thinks best, what matters is that CAHME supports the competency approach that the institution develops. Here we have a classic example of "teaching to the test." The institution dare not go out on a limb with a genuinely useful competency set if they fear CAHME will question it.

Faculty indicated that while this educational approach may be good in theory, it does not necessarily translate into workplace success nor is it able to address future industry needs or careers paths beyond the entry level. Comments that expressed this included: "The competency approach prepares students for their first jobs, but robs them of deeper study to prepare them for a whole career"; "We have not developed evidence that the competencies we have chosen have translated into workplace success and are the skills needed in the workplace"; and "Competency approach is far too narrow . . . there is no reliable way to predict what skills might be needed in 15 or 30 years".

Faculty comments further indicated they were unsure that current competencies are based on the needs of students and/or the needs of employers, as "these can vary greatly". These comments somewhat conflicted with the statistically significant results of the independent *t* tests in which those under age 50, females, and program directors indicated they agreed that current competencies used in competency models are tied with the realities and needs of health care management practice. Faculty comments also contradicted the statistically significant results of the multiple regression as well as the independent *t* test on survey item *Q10.2 Healthcare administration programs are adequately addressing employer expectations in regards to competencies being taught*, in which faculty who taught in programs that were CAHME-accredited, female, and were a program director agreed more with this statement.

Faculty comments implied that for the competency approach to be effective faculty must be current in the needs of the health care industry by communicating with those practicing in the field, and that ideally, faculty should have workplace/management

experience. One respondent commented, "It's important that faculty members stay in tune with active CEO's and senior health care executives. Reading industry articles will not suffice." Another comment stated, "In my experience, most faculty in HCA education are excellent in theoretical foundations, but most have either never had an administrative job in the field or their experience is not recent… This disconnect often leads to competency descriptions insufficient to the actual work." Another added, "Faculty are not current enough to ensure that students are ready for the workplace. However, because of the changes in the field, there is a certain amount of on the job training that employers need to provide." Lastly, another comment expressed, "There is still a disconnect between those who teach and those who practice".

Shared responsibility. Faculty comments revealed that they felt the competency approach was a shared responsibility between the student, faculty/program, preceptors, and employers. Faculty comments indicated that integration of classroom theory/knowledge with workplace experience was a necessity; and fieldwork, through internships and preceptorships, helped address this need. Faculty also identified that they believe they play a role in graduate preparedness, but it is not their responsibility alone. Comments that illustrated this included:

"I believe that the responsibility is not shouldered by one individual. It is the responsibility of the industry to articulate their desired competencies, it is the responsibility of the faculty to translate those needs into course design and administration, and it is the responsibility of the student to absorb and apply the material and concepts to their practice."

"I believe that competency education is a shared responsibility among students, faculty, preceptors and the health care community. Faculty play a key role but cannot do it alone."

"LEARNING is ultimately the responsibility of the learner, NOT the faculty member. The faculty member has a role in the process, but one of the most important realizations for students s that THEY are responsible for their learning."

Lastly, one respondent stated:

> Employers must realize that a course can only simulate an employment setting to a slight degree. Many details will need to be learned on the job. Graduate education is more about setting the student up with the basics and the tools to become more competent during employment, not making sure the student is fully competent upon graduation. Not every MHA student goes into the same position - some go into finance, some into HR, some into marketing, some into management. You can't expect an MHA program to prepare all graduates to be fully competent in every possible position.

These comments somewhat contradicted the statistically significant results in which faculty at public institutions and those that had not held a position of health care management agreed more that the responsibility of graduate preparedness falls directly on faculty. Faculty comments also contradicted results in which those respondents that were ACHE board certified indicated they agree more that it is the responsibility of

faculty to prepare graduates to the competency level expected by employers than those not board certified.

Collaborative effort. Related to the theme of shared responsibility, faculty comments further indicated that this educational approach and "the development of relevant competencies" must be a collaborative effort between faculty/programs and health care administrators/executives and their industry. This was illustrated by the comment "Faculty must work with industry leaders in developing competencies that make the most sense for their market." One respondent stated, "Academia is frequently decades behind where health care administration is today . . . it's always a struggle to keep the curriculum current. Using those who work in the field as instructors is one way to keep the conversations current." Another added, "Respecting and including practitioners is essential to the future of all graduate education."

These comments supported the statistically significant results for survey item *Q10.10 I feel that more cooperation between academia and employers is needed to close the expectation gap*, in which those that have worked outside of academia for 20 plus years where employers expected competencies, those that currently held a position outside of academia, and those that had held a position of health care management for 20 plus years all agreed more with this statement than their respective comparison groups.

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Summary

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In conclusion, the independent samples *t* tests indicated there were some statistically significant differences between faculty demographic groupings and health care administration faculty perceptions regarding the use of the competency approach in

their programs, its effectiveness on graduate preparedness, and employer competency expectations. Three survey items (*Q4.2, Q10.1, and Q10.10*) each had statistically significant results ($p<.001$; $p<.01$; $p<.05$) from five independent variables, the largest number of statistically significant results for any variable. Those respondents that were program directors, had worked out of academia where employers expected competencies, had held a position of health care management, had had training in the competency approach, and were part of CAHME-accredited programs felt adequately prepared to use/implement/assess competency education (*Q4.2*). Those respondents that felt a gap exists between the competency level that employers desire in graduates and the competency level graduates attain (*Q10.1*) were males, had degrees other than a PhD, were not program directors, had worked outside of academia where employers expected competencies, and were currently working out of academia. Those respondents that felt more cooperation between academia and employers is needed to close the expectation gap (*Q10.10*) were those that had worked outside of academia where employers expected competencies for 20 plus years, were currently working out of academia, and had held a position in health care management for 20 plus years. These results support the alternative hypotheses for all three research questions which stated there would be a statistically significant relationship between faculty demographics and faculty perceptions of the variable under examination.

Correlations revealed no independent variable was highly correlated (>.8) with any other independent variable or with any dependent variable; there were only four pairs of survey questions that were strongly correlated (>.8) and statistically significant

($p<.05$). The results of most of the multiple linear regressions found no statistically significant results, indicating the models were not an overall good fit, supporting the null hypotheses of all three research questions, which stated there would be no statistically significant relationship between faculty demographics and faculty perceptions of the variable under examination. The exception was on the predictor variable of CAHME-accredited programs. This variable did statistically significantly predict the response to the outcome variable *Q10.2 Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught*, but the overall model was not a good fit.

After the statistical analyses were completed, respondent comments were themed. The four major themes identified were general support, issues identified, shared responsibility, and collaborative effort. Some of the statistically significant results of the various analyses supported these themes while other statistically significant results contradicted the themes related to the issues identified and shared responsibility.

The next chapter interprets the findings, identifies the limitations of the study, provides recommendations for further research, and describes the implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Faculty play a key role in student learning as well as in graduate and workforce preparedness (Archer & Davison, 2008; Calhoun et al., 2002; Cassidy, 2006; Umbach & Wawrzynski, 2005; Wainwright et al. 2012). Driven by the accreditation bodies, professional organizations, and employer expectations, health care administration programs have transitioned to using the competency approach and the responsibility of developing the future leaders of the health care industry has fallen upon the faculty of these programs (Archer & Davison, 2008; Calhoun et al., 2002; Cassidy, 2006; Klein-Collins, 2013; Umbach & Wawrzynski, 2005). Researchers in other academic disciplines have also assessed the perceptions of faculty related to various aspects of using the competency approach (Brooks, 2010; Day et al., 2011; Lane & Bogue, 2010; Leveson, 2000; Numminen et al., 2014; Singh, 2005; Tanyel et al., 1999). However, in previous research, health care administration faculty perceptions had not been previously gathered or analyzed. The purpose of this quantitative study was to explore, determine, and describe the perceptions of health care administration faculty in regards to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations and determine how these perceptions related to faculty demographics.

Summary and Conclusions

Summary of Findings

   Demographics. The demographic information collected was divided into three

groupings: personal, experience, and program information. Demographics revealed that

the characteristics of the faculty who responded to the survey were evenly split by

gender, mainly over age 50, more than half with a terminal degree (PhD), and only 14.6%

were board certified (FACHE). Approximately half of the respondents were full-time

faculty members, had served in a position of health care management at some point in

time with 20.5% of respondents indicating they had held this position for fewer than 10

years. Sixty-four percent of respondents had been teaching fewer than 20 years in health

care administration programs, and just over half indicated that they had had some training

in the competency approach. The programs these faculty were associated with were

mainly from public institutions, housed in either the college of health sciences or the

college of public health, and a program enrollment size of 50 and 100 students was

reported most often. Most programs were CAHME-accredited (64.9%) and had held

accreditation for 6 years or more.

   Faculty perceptions. Examination of faculty perceptions regarding the use of

competency approach revealed faculty generally agreed that this educational method

effectively prepares graduates for workplace success (75.5% indicated *Strongly

Agree/Agree* to this item in the survey – see Appendix D). Faculty who had received

some type of training in the competency approach agreed more at a statistically

significant level that they found value in the use of this educational method and 85.4% of

respondents indicated *Strongly Agree/Agree* to this item in the survey (see Appendix D).

Faculty members under age 50 agreed more at a statistically significant level that the

current competencies being used in competency models are tied with the realities and

needs of health care management practice (65.5% of respondents indicated *Neither Agree*

nor Disagree/Agree to this item in the survey – see Appendix D). The younger-aged

faculty also indicated at a statistically significant level that employers expected graduates

to enter their employ at a higher competency level than their counterparts, while 72.8% of

all respondents indicated *Competent/Proficient* to this item in the survey (see Appendix

D). The number of years faculty had been teaching in health care administration

programs did not affect their agreement with any of the survey items at a statistically

significant level.

Perceptions of the competency approach and its effectiveness of graduate

preparedness revealed that overall faculty agreed that it is their responsibility to prepare

graduates to the competency level expected by employers (74.8% indicated *Strongly*

Agree/Agree to this item in the survey – see Appendix D), while faculty who were board

certified by ACHE (designated as FACHE) agreed more at a statistically significant level

with this survey item than their comparison group. In general, faculty agreed that the

competency approach positively impacts the quality of education their students receive

(58.3% indicated *Strongly Agree/Agree* to this item in the survey – see Appendix D),

while those who had served in a position of health care management agreed more at a

statistically significant level that using the competency approach has a positive impact on

the quality of education received as well as on the industries in which the graduates will

be employed. Overall, faculty agreed the competency approach prepares graduates for

workplace success (60.3% indicated *Strongly Agree/Agree* to this item in the survey – see

Appendix D), and 62.9 % indicated graduates are *Competent/Proficient* (as rated on the

Dreyfus Model of Adult Skill Acquisition) when leaving their programs. Faculty who had

not served in a position of health care management agreed more at a statistically

significant level that the responsibility of graduate preparedness falls directly on faculty,

while 55.7% of all respondents indicated *Strongly Agree/Agree* to this item in the survey

(see Appendix D).

Faculty generally agreed that the competencies expected by employers could be

adequately taught in health care administration programs (61.6% indicated *Neither Agree

nor Disagree/Agree* to this item in the survey – see Appendix D), that the different

perspectives held by academia and the workplace contribute to the expectation gap

between the competency level expected by employers and the level actually achieved by

graduates (53.6% indicated *Neither Agree nor Disagree/Agree* to this item in the survey –

see Appendix D), and that more cooperation between academia and employers is needed

to close this gap (60.3% indicated *Strongly Agree/Agree* to this item in the survey – see

Appendix D). Faculty with experience outside of academia where employers expected

competencies as well as those with health care management experience of 20 years or

more agreed more with these survey items at a statistically significant level than their

comparison groups. Faculty who teach in CAHME-accredited programs agreed more that

health care administration programs are adequately addressing employer expectations in

regards to the competencies being taught, while 58.9% of all respondents indicated *Neither Agree nor Disagree/Agree* to this survey item.

The statistical analyses revealed that three survey items (*Q4.2*, *Q10.1*, and *Q10.10*) each had statistically significant results on five independent variables, which was the largest number of statistically significant results for any of the survey items. *Question 4.2* asked faculty if they agreed that they were adequately prepared to use/implement/assess competency education. Not surprisingly, faculty who were teaching in CAHME-accredited programs and indicated they had had training in the competency approach agreed more with this question. *Question 10.1* asked at what level faculty agreed a gap exists between the competency level that employers desire in graduates and the competency level graduates attain. *Question 10.10* assessed if faculty perceived more cooperation between academia and employers is needed to close the expectation gap. Faculty who had had experience outside of academia and were currently holding or had held a position in health care management agreed more with questions *10.1* and *10.10*.

Faculty comments. Faculty shared comments relevant to master's level health care administration programs using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations. Four main themes were identified.

General support for the approach. The first theme identified in faculty comments indicated general support of the approach. Respondents stated, "I agree with the premise of the competency approach" and "I agree we should teach competencies." These respondents indicated they were age 50 and above, full-time faculty, had had health care

management experience, and taught in CAHME –accredited programs. The approach is viewed as a tool and as only one aspect of a successful health care administration program. Some faculty stated that the success of using this approach depended on the competencies and/or model used, who selected the competencies and how they were evaluated. Statements made by faculty who held a full-time role, had had training in the competency approach, and taught in CAHME-accredited programs were: "The key is exactly what competencies are used!" and "The competency approach is only as good as the individual(s) who designed the competencies."

Issues with the approach. The second theme identified issues faculty felt were present with this educational approach. Interestingly, comments made about the various issues identified contradicted faculty agreement with survey items. The main issues identified included (1) needing more standardization of the competencies and/or a single model for all programs to use, (2) using competencies within programs more for accreditation purposes than educational purposes, (3) being unsure the competency approach translated into workplace success, (4) being unsure competencies are based on student/employer needs, and (5) faculty lacking connection with the health care field. One respondent who indicated having a terminal degree, having had health care management experience, and taught in a CAHME-accredited program commented:

> I believe that graduate education focused on currently identified competencies
> helps us meet the current needs of employers and the health care system. But that
> approach takes away from education that is targeted to the more conceptual
> understanding of health and health care delivery, that are necessary to

management decision-making for several decades, rather than for as long as the

current issues are operative.

Another respondent (health care management experience of over 30 years, training in

competency approach, and taught in CAHME-accredited program) commented:

> From my perspective, process of implementing competency based education
>
> seemed to become a process in how to best 'game' the system to get accredited
>
> and be seen as up with the times/branding etc. In the past, I felt that the past
>
> accreditation process had much more depth of discussion and scrutiny on what
>
> were we teaching.

Another comment made by a faculty member (health care management experience,

teaching in health care administration programs for 20 years, and currently at a private

institution) stated:

> In my experience, most faculty in HCA education are excellent in theoretical
>
> foundations, but most have either never had an administrative job in the field or
>
> their experience is not recent, and therefore not reliable in terms of managing in
>
> an industry were Moore's Law is at work. This disconnect often leads to
>
> competency descriptions insufficient to the actual work.

Shared responsibility. The third theme identified within the comments indicated

that faculty feels that graduate education in health care administration is a shared

responsibility between the student, faculty/program, preceptors, and employers; and

while faculty recognizes they play a role in graduate preparedness, but it is not their

responsibility alone. One comment made that reflects this theme included: "LEARNING

is ultimately the responsibility of the learner, NOT the faculty member. The faculty

member has a role in the process, but one of the most important realizations for students

is that THEY are responsible for their learning." This faculty member was over age 50,

full-time faculty at a public institution, and had been teaching in health care

administration programs for five years. Another respondent (FACHE, full-time role,

CAHME-accredited program for over six years) stated:

> I believe that the responsibility is not shouldered by one individual. It is the
>
> responsibility of the industry to articulate their desired competencies, it is the
>
> responsibility of the faculty to translate those needs into course design and
>
> administration, and it is the responsibility of the student to absorb and apply the
>
> material and concepts to their practice.

Collaborative effort. The last theme indicated that faculty believes this

educational approach should be a collaborative effort between faculty/programs and

health care administrators/executives and the industry(s) they represent. This was

supported by the statistical analyses that showed general faculty agreement with survey

items related to employer competency expectations and the need for a collaborative effort

between academia and industry.

One respondent (health care management experience of ten years and teaching in

health care administration programs for 20 years) stated, "Respecting and including

practitioners is essential to the future of all graduate education." Another stated, "I am not

sure that the competency based approach is a collaborative effort as of yet. I would like

to see more dynamic dialogue between academia and the workplace." This respondent

indicated 15 years of health care management experience, teaching three years in health

care administration programs, and a CAHME-accredited program.

Conclusions of Findings

In agreement with the conclusions of previous researchers, which specified the

competency approach as an effective and appropriate approach for preparing early

careerist (De Vos et al., 2011; Garavan & McGuire, 2001; Klein-Collins, 2013; Landry &

Hearld, 2013; Lowden et al., 2011; McCowan, 1998), the results of this study indicated

that health care administration faculty generally support the use of the competency

approach, believe it adequately prepares graduates for workplace success, and that it is

meeting employer competency expectations. While some faculty commented they were

unaware of an expectation gap (between competencies graduates actually attain and those

employers expect for workplace success), many respondents agreed with survey items

related to the expectation gap, including its existence and causes. This also confirms

previous research in which an expectation gap had been identified (Cassidy, 2006;

Calhoun et al., 2009; Cherlin et al., 2006; Friedman & Frogner, 2010; Ginter et al., 2009;

Helfand et al., 2005; Landry & Hearld, 2013; Stefl, 2008; White et al., 2006).

Previous researchers suggested that the responsibility of preparing graduates to

the level needed for workplace success had fallen on the educational institution and its

faculty (Calhoun et al., 2002; Cassidy, 2006). The results from this study support these

previous findings, as faculty generally agreed that it is their responsibility to prepared

graduates to the competency level expected by employers. Previous researchers also

found that educators of increased age and with work experience outside academia rate

graduate competency levels higher while graduate competency levels were rated lower by employers of increased age and experience (Lane & Bogue, 2010; Numminen et al., 2014). The results of this study contradicted the results of these previous studies, in that the younger faculty members rated the overall competency level of their graduates higher than faculty over age 50 and faculty with fewer than 20 years of experience outside of academia rated the overall competency level higher as well.

Faculty perceptions on survey items related to issues with the competency approach as well as faculty comments supported issues that were identified by previous researchers, including the approach being time consuming, the approach being used more for accreditation purposes, and the lack of standardization of competencies/model (Bradley, 2003; Calhoun et al., 2002; 2008b; 2009; Wainwright et al., 2012). The results of this study supported the conclusions by Storey et al., (2002), who held the opinion that the competency approach was ultimately a shared responsibility between the individual, the educational programs, employers, and the professional organizations of the field. The results of this study further supported previous researchers who discussed that the best way to address the expectation gap was through a collaborative and cooperative effort between academia and health care leaders/industry (Hartman & Crow, 2002; Lowden et al., 2011; O'Conner, 2013).

The results of the statistical analyses indicated that faculty demographics do play a role in the perceptions of health care administration faculty toward the use of the competency approach, its effectiveness on graduate preparedness, and employer competency expectations. However, the faculty demographics that had statistically

significant results on survey questions could be attributed to experience, as one would

expect those with experience in a position of health care management, that are board

certified, have had training in the competency approach, or were a part of a CAHME-

accredited program to have stronger views about this educational approach, how it effects

graduate preparedness, and the expectations employers have of graduates than their

counterparts.

Limitations

Limitations do apply to this study and interpretation of the findings should be

done within the context of these limitations. First and foremost, the survey used in this

study was developed specifically for this study, although based on the literature and

similar studies previously conducted, as well as being reviewed for content by an expert

in the field. Therefore, no previous data is available in regards to the survey's reliability

or its ability to yield valid information. The length of the survey, the amount of

information it covered, and a lack of understanding of the survey terms and/or items by

the participant completing the survey may have also been a limitation to this study. This

in turn could have contributed to missing data, which could have been related to the time

needed to complete the survey and possible fatigue by respondents.

Generalizability was limited by the response rate (n = 158). This study did not

obtain the desired number of calculated responses based on power analyses (n = 166) and

it is acknowledged in the social science communities that lower response rates have been

associated with electronic surveys (Roberts, 2007; Ye, 2007). Additionally, this study

may have been limited by faculty role within their program. Over half of the respondents

(53.6%) indicated they were full-time faculty. Adjunct and part-time faculty members, as well as lecturers, may have been underrepresented. This limitation may have also been the result of the collected e-mail addresses, which may have belonged to mainly core faculty. Some of the public websites where faculty e-mail addresses were gathered indicated the addresses listed were for core faculty. Program contacts may have only shared core faculty e-mail addresses as other faculty members may only teach one class for the program and/or may not be as familiar with the competency approach.

The generalizability of this study was also limited by respondents being faculty in programs that were associated with the professional organizations of AUPHA and CAHME. Health care administration programs and faculty who were not associated with either of these two professional organizations were not represented in this study. AUPHA and CAHME hold health care administration programs and their faculty to higher educational standards, as well as provide accreditation for health care administration programs. Therefore, faculty who teach in programs associated with these two organizations would be more familiar with competency education as well as have a vested interest in improving the health care industry through the enhancement of the quality of education for health care administration graduates, further limiting the generalizability.

This study was further limited by the statistical analyses not conducted. The independent samples *t*-test analyses created a large number overall of statistically significant results due to the number of independent variables being examined. Using a Bonferroni adjustment would have lowered the critical alpha level for the dependent

variables (the individual survey items in this case), reducing the likelihood of falsely rejecting the null hypothesis, or a Type I error (Mertler & Vannatta, 2013). In that this study was exploratory in nature, seeking to discover if relationships existed between faculty demographics (independent variables) and the perceptions of faculty (survey items), a Bonferroni adjustment was not used as each independent *t* test conducted was viewed as "a test of a unique mini-hypothesis" (StatPac, 2015). Additionally, the distribution of means for many of the variables was skewed. Considering that the survey items used a Likert-scale and that the data could be categorized as ordinal instead of scaled at the interval level, the Mann-Whitney U test as a nonparametric alternative to the independent *t* test (Laerd, 2014) could have also been used to analyze the data.

Lastly, this study was limited by not conducting ordinal regression, which is an appropriate analysis for examining prediction between variables as well as for dependent variables at the ordinal level and can be viewed as a generalization of multiple linear regression (Laerd, 2014). However, it is noted that research literature has long debated whether parametric or nonparametric tests should be used when analyzing Likert-type items and Likert scales. The analyses performed in this study were supported by a recent research study conducted by Norman (2010), in which he concluded that parametric tests, as those used in this study, are robust enough to draw appropriate conclusions even when skewness and non-normality are present.

<div align="center">**Recommendations for Future Research**</div>

Given that over the last decade professional organizations, accreditation bodies, and employer expectations have driven health care administration programs to use the

competency approach, the purpose of this study was to explore the perceptions of graduate level health care administration faculty in regards to using this educational approach. With this study being the first known study of this nature specific to health care administration faculty and programs, the preliminary results do provide direction for future research. And while the results of this study inform its limitations, the survey used by this study has the potential to be developed further and used as a tool for continuing research in this area.

It will be important to reassess faculty perceptions as more health care administration programs begin using this educational approach and as competencies needed for workplace success are adjusted to address the challenges of the ever-changing health care system. As faculty concerns in regards to using this approach have been identified by this study, faculty perceptions should be reexamined to ensure that these concerns have been adequately addressed by the professional organizations, the accrediting bodies, and at the institutional and/or program level. Additionally, another area that will need to be examined in the near future will be faculty perceptions related to using this approach in the online learning environment versus the traditional brick and mortar environment. The survey used for this study could be a starting place for the development of such a tool.

Future research in this area should also reflect thoughtful consideration to using parametric/linear tests versus nonparametric/nonlinear tests if surveys using Likert-type items and scales are used. Understanding that perception data is more subjective, is influenced by many factors at an individual level, as well as relies on the respondents'

ability to understand and interpret the survey items (NOPSEMA, 2014), data should be expected to be somewhat skewed, not normally distributed, and/or display non-linearity (Sullivan & Artino, 2013). And while recent research supports the use of parametric tests with data from Likert scales based on the robustness of these types of analyses (Norman, 2010), the decision to use parametric/linear tests or nonparametric/nonlinear tests should be made by the researcher in an effort to answer the specific study's research questions in a meaningful manner.

As the results of this study indicated, faculty play a key role in graduate preparedness and are ultimately held responsible for preparing our graduates to succeed in the workplace. Therefore, it is vital to assess and reassess their perceptions in regards to what is being taught and how it is being taught. It is only through an ongoing research process that professional development efforts can be made and the educational approaches of health care administration programs can be adapted, thereby improving health care leadership and ultimately the health care system.

Implications for Social Change

Desired results of this study were to add to the knowledge base in the field of health care administration, give health care administration faculty a voice, and help ensure that faculty concerns related to using the competency approach can be addressed. The results of this study have the potential to lead to positive social change by adding to the general knowledge base in the field of competency education. Additionally, the results of this study could inform academic programs interested in using this educational approach, inform programs that may be attempting to understand faculty reaction to the

competency approach, and help programs in determining how to get their faculty to support such an educational plan.

The results of this study have the potential to lead to positive social change by bringing awareness to the professional organizations seeking to improve the outcomes of health care administration programs and support leadership development (i.e., ACHE, AUPHA, and CAHME) by sharing a summary of the results with these organizations and/or through their publications. The results of this study also have the potential to lead to positive social change by bringing awareness to individual health care administration programs by sharing a summary of the results with those programs that requested such, as well as through the professional organizations that health care administration programs are connected to. By increasing awareness at the professional and individual program levels, this could lead to positive social change by guiding, increasing, and enhancing faculty training and development efforts, thereby contributing to gaining faculty support for this educational approach while improving faculty skills in the competency approach, ultimately improving the overall quality of health care administration education and the graduates these programs produce.

In that a competency expectation gap had been identified by previous researchers (Friedman & Frogner, 2010), it is important to make a connection between the preparedness of health care administration graduates, the expectations of employers regarding workplace success and the competency approach via the perceptions of healthcare administration faculty so that any disconnects can be addressed by health care administration programs and their faculty. By promoting professional development for

faculty in the competency approach, this study can impact social change by improving the overall quality of graduates from health care administration programs so they are better prepared to address the complexities and challenges of the ever-changing health care industry (Friedman & Frogner, 2010; Hartman, 2002; Landry & Hearld, 2013; Stefl, 2008).

Another potential implication for social change made possible by this study is its contribution to closing the expectation gap between what employers desire in graduates and the competency level graduates have attained. This would be possible if professional organizations and individual programs addressed the issues identified by this study. Additionally, the collaborative effort between academia and the workplace should be improved and continued. This could in turn contribute to guiding improvements in the education and development of the future leadership in health care as well as eventually the health care industry as a whole.

The overall implication for positive social change that this study can have by understanding the perceptions of health care administration faculty in regards to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations is its contribution to the enhancement of the quality of health care administration faculty, programs, graduates, and leadership in the health care industry.

Conclusion

Over the last decade, as graduate level health care administration programs have transitioned to using competency education as a means of addressing the leadership needs

of the health care industry and as a means of improving the quality of the education provided and of the graduates developed in these programs, the responsibility of education and development has been placed on the faculty of these programs. This study examined the perceptions of health care administration faculty regarding the use of the competency approach in their programs, its effectiveness on graduate preparedness, and employer competency expectations and how these perceptions related to faculty demographics. This study was a step toward identifying faculty perceptions related to competency education in health care administration programs and should help reinforce the continued efforts of those committed to improving the profession of health care administration.

While the results of this study revealed that faculty in graduate level health care administration programs generally agree with using the competency approach in their programs as an educational tool, that it effectively prepares our graduates for workplace success, that the competencies employers expect of early careerists can be sufficiently taught in our programs, and that our programs are adequately addressing employer expectations, it is important to take notice of the issues identified. The issues brought to light by this study included (1) faculty wanting a standardized list or set of the competencies and/or a single model that all graduate programs should use, (2) faculty feeling that competencies were being used within programs more for accreditation purposes than for educational purposes, (3) faculty were unsure the competency approach translated into workplace success, (4) faculty were unsure that current competencies are based on student and/or employer needs, and (5) faculty needing to stay connected with

the health care field through personal contact and experience. Addressing these issues at the professional organization level as well as at the individual program level will help gain further faculty support for this educational approach while giving them the skills and knowledge needed to better instruct our graduates. This will ultimately produce health care careerists that are better prepared to lead our ever-changing and challenging health care system.

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Appendix A: Initial Program Contact

September 10, 2014

Dear [Program Director's Name],

I am a doctoral student with Walden University currently working on my dissertation, which will examine the perceptions of graduate level healthcare administration faculty related to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations.

You have received this email because you were identified as the program contact or program director on either AUPHA's or CAHME's website. If you are no longer the program contact, please notify me and share with me who is the current contact or feel free to forward this email to your current program director/contact.

The purpose of this email is to request from you the email addresses of all current full-time and part-time/adjunct faculty members that teach in your ***graduate level*** healthcare administration/healthcare management program. By sharing your faculty's email addresses with me, I will be able to directly email faculty members an invitation to participate in my research study later this fall once IRB approval has been received. You will also be invited to participate in the study at that time.

Please respond with your faculty email addresses by September 26, 2014.

If your program is interested in a summary of the final results of my study, please indicate this in your reply email when sharing your program's faculty email addresses with me.

Your help is greatly appreciated in my research efforts. If you have any questions or concerns about this request, please contact me at [insert e-mail address here] or call my home phone [insert number here] CST.

Thank you,

Wittney Jones, M.Ed.
Doctoral Student in Healthcare Administration
Walden University

Appendix B: Faculty Invitation to Participate

Dear Faculty Member,

You have been invited to participate in my doctoral research study which is examining the perceptions of graduate level healthcare administration faculty related to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations.

Participation in this study is completely voluntary. Your decision of whether or not to participate in the study will be respected. Not participating or discontinuing your participation involves no penalty. The survey should take approximately 20 minutes of your time. Being in this type of study may involve some risk of the minor discomforts that can be encountered in daily life, such as fatigue. However, participating in this study does not impose risk to your safety or well-being. You will not receive any financial compensation or incentives of any kind for completing this online survey.

Any information you provide will be kept completely confidential. Your personal information will not be used for any purposes outside of this research project. Your name, email address, or any other individually identifying or personally relevant information that could identify you will not be used in the study reports. Data will be kept secure by password and fingerprint protected files on my personal computer located in my home. Data will be kept for a period of at least 5 years, as required by the university. At the end of the five years all electronic files will be removed from my computer using a disk erasing process included in the computer firmware.

This study offers several benefits to faculty. It will provide a voice to faculty regarding the competency approach, helping to ensure their concerns with this educational approach are addressed. This study can also help improve faculty development efforts related to this educational approach. In turn, this can help produce more competent graduates and improve leadership within the healthcare industry.

Entering the survey via the link and completing the survey will imply your informed consent. If you do choose to participate, please complete the online survey by **December 12, 2014**.

Follow this link to the Survey:
[Survey Link]

Or copy and paste the URL below into your internet browser:
[Survey URL]

Your help is greatly appreciated in my research efforts. If you have any questions or concerns about this research, please contact me at [insert e-mail here] or call my home phone [insert number here] CST. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210 (for US based participants) or 001-612-312-1210 (for participants outside the US). Walden University's approval number for this study is **10-30-14-0338049** and it expires on **October 29, 2015**.

If you choose to participate, please complete the survey by (date). If you choose not to participate, please reply to this email so I may take you off the contact list.

Thank you,
Wittney Jones, M.Ed.
Doctoral Student in Healthcare Administration
Walden University

Appendix C: MHA Faculty Survey of Competency Approach

Q1 This survey examines faculty perceptions in regards to using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations.   The following definitions will provide better understanding of these terms as you proceed.   Competency - the combination of knowledge, skills, and abilities that are linked to workplace success.   Competency Approach – an educational process that moves the educational emphasis from being teacher-focused, where academics decide what graduates need to know, to being student-focused, which looks at what students need to know and do to be successful in complicated situations within the workplace.   Graduate Preparedness – the competencies and competency level attained by healthcare administration graduates through their educational efforts and contributes to their employability.   Employer Competency Expectations - the competencies and competency levels that healthcare administration graduates are expected to have attained and that are desired by healthcare executives and leaders upon entering the workplace.

Q2 Please indicate your level of agreement with each of the following statements:

	Strongly Agree (5)	Agree (4)	Neither Agree nor Disagree (3)	Disagree (2)	Strongly Disagree (1)	Not sure/No opinion (6)
The competency approach to education is an effective method of preparing graduates for workplace success. (1)	○	○	○	○	○	○
The competency approach to education is a collaborative effort between academia and the workplace. (2)	○	○	○	○	○	○
Current competencies used in competency models are tied with the realities and needs of healthcare management practice. (3)	○	○	○	○	○	○
I consider the evidence supporting the competency approach to education to	○	○	○	○	○	○

be valid. (4)						
I see value in the use of the competency approach. (5)	○	○	○	○	○	○
I support using the competency approach within healthcare administration programs. (6)	○	○	○	○	○	○

Q3 Please share anything you would like to about the ratings you gave to the above items.

Q4 Please indicate your level of agreement with each of the following statements:

	Strongly Agree (5)	Agree (4)	Neither Agree nor Disagree (3)	Disagree (2)	Strongly Disagree (1)	Not sure/No opinion (6)
I have a good understanding of the competencies required of healthcare administration graduates. (1)	○	○	○	○	○	○
I feel adequately prepared to use/implement/assess competency education. (2)	○	○	○	○	○	○
Balancing the demands of providing a quality education while meeting the competency needs of	○	○	○	○	○	○

a rapidly changing healthcare environment is challenging. (3)						
Competencies must be constantly updated to reflect the needs of the field. (4)	❍	❍	❍	❍	❍	❍
Implementing the competency approach is worth the effort it takes. (5)	❍	❍	❍	❍	❍	❍
Requiring competencies encroaches on the academic freedom of faculty in regards to course content. (6)	❍	❍	❍	❍	❍	❍
Having to update courses to reflect changing competencies creates additional work for faculty. (7)	❍	❍	❍	❍	❍	❍

Q5 Please share anything you would like to about the ratings you gave to the above items.

Q6 Please indicate your level of agreement with each of the following statements:

	Strongly Agree (5)	Agree (4)	Neither Agree nor Disagree (3)	Disagree (2)	Strongly Disagree (1)	Not sure/No opinion (6)
My institution is supportive of the competency approach. (1)	❍	❍	❍	❍	❍	❍
My institution understands its faculty attitudes toward competency education. (2)	❍	❍	❍	❍	❍	❍

Our faculty was included in the planning of our program's competency model/set. (3)	○	○	○	○	○	○
Our faculty was included in the implementation of our program's competency model/set. (4)	○	○	○	○	○	○
My program actively trains/ prepares faculty to use/implement/assess competency education. (5)	○	○	○	○	○	○
I would like to see more faculty development efforts in using/implementing/assessi ng competency education at my institution. (6)	○	○	○	○	○	○

Q7 Please share anything you would like to about the ratings you gave to the above items.

Q8 Please indicate your level of agreement with each of the following statements:

	Strongly Agree (5)	Agree (4)	Neither Agree nor Disagree (3)	Disagree (2)	Strongly Disagree (1)	Not sure/No opinion (6)
The responsibility of graduate preparedness falls directly on faculty. (1)	❍	❍	❍	❍	❍	❍
It is the responsibility of faculty to meet the leadership needs of the healthcare industry. (2)	❍	❍	❍	❍	❍	❍
It is the responsibility of faculty to prepare graduates to the competency level expected by employers. (3)	❍	❍	❍	❍	❍	❍
Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent. (4)	❍	❍	❍	❍	❍	❍
The competency approach	❍	❍	❍	❍	❍	❍

positively impacts the quality of education students receive. (5)						
The competency approach prepares graduates for workplace success. (6)	○	○	○	○	○	○
The competency approach positively impacts the industries in which students will be employed. (7)	○	○	○	○	○	○
Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are. (8)	○	○	○	○	○	○

Q9 Please share anything you would like to about the ratings you gave to the above items.

Q10 Please indicate your level of agreement with each of the following statements:

	Strongly Agree (5)	Agree (4)	Neither Agree nor Disagree (3)	Disagree (2)	Strongly Disagree (1)	Not sure/No opinion (6)
There is a gap between the competency level that employers desire in graduates and the competency level graduates attain. (1)	○	○	○	○	○	○
Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught. (2)	○	○	○	○	○	○
The competencies employers expect of graduates can be adequately taught in healthcare administration programs. (3)	○	○	○	○	○	○
Employer expectations of healthcare administration	○	○	○	○	○	○

graduates' competency levels are too high. (4)						
Employer expectations of healthcare administration graduates' competency levels are on target. (5)	○	○	○	○	○	○
Employers expect the same skill level in new hires as in senior team members. (6)	○	○	○	○	○	○
The different perspectives and culture of academia and the workplace contribute to the expectation gap. (7)	○	○	○	○	○	○
The difference in the language used in academia and in the workplace contributes to the expectation gap. (8)	○	○	○	○	○	○
Differences between academia and	○	○	○	○	○	○

employers related to which competencies are more important contribute to the expectation gap. (9)						
I feel that more cooperation between academia and employers is needed to close the expectation gap. (10)	O	O	O	O	O	O

Q11 Please share anything you would like to about the ratings you gave to the above items.

Q12 The Dreyfus Model of Adult Skill Acquisition is used to rank competency level of graduates and includes novice, advanced beginner, competent, proficient, and expert levels.   For the following questions, use the following categorizations: Novice: needs rules and regulations to follow; has no context for judgments; has little experience, and makes routine decisions through analytical thinking   Advanced beginner: developing independence though still follows the rules; can accomplish tasks on own but still needs guidance when troubleshooting   Competent: has experience; realizes rules may not clearly apply; is able to problem solve; demonstrates initiative and resourcefulness; understanding and decision making is easier   Proficient: has experience; sees what needs to be done but still must decide how to do it; sees the whole of the organization and how decisions relate to the whole; begins assuming leadership roles   Expert: works from intuition with little deliberation when making decisions; has become the 'go to' source for information; appoints others to leadership positions   The Healthcare Leadership Alliance Competency Model© is used as a reference point for competencies and includes the following domains and definitions: professionalism

(aligning personal and professional ethics as well as commitment to lifelong learning), business knowledge and skills (ability to apply business principles including systems thinking), knowledge of the healthcare environment (demonstrated understanding of the healthcare system), communication and relationship management (ability to communicate internally and externally, facilitate teamwork, as well as maintain relationships), and leadership (ability to inspire excellence, be visionary, and manage change).

Q13 Please answer the following about Graduate Preparedness:

	Expert (5)	Proficient (4)	Competent (3)	Advanced beginner (2)	Novice (1)
At what overall competency level do you perceive most students are leaving your program? (1)	○	○	○	○	○
At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management? (2)	○	○	○	○	○
At what competency level do you perceive students leaving your program to possess in the area of Professionalism? (3)	○	○	○	○	○
At what competency level do you perceive students leaving your program to possess in the area of Leadership? (4)	○	○	○	○	○
At what competency	○	○	○	○	○

level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment? (5)					
At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills? (6)	○	○	○	○	○

Q14 Please share anything you would like to about the ratings you gave to the above items.

Q15 The Dreyfus Model of Adult Skill Acquisition is used to rank competency level of graduates and includes novice, advanced beginner, competent, proficient, and expert levels.   For the following questions, use the following categorizations: Novice: needs rules and regulations to follow; has no context for judgments; has little experience, and makes routine decisions through analytical thinking   Advanced beginner: developing independence though still follows the rules; can accomplish tasks on own but still needs guidance when troubleshooting   Competent: has experience; realizes rules may not clearly apply; is able to problem solve; demonstrates initiative and resourcefulness; understanding and decision making is easier   Proficient: has experience; sees what needs to be done but still must decide how to do it; sees the whole of the organization and how decisions relate to the whole; begins assuming leadership roles   Expert: works from intuition with little deliberation when making decisions; has become the 'go to' source for information; appoints others to leadership positions   The Healthcare Leadership Alliance Competency Model© is used as a reference point for competencies and includes the following domains and definitions: professionalism

(aligning personal and professional ethics as well as commitment to lifelong learning), business knowledge and skills (ability to apply business principles including systems thinking), knowledge of the healthcare environment (demonstrated understanding of the healthcare system), communication and relationship management (ability to communicate internally and externally, facilitate teamwork, as well as maintain relationships), and leadership (ability to inspire excellence, be visionary, and manage change).

Q16 Please answer the following about Employer Competency Expectations:

	Expert (5)	Proficient (4)	Competent (3)	Advanced beginner (2)	Novice (1)
At what overall competency level do you perceive employers expect of graduates entering their employ? (1)	○	○	○	○	○
At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management? (2)	○	○	○	○	○
At what competency level do you perceive employers expect of graduates in the area of Professionalism?	○	○	○	○	○

(3) At what competency level do you perceive employers expect of graduates in the area of Leadership? (4)	○	○	○	○	○
At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment? (5)	○	○	○	○	○
At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills? (6)	○	○	○	○	○

Q17 Please share anything you would like to about the ratings you gave to the above items.

Q18 Please share any comments you think are relevant to master's level healthcare administration programs using the competency approach, its effectiveness on graduate preparedness, and employer competency expectations.

Q19 Demographic Information:

Q20 Please provide your age

- ❍ 18 (1)
- ❍ 19 (2)
- ❍ 20 (3)
- ❍ 21 (4)
- ❍ 22 (5)
- ❍ 23 (6)
- ❍ 24 (7)
- ❍ 25 (8)
- ❍ 26 (9)
- ❍ 27 (10)
- ❍ 28 (11)
- ❍ 29 (12)
- ❍ 30 (13)
- ❍ 31 (14)
- ❍ 32 (15)
- ❍ 33 (16)
- ❍ 34 (17)
- ❍ 35 (18)
- ❍ 36 (19)
- ❍ 37 (20)
- ❍ 38 (21)
- ❍ 39 (22)
- ❍ 40 (23)
- ❍ 41 (24)
- ❍ 42 (25)
- ❍ 43 (26)
- ❍ 44 (27)
- ❍ 45 (28)
- ❍ 46 (29)
- ❍ 47 (30)
- ❍ 48 (31)
- ❍ 49 (32)
- ❍ 50 (33)
- ❍ 51 (34)
- ❍ 52 (35)
- ❍ 53 (36)
- ❍ 54 (37)
- ❍ 55 (38)

- ○ 56 (39)
- ○ 57 (40)
- ○ 58 (41)
- ○ 59 (42)
- ○ 60 (43)
- ○ 61 (44)
- ○ 62 (45)
- ○ 63 (46)
- ○ 64 (47)
- ○ 65+ (48)
- ○ Prefer not to answer (49)

Q21 Please provide your gender
- ○ Male (1)
- ○ Female (2)
- ○ Other (3)
- ○ Prefer not to answer (4)

Q22 Please provide your highest degree earned
- ○ MHA (1)
- ○ MPH (2)
- ○ MBA (3)
- ○ PhD (4)
- ○ EdD (5)
- ○ MD (6)
- ○ JD (7)
- ○ Other (8) _____
- ○
Q23 Please indicate if you are ACHE board certified
- ○ Yes (1)
- ○ No (2)
- ○ In the process (3)
- ○ Not sure (4)

Q24 What is your role in your program? (choose all that apply)
- ❑ Program Director (1)
- ❑ Full-Time Faculty (2)
- ❑ Part-Time Faculty (3)
- ❑ Adjunct Faculty (4)

❑ Lecturer (5)
❑ Tenure (6)
❑ Tenure-Track (7)

Q25 Have you worked outside of academia in fields where employers expect competencies?
○ Yes (1)
○ No (2)
○ Not sure (3)

Answer If Have you worked outside of academia in fields where employers expect competencies? Yes Is Selected

Q26 What field(s) did you work in outside of academia where employers expected competencies?

Answer If Have you worked outside of academia in fields where employers expect competencies? Yes Is Selected

Q27 How long did you work in outside of academia where employers expected competencies?
○ Less than 1 year (1)
○ 1 (2)
○ 2 (3)
○ 3 (4)
○ 4 (5)
○ 5 (6)
○ 6 (7)
○ 7 (8)
○ 8 (9)
○ 9 (10)
○ 10 (11)
○ 11 (12)
○ 12 (13)
○ 13 (14)
○ 14 (15)
○ 15 (16)
○ 16 (17)

❍ 17 (18)
❍ 18 (19)
❍ 19 (20)
❍ 20 (21)
❍ 21 (22)
❍ 22 (23)
❍ 23 (24)
❍ 24 (25)
❍ 25 (26)
❍ 26 (27)
❍ 27 (28)
❍ 28 (29)
❍ 29 (30)
❍ 30 (31)
❍ 31+ (32)

Q28 Do you currently hold a position outside of academia as well?
❍ Yes (1)
❍ No (2)

Q29 Have you served in a position of healthcare management or administration?
❍ Yes (1)
❍ No (2)

Answer If Have you served in a position of healthcare management or administration?
Yes Is Selected
Q30 Do you currently serve in this healthcare management or administration position?
❍ Yes (1)
❍ No (2)

Answer If Have you served in a position of healthcare management or administration?
Yes Is Selected

Q31 How many years have you held the healthcare management or administration position?
❍ Less than 1 year (1)
❍ 1 (2)
❍ 2 (3)

○ 3 (4)
○ 4 (5)
○ 5 (6)
○ 6 (7)
○ 7 (8)
○ 8 (9)
○ 9 (10)
○ 10 (11)
○ 11 (12)
○ 12 (13)
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○ 22 (23)
○ 23 (24)
○ 24 (25)
○ 25 (26)
○ 26 (27)
○ 27 (28)
○ 28 (29)
○ 29 (30)
○ 30 (31)
○ 31+ (32)

Q32 How many years have you been teaching in healthcare administration programs?
○ Less than 1 year (1)
○ 1 (2)
○ 2 (3)
○ 3 (4)
○ 4 (5)
○ 5 (6)
○ 6 (7)

- ❍ 7 (8)
- ❍ 8 (9)
- ❍ 9 (10)
- ❍ 10 (11)
- ❍ 11 (12)
- ❍ 12 (13)
- ❍ 13 (14)
- ❍ 14 (15)
- ❍ 15 (16)
- ❍ 16 (17)
- ❍ 17 (18)
- ❍ 18 (19)
- ❍ 19 (20)
- ❍ 20 (21)
- ❍ 21 (22)
- ❍ 22 (23)
- ❍ 23 (24)
- ❍ 24 (25)
- ❍ 25 (26)
- ❍ 26 (27)
- ❍ 27 (28)
- ❍ 28 (29)
- ❍ 29 (30)
- ❍ 30 (31)
- ❍ 31+ (32)

Q33 Have you had any training in the use of/implementing/assessing competency education?
- ❍ Yes (1)
- ❍ No (2)

Q34 In which college is your program housed at your institution?
- ❍ Health Sciences (1)
- ❍ Public Health (2)
- ❍ Business/Management (3)
- ❍ Medical (4)
- ❍ Public Administration/Public Policy (5)
- ❍ Other (6) _____

Q35 Which type of institution is your program with?

❑ Public (1)
❑ Private (2)
❑ For profit (3)

Q36 What is the approximate enrollment of your program?

❍ 0-50 (1)
❍ 51-99 (2)
❍ 100-199 (3)
❍ 200-299 (4)
❍ 300-399 (5)
❍ 400-499 (6)
❍ 500-599 (7)
❍ 600-699 (8)
❍ 700-799 (9)
❍ 800-899 (10)
❍ 900-999 (11)
❍ 1000+ (12)

Q37 Is your program accredited by CAHME?

❍ Yes (1)
❍ No (2)
❍ In the process (3)

Answer If Is your program accredited by CAHME? Yes Is Selected
Q38 How long has your program been accredited by CAHME?

❍ Less than 1 year (1)
❍ 1 year (2)
❍ 2 years (3)
❍ 3 years (4)
❍ 4 years (5)
❍ 5 years (6)
❍ 6+ years (7)

Q39 Is your program accredited by an accreditation body other than CAHME?

❍ Yes (1)
❍ No (2)
❍ Not sure (3)

Answer If Is your program accredited by another accreditation body? Yes Is Selected
Q40 Which accreditation(s) does your program have (other than CAHME)?

Appendix D: Frequencies in Percentages

Table D1: Likert-Scaled Survey Items

Survey Item	Combined Agree Categories	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Sure/ No Opinion
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	75.5%	2.6%	6.6%	11.3%	48.3%	27.2%	3.3%
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	70.9%	3.3%	8.6%	14.6%	46.4%	24.5%	2.6%
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	60.9%	2.6%	10.6%	17.2%	48.3%	12.6%	8.6%
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	55.6%	3.3%	8.6%	21.2%	37.7%	17.9%	11.3%
Q2.5_I see value in the use of the competency approach.	85.4%	2.0%	6.6%	6.0%	54.3%	31.1%	0.0%
Q2.6_I support using the competency approach within healthcare administration programs.	78.8%	2.0%	6.6%	11.3%	47.7%	31.1%	.7%
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	81.4%	.7%	6.6%	6.0%	43.0%	38.4%	2.0%
Q4.2_I feel adequately prepared to use/implement/assess competency education.	71.5%	0.0%	12.6%	11.9%	45.0%	26.5%	.7%
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	74.2%	2.6%	7.3%	10.6%	38.4%	35.8%	2.0%
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	77.5%	0.0%	6.0%	11.9%	41.1%	36.4%	1.3%
Q4.5_Implementing the competency approach is worth the effort it takes.	63.6%	2.0%	9.9%	15.2%	35.1%	28.5%	6.0%
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	22.5%	25.2%	31.8%	15.9%	15.2%	7.3%	.7%
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	80.1%	2.0%	6.6%	6.6%	48.3%	31.8%	1.3%
Q6.1_My institution is supportive of the competency approach.	78.8%	1.3%	2.6%	7.3%	37.1%	41.7%	6.0%
Q6.2_My institution understands its faculty attitudes toward competency education.	49.0%	.7%	13.9%	18.5%	31.8%	17.2%	13.9%
Q6.3_Our faculty was included in the planning of our program's competency model/set.	70.2%	.7%	6.0%	7.3%	35.8%	34.4%	11.3%
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	72.1%	.7%	7.3%	7.3%	34.4%	37.7%	8.6%

(*table continues*)

Survey Item	Combined Agree Categories	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Sure/ No Opinion
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	37.8%	8.6%	27.2%	16.6%	26.5%	11.3%	6.0%
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	62.3%	3.3%	9.3%	16.6%	35.1%	27.2%	4.0%
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	55.7%	4.6%	16.6%	14.6%	30.5%	25.2%	1.3%
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	56.3%	2.0%	13.2%	18.5%	36.4%	19.9%	2.6%
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	74.8%	2.0%	4.0%	10.6%	51.0%	23.8%	2.0%
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	60.2%	.7%	11.3%	15.9%	48.3%	11.9%	5.3%
Q8.5_The competency approach positively impacts the quality of education students receive.	58.3%	2.0%	4.6%	22.5%	33.8%	24.5%	6.0%
Q8.6_The competency approach prepares graduates for workplace success.	60.3%	.7%	5.3%	22.5%	35.8%	24.5%	4.0%
Q8.7_The competency approach positively impacts the industries in which students will be employed.	51.7%	2.0%	7.3%	21.9%	31.8%	19.9%	10.6%
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	37.8%	1.3%	14.6%	27.8%	25.2%	12.6%	11.3%
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	43.7%	3.3%	13.9%	19.9%	33.1%	10.6%	6.6%
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	36.4%	2.6%	15.2%	23.8%	35.1%	1.3%	9.3%
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	58.3%	0.0%	10.6%	15.2%	46.4%	11.9%	3.3%
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	6.6%	12.6%	41.1%	17.9%	4.6%	2.0%	8.6%
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	42.4%	2.0%	8.6%	21.9%	36.4%	6.0%	12.6%
Q10.6_Employers expect the same skill level in new hires as in senior team members.	9.9%	21.9%	38.4%	9.9%	7.9%	2.0%	7.3%
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	51.0%	3.3%	11.3%	13.9%	39.7%	11.3%	6.6%
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	38.4%	7.3%	17.9%	15.9%	28.5%	9.9%	7.3%
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	38.4%	4.6%	8.6%	22.5%	31.1%	7.3%	12.6%
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	60.3%	2.6%	8.6%	11.3%	33.1%	27.2%	3.3%

Table D2: Dreyfus Model of Adult Skill Acquisition Survey Items

Survey Item	Novice	Advanced Beginner	Competent	Proficient	Expert
Q13.1_At what overall competency level do you perceive most students are leaving your program?	1.3%	12.6%	47.0%	22.5%	1.3%
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	2.0%	17.2%	33.1%	29.8%	2.6%
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	1.3%	11.3%	31.1%	31.1%	9.3%
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	4.0%	25.2%	31.8%	21.9%	2.0%
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.7%	9.9%	22.5%	39.1%	12.6%
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	2.6%	13.2%	31.8%	31.8%	5.3%
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	0.0%	6.0%	37.7%	35.1%	4.0%
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	0.0%	6.6%	33.1%	37.1%	5.3%
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	0.0%	4.6%	29.1%	35.8%	12.6%
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	2.6%	9.9%	35.8%	28.5%	4.0%
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	0.0%	4.0%	27.8%	38.4%	11.9%
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	0.0%	5.3%	33.1%	36.4%	7.9%

Appendix E: Results of Independent Samples *t* Tests for all Independent Variables

Table E1

Age

Independent Samples Test: Age		Levene's Test		t-test for Equality of Means						
									95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	4.450	.037	.000	110	1.000	.000	.193	-.382	.382
	Equal variances not assumed			.000	86.550	1.000	.000	.176	-.351	.351
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	.000	.995	-.334	110	.739	-.068	.202	-.468	.333
	Equal variances not assumed			-.330	63.910	.743	-.068	.205	-.476	.341
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	8.939	.003	1.879	104	.063	.378	.201	-.021	.777
	Equal variances not assumed			2.034	83.499	.045	.378	.186	.008	.747
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	4.374	.039	.485	99	.629	.112	.231	-.347	.572
	Equal variances not assumed			.527	74.709	.600	.112	.213	-.312	.537
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	1.047	.308	-.008	114	.994	-.001	.172	-.342	.339
	Equal variances not assumed			-.009	80.400	.993	-.001	.160	-.320	.317
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	2.422	.122	.904	113	.368	.167	.184	-.199	.532
	Equal variances not assumed			1.031	94.254	.305	.167	.162	-.154	.488
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.000	.996	.746	112	.457	.137	.183	-.226	.500
	Equal variances not assumed			.744	67.757	.459	.137	.184	-.230	.503

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
Independent Samples Test: Age		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	2.109	.149	.571	113	.569	.111	.195	-.275	.498
	Equal variances not assumed			.602	77.288	.549	.111	.185	-.257	.480
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.374	.542	-1.144	111	.255	-.245	.214	-.668	.179
	Equal variances not assumed			-1.116	64.463	.269	-.245	.219	-.682	.193
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	1.170	.282	-1.301	113	.196	-.225	.173	-.569	.118
	Equal variances not assumed			-1.172	53.900	.246	-.225	.192	-.611	.160
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.019	.891	-.491	107	.625	-.107	.218	-.540	.325
	Equal variances not assumed			-.508	69.520	.613	-.107	.211	-.527	.313
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.660	.418	1.050	112	.296	.261	.249	-.232	.755
	Equal variances not assumed			1.033	62.821	.306	.261	.253	-.244	.767
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.074	.786	-.015	113	.988	-.003	.183	-.365	.360
	Equal variances not assumed			-.015	66.953	.988	-.003	.184	-.370	.364
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	4.467	.037	1.358	108	.177	.242	.178	-.111	.595
	Equal variances not assumed			1.631	105.676	.106	.242	.148	-.052	.536
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	4.520	.036	1.458	98	.148	.316	.217	-.114	.746
	Equal variances not assumed			1.570	73.562	.121	.316	.201	-.085	.717
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.032	.858	.300	99	.765	.059	.198	-.333	.452
	Equal variances not assumed			.317	69.374	.753	.059	.187	-.315	.433

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	.269	.605	.743	102	.459	.150	.202	-.251	.552
	Equal variances not assumed			.786	75.807	.435	.150	.191	-.231	.532
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.257	.613	-.600	106	.550	-.155	.259	-.669	.358
	Equal variances not assumed			-.595	65.898	.554	-.155	.261	-.677	.366
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.005	.945	-.382	110	.703	-.083	.217	-.514	.348
	Equal variances not assumed			-.384	63.614	.703	-.083	.216	-.515	.349
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	2.158	.145	.984	112	.327	.231	.234	-.234	.695
	Equal variances not assumed			1.035	77.368	.304	.231	.223	-.213	.675
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	3.133	.079	1.233	111	.220	.251	.203	-.152	.654
	Equal variances not assumed			1.306	79.273	.195	.251	.192	-.131	.633
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.052	.820	.877	111	.382	.138	.158	-.174	.451
	Equal variances not assumed			.943	74.499	.349	.138	.147	-.154	.431
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	9.186	.003	-2.423	109	.017	-.437	.180	-.794	-.079
	Equal variances not assumed			-2.203	55.122	.032	-.437	.198	-.834	-.039
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.185	.668	.241	107	.810	.048	.199	-.346	.442
	Equal variances not assumed			.238	62.066	.813	.048	.201	-.355	.450
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.725	.396	.857	109	.393	.162	.189	-.213	.537
	Equal variances not assumed			.877	73.353	.383	.162	.185	-.206	.531

(*table continues*)

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		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.037	.848	-.334	100	.739	-.070	.209	-.485	.345
	Equal variances not assumed			-.325	59.048	.746	-.070	.215	-.500	.360
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	.011	.916	.796	101	.428	.172	.216	-.257	.601
	Equal variances not assumed			.805	64.534	.424	.172	.214	-.255	.600
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.042	.838	-.315	103	.753	-.071	.227	-.521	.378
	Equal variances not assumed			-.316	68.760	.753	-.071	.226	-.522	.379
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.151	.698	.427	100	.670	.084	.198	-.308	.476
	Equal variances not assumed			.432	65.203	.667	.084	.195	-.305	.474
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	3.042	.084	.809	108	.420	.143	.177	-.208	.495
	Equal variances not assumed			.870	84.075	.387	.143	.165	-.184	.471
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	7.363	.008	.939	100	.350	.174	.185	-.194	.541
	Equal variances not assumed			.832	47.678	.410	.174	.209	-.247	.594
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	2.684	.105	.813	97	.418	.152	.186	-.218	.521
	Equal variances not assumed			.877	78.366	.383	.152	.173	-.193	.496
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.010	.922	.267	105	.790	.054	.203	-.349	.458
	Equal variances not assumed			.272	73.692	.787	.054	.200	-.344	.453
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	2.145	.146	.772	102	.442	.175	.227	-.275	.626
	Equal variances not assumed			.810	63.273	.421	.175	.217	-.257	.608

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.038	.845	.413	101	.680	.105	.254	-.398	.608
	Equal variances not assumed			.415	63.562	.679	.105	.252	-.400	.609
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.368	.545	-.275	94	.784	-.063	.227	-.513	.388
	Equal variances not assumed			-.269	58.186	.789	-.063	.233	-.528	.403
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	1.606	.208	-.022	106	.982	-.005	.216	-.434	.424
	Equal variances not assumed			-.023	72.442	.982	-.005	.206	-.416	.406
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	3.383	.069	1.509	111	.134	.226	.150	-.071	.522
	Equal variances not assumed			1.469	64.149	.147	.226	.154	-.081	.533
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.436	.510	1.843	111	.068	.326	.177	-.025	.676
	Equal variances not assumed			1.966	80.771	.053	.326	.166	-.004	.656
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.693	.407	.869	110	.387	.166	.191	-.213	.545
	Equal variances not assumed			.896	70.956	.373	.166	.185	-.204	.536
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.699	.405	.689	111	.492	.130	.188	-.244	.503
	Equal variances not assumed			.718	75.987	.475	.130	.181	-.230	.490
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	7.016	.009	1.795	111	.075	.327	.182	-.034	.688
	Equal variances not assumed			1.936	83.060	.056	.327	.169	-.009	.663
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.343	.559	1.411	111	.161	.263	.186	-.106	.631
	Equal variances not assumed			1.397	66.791	.167	.263	.188	-.113	.638

(*table continues*)

		Levene's Test		t-test for Equality of Means						
									95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	1.440	.233	2.126	109	.036	.304	.143	.021	.588
	Equal variances not assumed			1.975	55.875	.053	.304	.154	-.004	.613
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.480	.490	.693	108	.490	.107	.154	-.199	.412
	Equal variances not assumed			.664	60.099	.509	.107	.161	-.215	.428
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.390	.534	.739	108	.461	.123	.167	-.207	.453
	Equal variances not assumed			.738	63.405	.463	.123	.167	-.210	.456
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.007	.933	1.943	107	.055	.343	.176	-.007	.692
	Equal variances not assumed			2.027	70.855	.046	.343	.169	.006	.680
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	1.755	.188	1.732	108	.086	.280	.162	-.041	.601
	Equal variances not assumed			1.721	62.646	.090	.280	.163	-.045	.605
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.113	.738	1.938	109	.055	.300	.155	-.007	.607
	Equal variances not assumed			1.884	61.881	.064	.300	.159	-.018	.618

Table E2

Gender

Independent Samples Test: Gender		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	.284	.595	-.375	120	.708	-.065	.173	-.408	.278
	Equal variances not assumed			-.376	118.919	.707	-.065	.173	-.407	.277
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	1.626	.205	.846	120	.399	.158	.187	-.212	.527
	Equal variances not assumed			.842	114.987	.401	.158	.187	-.213	.529
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	3.696	.057	-2.433	114	.017	-.435	.179	-.790	-.081
	Equal variances not assumed			-2.438	113.149	.016	-.435	.179	-.789	-.082
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.000	.990	-.804	109	.423	-.162	.201	-.560	.237
	Equal variances not assumed			-.804	108.474	.423	-.162	.201	-.561	.237
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.029	.864	-1.644	124	.103	-.259	.158	-.571	.053
	Equal variances not assumed			-1.653	122.285	.101	-.259	.157	-.570	.051
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	.437	.510	-1.437	123	.153	-.242	.169	-.576	.091
	Equal variances not assumed			-1.449	121.299	.150	-.242	.167	-.573	.089
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.009	.925	-1.932	122	.056	-.304	.157	-.616	.008
	Equal variances not assumed			-1.942	120.931	.055	-.304	.157	-.614	.006
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.453	.502	-.922	123	.359	-.155	.168	-.488	.178
	Equal variances not assumed			-.918	119.588	.360	-.155	.169	-.490	.179

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Lower
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.795	.374	-.771	121	.442	-.148	.191	-.527	.231
	Equal variances not assumed			-.774	119.442	.440	-.148	.191	-.525	.230
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.133	.716	-.029	122	.977	-.005	.160	-.322	.313
	Equal variances not assumed			-.029	121.979	.977	-.005	.160	-.322	.313
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.073	.788	-.768	117	.444	-.153	.199	-.547	.241
	Equal variances not assumed			-.769	115.956	.443	-.153	.199	-.546	.241
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.051	.822	-.071	122	.944	-.016	.228	-.468	.436
	Equal variances not assumed			-.071	119.343	.944	-.016	.229	-.470	.437
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	2.307	.131	1.191	122	.236	.200	.168	-.132	.532
	Equal variances not assumed			1.172	104.052	.244	.200	.171	-.138	.538
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	.983	.323	-1.898	117	.060	-.298	.157	-.608	.013
	Equal variances not assumed			-1.894	109.584	.061	-.298	.157	-.609	.014
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	1.769	.186	-1.942	105	.055	-.386	.199	-.780	.008
	Equal variances not assumed			-1.944	104.351	.055	-.386	.198	-.779	.008
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	2.089	.151	-1.276	108	.205	-.224	.176	-.573	.124
	Equal variances not assumed			-1.283	100.371	.202	-.224	.175	-.571	.122
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	1.741	.190	-.903	112	.369	-.164	.181	-.523	.196
	Equal variances not assumed			-.907	105.164	.366	-.164	.181	-.522	.194

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Lower
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.580	.448	-.077	116	.938	-.018	.230	-.473	.438
	Equal variances not assumed			-.077	114.569	.938	-.018	.230	-.474	.438
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	1.495	.224	-1.085	119	.280	-.218	.201	-.616	.180
	Equal variances not assumed			-1.089	118.988	.278	-.218	.200	-.615	.178
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.036	.851	1.524	122	.130	.330	.217	-.099	.759
	Equal variances not assumed			1.527	121.986	.129	.330	.216	-.098	.758
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.759	.386	1.801	120	.074	.339	.188	-.034	.711
	Equal variances not assumed			1.801	119.933	.074	.339	.188	-.034	.711
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	1.978	.162	-.122	121	.903	-.019	.157	-.329	.291
	Equal variances not assumed			-.124	118.928	.902	-.019	.154	-.325	.287
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	.015	.901	.242	118	.809	.040	.166	-.289	.369
	Equal variances not assumed			.242	115.268	.809	.040	.166	-.289	.369
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.451	.503	-.042	117	.966	-.008	.181	-.366	.350
	Equal variances not assumed			-.043	115.546	.966	-.008	.179	-.363	.348
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.207	.650	-.076	119	.939	-.013	.169	-.347	.321
	Equal variances not assumed			-.076	118.992	.939	-.013	.168	-.346	.321
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.599	.441	-.528	110	.598	-.101	.192	-.482	.279
	Equal variances not assumed			-.532	109.860	.596	-.101	.190	-.479	.276

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Lower
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	.659	.419	1.289	110	.200	.254	.197	-.136	.643
	Equal variances not assumed			1.290	109.990	.200	.254	.197	-.136	.643
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.478	.491	2.316	111	.022	.456	.197	.066	.846
	Equal variances not assumed			2.312	109.825	.023	.456	.197	.065	.847
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	1.336	.250	-1.951	108	.054	-.335	.172	-.676	.005
	Equal variances not assumed			-1.958	105.577	.053	-.335	.171	-.675	.004
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	.277	.599	.701	116	.485	.113	.162	-.207	.434
	Equal variances not assumed			.701	114.699	.485	.113	.162	-.207	.434
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	1.113	.294	-1.421	108	.158	-.247	.174	-.591	.097
	Equal variances not assumed			-1.417	105.336	.159	-.247	.174	-.592	.098
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	5.344	.023	-.693	103	.490	-.123	.178	-.477	.230
	Equal variances not assumed			-.694	96.869	.489	-.123	.178	-.476	.229
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.004	.949	.709	111	.480	.135	.191	-.242	.513
	Equal variances not assumed			.709	110.296	.480	.135	.191	-.243	.513
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	.012	.913	1.731	111	.086	.337	.195	-.049	.723
	Equal variances not assumed			1.744	110.992	.084	.337	.193	-.046	.720
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	2.175	.143	.987	110	.326	.226	.229	-.227	.679
	Equal variances not assumed			.996	109.711	.321	.226	.227	-.223	.675

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Lower
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.031	.861	1.215	103	.227	.249	.205	-.157	.656
	Equal variances not assumed			1.217	102.686	.226	.249	.205	-.157	.655
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	2.999	.086	.978	115	.330	.198	.202	-.203	.599
	Equal variances not assumed			.975	111.557	.332	.198	.203	-.204	.600
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.624	.431	-.552	120	.582	-.073	.133	-.336	.189
	Equal variances not assumed			-.555	118.703	.580	-.073	.132	-.334	.188
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	1.535	.218	.345	120	.731	.055	.159	-.260	.370
	Equal variances not assumed			.346	119.963	.730	.055	.159	-.259	.369
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.938	.335	.775	119	.440	.130	.168	-.202	.462
	Equal variances not assumed			.778	118.964	.438	.130	.167	-.201	.461
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.653	.421	-.157	120	.875	-.026	.168	-.358	.306
	Equal variances not assumed			-.158	119.997	.875	-.026	.167	-.358	.305
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.001	.977	1.053	120	.295	.172	.163	-.151	.495
	Equal variances not assumed			1.053	119.621	.294	.172	.163	-.151	.495
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	1.059	.306	-.110	120	.912	-.018	.166	-.347	.310
	Equal variances not assumed			-.110	116.424	.913	-.018	.166	-.348	.311
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.306	.581	-.292	117	.771	-.038	.131	-.297	.221
	Equal variances not assumed			-.291	114.635	.771	-.038	.131	-.298	.222

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Lower
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.061	.805	.116	116	.908	.016	.139	-.258	.290
	Equal variances not assumed			.116	114.021	.908	.016	.139	-.259	.291
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	1.229	.270	.088	116	.930	.013	.150	-.283	.310
	Equal variances not assumed			.088	109.444	.930	.013	.151	-.286	.312
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	2.324	.130	-.164	114	.870	-.027	.164	-.351	.297
	Equal variances not assumed			-.163	106.600	.871	-.027	.165	-.354	.300
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.238	.626	-.155	116	.877	-.022	.145	-.310	.265
	Equal variances not assumed			-.155	115.375	.877	-.022	.145	-.309	.264
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.007	.932	-.341	117	.734	-.048	.141	-.327	.231
	Equal variances not assumed			-.341	115.751	.734	-.048	.141	-.328	.231

Table E3

Degree

Independent Samples Test: Degree		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	7.451	.007	-1.245	125	.215	-.239	.192	-.620	.141
	Equal variances not assumed			-1.118	50.800	.269	-.239	.214	-.669	.190
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	1.210	.274	.410	125	.683	.081	.197	-.309	.471
	Equal variances not assumed			.444	80.575	.658	.081	.182	-.282	.443
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	1.123	.291	-1.241	119	.217	-.243	.196	-.632	.145
	Equal variances not assumed			-1.399	79.059	.166	-.243	.174	-.590	.103
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.000	.995	.406	114	.686	.088	.218	-.343	.520
	Equal variances not assumed			.407	59.372	.685	.088	.217	-.345	.522
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.194	.660	-.656	129	.513	-.116	.178	-.468	.235
	Equal variances not assumed			-.628	65.395	.532	-.116	.185	-.487	.254
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	1.669	.199	-.475	128	.636	-.088	.185	-.454	.278
	Equal variances not assumed			-.449	63.924	.655	-.088	.196	-.479	.303
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.952	.331	-.778	127	.438	-.131	.168	-.463	.202
	Equal variances not assumed			-.721	61.509	.473	-.131	.181	-.493	.232
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.076	.783	-.081	128	.936	-.015	.181	-.373	.344
	Equal variances not assumed			-.080	70.013	.937	-.015	.184	-.381	.351

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Lower
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.508	.477	.184	126	.855	.038	.207	-.372	.448
	Equal variances not assumed			.195	76.291	.846	.038	.195	-.351	.427
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.034	.854	.589	127	.557	.101	.171	-.237	.438
	Equal variances not assumed			.619	77.562	.538	.101	.163	-.223	.424
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.646	.423	-.682	122	.497	-.144	.211	-.561	.274
	Equal variances not assumed			-.648	60.967	.519	-.144	.222	-.588	.300
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	1.883	.172	.555	127	.580	.131	.236	-.335	.597
	Equal variances not assumed			.591	83.837	.556	.131	.221	-.309	.571
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	1.607	.207	.057	127	.954	.010	.179	-.343	.364
	Equal variances not assumed			.062	86.952	.951	.010	.166	-.319	.339
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	5.245	.024	-1.541	122	.126	-.263	.170	-.600	.075
	Equal variances not assumed			-1.263	44.585	.213	-.263	.208	-.682	.156
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	2.599	.110	-.602	110	.549	-.130	.217	-.560	.299
	Equal variances not assumed			-.560	51.793	.578	-.130	.233	-.598	.337
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.153	.697	.090	113	.929	.017	.194	-.366	.401
	Equal variances not assumed			.094	65.228	.926	.017	.185	-.353	.387
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	.563	.455	-.411	117	.682	-.081	.197	-.471	.310
	Equal variances not assumed			-.434	72.469	.665	-.081	.186	-.453	.291

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Lower
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	2.010	.159	.601	121	.549	.148	.247	-.340	.637
	Equal variances not assumed			.641	72.029	.524	.148	.231	-.313	.610
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.723	.397	-1.004	124	.317	-.217	.216	-.643	.210
	Equal variances not assumed			-.986	64.908	.328	-.217	.220	-.655	.222
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.028	.866	.386	127	.700	.091	.235	-.374	.556
	Equal variances not assumed			.376	65.346	.708	.091	.242	-.392	.574
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.280	.598	.947	125	.346	.194	.205	-.212	.599
	Equal variances not assumed			.940	68.958	.350	.194	.206	-.217	.605
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	5.739	.018	-1.241	126	.217	-.210	.169	-.545	.125
	Equal variances not assumed			-1.123	58.720	.266	-.210	.187	-.584	.164
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	.007	.935	-1.200	123	.232	-.214	.178	-.566	.139
	Equal variances not assumed			-1.247	70.477	.217	-.214	.171	-.556	.128
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	1.365	.245	-.860	122	.392	-.167	.195	-.552	.218
	Equal variances not assumed			-.799	54.151	.428	-.167	.209	-.587	.252
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	1.524	.219	-1.048	124	.297	-.191	.182	-.552	.170
	Equal variances not assumed			-1.005	56.911	.319	-.191	.190	-.572	.190
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.211	.647	-1.163	115	.247	-.240	.207	-.650	.169
	Equal variances not assumed			-1.104	52.952	.275	-.240	.218	-.677	.196

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Lower
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	.426	.515	.148	115	.882	.031	.212	-.388	.451
	Equal variances not assumed			.154	63.311	.878	.031	.204	-.376	.439
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	5.197	.024	1.938	116	.055	.415	.214	-.009	.838
	Equal variances not assumed			2.132	72.013	.036	.415	.194	.027	.802
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.816	.368	-.578	114	.565	-.111	.192	-.491	.269
	Equal variances not assumed			-.615	57.134	.541	-.111	.180	-.472	.250
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	3.308	.071	-2.090	122	.039	-.359	.172	-.699	-.019
	Equal variances not assumed			-1.980	53.833	.053	-.359	.181	-.722	.005
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	1.650	.202	-.299	114	.766	-.057	.189	-.431	.318
	Equal variances not assumed			-.331	65.805	.742	-.057	.171	-.398	.285
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	.915	.341	-.857	109	.393	-.167	.195	-.554	.220
	Equal variances not assumed			-.946	60.058	.348	-.167	.177	-.521	.186
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	2.008	.159	.347	117	.729	.073	.209	-.342	.487
	Equal variances not assumed			.392	71.926	.696	.073	.185	-.296	.442
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	.006	.937	-.376	117	.707	-.078	.208	-.490	.334
	Equal variances not assumed			-.368	63.459	.714	-.078	.213	-.503	.347
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.652	.421	-.656	115	.513	-.158	.241	-.636	.319
	Equal variances not assumed			-.671	67.706	.504	-.158	.236	-.628	.312

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Lower
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	1.340	.250	.850	108	.397	.188	.221	-.250	.625
	Equal variances not assumed			.900	58.656	.372	.188	.208	-.230	.605
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	1.082	.300	.371	120	.711	.081	.218	-.351	.512
	Equal variances not assumed			.378	65.354	.707	.081	.214	-.346	.508
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	1.782	.184	-1.514	125	.133	-.215	.142	-.495	.066
	Equal variances not assumed			-1.493	62.489	.140	-.215	.144	-.502	.073
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.023	.880	-1.895	125	.060	-.319	.169	-.653	.014
	Equal variances not assumed			-1.846	60.978	.070	-.319	.173	-.665	.027
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.090	.765	-1.024	124	.308	-.183	.179	-.538	.171
	Equal variances not assumed			-.977	58.643	.333	-.183	.188	-.559	.192
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	2.201	.140	-1.192	125	.235	-.211	.177	-.562	.139
	Equal variances not assumed			-1.124	57.236	.266	-.211	.188	-.588	.165
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	1.328	.251	.009	125	.993	.002	.177	-.349	.352
	Equal variances not assumed			.009	70.898	.993	.002	.169	-.336	.339
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.336	.563	.270	125	.788	.048	.177	-.302	.397
	Equal variances not assumed			.276	67.585	.783	.048	.172	-.297	.392
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.001	.969	-1.201	122	.232	-.167	.139	-.441	.108
	Equal variances not assumed			-1.185	63.288	.240	-.167	.141	-.448	.114

(table continues)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Lower
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	1.504	.222	-.712	121	.478	-.106	.148	-.399	.188
	Equal variances not assumed			-.765	73.287	.447	-.106	.138	-.380	.169
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.941	.334	.277	121	.783	.044	.159	-.271	.359
	Equal variances not assumed			.290	72.629	.773	.044	.152	-.259	.347
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.415	.520	-1.459	119	.147	-.251	.172	-.593	.090
	Equal variances not assumed			-1.343	53.615	.185	-.251	.187	-.627	.124
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	1.592	.210	-.704	121	.483	-.108	.154	-.412	.196
	Equal variances not assumed			-.674	59.698	.503	-.108	.161	-.429	.213
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.743	.390	-.682	122	.496	-.102	.150	-.399	.195
	Equal variances not assumed			-.655	59.822	.515	-.102	.156	-.415	.210

Table E4

FACHE

Independent Samples Test: FACHE		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	.287	.593	-1.147	124	.254	-.259	.226	-.705	.188
	Equal variances not assumed			-1.150	30.637	.259	-.259	.225	-.718	.200
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	1.032	.312	-1.158	124	.249	-.276	.238	-.748	.196
	Equal variances not assumed			-1.411	36.253	.167	-.276	.196	-.673	.121
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	.543	.463	-.055	118	.956	-.013	.235	-.478	.452
	Equal variances not assumed			-.058	30.589	.954	-.013	.224	-.470	.444
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.166	.685	-.341	113	.734	-.089	.263	-.610	.431
	Equal variances not assumed			-.306	25.089	.762	-.089	.292	-.691	.513
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.694	.406	-.461	128	.645	-.099	.215	-.525	.327
	Equal variances not assumed			-.453	29.682	.654	-.099	.219	-.547	.348
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	.004	.952	-1.433	127	.154	-.319	.223	-.761	.122
	Equal variances not assumed			-1.598	34.164	.119	-.319	.200	-.726	.087
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.001	.981	-1.307	126	.194	-.268	.205	-.673	.138
	Equal variances not assumed			-1.405	32.812	.169	-.268	.190	-.655	.120
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.009	.925	-1.808	127	.073	-.395	.219	-.828	.037
	Equal variances not assumed			-1.914	32.113	.065	-.395	.207	-.816	.025

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.502	.480	-1.295	125	.198	-.320	.247	-.810	.169
	Equal variances not assumed			-1.198	28.356	.241	-.320	.267	-.868	.227
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.352	.554	-2.402	126	.018	-.489	.204	-.892	-.086
	Equal variances not assumed			-2.913	38.672	.006	-.489	.168	-.828	-.149
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.533	.467	-1.563	121	.121	-.390	.249	-.883	.104
	Equal variances not assumed			-1.627	32.218	.114	-.390	.240	-.878	.098
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	1.351	.247	1.205	126	.230	.346	.287	-.222	.915
	Equal variances not assumed			1.040	26.835	.308	.346	.333	-.337	1.030
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.484	.488	.387	126	.699	.085	.219	-.349	.519
	Equal variances not assumed			.391	30.607	.699	.085	.217	-.359	.528
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	.063	.802	-1.737	121	.085	-.356	.205	-.761	.050
	Equal variances not assumed			-1.811	30.103	.080	-.356	.196	-.757	.045
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	4.274	.041	-.750	109	.455	-.188	.251	-.687	.310
	Equal variances not assumed			-.648	27.745	.522	-.188	.291	-.784	.407
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.775	.380	-1.705	112	.091	-.378	.222	-.818	.061
	Equal variances not assumed			-2.019	40.518	.050	-.378	.187	-.757	.000
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	1.312	.254	-2.161	116	.033	-.493	.228	-.946	-.041
	Equal variances not assumed			-2.622	41.148	.012	-.493	.188	-.873	-.113

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	1.550	.216	-1.718	120	.088	-.495	.288	-1.064	.075
	Equal variances not assumed			-1.601	28.887	.120	-.495	.309	-1.126	.137
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.083	.774	-.819	123	.415	-.219	.268	-.749	.311
	Equal variances not assumed			-.776	25.585	.445	-.219	.282	-.799	.361
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.003	.955	-.792	126	.430	-.226	.285	-.789	.338
	Equal variances not assumed			-.731	28.232	.471	-.226	.309	-.858	.406
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.444	.506	-1.334	124	.185	-.333	.250	-.828	.161
	Equal variances not assumed			-1.387	29.708	.176	-.333	.240	-.824	.158
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.203	.653	-2.317	125	.022	-.468	.202	-.869	-.068
	Equal variances not assumed			-2.639	35.462	.012	-.468	.177	-.829	-.108
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	3.213	.076	-1.320	122	.189	-.283	.215	-.708	.141
	Equal variances not assumed			-1.487	32.832	.147	-.283	.191	-.671	.104
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.610	.436	-2.152	121	.033	-.481	.223	-.923	-.039
	Equal variances not assumed			-2.390	34.899	.022	-.481	.201	-.889	-.072
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	2.118	.148	-1.281	123	.202	-.272	.213	-.693	.148
	Equal variances not assumed			-1.192	28.627	.243	-.272	.228	-.740	.195

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.050	.823	-1.544	114	.125	-.365	.236	-.833	.103
	Equal variances not assumed			-1.602	32.997	.119	-.365	.228	-.828	.099
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	2.083	.152	-.955	114	.342	-.235	.246	-.721	.252
	Equal variances not assumed			-.833	26.059	.413	-.235	.282	-.814	.344
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.029	.866	-.598	115	.551	-.159	.266	-.686	.368
	Equal variances not assumed			-.570	24.467	.574	-.159	.279	-.734	.416
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	2.191	.142	.598	112	.551	.134	.224	-.310	.578
	Equal variances not assumed			.505	24.001	.618	.134	.266	-.414	.682
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	.073	.787	-1.411	120	.161	-.289	.205	-.695	.116
	Equal variances not assumed			-1.328	27.358	.195	-.289	.218	-.735	.157
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	3.062	.083	-.511	112	.610	-.108	.210	-.524	.309
	Equal variances not assumed			-.406	24.459	.689	-.108	.265	-.654	.439
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	7.458	.007	-.113	107	.911	-.024	.212	-.443	.396
	Equal variances not assumed			-.089	24.520	.930	-.024	.268	-.577	.529
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	1.553	.215	-.463	115	.644	-.113	.244	-.597	.371
	Equal variances not assumed			-.398	25.741	.694	-.113	.284	-.697	.471
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	.061	.805	-.814	115	.417	-.204	.250	-.700	.292
	Equal variances not assumed			-.777	28.091	.443	-.204	.262	-.741	.333

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	6.492	.012	-.168	114	.867	-.049	.290	-.622	.525
	Equal variances not assumed			-.142	25.423	.888	-.049	.343	-.755	.658
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	1.947	.166	-.686	107	.494	-.174	.254	-.677	.329
	Equal variances not assumed			-.591	24.579	.560	-.174	.295	-.782	.434
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	1.001	.319	-.940	119	.349	-.245	.261	-.762	.271
	Equal variances not assumed			-1.048	32.839	.302	-.245	.234	-.722	.231
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.179	.673	-.672	124	.503	-.112	.167	-.442	.218
	Equal variances not assumed			-.690	31.435	.495	-.112	.162	-.442	.218
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.143	.706	-.545	124	.587	-.109	.201	-.506	.288
	Equal variances not assumed			-.592	33.515	.558	-.109	.185	-.485	.266
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.044	.834	-1.162	123	.247	-.248	.213	-.670	.174
	Equal variances not assumed			-1.169	30.820	.251	-.248	.212	-.681	.185
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.036	.850	-.454	124	.651	-.096	.212	-.515	.323
	Equal variances not assumed			-.445	29.946	.660	-.096	.216	-.538	.345
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.746	.389	.528	124	.599	.108	.205	-.298	.515
	Equal variances not assumed			.489	28.460	.629	.108	.222	-.345	.562

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.116	.734	-.141	124	.888	-.030	.211	-.447	.388
	Equal variances not assumed			-.149	32.359	.883	-.030	.200	-.437	.377
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.088	.767	-.387	121	.699	-.064	.166	-.393	.265
	Equal variances not assumed			-.373	29.715	.712	-.064	.172	-.417	.288
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.004	.952	.634	120	.527	.111	.175	-.236	.457
	Equal variances not assumed			.640	31.255	.527	.111	.173	-.243	.464
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.008	.930	.581	120	.562	.109	.188	-.263	.481
	Equal variances not assumed			.582	30.975	.565	.109	.188	-.274	.492
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.382	.537	.186	118	.853	.038	.205	-.368	.444
	Equal variances not assumed			.195	33.018	.846	.038	.195	-.358	.434
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.000	.989	1.388	120	.168	.250	.180	-.107	.607
	Equal variances not assumed			1.424	31.823	.164	.250	.176	-.108	.608
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.173	.678	.161	121	.873	.029	.179	-.326	.383
	Equal variances not assumed			.165	31.633	.870	.029	.175	-.328	.385

Table E5

Program Director

Independent Samples Test: ProgDir		Levene's Test		t-test for Equality of Means						
									95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	1.088	.299	-1.486	143	.140	-.324	.218	-.755	.107
	Equal variances not assumed			-1.821	38.911	.076	-.324	.178	-.684	.036
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	.195	.660	-.655	145	.513	-.155	.236	-.621	.312
	Equal variances not assumed			-.694	30.401	.493	-.155	.223	-.609	.300
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	3.261	.073	-2.549	136	.012	-.548	.215	-.973	-.123
	Equal variances not assumed			-2.765	34.223	.009	-.548	.198	-.950	-.145
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.044	.834	-.578	132	.564	-.139	.240	-.614	.336
	Equal variances not assumed			-.544	28.299	.591	-.139	.255	-.661	.384
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.087	.768	-.909	149	.365	-.186	.205	-.591	.218
	Equal variances not assumed			-1.069	35.932	.292	-.186	.174	-.539	.167
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	.001	.972	-.926	147	.356	-.198	.213	-.620	.224
	Equal variances not assumed			-1.020	33.552	.315	-.198	.194	-.592	.196
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	2.135	.146	-2.851	141	.005	-.561	.197	-.949	-.172
	Equal variances not assumed			-4.260	57.153	.000	-.561	.132	-.824	-.297
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.661	.418	-2.048	143	.042	-.441	.215	-.867	-.015
	Equal variances not assumed			-2.317	35.060	.026	-.441	.190	-.828	-.055

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.080	.777	-1.188	141	.237	-.278	.234	-.739	.184
	Equal variances not assumed			-1.092	28.950	.284	-.278	.254	-.797	.242
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.550	.460	.535	142	.593	.105	.197	-.284	.494
	Equal variances not assumed			.529	30.629	.601	.105	.199	-.301	.512
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.506	.478	-.674	135	.502	-.165	.245	-.650	.320
	Equal variances not assumed			-.666	29.295	.511	-.165	.248	-.672	.342
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.464	.497	.432	142	.666	.123	.285	-.441	.687
	Equal variances not assumed			.402	29.171	.691	.123	.307	-.504	.750
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.542	.463	-.624	142	.534	-.133	.213	-.553	.288
	Equal variances not assumed			-.598	29.866	.554	-.133	.222	-.586	.320
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	3.127	.079	-2.183	134	.031	-.426	.195	-.812	-.040
	Equal variances not assumed			-3.181	51.784	.002	-.426	.134	-.695	-.157
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	.212	.646	-.204	122	.839	-.053	.262	-.573	.466
	Equal variances not assumed			-.195	22.402	.847	-.053	.274	-.621	.515
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.005	.942	-1.571	125	.119	-.347	.221	-.784	.090
	Equal variances not assumed			-1.694	28.585	.101	-.347	.205	-.767	.072
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	.308	.580	-2.123	130	.036	-.464	.218	-.896	-.031
	Equal variances not assumed			-2.395	34.247	.022	-.464	.194	-.857	-.070

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.110	.741	-.340	134	.735	-.095	.280	-.648	.458
	Equal variances not assumed			-.333	31.015	.741	-.095	.285	-.677	.487
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.854	.357	-.314	136	.754	-.078	.249	-.571	.414
	Equal variances not assumed			-.280	28.562	.781	-.078	.279	-.650	.494
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.058	.810	-.407	136	.684	-.113	.278	-.662	.436
	Equal variances not assumed			-.416	32.064	.680	-.113	.272	-.667	.441
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.440	.508	1.102	134	.273	.264	.240	-.210	.739
	Equal variances not assumed			1.076	30.924	.290	.264	.246	-.237	.765
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.002	.968	-.846	136	.399	-.171	.202	-.570	.228
	Equal variances not assumed			-.927	32.304	.361	-.171	.184	-.546	.205
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	3.735	.055	-.625	131	.533	-.128	.205	-.534	.278
	Equal variances not assumed			-.724	38.027	.474	-.128	.177	-.486	.230
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.707	.402	-1.063	130	.290	-.236	.222	-.676	.203
	Equal variances not assumed			-1.056	31.777	.299	-.236	.224	-.692	.219
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	1.353	.247	-1.453	132	.149	-.302	.208	-.712	.109
	Equal variances not assumed			-1.666	37.287	.104	-.302	.181	-.668	.065

(*table continues*)

		t-test for Equality of Means								
		Levene's Test							95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.069	.793	-.227	123	.821	-.058	.257	-.566	.450
	Equal variances not assumed			-.208	21.738	.837	-.058	.280	-.638	.522
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	.055	.815	.673	121	.502	.170	.252	-.329	.668
	Equal variances not assumed			.654	24.432	.519	.170	.259	-.365	.704
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.054	.816	3.227	120	.002	.799	.248	.309	1.289
	Equal variances not assumed			3.209	26.847	.003	.799	.249	.288	1.310
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	1.286	.259	-2.216	116	.029	-.490	.221	-.928	-.052
	Equal variances not assumed			-2.327	26.614	.028	-.490	.211	-.923	-.058
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	1.555	.215	-1.752	125	.082	-.352	.201	-.750	.046
	Equal variances not assumed			-1.728	30.039	.094	-.352	.204	-.769	.064
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	1.523	.220	.896	116	.372	.196	.219	-.237	.629
	Equal variances not assumed			1.055	33.188	.299	.196	.186	-.182	.574
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	3.223	.075	-1.263	111	.209	-.291	.230	-.747	.165
	Equal variances not assumed			-1.577	30.973	.125	-.291	.184	-.667	.085
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.029	.866	1.834	119	.069	.438	.239	-.035	.911
	Equal variances not assumed			1.912	30.316	.065	.438	.229	-.030	.906
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	.036	.850	1.114	118	.268	.288	.259	-.224	.800
	Equal variances not assumed			1.095	24.869	.284	.288	.263	-.254	.830

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.161	.689	1.027	118	.306	.300	.292	-.278	.878
	Equal variances not assumed			.924	24.843	.364	.300	.325	-.369	.969
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.144	.705	2.552	110	.012	.642	.251	.143	1.140
	Equal variances not assumed			2.418	24.653	.023	.642	.265	.095	1.189
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	5.943	.016	2.170	123	.032	.552	.254	.049	1.056
	Equal variances not assumed			1.807	24.844	.083	.552	.306	-.077	1.182
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.006	.937	-2.436	126	.016	-.407	.167	-.738	-.076
	Equal variances not assumed			-3.117	42.291	.003	-.407	.131	-.671	-.144
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.239	.626	-2.304	126	.023	-.461	.200	-.856	-.065
	Equal variances not assumed			-2.574	34.406	.015	-.461	.179	-.824	-.097
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	9.095	.003	-1.720	125	.088	-.365	.212	-.786	.055
	Equal variances not assumed			-2.431	52.161	.019	-.365	.150	-.667	-.064
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	1.488	.225	-1.518	126	.132	-.323	.213	-.745	.098
	Equal variances not assumed			-1.683	34.083	.101	-.323	.192	-.714	.067
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	8.278	.005	-2.167	126	.032	-.453	.209	-.866	-.039
	Equal variances not assumed			-2.625	38.601	.012	-.453	.172	-.802	-.104

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	2.957	.088	-2.299	126	.023	-.484	.210	-.900	-.067
	Equal variances not assumed			-2.926	41.886	.006	-.484	.165	-.817	-.150
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.136	.713	-1.229	123	.222	-.206	.167	-.537	.126
	Equal variances not assumed			-1.273	29.690	.213	-.206	.162	-.536	.124
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.006	.938	-.485	122	.628	-.086	.177	-.437	.265
	Equal variances not assumed			-.482	28.573	.634	-.086	.178	-.451	.279
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.629	.429	-1.383	122	.169	-.264	.191	-.642	.114
	Equal variances not assumed			-1.424	29.600	.165	-.264	.185	-.643	.115
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.124	.726	-1.827	120	.070	-.373	.204	-.778	.031
	Equal variances not assumed			-2.023	32.439	.051	-.373	.185	-.749	.002
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	9.952	.002	-1.588	122	.115	-.292	.184	-.656	.072
	Equal variances not assumed			-1.937	36.768	.060	-.292	.151	-.598	.013
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	3.371	.069	-1.294	123	.198	-.233	.180	-.590	.123
	Equal variances not assumed			-1.493	33.733	.145	-.233	.156	-.550	.084

Table E6

Fulltime

Independent Samples Test: Fulltime		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	2.890	.091	.456	143	.649	.073	.161	-.245	.392
	Equal variances not assumed			.462	142.851	.645	.073	.159	-.241	.388
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	.294	.589	.195	145	.846	.033	.169	-.301	.367
	Equal variances not assumed			.195	144.216	.845	.033	.168	-.300	.366
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	1.691	.196	1.055	136	.293	.173	.164	-.151	.498
	Equal variances not assumed			1.062	133.242	.290	.173	.163	-.149	.496
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	7.205	.008	2.041	132	.043	.359	.176	.011	.708
	Equal variances not assumed			2.081	131.834	.039	.359	.173	.018	.701
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.387	.535	.871	149	.385	.129	.148	-.163	.420
	Equal variances not assumed			.883	148.851	.379	.129	.146	-.159	.416
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	3.680	.057	1.500	147	.136	.231	.154	-.073	.536
	Equal variances not assumed			1.536	145.512	.127	.231	.150	-.066	.528
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	1.036	.311	-1.038	141	.301	-.155	.149	-.449	.140
	Equal variances not assumed			-1.014	118.948	.313	-.155	.153	-.457	.147
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.096	.757	.185	143	.854	.030	.161	-.288	.348
	Equal variances not assumed			.184	132.192	.855	.030	.162	-.290	.350

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	3.134	.079	-.455	141	.649	-.079	.173	-.421	.264
	Equal variances not assumed			-.461	139.492	.646	-.079	.171	-.418	.260
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	1.655	.200	-1.083	142	.281	-.156	.144	-.442	.129
	Equal variances not assumed			-1.088	139.114	.278	-.156	.144	-.440	.128
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	3.020	.085	.193	135	.847	.035	.182	-.325	.395
	Equal variances not assumed			.199	134.200	.843	.035	.177	-.315	.385
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.176	.675	.282	142	.778	.059	.210	-.357	.475
	Equal variances not assumed			.282	134.717	.778	.059	.211	-.357	.476
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	1.102	.296	-.898	142	.371	-.141	.157	-.450	.169
	Equal variances not assumed			-.905	138.428	.367	-.141	.155	-.448	.167
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	3.704	.056	.979	134	.330	.144	.147	-.147	.435
	Equal variances not assumed			1.038	132.161	.301	.144	.139	-.131	.419
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	1.480	.226	.016	122	.988	.003	.187	-.367	.373
	Equal variances not assumed			.016	119.121	.987	.003	.183	-.359	.365
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	1.687	.196	-.068	125	.946	-.011	.165	-.337	.315
	Equal variances not assumed			-.071	123.436	.944	-.011	.159	-.326	.303
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	.988	.322	-.110	130	.913	-.019	.168	-.352	.315
	Equal variances not assumed			-.113	124.783	.910	-.019	.163	-.342	.305

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	2.628	.107	.444	134	.658	.095	.213	-.327	.516
	Equal variances not assumed			.455	127.588	.650	.095	.208	-.317	.506
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.002	.968	-1.309	136	.193	-.244	.186	-.612	.124
	Equal variances not assumed			-1.322	131.340	.188	-.244	.184	-.608	.121
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.937	.335	-1.328	136	.186	-.277	.209	-.691	.136
	Equal variances not assumed			-1.309	114.068	.193	-.277	.212	-.697	.143
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.903	.344	-.438	134	.662	-.080	.183	-.443	.282
	Equal variances not assumed			-.433	113.887	.666	-.080	.185	-.448	.287
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.111	.740	-.115	136	.909	-.017	.150	-.314	.280
	Equal variances not assumed			-.116	128.540	.907	-.017	.148	-.310	.276
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	3.330	.070	.683	131	.496	.108	.158	-.204	.420
	Equal variances not assumed			.705	124.945	.482	.108	.153	-.195	.411
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.303	.583	-.331	130	.741	-.057	.172	-.397	.284
	Equal variances not assumed			-.335	118.881	.738	-.057	.170	-.394	.280
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.488	.486	-1.271	132	.206	-.203	.160	-.519	.113
	Equal variances not assumed			-1.270	113.588	.207	-.203	.160	-.520	.114

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.246	.621	-.696	123	.488	-.127	.182	-.488	.234
	Equal variances not assumed			-.708	115.951	.481	-.127	.179	-.482	.228
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	.702	.404	.639	121	.524	.119	.187	-.250	.489
	Equal variances not assumed			.653	107.717	.515	.119	.182	-.242	.481
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.594	.442	.238	120	.812	.047	.196	-.342	.435
	Equal variances not assumed			.243	104.448	.808	.047	.192	-.334	.428
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.191	.663	-.101	116	.920	-.017	.172	-.359	.324
	Equal variances not assumed			-.101	89.329	.919	-.017	.171	-.358	.323
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	.914	.341	.328	125	.744	.052	.158	-.260	.364
	Equal variances not assumed			.321	96.995	.749	.052	.161	-.268	.371
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	3.458	.065	-1.509	116	.134	-.252	.167	-.584	.079
	Equal variances not assumed			-1.566	107.049	.120	-.252	.161	-.572	.067
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	2.307	.132	.634	111	.528	.111	.175	-.236	.458
	Equal variances not assumed			.653	94.434	.515	.111	.170	-.226	.448
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.004	.953	-.316	119	.752	-.060	.189	-.434	.314
	Equal variances not assumed			-.316	95.477	.752	-.060	.189	-.434	.315
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	3.850	.052	.238	118	.812	.046	.195	-.340	.433
	Equal variances not assumed			.251	111.539	.802	.046	.185	-.319	.412

(table continues)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	1.713	.193	-.375	118	.708	-.084	.224	-.527	.359
	Equal variances not assumed			-.379	101.773	.705	-.084	.221	-.523	.355
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	1.411	.237	-.262	110	.793	-.053	.202	-.452	.347
	Equal variances not assumed			-.269	90.314	.788	-.053	.196	-.443	.337
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	.002	.962	-.446	123	.657	-.089	.199	-.483	.305
	Equal variances not assumed			-.449	102.596	.654	-.089	.197	-.480	.303
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	2.179	.142	-.909	126	.365	-.121	.133	-.384	.142
	Equal variances not assumed			-.916	101.649	.362	-.121	.132	-.382	.141
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.386	.536	.026	126	.979	.004	.159	-.310	.319
	Equal variances not assumed			.026	100.829	.979	.004	.158	-.309	.318
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	6.063	.015	-.481	125	.631	-.081	.168	-.412	.251
	Equal variances not assumed			-.514	118.484	.608	-.081	.157	-.392	.230
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	3.744	.055	-.174	126	.862	-.029	.167	-.361	.302
	Equal variances not assumed			-.185	117.006	.854	-.029	.158	-.342	.283
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	1.097	.297	-1.833	126	.069	-.300	.164	-.624	.024
	Equal variances not assumed			-1.795	92.645	.076	-.300	.167	-.632	.032

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | | |
| | | | | | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.757	.386	-.698	126	.486	-.117	.167	-.447	.214
	Equal variances not assumed			-.711	104.677	.479	-.117	.164	-.442	.209
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.817	.368	-1.222	123	.224	-.159	.130	-.415	.098
	Equal variances not assumed			-1.241	98.706	.218	-.159	.128	-.412	.095
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.979	.324	-1.779	122	.078	-.242	.136	-.511	.027
	Equal variances not assumed			-1.716	84.363	.090	-.242	.141	-.522	.038
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.044	.834	-.123	122	.902	-.018	.149	-.314	.277
	Equal variances not assumed			-.122	92.314	.903	-.018	.150	-.317	.280
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.171	.680	-.174	120	.862	-.028	.162	-.349	.293
	Equal variances not assumed			-.171	86.224	.865	-.028	.166	-.358	.301
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.209	.648	-.875	122	.383	-.126	.144	-.411	.159
	Equal variances not assumed			-.877	95.061	.383	-.126	.144	-.411	.159
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.270	.604	-.521	123	.603	-.073	.140	-.351	.205
	Equal variances not assumed			-.514	90.377	.608	-.073	.142	-.356	.210

Table E7

Combined Tenure

Independent Samples Test: CombinedTenure		Levene's Test		t-test for Equality of Means						
									95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	.350	.561	-.243	19	.811	-.100	.412	-.962	.762
	Equal variances not assumed			-.244	18.980	.810	-.100	.409	-.957	.757
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	1.702	.208	-.113	19	.911	-.055	.482	-1.064	.954
	Equal variances not assumed			-.115	17.329	.909	-.055	.472	-1.050	.941
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	.335	.569	-.563	19	.580	-.255	.452	-1.200	.691
	Equal variances not assumed			-.569	18.798	.576	-.255	.447	-1.192	.683
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.245	.627	1.099	18	.286	.566	.515	-.516	1.647
	Equal variances not assumed			1.115	17.910	.280	.566	.507	-.501	1.632
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	1.564	.225	.399	21	.694	.159	.399	-.670	.988
	Equal variances not assumed			.403	20.566	.691	.159	.394	-.662	.981
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	3.454	.077	1.111	21	.279	.424	.382	-.370	1.218
	Equal variances not assumed			1.131	19.073	.272	.424	.375	-.360	1.209
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.021	.887	-.422	21	.678	-.159	.377	-.944	.626
	Equal variances not assumed			-.420	20.364	.679	-.159	.379	-.948	.630
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.072	.791	.183	21	.856	.076	.413	-.784	.935
	Equal variances not assumed			.184	21.000	.856	.076	.412	-.780	.932

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | | |
| | | | | | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.179	.677	-.801	20	.433	-.455	.568	-1.639	.730
	Equal variances not assumed			-.801	19.912	.433	-.455	.568	-1.639	.730
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	3.985	.060	-.631	20	.535	-.273	.432	-1.174	.629
	Equal variances not assumed			-.631	16.615	.537	-.273	.432	-1.186	.641
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.000	1.000	.487	18	.632	.300	.616	-.993	1.593
	Equal variances not assumed			.487	17.871	.632	.300	.616	-.994	1.594
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.555	.465	.833	20	.415	.467	.560	-.702	1.636
	Equal variances not assumed			.814	16.922	.427	.467	.573	-.744	1.677
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.013	.911	-.337	21	.739	-.152	.449	-1.085	.782
	Equal variances not assumed			-.340	20.895	.737	-.152	.446	-1.079	.776
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	.166	.688	-.220	20	.828	-.091	.413	-.952	.770
	Equal variances not assumed			-.220	19.848	.828	-.091	.413	-.952	.770
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	.202	.659	-.578	17	.571	-.330	.570	-1.533	.874
	Equal variances not assumed			-.591	16.344	.562	-.330	.557	-1.509	.850
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	4.502	.047	-2.209	20	.039	-.818	.370	-1.591	-.046
	Equal variances not assumed			-2.209	13.286	.045	-.818	.370	-1.617	-.020
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	2.218	.151	-2.181	21	.041	-.750	.344	-1.465	-.035
	Equal variances not assumed			-2.112	13.079	.055	-.750	.355	-1.517	.017

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.149	.704	-1.058	21	.302	-.598	.566	-1.775	.578
	Equal variances not assumed			-1.060	20.940	.301	-.598	.565	-1.773	.576
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	1.085	.311	.687	19	.500	.436	.635	-.893	1.766
	Equal variances not assumed			.693	18.899	.497	.436	.630	-.882	1.755
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.799	.381	-1.648	21	.114	-.689	.418	-1.560	.181
	Equal variances not assumed			-1.633	19.369	.119	-.689	.422	-1.572	.193
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.350	.561	.269	20	.791	.091	.338	-.614	.795
	Equal variances not assumed			.269	19.097	.791	.091	.338	-.616	.798
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.838	.370	.000	21	1.000	.000	.407	-.847	.847
	Equal variances not assumed			.000	19.539	1.000	.000	.401	-.837	.837
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	2.723	.115	-.707	20	.488	-.273	.386	-1.077	.532
	Equal variances not assumed			-.707	15.283	.490	-.273	.386	-1.093	.548
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.018	.893	-.260	19	.798	-.145	.559	-1.316	1.025
	Equal variances not assumed			-.260	18.885	.797	-.145	.559	-1.315	1.024
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.926	.347	-.388	20	.702	-.182	.469	-1.160	.796
	Equal variances not assumed			-.388	19.208	.702	-.182	.469	-1.162	.799

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.160	.694	-.368	18	.717	-.200	.544	-1.342	.942
	Equal variances not assumed			-.368	17.236	.717	-.200	.544	-1.346	.946
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	1.276	.273	.056	18	.956	.030	.546	-1.116	1.177
	Equal variances not assumed			.057	17.839	.955	.030	.529	-1.082	1.142
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	1.018	.326	.818	19	.424	.418	.511	-.652	1.489
	Equal variances not assumed			.811	17.823	.428	.418	.516	-.666	1.502
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	1.304	.268	-.610	19	.549	-.300	.492	-1.330	.730
	Equal variances not assumed			-.603	17.248	.554	-.300	.498	-1.349	.749
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	.004	.948	-.474	20	.641	-.182	.384	-.982	.618
	Equal variances not assumed			-.474	19.296	.641	-.182	.384	-.984	.620
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	.259	.617	.728	18	.476	.313	.430	-.590	1.216
	Equal variances not assumed			.746	17.997	.465	.313	.420	-.569	1.195
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	3.194	.091	.664	18	.515	.303	.456	-.655	1.262
	Equal variances not assumed			.637	13.369	.535	.303	.476	-.722	1.328
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.268	.611	.286	19	.778	.109	.382	-.690	.908
	Equal variances not assumed			.284	18.270	.779	.109	.384	-.696	.914
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	.226	.640	-.405	18	.691	-.200	.494	-1.239	.839
	Equal variances not assumed			-.405	17.713	.691	-.200	.494	-1.240	.840

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.016	.900	-1.034	17	.316	-.578	.559	-1.757	.601
	Equal variances not assumed			-1.026	16.026	.320	-.578	.563	-1.771	.616
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.228	.639	-.135	16	.894	-.075	.556	-1.253	1.103
	Equal variances not assumed			-.132	13.442	.897	-.075	.569	-1.301	1.151
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	.867	.363	1.268	20	.219	.545	.430	-.352	1.443
	Equal variances not assumed			1.268	19.257	.220	.545	.430	-.354	1.445
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.000	1.000	.609	20	.550	.182	.299	-.441	.805
	Equal variances not assumed			.609	20.000	.550	.182	.299	-.441	.805
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.399	.535	1.362	20	.188	.545	.400	-.290	1.381
	Equal variances not assumed			1.362	18.935	.189	.545	.400	-.293	1.384
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.171	.683	.802	19	.433	.327	.408	-.527	1.182
	Equal variances not assumed			.799	18.491	.434	.327	.410	-.531	1.186
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.421	.524	1.081	20	.293	.455	.421	-.423	1.332
	Equal variances not assumed			1.081	18.451	.294	.455	.421	-.427	1.337
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	1.514	.233	-.506	20	.618	-.182	.359	-.931	.567
	Equal variances not assumed			-.506	17.717	.619	-.182	.359	-.937	.573

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	2.405	.137	.607	20	.550	.273	.449	-.664	1.209
	Equal variances not assumed			.607	18.559	.551	.273	.449	-.669	1.214
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.000	1.000	.310	20	.760	.091	.293	-.521	.702
	Equal variances not assumed			.310	20.000	.760	.091	.293	-.521	.702
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.000	1.000	.260	20	.798	.091	.350	-.639	.820
	Equal variances not assumed			.260	20.000	.798	.091	.350	-.639	.820
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.303	.589	.147	19	.885	.064	.433	-.842	.970
	Equal variances not assumed			.148	18.992	.884	.064	.431	-.839	.966
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.137	.715	1.115	18	.280	.424	.381	-.375	1.224
	Equal variances not assumed			1.148	17.898	.266	.424	.370	-.352	1.201
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.004	.953	.856	19	.403	.264	.308	-.381	.908
	Equal variances not assumed			.852	18.339	.405	.264	.309	-.386	.913
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.054	.818	.755	20	.459	.273	.361	-.481	1.027
	Equal variances not assumed			.755	19.920	.459	.273	.361	-.481	1.027

Table E8

Worked Out of Education with Expected Competencies

Independent Samples Test: OutofEdu		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	7.151	.008	.096	126	.924	.019	.201	-.379	.417
	Equal variances not assumed			.117	75.120	.907	.019	.165	-.310	.349
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	1.531	.218	-1.264	126	.209	-.262	.207	-.672	.148
	Equal variances not assumed			-1.201	46.794	.236	-.262	.218	-.701	.177
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	1.909	.170	1.088	120	.279	.223	.205	-.183	.629
	Equal variances not assumed			1.182	57.369	.242	.223	.189	-.155	.601
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	2.176	.143	-.209	115	.834	-.049	.236	-.517	.418
	Equal variances not assumed			-.234	48.416	.816	-.049	.211	-.474	.375
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	5.413	.022	-.054	130	.957	-.010	.187	-.381	.360
	Equal variances not assumed			-.065	80.431	.948	-.010	.156	-.320	.300
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	5.295	.023	-.369	129	.713	-.073	.197	-.462	.317
	Equal variances not assumed			-.443	76.094	.659	-.073	.164	-.399	.254
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.757	.386	-1.735	128	.085	-.307	.177	-.657	.043
	Equal variances not assumed			-1.571	45.500	.123	-.307	.195	-.700	.086
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.936	.335	-2.482	129	.014	-.468	.188	-.841	-.095
	Equal variances not assumed			-2.506	53.391	.015	-.468	.187	-.842	-.094

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.878	.350	-.047	127	.963	-.010	.219	-.443	.422
	Equal variances not assumed			-.051	58.708	.960	-.010	.201	-.412	.391
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.090	.765	-1.551	128	.123	-.277	.178	-.630	.076
	Equal variances not assumed			-1.508	50.402	.138	-.277	.184	-.645	.092
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	1.162	.283	-1.059	123	.292	-.241	.227	-.691	.209
	Equal variances not assumed			-1.191	56.785	.239	-.241	.202	-.645	.164
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.888	.348	1.191	128	.236	.300	.252	-.199	.799
	Equal variances not assumed			1.137	48.982	.261	.300	.264	-.231	.831
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	1.079	.301	-.306	128	.760	-.059	.192	-.438	.321
	Equal variances not assumed			-.269	42.173	.789	-.059	.218	-.498	.381
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	.033	.857	1.535	123	.127	.271	.177	-.079	.621
	Equal variances not assumed			1.702	62.357	.094	.271	.159	-.047	.589
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	15.432	.000	1.700	111	.092	.394	.232	-.065	.854
	Equal variances not assumed			2.095	61.309	.040	.394	.188	.018	.771
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.086	.769	1.274	114	.205	.252	.198	-.140	.644
	Equal variances not assumed			1.398	60.905	.167	.252	.180	-.108	.612
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	.395	.531	1.410	118	.161	.289	.205	-.117	.695
	Equal variances not assumed			1.536	58.370	.130	.289	.188	-.088	.665

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.015	.902	1.046	122	.298	.269	.257	-.240	.777
	Equal variances not assumed			1.067	53.242	.291	.269	.252	-.237	.774
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.996	.320	-1.009	125	.315	-.233	.231	-.689	.224
	Equal variances not assumed			-.957	44.714	.343	-.233	.243	-.722	.257
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	2.907	.091	.929	128	.355	.230	.248	-.260	.721
	Equal variances not assumed			1.010	61.475	.317	.230	.228	-.226	.686
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	8.727	.004	-.531	126	.596	-.115	.216	-.542	.313
	Equal variances not assumed			-.665	86.202	.508	-.115	.172	-.457	.228
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	3.485	.064	-.645	127	.520	-.117	.182	-.477	.242
	Equal variances not assumed			-.746	66.451	.458	-.117	.157	-.431	.196
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	.084	.773	-.983	124	.328	-.185	.189	-.559	.188
	Equal variances not assumed			-1.048	54.123	.299	-.185	.177	-.540	.169
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.284	.595	-1.545	123	.125	-.321	.208	-.732	.090
	Equal variances not assumed			-1.656	48.859	.104	-.321	.194	-.710	.068
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	4.484	.036	-.157	125	.876	-.030	.193	-.412	.351
	Equal variances not assumed			-.182	63.808	.856	-.030	.166	-.362	.301

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	1.087	.299	-.363	116	.717	-.081	.222	-.521	.359
	Equal variances not assumed			-.400	50.183	.691	-.081	.201	-.485	.324
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	4.306	.040	-1.306	116	.194	-.288	.221	-.725	.149
	Equal variances not assumed			-1.414	51.683	.163	-.288	.204	-.697	.121
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.220	.640	-2.206	117	.029	-.488	.221	-.926	-.050
	Equal variances not assumed			-2.183	46.592	.034	-.488	.223	-.937	-.038
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	1.601	.208	1.130	114	.261	.218	.193	-.164	.601
	Equal variances not assumed			1.243	57.566	.219	.218	.176	-.133	.570
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	5.655	.019	.472	122	.638	.086	.182	-.274	.446
	Equal variances not assumed			.550	65.762	.584	.086	.156	-.226	.397
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	1.957	.165	-.540	114	.590	-.107	.198	-.499	.285
	Equal variances not assumed			-.617	54.437	.540	-.107	.173	-.454	.241
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	.936	.336	.574	109	.567	.115	.200	-.282	.512
	Equal variances not assumed			.623	50.786	.536	.115	.185	-.256	.486
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.281	.597	-1.225	117	.223	-.270	.220	-.706	.166
	Equal variances not assumed			-1.268	44.730	.211	-.270	.213	-.698	.159
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	.003	.953	-1.354	117	.178	-.296	.219	-.729	.137
	Equal variances not assumed			-1.360	50.370	.180	-.296	.218	-.733	.141

t-test for Equality of Means

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.263	.609	-.168	116	.867	-.044	.260	-.559	.472
	Equal variances not assumed			-.169	45.680	.866	-.044	.258	-.563	.476
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.080	.778	-2.310	109	.023	-.528	.229	-.982	-.075
	Equal variances not assumed			-2.226	37.075	.032	-.528	.237	-1.009	-.047
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	.003	.955	-2.126	121	.036	-.477	.225	-.922	-.033
	Equal variances not assumed			-2.262	54.811	.028	-.477	.211	-.900	-.054
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	3.976	.048	.670	126	.504	.101	.150	-.197	.399
	Equal variances not assumed			.609	44.069	.546	.101	.165	-.233	.434
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.922	.339	-.020	126	.984	-.004	.180	-.359	.352
	Equal variances not assumed			-.019	45.220	.985	-.004	.194	-.394	.387
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.366	.546	.863	125	.390	.163	.189	-.211	.537
	Equal variances not assumed			.906	55.255	.369	.163	.180	-.198	.524
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.576	.449	.149	126	.882	.028	.189	-.346	.403
	Equal variances not assumed			.144	47.983	.886	.028	.196	-.366	.422
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.245	.621	1.753	126	.082	.325	.185	-.042	.691
	Equal variances not assumed			1.721	49.180	.092	.325	.189	-.054	.704

(table continues)

| | | Levene's Test | | t-test for Equality of Means | | | | | | |
| | | | | | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.389	.534	1.195	126	.234	.225	.188	-.147	.597
	Equal variances not assumed			1.252	54.828	.216	.225	.180	-.135	.585
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.242	.624	-.429	123	.669	-.063	.147	-.355	.228
	Equal variances not assumed			-.402	44.267	.689	-.063	.157	-.380	.253
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.348	.556	-1.138	122	.257	-.176	.155	-.482	.130
	Equal variances not assumed			-1.158	50.346	.252	-.176	.152	-.481	.129
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.124	.725	-2.007	122	.047	-.333	.166	-.661	-.005
	Equal variances not assumed			-2.120	53.758	.039	-.333	.157	-.647	-.018
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	2.107	.149	-.699	120	.486	-.127	.181	-.486	.232
	Equal variances not assumed			-.767	58.527	.446	-.127	.165	-.458	.204
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.096	.757	-.349	122	.728	-.057	.163	-.379	.265
	Equal variances not assumed			-.341	47.168	.735	-.057	.167	-.392	.278
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.043	.835	-.287	123	.774	-.046	.159	-.360	.269
	Equal variances not assumed			-.283	47.459	.779	-.046	.161	-.370	.279

Table E9

Years Out of Education

Independent Samples Test:YrsOutEdu		Levene's Test		t-test for Equality of Means						95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference		Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	.583	.447	-1.120	92	.266	-.234	.209		-.649	.181
	Equal variances not assumed			-1.137	91.986	.258	-.234	.206		-.642	.175
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	.741	.392	.053	92	.958	.011	.206		-.398	.420
	Equal variances not assumed			.053	88.674	.958	.011	.207		-.400	.422
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	.434	.512	.730	87	.467	.158	.216		-.272	.587
	Equal variances not assumed			.730	83.531	.467	.158	.216		-.272	.587
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.000	.998	.070	86	.944	.017	.237		-.455	.489
	Equal variances not assumed			.071	84.576	.944	.017	.236		-.453	.486
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.070	.792	-.574	94	.567	-.114	.198		-.507	.280
	Equal variances not assumed			-.579	93.982	.564	-.114	.196		-.504	.276
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	.673	.414	-.839	94	.404	-.173	.206		-.581	.236
	Equal variances not assumed			-.849	93.475	.398	-.173	.203		-.576	.231
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	1.465	.229	.739	93	.462	.116	.156		-.195	.426
	Equal variances not assumed			.729	82.620	.468	.116	.158		-.200	.431
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	4.049	.047	.639	94	.524	.120	.188		-.253	.494
	Equal variances not assumed			.628	80.322	.532	.120	.192		-.261	.501

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	1.220	.272	.186	93	.853	.042	.227	-.409	.494
	Equal variances not assumed			.184	85.459	.855	.042	.230	-.415	.499
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.001	.974	-.706	93	.482	-.127	.179	-.483	.229
	Equal variances not assumed			-.709	92.920	.480	-.127	.179	-.481	.228
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.952	.332	-.850	91	.398	-.200	.236	-.668	.268
	Equal variances not assumed			-.849	87.299	.398	-.200	.236	-.669	.269
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.076	.783	.432	93	.667	.107	.247	-.384	.597
	Equal variances not assumed			.431	91.137	.667	.107	.247	-.385	.598
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.743	.391	.285	94	.777	.051	.179	-.305	.407
	Equal variances not assumed			.282	87.847	.779	.051	.181	-.308	.410
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	.010	.919	-1.330	89	.187	-.252	.189	-.628	.124
	Equal variances not assumed			-1.370	89.000	.174	-.252	.184	-.617	.114
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	1.098	.298	-.820	82	.414	-.200	.244	-.685	.285
	Equal variances not assumed			-.812	75.686	.420	-.200	.246	-.691	.291
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.459	.500	-1.020	81	.311	-.215	.210	-.633	.204
	Equal variances not assumed			-1.037	80.963	.303	-.215	.207	-.626	.197
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	.060	.807	-.403	85	.688	-.086	.214	-.511	.339
	Equal variances not assumed			-.406	84.447	.686	-.086	.212	-.508	.336

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.273	.602	-1.504	88	.136	-.400	.266	-.929	.129
	Equal variances not assumed			-1.496	82.006	.138	-.400	.267	-.932	.132
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	1.164	.284	.288	92	.774	.065	.225	-.382	.511
	Equal variances not assumed			.285	84.922	.776	.065	.227	-.387	.516
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	4.911	.029	.997	93	.321	.261	.261	-.258	.780
	Equal variances not assumed			.979	80.471	.331	.261	.266	-.269	.791
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.000	.997	-1.226	91	.223	-.294	.240	-.770	.182
	Equal variances not assumed			-1.216	85.179	.228	-.294	.242	-.775	.187
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	2.490	.118	-.576	93	.566	-.109	.189	-.484	.266
	Equal variances not assumed			-.568	82.049	.571	-.109	.192	-.490	.272
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	.599	.441	.618	91	.538	.118	.190	-.261	.496
	Equal variances not assumed			.619	88.357	.537	.118	.190	-.260	.495
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.023	.879	-.172	92	.864	-.036	.207	-.446	.375
	Equal variances not assumed			-.172	89.916	.864	-.036	.206	-.446	.375
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.097	.757	-1.106	92	.272	-.223	.202	-.624	.178
	Equal variances not assumed			-1.114	91.411	.268	-.223	.200	-.620	.174

(table continues)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.013	.910	-1.367	86	.175	-.304	.222	-.746	.138
	Equal variances not assumed			-1.368	83.302	.175	-.304	.222	-.746	.138
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	.318	.574	-.859	85	.393	-.195	.226	-.645	.256
	Equal variances not assumed			-.859	84.689	.393	-.195	.227	-.645	.256
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	3.242	.075	-.882	85	.380	-.199	.225	-.647	.249
	Equal variances not assumed			-.903	84.953	.369	-.199	.220	-.636	.239
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.001	.972	1.569	82	.121	.325	.207	-.087	.737
	Equal variances not assumed			1.553	74.186	.125	.325	.209	-.092	.742
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	.268	.606	-.693	89	.490	-.136	.196	-.526	.254
	Equal variances not assumed			-.695	86.509	.489	-.136	.196	-.525	.253
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	.671	.415	1.314	84	.193	.259	.197	-.133	.652
	Equal variances not assumed			1.325	79.914	.189	.259	.196	-.130	.649
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	.237	.628	-1.058	79	.293	-.213	.202	-.615	.188
	Equal variances not assumed			-1.061	71.844	.292	-.213	.201	-.614	.188
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.451	.503	.159	87	.874	.034	.212	-.389	.456
	Equal variances not assumed			.156	77.552	.876	.034	.216	-.396	.463
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	2.569	.113	-1.455	84	.149	-.322	.221	-.761	.118
	Equal variances not assumed			-1.475	83.742	.144	-.322	.218	-.755	.112

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.244	.622	-.703	85	.484	-.183	.260	-.699	.334
	Equal variances not assumed			-.699	79.618	.486	-.183	.261	-.703	.337
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.361	.550	-.817	81	.416	-.179	.219	-.615	.257
	Equal variances not assumed			-.823	80.389	.413	-.179	.217	-.612	.254
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	5.146	.026	-2.865	88	.005	-.640	.223	-1.083	-.196
	Equal variances not assumed			-3.029	85.756	.003	-.640	.211	-1.059	-.220
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.021	.884	-.264	92	.792	-.038	.143	-.323	.247
	Equal variances not assumed			-.264	88.936	.793	-.038	.144	-.323	.247
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.560	.456	1.320	92	.190	.228	.173	-.115	.571
	Equal variances not assumed			1.303	83.685	.196	.228	.175	-.120	.576
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.010	.920	.914	91	.363	.178	.194	-.209	.564
	Equal variances not assumed			.913	88.685	.364	.178	.195	-.209	.564
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	7.915	.006	1.021	92	.310	.190	.186	-.179	.559
	Equal variances not assumed			.995	75.740	.323	.190	.191	-.190	.569
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.009	.925	1.024	92	.309	.186	.181	-.174	.546
	Equal variances not assumed			1.023	88.977	.309	.186	.181	-.175	.546

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.313	.577	.901	92	.370	.174	.193	-.210	.558
	Equal variances not assumed			.904	90.310	.368	.174	.193	-.209	.557
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.382	.538	1.628	90	.107	.232	.142	-.051	.515
	Equal variances not assumed			1.607	80.864	.112	.232	.144	-.055	.519
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	1.573	.213	.871	89	.386	.138	.159	-.177	.454
	Equal variances not assumed			.855	76.920	.395	.138	.162	-.184	.460
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	1.843	.178	1.744	89	.085	.295	.169	-.041	.630
	Equal variances not assumed			1.730	82.607	.087	.295	.170	-.044	.633
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	2.542	.115	1.313	87	.193	.252	.192	-.129	.633
	Equal variances not assumed			1.260	66.067	.212	.252	.200	-.147	.651
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	2.537	.115	1.802	89	.075	.283	.157	-.029	.596
	Equal variances not assumed			1.774	79.042	.080	.283	.160	-.035	.601
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	1.562	.215	1.048	90	.297	.164	.157	-.147	.475
	Equal variances not assumed			1.030	78.986	.306	.164	.159	-.153	.481

Table E10

Currently Out of Education

Independent Samples Test:CurrentOutEdu		Levene's Test		t-test for Equality of Means						
									95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	1.125	.291	-.330	124	.742	-.061	.184	-.425	.304
	Equal variances not assumed			-.321	63.551	.749	-.061	.189	-.439	.317
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	.011	.916	.440	125	.661	.087	.198	-.304	.478
	Equal variances not assumed			.447	72.638	.656	.087	.194	-.301	.474
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	.651	.421	1.483	119	.141	.285	.192	-.095	.666
	Equal variances not assumed			1.474	67.899	.145	.285	.193	-.101	.671
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.193	.662	-.616	115	.539	-.130	.210	-.546	.287
	Equal variances not assumed			-.623	68.819	.536	-.130	.208	-.545	.286
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	1.759	.187	-.005	129	.996	-.001	.171	-.339	.337
	Equal variances not assumed			-.005	63.496	.996	-.001	.181	-.362	.361
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	2.381	.125	-.164	128	.870	-.029	.179	-.383	.325
	Equal variances not assumed			-.155	63.973	.877	-.029	.189	-.407	.348
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.895	.346	-.998	126	.320	-.165	.165	-.492	.162
	Equal variances not assumed			-.973	68.544	.334	-.165	.169	-.503	.173
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.060	.807	-.757	128	.450	-.136	.179	-.490	.219
	Equal variances not assumed			-.734	67.155	.466	-.136	.185	-.504	.233

(*table continues*)

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| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.013	.909	-.979	126	.329	-.199	.203	-.601	.203
	Equal variances not assumed			-.988	74.206	.326	-.199	.201	-.600	.202
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.047	.829	-2.208	127	.029	-.373	.169	-.707	-.039
	Equal variances not assumed			-2.337	79.069	.022	-.373	.160	-.690	-.055
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	1.275	.261	-.122	122	.903	-.026	.212	-.445	.393
	Equal variances not assumed			-.114	59.038	.910	-.026	.226	-.479	.427
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	1.284	.259	-.851	127	.396	-.204	.240	-.679	.271
	Equal variances not assumed			-.814	65.565	.418	-.204	.251	-.705	.297
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.845	.360	-1.970	127	.051	-.344	.175	-.690	.002
	Equal variances not assumed			-2.304	105.997	.023	-.344	.150	-.641	-.048
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	.107	.744	-.702	121	.484	-.121	.173	-.464	.221
	Equal variances not assumed			-.731	68.337	.467	-.121	.166	-.453	.210
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	1.240	.268	.572	109	.568	.127	.221	-.312	.565
	Equal variances not assumed			.539	48.703	.593	.127	.235	-.346	.599
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.000	.997	-.752	113	.453	-.141	.188	-.513	.231
	Equal variances not assumed			-.779	67.162	.439	-.141	.181	-.503	.221
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	.000	.996	-.862	117	.390	-.167	.193	-.549	.216
	Equal variances not assumed			-.899	69.936	.372	-.167	.185	-.537	.203

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.959	.329	-.930	121	.354	-.229	.246	-.716	.258
	Equal variances not assumed			-.903	61.370	.370	-.229	.254	-.736	.278
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.291	.591	-.470	123	.639	-.102	.216	-.529	.326
	Equal variances not assumed			-.471	70.689	.639	-.102	.216	-.532	.329
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.061	.806	-.820	126	.414	-.193	.235	-.659	.273
	Equal variances not assumed			-.803	69.228	.425	-.193	.240	-.673	.287
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	1.010	.317	-.656	124	.513	-.134	.205	-.540	.271
	Equal variances not assumed			-.623	65.044	.536	-.134	.216	-.565	.297
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	3.690	.057	-.154	126	.878	-.026	.167	-.356	.304
	Equal variances not assumed			-.136	56.123	.892	-.026	.189	-.404	.353
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	2.629	.108	-1.628	122	.106	-.284	.174	-.628	.061
	Equal variances not assumed			-1.696	81.771	.094	-.284	.167	-.616	.049
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.053	.819	-.364	121	.716	-.070	.192	-.451	.311
	Equal variances not assumed			-.352	63.284	.726	-.070	.199	-.468	.328
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.088	.767	-.966	124	.336	-.173	.179	-.528	.182
	Equal variances not assumed			-.978	69.233	.332	-.173	.177	-.526	.180

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.389	.534	-.710	114	.479	-.146	.205	-.552	.261
	Equal variances not assumed			-.660	53.213	.512	-.146	.221	-.588	.297
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	2.754	.100	-1.854	114	.066	-.379	.205	-.784	.026
	Equal variances not assumed			-1.731	57.882	.089	-.379	.219	-.818	.059
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	5.795	.018	-2.505	116	.014	-.522	.208	-.934	-.109
	Equal variances not assumed			-2.757	84.634	.007	-.522	.189	-.898	-.145
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.354	.553	1.728	112	.087	.316	.183	-.046	.679
	Equal variances not assumed			1.689	61.831	.096	.316	.187	-.058	.691
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	.005	.942	-.477	121	.634	-.081	.170	-.416	.255
	Equal variances not assumed			-.463	66.659	.645	-.081	.174	-.429	.267
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	6.182	.014	1.949	112	.054	.358	.184	-.006	.722
	Equal variances not assumed			1.934	58.446	.058	.358	.185	-.013	.729
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	1.731	.191	.377	107	.707	.073	.194	-.311	.457
	Equal variances not assumed			.344	44.342	.733	.073	.212	-.355	.501
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.005	.946	.179	115	.858	.036	.202	-.365	.437
	Equal variances not assumed			.175	61.340	.861	.036	.207	-.377	.450
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	7.226	.008	-2.585	115	.011	-.528	.204	-.933	-.123
	Equal variances not assumed			-2.856	81.741	.005	-.528	.185	-.896	-.160

(table continues)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.064	.800	-2.432	114	.017	-.579	.238	-1.051	-.107
	Equal variances not assumed			-2.361	60.476	.021	-.579	.245	-1.070	-.089
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.159	.691	-2.712	107	.008	-.573	.211	-.993	-.154
	Equal variances not assumed			-2.709	57.870	.009	-.573	.212	-.997	-.150
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	1.073	.302	-2.105	119	.037	-.446	.212	-.865	-.026
	Equal variances not assumed			-2.230	75.512	.029	-.446	.200	-.844	-.048
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	4.120	.045	1.841	124	.068	.257	.140	-.019	.534
	Equal variances not assumed			1.938	79.328	.056	.257	.133	-.007	.521
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	1.215	.273	1.342	124	.182	.224	.167	-.106	.554
	Equal variances not assumed			1.245	59.966	.218	.224	.180	-.136	.583
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.043	.837	.579	123	.563	.103	.178	-.249	.454
	Equal variances not assumed			.579	70.583	.564	.103	.178	-.251	.457
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.114	.736	.697	124	.487	.124	.178	-.228	.476
	Equal variances not assumed			.710	73.337	.480	.124	.174	-.224	.472
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.825	.365	1.615	124	.109	.280	.173	-.063	.623
	Equal variances not assumed			1.557	64.857	.124	.280	.180	-.079	.639

(*table continues*)

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		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.007	.933	.956	124	.341	.168	.176	-.180	.516
	Equal variances not assumed			.944	68.340	.349	.168	.178	-.187	.523
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.157	.693	-.040	122	.968	-.006	.137	-.277	.266
	Equal variances not assumed			-.041	73.499	.968	-.006	.135	-.275	.264
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	1.996	.160	-.703	121	.483	-.102	.146	-.391	.186
	Equal variances not assumed			-.655	58.662	.515	-.102	.157	-.416	.211
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.638	.426	-.496	121	.620	-.078	.157	-.389	.233
	Equal variances not assumed			-.478	65.323	.634	-.078	.163	-.404	.248
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.707	.402	.109	119	.913	.019	.171	-.319	.357
	Equal variances not assumed			.103	60.618	.918	.019	.181	-.343	.380
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.009	.926	-.532	121	.596	-.081	.152	-.381	.220
	Equal variances not assumed			-.529	70.270	.598	-.081	.153	-.385	.224
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.137	.712	-.912	122	.363	-.135	.148	-.427	.157
	Equal variances not assumed			-.897	68.150	.373	-.135	.150	-.434	.165

Table E11

Position of Healthcare Management

Independent Samples Test: PositionHCM		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	.004	.953	-2.212	125	.029	-.381	.172	-.722	-.040
	Equal variances not assumed			-2.184	84.660	.032	-.381	.175	-.728	-.034
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	2.722	.101	-1.755	126	.082	-.328	.187	-.698	.042
	Equal variances not assumed			-1.675	76.969	.098	-.328	.196	-.718	.062
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	.301	.584	-.182	119	.856	-.034	.187	-.404	.336
	Equal variances not assumed			-.186	92.752	.853	-.034	.182	-.396	.328
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.000	.991	-1.635	115	.105	-.333	.204	-.737	.071
	Equal variances not assumed			-1.651	78.194	.103	-.333	.202	-.735	.068
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	1.743	.189	-1.682	130	.095	-.271	.161	-.590	.048
	Equal variances not assumed			-1.722	101.702	.088	-.271	.157	-.583	.041
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	.561	.455	-2.203	129	.029	-.370	.168	-.703	-.038
	Equal variances not assumed			-2.232	95.942	.028	-.370	.166	-.700	-.041
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.395	.531	-2.854	127	.005	-.448	.157	-.759	-.137
	Equal variances not assumed			-2.731	81.721	.008	-.448	.164	-.775	-.122
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	3.045	.083	-2.393	129	.018	-.407	.170	-.743	-.071
	Equal variances not assumed			-2.343	86.903	.021	-.407	.174	-.752	-.062

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.746	.389	-.409	127	.683	-.080	.196	-.468	.307
	Equal variances not assumed			-.434	105.713	.666	-.080	.185	-.447	.286
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.892	.347	-1.889	128	.061	-.303	.161	-.621	.014
	Equal variances not assumed			-1.793	79.742	.077	-.303	.169	-.640	.033
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	2.009	.159	-2.971	122	.004	-.584	.197	-.974	-.195
	Equal variances not assumed			-2.896	79.796	.005	-.584	.202	-.986	-.183
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.039	.845	1.337	128	.183	.305	.228	-.146	.756
	Equal variances not assumed			1.353	95.761	.179	.305	.225	-.143	.752
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.099	.754	1.037	128	.302	.176	.170	-.160	.513
	Equal variances not assumed			1.080	100.758	.283	.176	.163	-.148	.500
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	1.874	.174	-2.781	122	.006	-.438	.157	-.749	-.126
	Equal variances not assumed			-2.472	63.675	.016	-.438	.177	-.791	-.084
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	1.195	.277	-.445	110	.657	-.092	.206	-.499	.316
	Equal variances not assumed			-.457	86.850	.649	-.092	.201	-.490	.307
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	11.189	.001	-3.300	114	.001	-.556	.168	-.890	-.222
	Equal variances not assumed			-2.941	61.565	.005	-.556	.189	-.934	-.178
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	4.601	.034	-2.713	118	.008	-.478	.176	-.828	-.129
	Equal variances not assumed			-2.473	67.704	.016	-.478	.193	-.865	-.092

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.213	.645	-1.026	122	.307	-.239	.232	-.699	.222
	Equal variances not assumed			-1.039	91.927	.301	-.239	.230	-.695	.217
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	2.626	.108	-2.226	124	.028	-.453	.203	-.856	-.050
	Equal variances not assumed			-2.149	79.661	.035	-.453	.211	-.872	-.033
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	12.622	.001	2.008	127	.047	.446	.222	.007	.884
	Equal variances not assumed			2.188	116.911	.031	.446	.204	.042	.849
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	14.470	.000	.924	125	.357	.181	.195	-.206	.567
	Equal variances not assumed			1.027	121.383	.307	.181	.176	-.168	.529
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	8.001	.005	.788	127	.432	.126	.160	-.191	.443
	Equal variances not assumed			.927	125.585	.356	.126	.136	-.143	.396
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	.035	.851	-1.157	123	.250	-.194	.168	-.527	.138
	Equal variances not assumed			-1.192	99.605	.236	-.194	.163	-.518	.129
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	1.764	.187	-2.854	122	.005	-.513	.180	-.868	-.157
	Equal variances not assumed			-2.718	72.624	.008	-.513	.189	-.889	-.137
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.001	.971	-1.327	125	.187	-.226	.170	-.563	.111
	Equal variances not assumed			-1.323	87.090	.189	-.226	.171	-.565	.113

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.756	.386	-2.123	115	.036	-.408	.192	-.789	-.027
	Equal variances not assumed			-2.070	73.866	.042	-.408	.197	-.801	-.015
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	7.625	.007	-1.611	115	.110	-.318	.197	-.709	.073
	Equal variances not assumed			-1.743	101.614	.084	-.318	.182	-.680	.044
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.384	.537	-1.186	117	.238	-.244	.206	-.651	.163
	Equal variances not assumed			-1.201	81.221	.233	-.244	.203	-.647	.160
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	5.799	.018	.877	113	.382	.155	.177	-.195	.505
	Equal variances not assumed			.959	104.732	.340	.155	.161	-.165	.475
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	2.047	.155	-.909	122	.365	-.148	.163	-.472	.175
	Equal variances not assumed			-.979	104.838	.330	-.148	.152	-.449	.152
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	2.250	.136	.459	113	.647	.082	.179	-.272	.436
	Equal variances not assumed			.513	98.611	.609	.082	.160	-.235	.399
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	3.796	.054	.268	108	.789	.048	.179	-.307	.403
	Equal variances not assumed			.293	99.143	.770	.048	.164	-.278	.374
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	6.443	.012	-.574	116	.567	-.110	.192	-.491	.271
	Equal variances not assumed			-.628	107.531	.531	-.110	.176	-.458	.238
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	5.353	.022	-1.951	116	.053	-.381	.195	-.768	.006
	Equal variances not assumed			-1.832	72.360	.071	-.381	.208	-.796	.033

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.983	.324	-1.153	115	.251	-.267	.232	-.726	.192
	Equal variances not assumed			-1.188	89.428	.238	-.267	.225	-.714	.179
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.028	.868	-1.738	108	.085	-.358	.206	-.766	.050
	Equal variances not assumed			-1.729	71.419	.088	-.358	.207	-.771	.055
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	.335	.564	-2.168	120	.032	-.435	.201	-.833	-.038
	Equal variances not assumed			-2.159	85.316	.034	-.435	.202	-.836	-.034
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	2.546	.113	1.676	125	.096	.225	.134	-.041	.490
	Equal variances not assumed			1.632	81.536	.106	.225	.138	-.049	.498
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.265	.608	.727	125	.468	.117	.162	-.202	.437
	Equal variances not assumed			.727	87.770	.469	.117	.162	-.204	.438
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.069	.793	.987	124	.326	.167	.170	-.168	.503
	Equal variances not assumed			1.004	92.397	.318	.167	.167	-.164	.499
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.583	.447	.501	125	.617	.086	.171	-.253	.424
	Equal variances not assumed			.519	96.722	.605	.086	.165	-.242	.413
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	3.076	.082	2.313	125	.022	.380	.164	.055	.706
	Equal variances not assumed			2.399	97.204	.018	.380	.159	.066	.695

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.075	.785	1.902	125	.059	.319	.168	-.013	.652
	Equal variances not assumed			1.900	87.483	.061	.319	.168	-.015	.653
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.355	.552	.369	122	.713	.049	.134	-.215	.314
	Equal variances not assumed			.360	77.356	.720	.049	.137	-.224	.322
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.010	.921	-.726	121	.469	-.102	.141	-.381	.177
	Equal variances not assumed			-.728	83.670	.469	-.102	.141	-.382	.177
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.065	.799	-.713	121	.477	-.110	.154	-.414	.195
	Equal variances not assumed			-.729	84.760	.468	-.110	.151	-.409	.190
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.277	.600	.717	119	.475	.118	.165	-.208	.445
	Equal variances not assumed			.760	98.554	.449	.118	.155	-.190	.427
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.238	.627	.806	121	.422	.119	.148	-.173	.412
	Equal variances not assumed			.803	82.401	.424	.119	.148	-.176	.414
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.041	.839	.573	122	.568	.082	.144	-.203	.368
	Equal variances not assumed			.571	82.114	.570	.082	.144	-.205	.370

Table E12

Currently in Healthcare Management

Independent Samples Test: CurrentlyHCM		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	.005	.943	.249	79	.804	.060	.242	-.421	.542
	Equal variances not assumed			.240	28.337	.812	.060	.251	-.453	.573
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	.520	.473	-.595	79	.553	-.149	.251	-.649	.350
	Equal variances not assumed			-.646	34.297	.523	-.149	.231	-.620	.321
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	.018	.894	.701	76	.485	.187	.267	-.345	.719
	Equal variances not assumed			.725	32.229	.474	.187	.259	-.339	.714
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	1.275	.262	-.233	75	.817	-.065	.281	-.625	.494
	Equal variances not assumed			-.256	36.553	.800	-.065	.256	-.584	.453
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.018	.894	.286	80	.776	.069	.243	-.414	.553
	Equal variances not assumed			.284	29.416	.779	.069	.244	-.430	.569
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	.319	.574	.215	80	.830	.053	.249	-.441	.548
	Equal variances not assumed			.217	30.166	.830	.053	.246	-.449	.556
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.162	.689	.511	79	.611	.104	.203	-.300	.507
	Equal variances not assumed			.490	28.106	.628	.104	.211	-.329	.536
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	2.238	.139	-.459	80	.647	-.110	.240	-.588	.368
	Equal variances not assumed			-.551	41.891	.584	-.110	.200	-.514	.293

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.169	.682	-.350	79	.727	-.105	.301	-.704	.493
	Equal variances not assumed			-.385	35.193	.703	-.105	.273	-.660	.450
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.602	.440	-2.073	79	.041	-.434	.209	-.850	-.017
	Equal variances not assumed			-2.466	41.492	.018	-.434	.176	-.789	-.079
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.740	.392	.441	77	.660	.121	.275	-.426	.668
	Equal variances not assumed			.469	30.630	.643	.121	.258	-.406	.649
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.000	.999	-.630	79	.530	-.208	.330	-.865	.449
	Equal variances not assumed			-.629	29.822	.534	-.208	.330	-.883	.467
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	1.097	.298	-.674	80	.502	-.174	.258	-.686	.339
	Equal variances not assumed			-.794	40.038	.432	-.174	.219	-.616	.269
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	.263	.609	.030	76	.977	.006	.188	-.369	.381
	Equal variances not assumed			.032	32.382	.975	.006	.173	-.346	.357
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	12.030	.001	-.630	69	.531	-.194	.309	-.810	.421
	Equal variances not assumed			-.795	38.124	.431	-.194	.244	-.689	.300
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.039	.845	.182	69	.856	.036	.197	-.358	.429
	Equal variances not assumed			.169	24.139	.867	.036	.212	-.402	.474
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	.116	.735	.784	72	.436	.171	.218	-.263	.605
	Equal variances not assumed			.737	26.164	.468	.171	.232	-.305	.647

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.920	.340	-.610	76	.544	-.212	.348	-.905	.480
	Equal variances not assumed			-.671	29.723	.507	-.212	.316	-.858	.433
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.026	.871	.130	78	.897	.036	.279	-.519	.592
	Equal variances not assumed			.133	31.246	.895	.036	.272	-.519	.592
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.030	.863	-.873	80	.385	-.303	.347	-.995	.388
	Equal variances not assumed			-.869	29.519	.392	-.303	.349	-1.016	.410
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.318	.574	-.919	77	.361	-.289	.315	-.916	.338
	Equal variances not assumed			-.903	29.416	.374	-.289	.321	-.945	.366
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.335	.564	-.383	80	.702	-.100	.261	-.620	.420
	Equal variances not assumed			-.391	30.651	.698	-.100	.256	-.623	.423
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	.174	.678	.053	77	.958	.013	.249	-.483	.509
	Equal variances not assumed			.051	28.802	.960	.013	.257	-.513	.539
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.366	.547	1.077	78	.285	.256	.238	-.217	.730
	Equal variances not assumed			1.083	30.341	.287	.256	.237	-.227	.739
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.137	.712	.999	78	.321	.243	.244	-.242	.728
	Equal variances not assumed			1.006	30.435	.322	.243	.242	-.250	.737
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.008	.928	1.354	73	.180	.354	.261	-.167	.875
	Equal variances not assumed			1.403	30.333	.171	.354	.252	-.161	.868

(table continues)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	.921	.340	.364	72	.717	.109	.300	-.489	.707
	Equal variances not assumed			.334	25.393	.741	.109	.326	-.562	.781
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.092	.762	-.339	75	.736	-.095	.281	-.656	.465
	Equal variances not assumed			-.337	30.396	.739	-.095	.283	-.673	.482
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.387	.536	.008	71	.994	.002	.276	-.549	.553
	Equal variances not assumed			.008	30.408	.993	.002	.254	-.517	.521
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	1.605	.209	-.720	77	.474	-.178	.247	-.671	.314
	Equal variances not assumed			-.755	32.817	.456	-.178	.236	-.658	.302
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	.621	.433	1.015	74	.313	.271	.267	-.261	.803
	Equal variances not assumed			.951	23.791	.351	.271	.285	-.317	.860
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	.072	.790	.224	68	.824	.063	.279	-.495	.620
	Equal variances not assumed			.227	25.055	.823	.063	.276	-.505	.630
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	1.017	.317	.312	73	.756	.091	.293	-.492	.674
	Equal variances not assumed			.333	35.186	.741	.091	.274	-.465	.647
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	6.507	.013	-1.348	72	.182	-.345	.256	-.855	.165
	Equal variances not assumed			-1.702	36.502	.097	-.345	.203	-.756	.066
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.048	.827	-.968	73	.336	-.330	.340	-1.008	.349
	Equal variances not assumed			-.945	25.222	.354	-.330	.349	-1.048	.389

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.311	.579	-.199	70	.843	-.057	.285	-.626	.512
	Equal variances not assumed			-.180	23.229	.859	-.057	.315	-.708	.594
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	.001	.969	.080	76	.937	.023	.291	-.556	.603
	Equal variances not assumed			.075	23.842	.941	.023	.308	-.612	.658
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.065	.799	.717	80	.475	.132	.184	-.234	.498
	Equal variances not assumed			.666	26.771	.511	.132	.198	-.275	.539
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	1.470	.229	-.135	80	.893	-.031	.230	-.488	.426
	Equal variances not assumed			-.121	25.748	.905	-.031	.255	-.556	.494
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.002	.968	.144	79	.886	.035	.242	-.447	.517
	Equal variances not assumed			.147	30.923	.884	.035	.237	-.449	.518
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.061	.805	-.234	80	.816	-.058	.250	-.557	.440
	Equal variances not assumed			-.231	29.259	.819	-.058	.253	-.575	.459
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	2.042	.157	1.148	80	.255	.272	.237	-.199	.742
	Equal variances not assumed			1.023	25.509	.316	.272	.265	-.274	.817
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.080	.778	.714	80	.477	.170	.237	-.303	.642
	Equal variances not assumed			.712	29.568	.482	.170	.238	-.317	.656

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	2.610	.110	-1.157	79	.251	-.208	.180	-.566	.150
	Equal variances not assumed			-.998	24.635	.328	-.208	.208	-.637	.221
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	3.692	.058	-.711	78	.479	-.140	.197	-.531	.252
	Equal variances not assumed			-.594	23.842	.558	-.140	.235	-.626	.346
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.608	.438	-.847	79	.400	-.181	.214	-.606	.244
	Equal variances not assumed			-.752	25.473	.459	-.181	.240	-.676	.314
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.524	.471	-2.003	76	.049	-.477	.238	-.952	-.003
	Equal variances not assumed			-2.005	30.546	.054	-.477	.238	-.963	.008
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.614	.436	-.474	78	.637	-.097	.206	-.507	.312
	Equal variances not assumed			-.439	26.911	.664	-.097	.222	-.553	.358
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	2.474	.120	-.233	79	.816	-.047	.200	-.445	.352
	Equal variances not assumed			-.207	25.391	.838	-.047	.226	-.512	.418

Table E13

Years of Healthcare Management Experience

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
Independent Samples Test: YrsHCM		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	.001	.973	-.941	72	.350	-.211	.224	-.657	.236
	Equal variances not assumed			-.956	65.780	.342	-.211	.220	-.650	.229
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	.898	.347	-.841	71	.403	-.194	.231	-.655	.267
	Equal variances not assumed			-.873	67.005	.386	-.194	.223	-.639	.250
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	.021	.884	-.198	69	.843	-.049	.249	-.545	.447
	Equal variances not assumed			-.199	61.294	.843	-.049	.247	-.544	.445
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.798	.375	-.301	69	.765	-.079	.262	-.602	.444
	Equal variances not assumed			-.295	56.548	.769	-.079	.267	-.613	.455
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.031	.861	-.290	72	.773	-.064	.220	-.502	.374
	Equal variances not assumed			-.290	62.678	.773	-.064	.219	-.502	.375
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	.003	.954	-.684	72	.496	-.153	.224	-.599	.293
	Equal variances not assumed			-.693	65.126	.491	-.153	.221	-.594	.288
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.498	.483	.199	71	.843	.032	.160	-.287	.351
	Equal variances not assumed			.194	56.598	.847	.032	.164	-.297	.360
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	5.770	.019	-.645	72	.521	-.132	.204	-.539	.275
	Equal variances not assumed			-.605	48.323	.548	-.132	.218	-.570	.306

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.068	.796	-.603	71	.549	-.170	.282	-.731	.392
	Equal variances not assumed			-.598	60.825	.552	-.170	.284	-.737	.398
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.213	.645	-1.043	72	.300	-.208	.199	-.604	.189
	Equal variances not assumed			-1.073	68.029	.287	-.208	.193	-.594	.178
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.140	.710	-.042	70	.967	-.010	.248	-.504	.483
	Equal variances not assumed			-.042	61.423	.966	-.010	.246	-.503	.482
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.326	.570	-.169	71	.866	-.051	.303	-.655	.552
	Equal variances not assumed			-.167	59.459	.868	-.051	.307	-.665	.563
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.050	.823	.583	72	.562	.135	.231	-.326	.596
	Equal variances not assumed			.589	64.667	.558	.135	.229	-.322	.592
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	.018	.895	.549	69	.585	.096	.174	-.252	.443
	Equal variances not assumed			.557	60.753	.579	.096	.171	-.247	.438
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	1.230	.272	-1.339	62	.185	-.370	.277	-.923	.183
	Equal variances not assumed			-1.352	55.560	.182	-.370	.274	-.920	.179
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.618	.435	.943	64	.349	.165	.175	-.185	.515
	Equal variances not assumed			.892	44.526	.377	.165	.185	-.208	.539
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	.156	.694	1.147	67	.256	.225	.196	-.166	.616
	Equal variances not assumed			1.112	51.653	.271	.225	.202	-.181	.630

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.992	.323	-.437	69	.663	-.140	.320	-.777	.498
	Equal variances not assumed			-.430	52.402	.669	-.140	.325	-.791	.512
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.592	.444	.785	70	.435	.198	.252	-.305	.701
	Equal variances not assumed			.760	51.655	.451	.198	.261	-.325	.721
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	13.071	.001	1.096	72	.277	.345	.315	-.283	.974
	Equal variances not assumed			1.023	47.541	.311	.345	.338	-.333	1.024
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.825	.367	-.851	69	.398	-.249	.293	-.834	.335
	Equal variances not assumed			-.813	49.207	.420	-.249	.306	-.865	.366
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	2.213	.141	-.048	72	.962	-.011	.223	-.455	.434
	Equal variances not assumed			-.045	48.078	.965	-.011	.238	-.490	.468
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	.104	.748	1.807	69	.075	.395	.218	-.041	.830
	Equal variances not assumed			1.883	65.089	.064	.395	.210	-.024	.813
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.542	.464	-.409	72	.684	-.088	.215	-.517	.341
	Equal variances not assumed			-.405	60.171	.687	-.088	.217	-.522	.347
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	1.705	.196	-.309	72	.758	-.067	.216	-.497	.364
	Equal variances not assumed			-.301	56.994	.764	-.067	.221	-.510	.376

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.062	.804	-.787	67	.434	-.190	.242	-.673	.293
	Equal variances not assumed			-.793	56.966	.431	-.190	.240	-.671	.291
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	.891	.349	-1.198	66	.235	-.322	.269	-.858	.215
	Equal variances not assumed			-1.222	64.199	.226	-.322	.263	-.848	.204
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	6.206	.015	-.850	67	.398	-.228	.269	-.764	.308
	Equal variances not assumed			-.905	66.865	.369	-.228	.252	-.732	.275
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.000	.996	1.756	64	.084	.440	.251	-.061	.941
	Equal variances not assumed			1.733	51.167	.089	.440	.254	-.070	.951
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	1.567	.215	-.836	69	.406	-.195	.233	-.661	.270
	Equal variances not assumed			-.863	63.550	.392	-.195	.226	-.647	.257
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	.000	.983	-.344	67	.732	-.083	.242	-.566	.400
	Equal variances not assumed			-.345	53.755	.731	-.083	.241	-.566	.400
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	.093	.761	-.435	62	.665	-.108	.249	-.607	.390
	Equal variances not assumed			-.425	45.263	.673	-.108	.255	-.622	.405
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.960	.331	-.759	68	.450	-.202	.267	-.734	.329
	Equal variances not assumed			-.740	52.853	.462	-.202	.273	-.751	.346
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	2.137	.149	-1.384	64	.171	-.325	.235	-.794	.144
	Equal variances not assumed			-1.425	61.174	.159	-.325	.228	-.781	.131

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.045	.833	-.686	66	.495	-.212	.310	-.830	.406
	Equal variances not assumed			-.680	54.218	.499	-.212	.312	-.838	.413
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.004	.950	-1.186	65	.240	-.292	.246	-.783	.200
	Equal variances not assumed			-1.181	55.136	.243	-.292	.247	-.787	.203
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	6.725	.012	-2.620	68	.011	-.643	.246	-1.133	-.153
	Equal variances not assumed			-3.000	67.909	.004	-.643	.214	-1.071	-.215
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.863	.356	.351	72	.727	.058	.164	-.270	.385
	Equal variances not assumed			.355	64.833	.724	.058	.162	-.267	.382
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.035	.853	1.817	72	.073	.362	.199	-.035	.759
	Equal variances not assumed			1.798	60.202	.077	.362	.201	-.041	.765
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.009	.925	.624	71	.535	.142	.227	-.312	.595
	Equal variances not assumed			.624	62.823	.535	.142	.227	-.312	.596
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	3.056	.085	1.341	72	.184	.300	.224	-.146	.746
	Equal variances not assumed			1.306	56.503	.197	.300	.230	-.160	.760
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.375	.542	.478	72	.634	.100	.209	-.317	.517
	Equal variances not assumed			.483	64.626	.631	.100	.207	-.314	.514

(table continues)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference		
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.246	.621	1.275	72	.206	.273	.214	-.154	.699
	Equal variances not assumed			1.272	61.937	.208	.273	.214	-.156	.701
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.697	.407	2.120	71	.038	.348	.164	.021	.675
	Equal variances not assumed			2.041	53.791	.046	.348	.171	.006	.690
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	1.481	.228	2.865	70	.005	.480	.167	.146	.813
	Equal variances not assumed			2.744	51.086	.008	.480	.175	.129	.830
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	2.722	.103	2.970	71	.004	.530	.179	.174	.886
	Equal variances not assumed			2.893	56.526	.005	.530	.183	.163	.897
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.916	.342	1.585	68	.118	.331	.209	-.086	.749
	Equal variances not assumed			1.500	47.849	.140	.331	.221	-.113	.776
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.874	.353	2.897	70	.005	.500	.173	.156	.844
	Equal variances not assumed			2.855	59.214	.006	.500	.175	.150	.850
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.155	.695	2.739	71	.008	.454	.166	.124	.785
	Equal variances not assumed			2.688	58.246	.009	.454	.169	.116	.793

Table E14

Years Teaching in Healthcare Administration

Independent Samples Test: YrsEdu		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	.738	.392	.170	122	.865	.033	.196	-.355	.422
	Equal variances not assumed			.155	42.739	.878	.033	.215	-.401	.468
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	.096	.758	-.205	122	.838	-.044	.214	-.468	.381
	Equal variances not assumed			-.200	44.723	.843	-.044	.220	-.487	.399
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	.025	.874	-.284	116	.777	-.060	.210	-.476	.356
	Equal variances not assumed			-.293	50.312	.771	-.060	.203	-.468	.349
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.794	.375	-.462	111	.645	-.105	.227	-.555	.345
	Equal variances not assumed			-.441	45.046	.661	-.105	.238	-.585	.374
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.653	.420	1.032	126	.304	.188	.182	-.173	.549
	Equal variances not assumed			.925	43.223	.360	.188	.204	-.222	.599
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	1.327	.251	1.112	125	.268	.212	.191	-.166	.590
	Equal variances not assumed			.990	42.990	.328	.212	.214	-.220	.645
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.000	.987	.501	124	.617	.092	.184	-.272	.456
	Equal variances not assumed			.488	48.998	.627	.092	.188	-.287	.471
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.237	.627	.015	125	.988	.003	.198	-.389	.395
	Equal variances not assumed			.016	54.111	.987	.003	.191	-.380	.386

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	3.111	.080	1.511	123	.133	.338	.224	-.105	.782
	Equal variances not assumed			1.359	40.080	.182	.338	.249	-.165	.841
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.440	.508	.273	124	.785	.051	.188	-.320	.422
	Equal variances not assumed			.279	47.573	.782	.051	.184	-.318	.420
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	2.785	.098	.721	119	.472	.164	.228	-.287	.614
	Equal variances not assumed			.630	37.387	.532	.164	.260	-.363	.691
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.639	.426	.799	124	.426	.204	.255	-.301	.708
	Equal variances not assumed			.816	52.931	.418	.204	.250	-.297	.704
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	2.612	.109	1.663	124	.099	.319	.192	-.061	.699
	Equal variances not assumed			1.418	40.864	.164	.319	.225	-.136	.774
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	4.399	.038	1.657	120	.100	.310	.187	-.060	.681
	Equal variances not assumed			1.314	32.506	.198	.310	.236	-.171	.791
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	.005	.943	.227	108	.821	.057	.251	-.440	.554
	Equal variances not assumed			.226	32.260	.822	.057	.251	-.454	.568
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	2.531	.114	.907	111	.366	.184	.203	-.218	.586
	Equal variances not assumed			.765	34.799	.450	.184	.241	-.304	.672
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	1.381	.242	.782	114	.436	.165	.211	-.253	.584
	Equal variances not assumed			.681	35.881	.500	.165	.242	-.327	.657

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.076	.783	-.315	118	.754	-.085	.271	-.623	.452
	Equal variances not assumed			-.320	45.901	.750	-.085	.267	-.623	.452
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.234	.630	.205	121	.838	.047	.231	-.410	.505
	Equal variances not assumed			.197	44.153	.844	.047	.240	-.436	.530
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	1.061	.305	-.303	124	.763	-.077	.254	-.579	.425
	Equal variances not assumed			-.286	46.719	.776	-.077	.268	-.617	.463
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.029	.866	-.026	122	.980	-.006	.222	-.445	.434
	Equal variances not assumed			-.025	48.569	.980	-.006	.223	-.454	.443
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.666	.416	.418	123	.677	.075	.180	-.281	.431
	Equal variances not assumed			.379	44.251	.707	.075	.198	-.324	.475
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	5.302	.023	-.824	120	.411	-.159	.193	-.540	.222
	Equal variances not assumed			-.949	60.833	.346	-.159	.167	-.493	.176
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.001	.971	.422	119	.674	.085	.202	-.315	.486
	Equal variances not assumed			.407	44.380	.686	.085	.210	-.338	.509
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.378	.540	.782	121	.435	.154	.196	-.235	.543
	Equal variances not assumed			.733	42.405	.468	.154	.210	-.269	.577
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.772	.382	-.035	112	.972	-.008	.216	-.436	.421
	Equal variances not assumed			-.033	39.109	.974	-.008	.232	-.478	.462

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	2.659	.106	-.287	112	.775	-.065	.227	-.515	.385
	Equal variances not assumed			-.259	37.627	.797	-.065	.252	-.574	.444
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	1.912	.169	.973	114	.332	.227	.233	-.235	.690
	Equal variances not assumed			.917	39.488	.365	.227	.248	-.274	.728
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.164	.686	.128	111	.899	.026	.204	-.379	.431
	Equal variances not assumed			.121	38.300	.904	.026	.215	-.409	.461
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	1.990	.161	-1.131	119	.260	-.210	.186	-.577	.157
	Equal variances not assumed			-1.166	49.391	.249	-.210	.180	-.572	.152
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	4.663	.033	1.822	111	.071	.339	.186	-.030	.708
	Equal variances not assumed			1.878	45.778	.067	.339	.181	-.024	.703
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	1.471	.228	-1.343	106	.182	-.262	.195	-.649	.125
	Equal variances not assumed			-1.179	33.377	.247	-.262	.222	-.714	.190
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.158	.691	1.811	114	.073	.383	.212	-.036	.802
	Equal variances not assumed			1.673	40.470	.102	.383	.229	-.080	.846
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	.151	.698	.414	114	.680	.092	.222	-.348	.532
	Equal variances not assumed			.400	45.442	.691	.092	.230	-.371	.555
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	2.660	.106	.409	113	.683	.109	.267	-.420	.638
	Equal variances not assumed			.366	35.243	.717	.109	.299	-.497	.716

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.608	.437	.324	106	.746	.077	.238	-.395	.550
	Equal variances not assumed			.297	33.195	.768	.077	.260	-.452	.607
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	.004	.951	.367	118	.714	.085	.230	-.371	.540
	Equal variances not assumed			.369	47.583	.714	.085	.229	-.376	.545
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.000	.989	-.619	123	.537	-.095	.153	-.398	.208
	Equal variances not assumed			-.629	49.979	.532	-.095	.151	-.397	.208
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.214	.645	-.412	123	.681	-.075	.183	-.438	.287
	Equal variances not assumed			-.393	45.331	.696	-.075	.192	-.462	.311
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	1.426	.235	-1.192	122	.235	-.228	.191	-.606	.150
	Equal variances not assumed			-1.114	44.143	.271	-.228	.204	-.640	.184
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.516	.474	-1.293	123	.198	-.247	.191	-.626	.131
	Equal variances not assumed			-1.188	43.060	.241	-.247	.208	-.667	.172
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	4.838	.030	-.532	123	.596	-.100	.188	-.472	.272
	Equal variances not assumed			-.453	39.256	.653	-.100	.221	-.547	.347
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.000	.983	-.310	123	.757	-.060	.192	-.440	.321
	Equal variances not assumed			-.301	46.449	.765	-.060	.198	-.458	.339

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	1.816	.180	1.280	120	.203	.189	.148	-.103	.482
	Equal variances not assumed			1.346	53.889	.184	.189	.141	-.093	.471
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	3.266	.073	1.099	119	.274	.172	.156	-.138	.481
	Equal variances not assumed			1.237	62.191	.221	.172	.139	-.106	.449
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.125	.725	1.412	119	.161	.236	.167	-.095	.568
	Equal variances not assumed			1.491	54.625	.142	.236	.158	-.081	.554
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	1.194	.277	.380	117	.705	.070	.183	-.294	.433
	Equal variances not assumed			.413	58.598	.681	.070	.169	-.268	.407
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.767	.383	1.391	119	.167	.225	.162	-.095	.545
	Equal variances not assumed			1.577	63.092	.120	.225	.143	-.060	.510
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	2.495	.117	-.009	120	.993	-.001	.161	-.319	.316
	Equal variances not assumed			-.010	62.670	.992	-.001	.142	-.285	.282

Table E15

Training in Competency Approach

Independent Samples Test: Training		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	1.821	.180	-1.199	125	.233	-.207	.173	-.549	.135
	Equal variances not assumed			-1.161	96.882	.248	-.207	.178	-.561	.147
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	.164	.686	.092	125	.927	.017	.180	-.340	.373
	Equal variances not assumed			.091	107.769	.928	.017	.182	-.345	.378
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	.072	.790	.049	119	.961	.009	.182	-.351	.368
	Equal variances not assumed			.049	98.709	.961	.009	.181	-.351	.368
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.025	.876	-.893	114	.374	-.178	.200	-.574	.217
	Equal variances not assumed			-.906	101.272	.367	-.178	.197	-.568	.212
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.119	.730	-2.555	129	.012	-.406	.159	-.720	-.092
	Equal variances not assumed			-2.488	102.972	.014	-.406	.163	-.730	-.082
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	.065	.799	-1.778	128	.078	-.300	.169	-.633	.034
	Equal variances not assumed			-1.771	110.487	.079	-.300	.169	-.635	.036
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	6.277	.013	-4.487	127	.000	-.660	.147	-.951	-.369
	Equal variances not assumed			-4.115	77.571	.000	-.660	.160	-.979	-.341
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	5.826	.017	-3.430	128	.001	-.558	.163	-.880	-.236
	Equal variances not assumed			-3.316	98.077	.001	-.558	.168	-.892	-.224

(*table continues*)

		Levene's Test		t-test for Equality of Means						
									95% CI of the Difference	
		F	Sig.	*t*	*df*	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.002	.962	-.239	126	.812	-.046	.191	-.423	.332
	Equal variances not assumed			-.240	115.418	.811	-.046	.190	-.422	.331
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	1.619	.206	-1.092	127	.277	-.171	.157	-.481	.139
	Equal variances not assumed			-1.099	117.178	.274	-.171	.156	-.479	.137
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	2.853	.094	-1.641	122	.103	-.313	.191	-.691	.065
	Equal variances not assumed			-1.625	99.347	.107	-.313	.193	-.696	.069
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.252	.616	1.244	127	.216	.277	.223	-.164	.718
	Equal variances not assumed			1.262	114.894	.210	.277	.220	-.158	.712
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.445	.506	.939	127	.350	.157	.167	-.174	.487
	Equal variances not assumed			.978	124.884	.330	.157	.160	-.160	.474
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	.130	.719	-.851	123	.397	-.133	.157	-.444	.177
	Equal variances not assumed			-.851	105.362	.397	-.133	.157	-.444	.177
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	.099	.754	-.821	111	.413	-.165	.201	-.562	.233
	Equal variances not assumed			-.832	101.019	.407	-.165	.198	-.558	.228
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.736	.393	-2.173	114	.032	-.383	.176	-.731	-.034
	Equal variances not assumed			-2.114	83.193	.037	-.383	.181	-.742	-.023
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	2.767	.099	-2.494	117	.014	-.447	.179	-.802	-.092
	Equal variances not assumed			-2.386	83.718	.019	-.447	.187	-.820	-.074

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.067	.796	-2.928	121	.004	-.651	.222	-1.091	-.211
	Equal variances not assumed			-2.918	101.745	.004	-.651	.223	-1.094	-.208
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.015	.904	-1.233	124	.220	-.240	.195	-.626	.145
	Equal variances not assumed			-1.233	109.975	.220	-.240	.195	-.626	.146
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.633	.428	.200	127	.842	.044	.218	-.388	.476
	Equal variances not assumed			.203	117.226	.840	.044	.215	-.383	.470
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.084	.772	-.370	125	.712	-.071	.190	-.447	.306
	Equal variances not assumed			-.371	110.126	.712	-.071	.190	-.448	.307
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	1.753	.188	.370	126	.712	.059	.159	-.255	.373
	Equal variances not assumed			.380	119.187	.704	.059	.154	-.247	.364
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	4.307	.040	-1.900	123	.060	-.308	.162	-.629	.013
	Equal variances not assumed			-1.847	98.040	.068	-.308	.167	-.639	.023
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.001	.976	-1.413	122	.160	-.245	.173	-.587	.098
	Equal variances not assumed			-1.426	102.915	.157	-.245	.172	-.585	.096
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.059	.809	-1.159	124	.249	-.194	.167	-.525	.137
	Equal variances not assumed			-1.172	109.009	.244	-.194	.165	-.521	.134

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.255	.615	-1.814	115	.072	-.333	.183	-.696	.031
	Equal variances not assumed			-1.827	101.205	.071	-.333	.182	-.694	.029
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	10.664	.001	-2.362	115	.020	-.445	.189	-.819	-.072
	Equal variances not assumed			-2.484	114.984	.014	-.445	.179	-.801	-.090
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.383	.537	-.873	117	.384	-.170	.195	-.555	.216
	Equal variances not assumed			-.879	112.448	.381	-.170	.193	-.553	.213
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.440	.508	.507	114	.613	.086	.170	-.251	.423
	Equal variances not assumed			.510	105.821	.611	.086	.169	-.249	.421
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	2.650	.106	.739	122	.462	.116	.158	-.196	.429
	Equal variances not assumed			.758	118.760	.450	.116	.154	-.188	.420
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	.632	.428	1.300	114	.196	.219	.169	-.115	.554
	Equal variances not assumed			1.301	101.613	.196	.219	.169	-.115	.554
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	.240	.625	.083	109	.934	.015	.176	-.334	.363
	Equal variances not assumed			.084	95.746	.933	.015	.174	-.331	.360
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	1.547	.216	.972	117	.333	.182	.187	-.189	.553
	Equal variances not assumed			.958	99.831	.340	.182	.190	-.195	.559
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	.653	.421	-.763	117	.447	-.147	.193	-.529	.235
	Equal variances not assumed			-.780	114.960	.437	-.147	.189	-.520	.226

(table continues)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	2.363	.127	-.808	116	.421	-.182	.225	-.627	.263
	Equal variances not assumed			-.830	109.682	.408	-.182	.219	-.615	.252
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	2.211	.140	.306	109	.760	.061	.198	-.332	.453
	Equal variances not assumed			.314	106.995	.754	.061	.193	-.322	.443
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	2.641	.107	.066	121	.948	.013	.199	-.382	.408
	Equal variances not assumed			.067	116.890	.946	.013	.194	-.371	.397
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.002	.965	-.270	126	.788	-.035	.131	-.296	.225
	Equal variances not assumed			-.271	111.248	.787	-.035	.131	-.295	.224
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.059	.808	-.110	126	.913	-.017	.157	-.327	.293
	Equal variances not assumed			-.111	112.686	.912	-.017	.155	-.325	.291
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.189	.665	-.135	125	.893	-.022	.166	-.351	.306
	Equal variances not assumed			-.137	112.606	.891	-.022	.164	-.346	.302
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.011	.917	.092	126	.927	.015	.165	-.312	.342
	Equal variances not assumed			.093	114.207	.926	.015	.163	-.308	.338
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	1.050	.308	.297	126	.767	.049	.163	-.275	.372
	Equal variances not assumed			.302	115.731	.763	.049	.161	-.270	.367

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.043	.835	-.713	126	.477	-.117	.165	-.443	.208
	Equal variances not assumed			-.703	103.995	.484	-.117	.167	-.449	.214
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	1.279	.260	.156	123	.877	.020	.128	-.234	.274
	Equal variances not assumed			.160	114.316	.873	.020	.125	-.228	.268
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	1.370	.244	.000	122	1.000	.000	.136	-.269	.269
	Equal variances not assumed			.000	114.495	1.000	.000	.132	-.261	.261
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	1.774	.185	-.363	122	.717	-.054	.147	-.346	.238
	Equal variances not assumed			-.376	113.726	.708	-.054	.143	-.336	.229
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	1.157	.284	1.606	120	.111	.255	.158	-.059	.568
	Equal variances not assumed			1.683	114.603	.095	.255	.151	-.045	.554
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	1.119	.292	.527	122	.599	.075	.142	-.207	.357
	Equal variances not assumed			.540	110.593	.590	.075	.139	-.201	.351
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	1.823	.179	-.096	123	.923	-.013	.138	-.287	.261
	Equal variances not assumed			-.100	116.797	.921	-.013	.133	-.278	.251

Table E16

Program Housed in which College

Independent Samples Test: ProgramHoused		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	1.516	.221	-.463	124	.644	-.089	.192	-.469	.291
	Equal variances not assumed			-.425	54.660	.673	-.089	.209	-.508	.331
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	.627	.430	1.495	124	.137	.290	.194	-.094	.674
	Equal variances not assumed			1.541	72.076	.128	.290	.188	-.085	.665
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	1.186	.278	.658	118	.512	.124	.189	-.250	.499
	Equal variances not assumed			.614	59.329	.542	.124	.203	-.281	.530
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	8.038	.005	-.115	113	.908	-.025	.217	-.454	.404
	Equal variances not assumed			-.101	49.164	.920	-.025	.248	-.524	.474
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	1.968	.163	.792	128	.430	.142	.180	-.213	.498
	Equal variances not assumed			.727	58.246	.470	.142	.196	-.250	.534
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	5.661	.019	.000	127	1.000	.000	.186	-.368	.368
	Equal variances not assumed			.000	51.805	1.000	.000	.213	-.428	.428
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	1.753	.188	1.798	126	.075	.308	.171	-.031	.647
	Equal variances not assumed			2.176	100.142	.032	.308	.142	.027	.589
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	3.735	.055	1.749	127	.083	.320	.183	-.042	.682
	Equal variances not assumed			1.929	83.350	.057	.320	.166	-.010	.650

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.043	.836	.000	125	1.000	.000	.210	-.415	.415
	Equal variances not assumed			.000	57.246	1.000	.000	.223	-.446	.446
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.253	.616	.615	126	.540	.106	.173	-.236	.449
	Equal variances not assumed			.591	61.569	.557	.106	.180	-.254	.466
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.009	.924	1.081	121	.282	.230	.213	-.191	.651
	Equal variances not assumed			1.068	63.721	.290	.230	.215	-.200	.660
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.171	.680	-1.406	126	.162	-.339	.241	-.817	.138
	Equal variances not assumed			-1.408	67.053	.164	-.339	.241	-.820	.142
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.003	.960	-.523	126	.602	-.094	.179	-.449	.261
	Equal variances not assumed			-.502	61.274	.618	-.094	.187	-.468	.280
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	2.845	.094	-2.330	121	.021	-.391	.168	-.723	-.059
	Equal variances not assumed			-1.939	46.869	.059	-.391	.202	-.796	.015
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	.005	.945	.810	109	.420	.179	.222	-.260	.619
	Equal variances not assumed			.788	51.776	.434	.179	.228	-.278	.637
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	4.414	.038	-.525	112	.601	-.104	.198	-.497	.289
	Equal variances not assumed			-.467	44.031	.643	-.104	.223	-.554	.345
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	2.886	.092	-.574	116	.567	-.116	.202	-.515	.284
	Equal variances not assumed			-.529	50.103	.599	-.116	.219	-.555	.324

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.400	.528	.593	120	.554	.146	.246	-.341	.633
	Equal variances not assumed			.576	61.564	.567	.146	.254	-.361	.653
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.062	.804	1.227	123	.222	.264	.215	-.162	.691
	Equal variances not assumed			1.194	66.288	.237	.264	.221	-.178	.707
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	2.169	.143	.072	126	.943	.017	.240	-.457	.492
	Equal variances not assumed			.067	58.860	.946	.017	.255	-.494	.528
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.045	.833	1.031	124	.305	.218	.211	-.200	.635
	Equal variances not assumed			1.020	60.488	.312	.218	.213	-.209	.644
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	1.160	.284	.503	125	.616	.087	.174	-.256	.431
	Equal variances not assumed			.486	62.424	.628	.087	.180	-.272	.447
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	.376	.541	.677	123	.499	.120	.178	-.231	.472
	Equal variances not assumed			.683	68.894	.497	.120	.176	-.231	.472
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.212	.646	.636	121	.526	.120	.189	-.255	.495
	Equal variances not assumed			.612	62.949	.542	.120	.197	-.272	.513
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.055	.814	1.050	123	.296	.186	.177	-.165	.537
	Equal variances not assumed			1.015	63.016	.314	.186	.183	-.180	.552
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.007	.931	1.368	114	.174	.283	.207	-.127	.692
	Equal variances not assumed			1.278	49.460	.207	.283	.221	-.162	.727

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	2.119	.148	.062	114	.950	.013	.215	-.412	.439
	Equal variances not assumed			.058	48.874	.954	.013	.231	-.452	.478
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.180	.672	.166	116	.869	.036	.217	-.394	.466
	Equal variances not assumed			.160	54.553	.873	.036	.225	-.415	.487
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	2.202	.141	-.039	113	.969	-.007	.188	-.379	.364
	Equal variances not assumed			-.036	49.472	.972	-.007	.206	-.421	.406
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	.443	.507	.122	121	.903	.021	.172	-.320	.362
	Equal variances not assumed			.116	58.904	.908	.021	.181	-.341	.384
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	.116	.734	-.479	113	.633	-.088	.183	-.450	.275
	Equal variances not assumed			-.500	71.999	.619	-.088	.175	-.437	.262
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	.146	.703	-.260	108	.795	-.050	.191	-.428	.329
	Equal variances not assumed			-.248	52.459	.805	-.050	.200	-.451	.352
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.699	.405	-.454	116	.651	-.091	.200	-.487	.305
	Equal variances not assumed			-.437	61.490	.664	-.091	.208	-.506	.324
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	1.444	.232	1.500	116	.136	.314	.209	-.100	.728
	Equal variances not assumed			1.556	69.532	.124	.314	.202	-.089	.716
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.084	.773	.810	115	.420	.197	.243	-.284	.677
	Equal variances not assumed			.806	63.658	.423	.197	.244	-.291	.684

(table continues)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.286	.594	-.272	108	.786	-.058	.213	-.481	.365
	Equal variances not assumed			-.264	59.022	.793	-.058	.220	-.499	.383
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	.263	.609	1.239	120	.218	.270	.218	-.161	.700
	Equal variances not assumed			1.216	60.438	.229	.270	.222	-.174	.713
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.263	.609	.973	124	.332	.138	.141	-.142	.417
	Equal variances not assumed			.981	68.614	.330	.138	.140	-.142	.417
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.045	.832	1.023	124	.308	.174	.170	-.162	.510
	Equal variances not assumed			1.017	66.417	.313	.174	.171	-.167	.515
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.994	.321	.938	123	.350	.166	.177	-.184	.515
	Equal variances not assumed			.871	58.120	.387	.166	.190	-.215	.546
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.002	.965	1.123	124	.264	.200	.178	-.153	.553
	Equal variances not assumed			1.101	64.672	.275	.200	.182	-.163	.563
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.256	.614	1.469	124	.144	.260	.177	-.090	.611
	Equal variances not assumed			1.497	70.254	.139	.260	.174	-.086	.607
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.114	.736	1.167	124	.245	.208	.178	-.144	.560
	Equal variances not assumed			1.153	65.576	.253	.208	.180	-.152	.567

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	1.440	.232	.055	121	.956	.008	.140	-.269	.285
	Equal variances not assumed			.052	58.371	.959	.008	.148	-.288	.303
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.886	.349	.079	120	.937	.012	.148	-.281	.304
	Equal variances not assumed			.075	58.953	.941	.012	.156	-.300	.323
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.018	.893	1.637	120	.104	.259	.158	-.054	.573
	Equal variances not assumed			1.573	57.911	.121	.259	.165	-.071	.590
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	11.904	.001	.460	118	.646	.079	.172	-.262	.421
	Equal variances not assumed			.398	49.765	.692	.079	.199	-.321	.480
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.015	.904	1.107	120	.270	.171	.154	-.134	.475
	Equal variances not assumed			1.052	58.928	.297	.171	.162	-.154	.495
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	1.711	.193	.917	121	.361	.138	.150	-.160	.436
	Equal variances not assumed			.848	55.788	.400	.138	.163	-.188	.464

Table E17

Institution Type

Independent Samples Test: CombinedProgramType		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	1.327	.252	-.218	124	.828	-.040	.182	-.400	.321
	Equal variances not assumed			-.205	63.830	.838	-.040	.194	-.427	.347
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	3.494	.064	1.778	124	.078	.342	.193	-.039	.724
	Equal variances not assumed			1.924	93.106	.057	.342	.178	-.011	.696
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	1.458	.230	-.815	119	.417	-.154	.189	-.529	.221
	Equal variances not assumed			-.781	69.750	.438	-.154	.198	-.549	.240
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	4.923	.028	.645	114	.520	.134	.207	-.277	.544
	Equal variances not assumed			.587	60.067	.560	.134	.228	-.322	.589
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	1.261	.264	.520	128	.604	.088	.170	-.247	.424
	Equal variances not assumed			.496	69.380	.622	.088	.178	-.267	.443
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	1.061	.305	-.128	127	.898	-.023	.178	-.374	.329
	Equal variances not assumed			-.120	67.450	.905	-.023	.189	-.400	.354
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.000	.989	1.004	126	.317	.168	.167	-.163	.498
	Equal variances not assumed			1.023	82.394	.309	.168	.164	-.158	.494
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.102	.750	-.100	127	.921	-.018	.181	-.376	.340
	Equal variances not assumed			-.099	76.689	.921	-.018	.182	-.381	.345

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.615	.434	1.829	125	.070	.370	.202	-.030	.771
	Equal variances not assumed			1.973	87.850	.052	.370	.188	-.003	.743
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.055	.814	.295	126	.768	.050	.169	-.285	.385
	Equal variances not assumed			.293	73.927	.771	.050	.171	-.291	.391
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.272	.603	-.146	121	.884	-.030	.209	-.443	.382
	Equal variances not assumed			-.143	72.920	.887	-.030	.213	-.455	.395
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.123	.726	.991	126	.324	.233	.235	-.232	.699
	Equal variances not assumed			.985	77.252	.328	.233	.237	-.238	.705
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.078	.781	-.512	126	.610	-.091	.177	-.441	.259
	Equal variances not assumed			-.490	70.446	.626	-.091	.185	-.459	.278
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	4.646	.033	-1.145	121	.255	-.191	.167	-.522	.140
	Equal variances not assumed			-.983	53.265	.330	-.191	.195	-.582	.199
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	2.810	.097	-.796	109	.428	-.170	.214	-.593	.253
	Equal variances not assumed			-.745	56.856	.459	-.170	.228	-.627	.287
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	3.555	.062	.048	113	.962	.009	.187	-.361	.379
	Equal variances not assumed			.043	51.895	.966	.009	.208	-.408	.426
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	4.509	.036	-.456	117	.649	-.087	.191	-.465	.291
	Equal variances not assumed			-.411	55.234	.683	-.087	.212	-.512	.337

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.067	.796	-.822	121	.413	-.198	.241	-.674	.279
	Equal variances not assumed			-.804	70.296	.424	-.198	.246	-.689	.293
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.715	.399	.900	123	.370	.193	.214	-.232	.617
	Equal variances not assumed			.905	74.562	.368	.193	.213	-.232	.618
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	5.660	.019	-2.166	127	.032	-.493	.228	-.943	-.043
	Equal variances not assumed			-1.989	64.160	.051	-.493	.248	-.988	.002
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.080	.778	-.556	124	.579	-.114	.205	-.520	.292
	Equal variances not assumed			-.554	72.642	.581	-.114	.206	-.524	.296
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.953	.331	-1.021	125	.309	-.167	.164	-.492	.157
	Equal variances not assumed			-.973	69.954	.334	-.167	.172	-.510	.176
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	.105	.746	.528	123	.598	.092	.175	-.254	.439
	Equal variances not assumed			.537	76.380	.593	.092	.172	-.250	.435
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.580	.448	.472	121	.638	.090	.190	-.287	.466
	Equal variances not assumed			.458	68.982	.648	.090	.196	-.301	.480
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.077	.781	.033	123	.974	.006	.178	-.346	.358
	Equal variances not assumed			.032	70.800	.975	.006	.183	-.360	.372
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.350	.555	.062	114	.951	.013	.203	-.389	.414
	Equal variances not assumed			.059	61.886	.953	.013	.210	-.408	.433

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	2.289	.133	1.294	114	.198	.267	.206	-.142	.675
	Equal variances not assumed			1.398	77.886	.166	.267	.191	-.113	.646
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.304	.583	.236	116	.813	.050	.210	-.367	.466
	Equal variances not assumed			.229	64.969	.819	.050	.217	-.383	.483
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.871	.353	-.538	113	.592	-.100	.186	-.468	.268
	Equal variances not assumed			-.556	66.844	.580	-.100	.180	-.459	.259
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	7.112	.009	-2.026	121	.045	-.338	.167	-.668	-.008
	Equal variances not assumed			-1.871	59.693	.066	-.338	.181	-.700	.023
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	.092	.762	.742	113	.460	.133	.180	-.223	.490
	Equal variances not assumed			.761	75.636	.449	.133	.175	-.216	.482
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	.371	.544	-1.113	108	.268	-.204	.183	-.567	.159
	Equal variances not assumed			-1.128	68.735	.263	-.204	.181	-.564	.157
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	4.927	.028	1.523	116	.131	.300	.197	-.090	.689
	Equal variances not assumed			1.411	58.691	.164	.300	.212	-.125	.725
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	.335	.564	-.299	116	.765	-.061	.204	-.466	.344
	Equal variances not assumed			-.292	68.660	.771	-.061	.209	-.479	.356
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.016	.900	-.763	115	.447	-.179	.235	-.645	.286
	Equal variances not assumed			-.746	71.788	.458	-.179	.240	-.659	.300

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.008	.931	-.802	108	.424	-.170	.211	-.588	.249
	Equal variances not assumed			-.788	63.627	.434	-.170	.215	-.599	.260
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	1.248	.266	.814	120	.417	.170	.209	-.244	.584
	Equal variances not assumed			.820	75.759	.415	.170	.208	-.243	.584
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.000	.996	.480	125	.632	.066	.138	-.207	.339
	Equal variances not assumed			.487	82.110	.627	.066	.136	-.204	.336
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	2.617	.108	.196	125	.845	.032	.165	-.294	.358
	Equal variances not assumed			.207	90.201	.837	.032	.156	-.278	.343
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.000	.996	.230	124	.818	.040	.173	-.303	.383
	Equal variances not assumed			.225	74.685	.823	.040	.177	-.313	.393
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.135	.714	1.087	125	.279	.188	.173	-.155	.531
	Equal variances not assumed			1.099	81.157	.275	.188	.171	-.153	.529
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	2.676	.104	-.242	125	.809	-.041	.171	-.380	.297
	Equal variances not assumed			-.261	95.843	.794	-.041	.158	-.356	.273
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	2.006	.159	1.055	125	.293	.182	.173	-.159	.524
	Equal variances not assumed			1.141	96.477	.257	.182	.160	-.135	.499

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	1.357	.246	-.050	122	.960	-.007	.135	-.273	.260
	Equal variances not assumed			-.048	69.984	.962	-.007	.142	-.289	.276
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	1.175	.280	.430	121	.668	.061	.142	-.220	.342
	Equal variances not assumed			.411	71.206	.683	.061	.149	-.235	.357
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	1.502	.223	.000	121	1.000	.000	.154	-.305	.305
	Equal variances not assumed			.000	71.252	1.000	.000	.161	-.322	.322
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	2.337	.129	-.503	119	.616	-.084	.167	-.415	.247
	Equal variances not assumed			-.466	64.439	.643	-.084	.180	-.444	.276
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	2.093	.151	.986	121	.326	.146	.148	-.148	.440
	Equal variances not assumed			.926	68.285	.357	.146	.158	-.169	.462
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	1.612	.207	.215	122	.830	.031	.145	-.256	.318
	Equal variances not assumed			.204	70.095	.839	.031	.153	-.273	.336

Table E18

Enrollment Size

Independent Samples Test: Size		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	.179	.673	.506	116	.614	.135	.266	-.392	.661
	Equal variances not assumed			.476	17.645	.640	.135	.283	-.460	.729
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	1.335	.250	-1.158	116	.249	-.331	.286	-.896	.235
	Equal variances not assumed			-1.076	17.514	.297	-.331	.307	-.978	.317
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	.085	.771	-.500	112	.618	-.139	.279	-.692	.413
	Equal variances not assumed			-.541	19.643	.594	-.139	.258	-.677	.399
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.704	.403	.058	108	.954	.018	.306	-.589	.625
	Equal variances not assumed			.066	18.624	.948	.018	.272	-.552	.588
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.167	.684	-.186	119	.853	-.047	.254	-.550	.455
	Equal variances not assumed			-.200	19.131	.844	-.047	.236	-.541	.447
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	.377	.541	-.251	118	.802	-.067	.265	-.592	.459
	Equal variances not assumed			-.236	17.560	.816	-.067	.282	-.661	.528
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	.484	.488	1.845	117	.067	.437	.237	-.032	.905
	Equal variances not assumed			2.362	22.724	.027	.437	.185	.054	.819
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.326	.569	1.775	118	.078	.457	.258	-.053	.967
	Equal variances not assumed			2.188	21.697	.040	.457	.209	.023	.891

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.022	.881	-.033	116	.974	-.010	.298	-.600	.581
	Equal variances not assumed			-.033	18.416	.974	-.010	.296	-.630	.611
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.000	.989	.542	117	.589	.132	.244	-.350	.615
	Equal variances not assumed			.589	19.415	.562	.132	.224	-.336	.600
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	1.565	.214	.520	113	.604	.160	.308	-.449	.769
	Equal variances not assumed			.568	19.727	.576	.160	.282	-.428	.748
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	1.438	.233	.977	117	.331	.338	.347	-.348	1.025
	Equal variances not assumed			.848	16.893	.408	.338	.399	-.504	1.180
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.067	.796	.182	118	.856	.048	.262	-.470	.566
	Equal variances not assumed			.187	18.599	.853	.048	.254	-.485	.580
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	1.524	.220	1.789	114	.076	.429	.240	-.046	.904
	Equal variances not assumed			2.349	23.810	.027	.429	.183	.052	.806
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	.465	.497	1.944	103	.055	.582	.300	-.012	1.176
	Equal variances not assumed			1.765	16.229	.096	.582	.330	-.116	1.281
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.199	.657	1.214	107	.228	.326	.269	-.207	.859
	Equal variances not assumed			1.003	14.043	.333	.326	.325	-.371	1.023
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	.030	.862	1.113	111	.268	.312	.280	-.243	.866
	Equal variances not assumed			.956	14.183	.355	.312	.326	-.387	1.010

(*table continues*)

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		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.083	.773	.990	116	.324	.343	.346	-.343	1.029
	Equal variances not assumed			.932	17.646	.364	.343	.368	-.432	1.118
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.298	.586	-1.127	115	.262	-.349	.310	-.963	.265
	Equal variances not assumed			-1.122	18.317	.276	-.349	.311	-1.002	.304
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.307	.581	.541	118	.589	.181	.334	-.481	.843
	Equal variances not assumed			.567	18.829	.577	.181	.319	-.487	.849
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	1.774	.186	2.492	116	.014	.713	.286	.146	1.280
	Equal variances not assumed			2.845	20.290	.010	.713	.251	.191	1.236
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.001	.970	1.778	116	.078	.429	.241	-.049	.907
	Equal variances not assumed			2.308	23.233	.030	.429	.186	.045	.813
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	3.668	.058	-.462	115	.645	-.116	.250	-.612	.380
	Equal variances not assumed			-.383	16.582	.707	-.116	.302	-.754	.523
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.926	.338	.819	114	.414	.225	.275	-.319	.769
	Equal variances not assumed			.903	19.821	.377	.225	.249	-.295	.745
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	.100	.753	.081	116	.936	.021	.255	-.485	.527
	Equal variances not assumed			.078	17.936	.938	.021	.264	-.534	.576
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.600	.440	-.077	107	.939	-.022	.287	-.592	.548
	Equal variances not assumed			-.087	20.919	.932	-.022	.253	-.548	.504

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	2.308	.132	1.216	106	.227	.346	.285	-.218	.911
	Equal variances not assumed			1.484	22.681	.152	.346	.233	-.137	.829
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	4.241	.042	.292	108	.771	.088	.300	-.507	.683
	Equal variances not assumed			.392	25.401	.698	.088	.224	-.373	.548
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	3.364	.069	1.236	106	.219	.316	.256	-.191	.823
	Equal variances not assumed			1.641	25.364	.113	.316	.193	-.080	.713
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	2.499	.117	.687	113	.493	.167	.243	-.314	.647
	Equal variances not assumed			.787	20.588	.440	.167	.212	-.274	.607
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	.393	.532	.407	107	.684	.099	.244	-.384	.582
	Equal variances not assumed			.350	17.058	.731	.099	.284	-.500	.698
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	.051	.822	-1.740	103	.085	-.422	.243	-.903	.059
	Equal variances not assumed			-1.803	19.514	.087	-.422	.234	-.912	.067
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.540	.464	1.889	109	.062	.527	.279	-.026	1.080
	Equal variances not assumed			1.920	18.874	.070	.527	.274	-.048	1.102
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	2.676	.105	-.120	108	.904	-.035	.292	-.613	.543
	Equal variances not assumed			-.158	24.660	.876	-.035	.222	-.493	.422
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.832	.364	.165	108	.870	.057	.344	-.625	.738
	Equal variances not assumed			.181	18.299	.858	.057	.312	-.597	.710

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.239	.626	.778	103	.438	.231	.297	-.357	.819
	Equal variances not assumed			.844	18.356	.410	.231	.274	-.343	.805
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	.648	.423	.368	113	.714	.110	.299	-.482	.702
	Equal variances not assumed			.449	21.961	.658	.110	.245	-.398	.618
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	1.658	.200	.703	117	.484	.142	.202	-.258	.541
	Equal variances not assumed			.594	16.679	.560	.142	.238	-.362	.645
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.002	.968	.626	117	.533	.151	.241	-.326	.627
	Equal variances not assumed			.609	17.963	.550	.151	.247	-.369	.670
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	1.233	.269	.950	116	.344	.239	.252	-.260	.739
	Equal variances not assumed			1.043	19.624	.310	.239	.230	-.240	.719
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.115	.736	1.547	117	.125	.392	.253	-.110	.893
	Equal variances not assumed			1.596	18.668	.127	.392	.245	-.123	.906
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.124	.726	1.362	117	.176	.337	.248	-.153	.827
	Equal variances not assumed			1.082	16.247	.295	.337	.312	-.323	.997
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.482	.489	1.676	117	.096	.417	.249	-.076	.909
	Equal variances not assumed			1.677	18.284	.111	.417	.249	-.105	.938

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.049	.825	1.513	114	.133	.288	.190	-.089	.665
	Equal variances not assumed			1.483	18.169	.155	.288	.194	-.120	.695
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.852	.358	1.445	113	.151	.280	.194	-.104	.664
	Equal variances not assumed			1.488	18.842	.153	.280	.188	-.114	.674
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.452	.503	.783	113	.435	.167	.213	-.255	.588
	Equal variances not assumed			.806	18.828	.430	.167	.207	-.267	.600
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.013	.910	2.291	111	.024	.543	.237	.073	1.013
	Equal variances not assumed			2.361	17.230	.030	.543	.230	.058	1.028
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.019	.891	1.147	113	.254	.243	.212	-.177	.664
	Equal variances not assumed			1.107	18.028	.283	.243	.220	-.219	.705
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.508	.478	1.499	114	.137	.302	.202	-.097	.702
	Equal variances not assumed			1.334	17.177	.200	.302	.227	-.176	.780

Table E19

CAHME Accredited

Independent Samples Test: CAHMEAccredited		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	.769	.382	.431	121	.667	.088	.205	-.317	.494
	Equal variances not assumed			.406	40.597	.687	.088	.218	-.351	.528
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	.087	.769	1.177	120	.242	.258	.219	-.176	.692
	Equal variances not assumed			1.166	41.406	.250	.258	.221	-.189	.705
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	.971	.326	.117	116	.907	.025	.215	-.401	.452
	Equal variances not assumed			.109	38.819	.913	.025	.231	-.441	.492
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.022	.883	1.796	111	.075	.414	.231	-.043	.871
	Equal variances not assumed			1.766	42.432	.085	.414	.235	-.059	.888
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	1.384	.242	1.593	124	.114	.306	.192	-.074	.686
	Equal variances not assumed			1.593	43.630	.118	.306	.192	-.081	.693
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	2.010	.159	1.084	123	.281	.220	.203	-.182	.621
	Equal variances not assumed			.999	39.363	.324	.220	.220	-.225	.665
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	1.037	.310	2.233	122	.027	.411	.184	.047	.775
	Equal variances not assumed			2.856	70.981	.006	.411	.144	.124	.697
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	2.408	.123	2.340	123	.021	.461	.197	.071	.851
	Equal variances not assumed			2.894	64.986	.005	.461	.159	.143	.779

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	4.357	.039	-.954	121	.342	-.221	.231	-.679	.237
	Equal variances not assumed			-.812	36.161	.422	-.221	.272	-.772	.331
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.657	.419	.333	122	.740	.064	.192	-.317	.445
	Equal variances not assumed			.330	43.516	.743	.064	.194	-.327	.455
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	1.495	.224	1.288	117	.200	.302	.235	-.163	.767
	Equal variances not assumed			1.211	41.063	.233	.302	.250	-.202	.806
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.959	.329	-.321	122	.748	-.086	.268	-.618	.445
	Equal variances not assumed			-.310	41.793	.758	-.086	.278	-.648	.476
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.022	.883	.860	122	.391	.173	.201	-.225	.570
	Equal variances not assumed			.966	53.405	.339	.173	.179	-.186	.531
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	1.878	.173	-.800	118	.425	-.148	.185	-.515	.219
	Equal variances not assumed			-.686	35.053	.497	-.148	.216	-.586	.290
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	2.261	.136	-1.006	107	.317	-.236	.234	-.700	.229
	Equal variances not assumed			-.921	33.097	.364	-.236	.256	-.756	.285
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	5.049	.027	-1.377	110	.171	-.291	.211	-.709	.128
	Equal variances not assumed			-1.109	27.603	.277	-.291	.262	-.828	.246
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	9.921	.002	-2.361	114	.020	-.497	.210	-.914	-.080
	Equal variances not assumed			-1.909	30.414	.066	-.497	.260	-1.028	.034

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.910	.342	.328	118	.744	.090	.273	-.452	.631
	Equal variances not assumed			.307	38.710	.761	.090	.292	-.501	.680
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.179	.673	.407	120	.685	.099	.244	-.384	.583
	Equal variances not assumed			.407	41.898	.686	.099	.244	-.394	.593
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	1.135	.289	-1.670	122	.097	-.429	.257	-.936	.079
	Equal variances not assumed			-1.565	40.251	.125	-.429	.274	-.982	.125
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.297	.587	.066	120	.947	.015	.231	-.441	.472
	Equal variances not assumed			.064	38.073	.949	.015	.238	-.466	.496
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.095	.759	.635	121	.527	.111	.175	-.236	.458
	Equal variances not assumed			.669	47.911	.507	.111	.166	-.223	.446
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	.046	.831	-.049	119	.961	-.010	.198	-.401	.382
	Equal variances not assumed			-.049	45.160	.961	-.010	.196	-.404	.385
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	1.004	.318	.823	118	.412	.174	.211	-.245	.593
	Equal variances not assumed			.870	48.966	.389	.174	.200	-.228	.576
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	1.709	.194	.596	120	.552	.117	.196	-.272	.506
	Equal variances not assumed			.643	50.118	.523	.117	.182	-.249	.483
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.077	.782	.142	111	.887	.033	.230	-.422	.488
	Equal variances not assumed			.143	38.785	.887	.033	.229	-.431	.497

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	.086	.770	1.322	111	.189	.310	.235	-.155	.776
	Equal variances not assumed			1.361	40.385	.181	.310	.228	-.151	.771
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.515	.474	1.600	113	.112	.378	.236	-.090	.845
	Equal variances not assumed			1.610	41.136	.115	.378	.235	-.096	.851
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.133	.716	-3.015	110	.003	-.591	.196	-.980	-.203
	Equal variances not assumed			-2.755	36.472	.009	-.591	.215	-1.026	-.156
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	2.246	.137	-.626	117	.533	-.115	.184	-.480	.250
	Equal variances not assumed			-.579	40.168	.566	-.115	.199	-.518	.287
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	.949	.332	-.659	111	.511	-.134	.203	-.535	.268
	Equal variances not assumed			-.650	40.251	.520	-.134	.206	-.549	.282
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	.074	.787	-.572	106	.568	-.118	.206	-.527	.291
	Equal variances not assumed			-.549	37.328	.586	-.118	.215	-.553	.317
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	1.032	.312	.133	114	.894	.029	.219	-.405	.463
	Equal variances not assumed			.125	41.072	.901	.029	.235	-.445	.503
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	.871	.353	.972	111	.333	.233	.240	-.242	.708
	Equal variances not assumed			1.010	38.381	.319	.233	.231	-.234	.700
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	1.551	.216	.501	111	.618	.138	.276	-.409	.685
	Equal variances not assumed			.523	41.311	.604	.138	.264	-.395	.672

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	1.150	.286	1.142	106	.256	.274	.240	-.202	.749
	Equal variances not assumed			1.232	41.856	.225	.274	.222	-.175	.722
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	1.030	.312	1.211	115	.228	.289	.238	-.183	.761
	Equal variances not assumed			1.305	48.387	.198	.289	.221	-.156	.734
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	8.467	.004	-1.089	120	.278	-.170	.156	-.480	.139
	Equal variances not assumed			-1.225	54.267	.226	-.170	.139	-.449	.108
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	3.282	.073	-2.002	120	.048	-.359	.179	-.713	-.004
	Equal variances not assumed			-2.034	45.441	.048	-.359	.176	-.714	-.004
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.578	.449	-1.615	119	.109	-.313	.194	-.696	.071
	Equal variances not assumed			-1.643	45.715	.107	-.313	.190	-.696	.070
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.217	.642	-.920	120	.359	-.182	.198	-.575	.210
	Equal variances not assumed			-.923	44.493	.361	-.182	.198	-.581	.216
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	1.227	.270	-1.289	120	.200	-.248	.193	-.630	.133
	Equal variances not assumed			-1.190	39.755	.241	-.248	.209	-.671	.174
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.364	.547	-1.293	120	.199	-.255	.197	-.644	.135
	Equal variances not assumed			-1.291	44.243	.203	-.255	.197	-.652	.143

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.729	.395	-2.392	117	.018	-.360	.150	-.658	-.062
	Equal variances not assumed			-2.330	43.151	.025	-.360	.154	-.671	-.048
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.047	.829	-1.021	116	.309	-.163	.159	-.478	.153
	Equal variances not assumed			-1.020	45.026	.313	-.163	.159	-.484	.159
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.158	.692	-.398	116	.691	-.068	.172	-.408	.272
	Equal variances not assumed			-.387	43.153	.701	-.068	.177	-.424	.288
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.032	.858	-1.312	115	.192	-.248	.189	-.623	.127
	Equal variances not assumed			-1.216	38.537	.232	-.248	.204	-.661	.165
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.903	.344	-.818	116	.415	-.137	.168	-.470	.195
	Equal variances not assumed			-.779	41.903	.441	-.137	.176	-.493	.219
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.000	.996	-1.236	117	.219	-.198	.160	-.515	.119
	Equal variances not assumed			-1.235	44.811	.223	-.198	.160	-.521	.125

Table E20

Length of CAHME Accreditation

Independent Samples Test: TimeAccred		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	*t*	*df*	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	11.192	.001	-3.314	81	.001	-1.067	.322	-1.707	-.426
	Equal variances not assumed			-1.968	7.399	.088	-1.067	.542	-2.334	.201
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	10.343	.002	-2.046	80	.044	-.740	.362	-1.459	-.020
	Equal variances not assumed			-1.255	7.442	.247	-.740	.590	-2.117	.638
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	2.477	.119	-.915	80	.363	-.354	.387	-1.124	.416
	Equal variances not assumed			-.665	6.529	.529	-.354	.533	-1.633	.924
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.401	.528	.312	76	.756	.139	.445	-.747	1.025
	Equal variances not assumed			.273	5.625	.795	.139	.509	-1.128	1.405
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	11.576	.001	-2.154	82	.034	-.704	.327	-1.354	-.054
	Equal variances not assumed			-1.303	7.417	.232	-.704	.540	-1.967	.559
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	3.504	.065	-1.632	82	.107	-.539	.331	-1.197	.118
	Equal variances not assumed			-1.141	7.618	.288	-.539	.473	-1.639	.560
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	1.015	.317	-.606	81	.546	-.211	.347	-.902	.481
	Equal variances not assumed			-.388	6.378	.711	-.211	.543	-1.520	1.099
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.916	.341	.054	82	.957	.020	.363	-.703	.742
	Equal variances not assumed			.043	7.876	.966	.020	.454	-1.030	1.069

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.485	.488	.932	80	.354	.361	.388	-.410	1.133
	Equal variances not assumed			1.243	10.404	.241	.361	.291	-.283	1.006
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.850	.359	-.739	80	.462	-.260	.352	-.960	.440
	Equal variances not assumed			-.631	8.058	.546	-.260	.412	-1.210	.690
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.839	.363	-.214	78	.831	-.083	.390	-.860	.693
	Equal variances not assumed			-.194	8.274	.851	-.083	.430	-1.068	.902
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	.079	.779	1.882	81	.063	.850	.452	-.049	1.749
	Equal variances not assumed			1.666	8.148	.133	.850	.510	-.323	2.023
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.174	.678	.697	82	.487	.263	.377	-.487	1.014
	Equal variances not assumed			.950	10.494	.363	.263	.277	-.350	.876
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	.839	.363	.538	80	.592	.162	.302	-.438	.762
	Equal variances not assumed			.764	11.076	.461	.162	.212	-.305	.629
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	.907	.344	.000	74	1.000	.000	.369	-.736	.736
	Equal variances not assumed			.000	9.223	1.000	.000	.336	-.757	.757
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.836	.363	-.449	78	.655	-.145	.322	-.787	.497
	Equal variances not assumed			-.521	7.744	.617	-.145	.278	-.790	.500
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	.089	.767	-.076	79	.940	-.025	.331	-.684	.633
	Equal variances not assumed			-.083	7.485	.936	-.025	.302	-.730	.680

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.036	.850	.603	81	.548	.277	.459	-.637	1.190
	Equal variances not assumed			.634	8.785	.542	.277	.436	-.714	1.267
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	1.218	.273	-.575	80	.567	-.240	.417	-1.070	.590
	Equal variances not assumed			-.502	8.121	.629	-.240	.478	-1.339	.860
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.994	.322	-1.230	82	.222	-.539	.439	-1.412	.333
	Equal variances not assumed			-1.061	8.059	.320	-.539	.509	-1.711	.632
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	.470	.495	-1.050	81	.297	-.417	.397	-1.206	.373
	Equal variances not assumed			-1.235	9.380	.247	-.417	.337	-1.175	.342
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.024	.876	-1.442	80	.153	-.495	.343	-1.179	.188
	Equal variances not assumed			-1.577	7.457	.156	-.495	.314	-1.229	.238
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	.072	.789	.605	80	.547	.213	.352	-.487	.913
	Equal variances not assumed			.580	8.421	.577	.213	.367	-.626	1.052
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	.001	.974	-.417	79	.678	-.154	.370	-.890	.582
	Equal variances not assumed			-.461	9.082	.656	-.154	.335	-.910	.602
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	1.626	.206	-.508	81	.613	-.183	.361	-.901	.534
	Equal variances not assumed			-.430	8.023	.678	-.183	.426	-1.166	.799
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.079	.779	.579	75	.564	.217	.375	-.530	.965
	Equal variances not assumed			.622	9.059	.549	.217	.349	-.572	1.007

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	.032	.859	-.591	75	.557	-.237	.402	-1.038	.563
	Equal variances not assumed			-.517	8.210	.619	-.237	.459	-1.290	.816
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	3.953	.050	1.489	77	.141	.635	.426	-.214	1.484
	Equal variances not assumed			2.179	9.305	.056	.635	.291	-.021	1.291
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.478	.491	.170	75	.866	.057	.337	-.613	.728
	Equal variances not assumed			.182	7.489	.861	.057	.314	-.677	.791
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	.118	.733	-.209	79	.835	-.069	.333	-.732	.593
	Equal variances not assumed			-.187	6.897	.857	-.069	.372	-.953	.814
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	2.001	.161	-.151	76	.881	-.056	.369	-.790	.679
	Equal variances not assumed			-.282	9.658	.784	-.056	.197	-.497	.386
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	1.970	.165	.276	73	.783	.101	.367	-.630	.833
	Equal variances not assumed			.430	7.825	.679	.101	.236	-.445	.648
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.394	.532	.117	77	.907	.046	.391	-.733	.825
	Equal variances not assumed			.127	7.503	.902	.046	.360	-.794	.885
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	.246	.622	-.962	76	.339	-.406	.422	-1.248	.435
	Equal variances not assumed			-.854	6.918	.422	-.406	.476	-1.535	.722
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.133	.717	.494	76	.623	.232	.470	-.704	1.168
	Equal variances not assumed			.479	8.553	.644	.232	.484	-.872	1.336

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.639	.427	-.108	74	.914	-.044	.407	-.855	.766
	Equal variances not assumed			-.113	8.943	.912	-.044	.389	-.926	.837
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	1.882	.174	.034	78	.973	.014	.412	-.807	.835
	Equal variances not assumed			.028	8.015	.978	.014	.496	-1.130	1.157
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.072	.790	.096	82	.924	.026	.274	-.520	.572
	Equal variances not assumed			.100	8.702	.923	.026	.264	-.574	.627
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	.179	.673	1.441	82	.154	.434	.301	-.165	1.034
	Equal variances not assumed			1.329	8.258	.219	.434	.327	-.315	1.183
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.107	.744	.190	81	.850	.065	.342	-.615	.745
	Equal variances not assumed			.191	8.574	.853	.065	.341	-.712	.842
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.103	.750	-.038	82	.970	-.013	.346	-.701	.675
	Equal variances not assumed			-.030	7.861	.977	-.013	.435	-1.019	.993
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	1.205	.275	-1.251	82	.214	-.401	.321	-1.039	.237
	Equal variances not assumed			-1.036	7.957	.331	-.401	.387	-1.295	.493
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.730	.395	-3.416	82	.001	-1.112	.325	-1.759	-.464
	Equal variances not assumed			-2.868	7.990	.021	-1.112	.388	-2.006	-.218

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	4.128	.046	.818	80	.416	.209	.256	-.300	.719
	Equal variances not assumed			1.144	10.896	.277	.209	.183	-.194	.613
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	3.802	.055	.614	79	.541	.161	.262	-.361	.683
	Equal variances not assumed			.874	11.170	.401	.161	.184	-.244	.566
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	7.463	.008	1.112	79	.270	.315	.283	-.249	.879
	Equal variances not assumed			1.501	10.588	.162	.315	.210	-.149	.779
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	1.370	.245	.962	79	.339	.296	.308	-.317	.909
	Equal variances not assumed			1.422	11.660	.181	.296	.208	-.159	.752
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.124	.725	-.012	79	.990	-.003	.281	-.563	.556
	Equal variances not assumed			-.013	8.870	.990	-.003	.265	-.605	.598
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.010	.919	-.188	80	.852	-.051	.270	-.588	.487
	Equal variances not assumed			-.183	8.496	.859	-.051	.276	-.681	.580

Table E21

Other Accreditation

Independent Samples Test: OtherAccred		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	Equal variances assumed	.018	.895	.507	121	.613	.087	.172	-.254	.429
	Equal variances not assumed			.497	97.837	.620	.087	.176	-.262	.437
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	Equal variances assumed	3.826	.053	-.939	121	.350	-.175	.187	-.545	.194
	Equal variances not assumed			-.971	113.743	.334	-.175	.181	-.533	.182
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	Equal variances assumed	3.553	.062	1.911	116	.059	.345	.181	-.013	.704
	Equal variances not assumed			1.869	94.991	.065	.345	.185	-.021	.712
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	Equal variances assumed	.046	.831	.570	112	.570	.114	.199	-.281	.508
	Equal variances not assumed			.571	101.628	.570	.114	.199	-.281	.509
Q2.5_I see value in the use of the competency approach.	Equal variances assumed	.010	.922	-.079	125	.937	-.013	.161	-.330	.305
	Equal variances not assumed			-.077	100.630	.939	-.013	.163	-.337	.312
Q2.6_I support using the competency approach within healthcare administration programs.	Equal variances assumed	.086	.770	.315	124	.753	.053	.169	-.282	.388
	Equal variances not assumed			.306	95.725	.761	.053	.174	-.293	.400
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	Equal variances assumed	1.498	.223	-1.582	123	.116	-.253	.160	-.570	.064
	Equal variances not assumed			-1.675	121.356	.097	-.253	.151	-.553	.046
Q4.2_I feel adequately prepared to use/implement/assess competency education.	Equal variances assumed	.007	.932	.450	124	.654	.078	.173	-.264	.419
	Equal variances not assumed			.450	107.442	.654	.078	.173	-.265	.420

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	Equal variances assumed	.005	.944	-.272	122	.786	-.054	.197	-.443	.336
	Equal variances not assumed			-.274	108.093	.785	-.054	.195	-.440	.333
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	Equal variances assumed	.041	.840	.327	123	.744	.053	.163	-.269	.376
	Equal variances not assumed			.321	98.636	.749	.053	.166	-.276	.383
Q4.5_Implementing the competency approach is worth the effort it takes.	Equal variances assumed	.119	.731	.050	118	.960	.010	.197	-.380	.399
	Equal variances not assumed			.050	103.963	.960	.010	.196	-.380	.399
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	Equal variances assumed	3.562	.061	1.205	123	.230	.275	.228	-.176	.726
	Equal variances not assumed			1.243	117.907	.216	.275	.221	-.163	.712
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	Equal variances assumed	.978	.325	.860	123	.392	.147	.171	-.191	.484
	Equal variances not assumed			.876	111.752	.383	.147	.167	-.185	.478
Q6.1_My institution is supportive of the competency approach.	Equal variances assumed	.633	.428	1.322	119	.189	.209	.158	-.104	.523
	Equal variances not assumed			1.265	88.790	.209	.209	.165	-.119	.538
Q6.2_My institution understands its faculty attitudes toward competency education.	Equal variances assumed	1.129	.290	.422	107	.674	.086	.204	-.318	.490
	Equal variances not assumed			.431	99.167	.667	.086	.199	-.310	.482
Q6.3_Our faculty was included in the planning of our program's competency model/set.	Equal variances assumed	.206	.651	1.382	112	.170	.236	.171	-.102	.574
	Equal variances not assumed			1.324	82.026	.189	.236	.178	-.119	.591
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	Equal variances assumed	3.676	.058	2.359	115	.020	.410	.174	.066	.755
	Equal variances not assumed			2.208	76.831	.030	.410	.186	.040	.780

t-test for Equality of Means

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	Equal variances assumed	.049	.825	1.957	119	.053	.444	.227	-.005	.894
	Equal variances not assumed			1.948	106.043	.054	.444	.228	-.008	.896
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	Equal variances assumed	.002	.963	-.300	120	.764	-.061	.202	-.460	.339
	Equal variances not assumed			-.297	101.109	.767	-.061	.204	-.465	.344
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	Equal variances assumed	.042	.839	1.369	124	.174	.302	.221	-.135	.739
	Equal variances not assumed			1.373	108.621	.173	.302	.220	-.134	.738
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	Equal variances assumed	6.153	.014	1.736	121	.085	.335	.193	-.047	.717
	Equal variances not assumed			1.675	90.225	.097	.335	.200	-.062	.732
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	Equal variances assumed	.722	.397	-.252	122	.802	-.040	.159	-.355	.275
	Equal variances not assumed			-.265	120.053	.792	-.040	.151	-.339	.259
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	Equal variances assumed	2.857	.094	-1.541	120	.126	-.257	.167	-.586	.073
	Equal variances not assumed			-1.587	115.043	.115	-.257	.162	-.577	.064
Q8.5_The competency approach positively impacts the quality of education students receive.	Equal variances assumed	1.638	.203	-.567	118	.572	-.100	.176	-.449	.249
	Equal variances not assumed			-.574	107.683	.567	-.100	.174	-.445	.245
Q8.6_The competency approach prepares graduates for workplace success.	Equal variances assumed	1.212	.273	.871	120	.386	.146	.168	-.186	.478
	Equal variances not assumed			.891	113.377	.375	.146	.164	-.179	.471
Q8.7_The competency approach positively impacts the industries in which students will be employed.	Equal variances assumed	.096	.757	1.792	111	.076	.334	.186	-.035	.703
	Equal variances not assumed			1.810	97.548	.073	.334	.185	-.032	.700

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	Equal variances assumed	2.379	.126	.987	111	.326	.198	.200	-.199	.594
	Equal variances not assumed			1.022	98.797	.309	.198	.193	-.186	.581
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	Equal variances assumed	.969	.327	.043	114	.966	.009	.202	-.392	.410
	Equal variances not assumed			.042	88.032	.967	.009	.208	-.404	.421
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	Equal variances assumed	.009	.926	.161	111	.872	.028	.175	-.319	.375
	Equal variances not assumed			.161	97.457	.872	.028	.175	-.319	.375
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	Equal variances assumed	.100	.752	.785	119	.434	.125	.159	-.190	.439
	Equal variances not assumed			.786	103.582	.434	.125	.159	-.190	.439
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	Equal variances assumed	3.078	.082	.645	111	.520	.112	.173	-.231	.454
	Equal variances not assumed			.672	110.121	.503	.112	.166	-.217	.440
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	Equal variances assumed	.179	.673	.576	106	.566	.102	.177	-.248	.452
	Equal variances not assumed			.569	90.750	.571	.102	.179	-.253	.456
Q10.6_Employers expect the same skill level in new hires as in senior team members.	Equal variances assumed	.539	.465	-.225	114	.822	-.043	.190	-.420	.334
	Equal variances not assumed			-.228	105.576	.820	-.043	.188	-.416	.330
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	Equal variances assumed	1.836	.178	.209	114	.835	.041	.196	-.347	.429
	Equal variances not assumed			.202	85.310	.841	.041	.204	-.364	.446
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	Equal variances assumed	.051	.823	1.078	113	.283	.246	.229	-.207	.699
	Equal variances not assumed			1.076	95.953	.285	.246	.229	-.208	.701

(*table continues*)

		Levene's Test		t-test for Equality of Means					95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	Equal variances assumed	.042	.838	1.134	107	.259	.227	.200	-.170	.624
	Equal variances not assumed			1.130	91.239	.262	.227	.201	-.172	.626
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	Equal variances assumed	4.624	.034	.923	118	.358	.184	.199	-.210	.578
	Equal variances not assumed			.879	84.781	.382	.184	.209	-.232	.599
Q13.1_At what overall competency level do you perceive most students are leaving your program?	Equal variances assumed	.969	.327	.087	123	.931	.011	.131	-.247	.270
	Equal variances not assumed			.089	115.661	.929	.011	.128	-.241	.264
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	Equal variances assumed	5.394	.022	-.129	123	.897	-.020	.158	-.333	.292
	Equal variances not assumed			-.133	118.371	.894	-.020	.153	-.323	.282
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	Equal variances assumed	.168	.683	-1.339	122	.183	-.218	.163	-.541	.104
	Equal variances not assumed			-1.358	112.691	.177	-.218	.161	-.537	.100
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	Equal variances assumed	.373	.542	-.331	123	.742	-.055	.168	-.387	.276
	Equal variances not assumed			-.334	111.009	.739	-.055	.166	-.384	.274
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.874	.352	-.519	123	.605	-.084	.162	-.406	.237
	Equal variances not assumed			-.521	109.476	.603	-.084	.162	-.405	.236
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	Equal variances assumed	.056	.813	-.219	123	.827	-.036	.165	-.362	.290
	Equal variances not assumed			-.220	109.979	.826	-.036	.164	-.360	.288

(*table continues*)

| | | Levene's Test | | t-test for Equality of Means | | | | | | |
| | | | | | | | | | 95% CI of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	Equal variances assumed	.499	.481	.777	120	.439	.101	.130	-.156	.358
	Equal variances not assumed			.764	100.547	.447	.101	.132	-.161	.363
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	Equal variances assumed	.140	.709	-.503	119	.616	-.067	.133	-.331	.197
	Equal variances not assumed			-.506	108.290	.614	-.067	.132	-.329	.195
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	Equal variances assumed	.244	.622	-.177	119	.860	-.025	.144	-.311	.260
	Equal variances not assumed			-.179	111.950	.858	-.025	.142	-.308	.257
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	Equal variances assumed	.261	.610	.622	117	.535	.099	.159	-.216	.413
	Equal variances not assumed			.621	104.623	.536	.099	.159	-.217	.415
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	Equal variances assumed	.005	.945	-1.508	119	.134	-.215	.142	-.496	.067
	Equal variances not assumed			-1.488	102.534	.140	-.215	.144	-.500	.071
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	Equal variances assumed	.119	.730	-.224	120	.823	-.030	.136	-.299	.238
	Equal variances not assumed			-.225	110.095	.822	-.030	.135	-.298	.237

Appendix F: Correlations Analyses Results

The following guide for correlation strengths were used for the absolute value of rs:

- .00 - .19 = very weak

- .20 - .39 = weak

- .40 - .59 = moderate

- .60 - .79 = strong

- .80 – 1.0 = very strong

Section I: Dependent Variables to Each Individual Independent Variable

Table F1

Age

	Independent Variable
Dependent Variable	Age
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	-.001
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.004
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	-.139
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.078
Q2.5_I see value in the use of the competency approach.	-.042
Q2.6_I support using the competency approach within healthcare administration programs.	-.083
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	-.058

(*table continues*)

	Independent Variable
	Age
Q4.2_I feel adequately prepared to use/implement/assess competency education.	-.056
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.032
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	-.048
Q4.5_Implementing the competency approach is worth the effort it takes.	-.051
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.095
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	-.049
Q6.1_My institution is supportive of the competency approach.	-.049
Q6.2_My institution understands its faculty attitudes toward competency education.	-.090
Q6.3_Our faculty was included in the planning of our program's competency model/set.	-.068
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	-.110
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.042
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.121
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	-.062
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	-.094
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	-.152
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	.035
Q8.5_The competency approach positively impacts the quality of education students receive.	-.009
Q8.6_The competency approach prepares graduates for workplace success.	-.133
Q8.7_The competency approach positively impacts the industries in which students will be employed.	-.038
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	-.086
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.011
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	-.112
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.061
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.077
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.133
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.014
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.124
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.168
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	-.094
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.031
Q13.1_At what overall competency level do you perceive most students are leaving your program?	-.183*
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.254**
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	-.049
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	-.079
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	-.089

(*table continues*)

	Independent Variable
	Age
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	-.126
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	-.229*
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.158
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.178
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	-.254**
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.225*
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.255**

Note.* Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F2

Gender

Dependent Variable	Independent Variable
	Gender
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	-.042
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.070
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.128
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.016
Q2.5_I see value in the use of the competency approach.	.064
Q2.6_I support using the competency approach within healthcare administration programs.	.046
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.121
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.054
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.030
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.000
Q4.5_Implementing the competency approach is worth the effort it takes.	.012
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	.008
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	-.122
Q6.1_My institution is supportive of the competency approach.	.093
Q6.2_My institution understands its faculty attitudes toward competency education.	.104
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.002
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	-.035
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.019
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.036
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	-.197*
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	-.200*
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	-.110
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.052
Q8.5_The competency approach positively impacts the quality of education students receive.	-.107
Q8.6_The competency approach prepares graduates for workplace success.	-.067
Q8.7_The competency approach positively impacts the industries in which students will be employed.	-.054
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	-.100
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.208*

(*table continues*)

| | Independent Variable |
	Gender
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.100
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.114
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.190*
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	.000
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.031
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.214*
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.138
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	-.177
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.132
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.050
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.037
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	-.088
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.028
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	-.127
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.015
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.013
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.038
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.036
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.015
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.023
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.023

Note. * Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F3

Highest Degree

Dependent Variable	Independent Variable
	Highest Degree
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	-.086
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.017
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	-.031
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.068
Q2.5_I see value in the use of the competency approach.	-.013
Q2.6_I support using the competency approach within healthcare administration programs.	-.013
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.016
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.018
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.093
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	-.047
Q4.5_Implementing the competency approach is worth the effort it takes.	-.040
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.064
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	-.018
Q6.1_My institution is supportive of the competency approach.	-.017
Q6.2_My institution understands its faculty attitudes toward competency education.	-.107
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.060
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.043
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.049
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.025
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.061
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.049
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.032
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.095
Q8.5_The competency approach positively impacts the quality of education students receive.	-.012
Q8.6_The competency approach prepares graduates for workplace success.	.084
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.025
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.052
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	.099

(*table continues*)

	Independent Variable
	Highest Degree
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	-.002
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.219*
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.105
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.102
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.070
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.018
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.002
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.038
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.011
Q13.1_At what overall competency level do you perceive most students are leaving your program?	-.219*
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.208*
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	-.223*
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	-.264**
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	-.077
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	-.047
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	-.113
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.061
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.002
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	-.101
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.048
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.039

Note. * Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F4

FACHE

Dependent Variable	Independent Variable FACHE
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	-.159
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.168
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.000
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.054
Q2.5_I see value in the use of the competency approach.	-.096
Q2.6_I support using the competency approach within healthcare administration programs.	-.129
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	-.129
Q4.2_I feel adequately prepared to use/implement/assess competency education.	-.160
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.162
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	-.234**
Q4.5_Implementing the competency approach is worth the effort it takes.	-.203*
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	.155
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.015
Q6.1_My institution is supportive of the competency approach.	-.178*
Q6.2_My institution understands its faculty attitudes toward competency education.	-.133
Q6.3_Our faculty was included in the planning of our program's competency model/set.	-.163
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	-.187*
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.108
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.176
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	-.131
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	-.141
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	-.243**
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.086
Q8.5_The competency approach positively impacts the quality of education students receive.	-.184*
Q8.6_The competency approach prepares graduates for workplace success.	-.136
Q8.7_The competency approach positively impacts the industries in which students will be employed.	-.166
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	-.150
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.148

(*table continues*)

	Independent Variable
	FACHE
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.072
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.137
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.060
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.050
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.009
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.135
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.085
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	-.123
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.099
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.013
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.019
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	-.058
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.021
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.054
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.006
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	-.070
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.047
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.057
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.044
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.099
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.002

Note. * Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F5

Worked Out of Education with Expected Competencies

Dependent Variable	Independent Variable
	WorkOutEdu[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	-.044
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.103
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.078
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.044
Q2.5_I see value in the use of the competency approach.	-.062
Q2.6_I support using the competency approach within healthcare administration programs.	-.087
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	-.135
Q4.2_I feel adequately prepared to use/implement/assess competency education.	-.238**
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.045
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	-.150
Q4.5_Implementing the competency approach is worth the effort it takes.	-.140
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	.096
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.011
Q6.1_My institution is supportive of the competency approach.	.136
Q6.2_My institution understands its faculty attitudes toward competency education.	.141
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.103
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.121
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.093
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.074
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.063
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	-.098
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	-.113
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.111
Q8.5_The competency approach positively impacts the quality of education students receive.	-.163
Q8.6_The competency approach prepares graduates for workplace success.	-.042
Q8.7_The competency approach positively impacts the industries in which students will be employed.	-.058
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	-.120
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.210*

(table continues)

	Independent Variable
	WorkOutEdu[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.071
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.022
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.019
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	.038
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.117
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.139
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.016
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	-.220*
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.236**
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.083
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.012
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.061
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.000
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.153
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.112
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	-.075
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.133
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.212*
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	-.096
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.035
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.038

Note. [1]WorkOutEdu = Have you worked outside of academia in fields where employers expect competencies? * Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F6

Years Out of Education

Dependent Variable	Independent Variable
	YearsOutEdu[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.049
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.005
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	-.156
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.039
Q2.5_I see value in the use of the competency approach.	.028
Q2.6_I support using the competency approach within healthcare administration programs.	.026
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.000
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.017
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.081
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.085
Q4.5_Implementing the competency approach is worth the effort it takes.	.056
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.075
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	-.070
Q6.1_My institution is supportive of the competency approach.	.148
Q6.2_My institution understands its faculty attitudes toward competency education.	.025
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.148
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.138
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.137
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.089
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	-.142
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.047
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.041
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.075
Q8.5_The competency approach positively impacts the quality of education students receive.	.003
Q8.6_The competency approach prepares graduates for workplace success.	.060
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.077
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.116
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	.185

(table continues)

	Independent Variable
	YearsOutEdu[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	-.218*
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.051
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.126
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	.007
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.060
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.142
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.054
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.097
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.231*
Q13.1_At what overall competency level do you perceive most students are leaving your program?	-.151
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.210*
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	-.185
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	-.202
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	-.223*
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	-.175
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	-.204
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.071
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.121
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	-.205
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.190
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.116

Note. [1]YearsOutEdu = How long did you work in outside of academia where employers expected competencies? * Statistically significant at *p*<.05; ** Statistically significant at *p*<.01.

Table F7

Currently Out of Education

Dependent Variable	Independent Variable
	CurrentOutEdu[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	-.046
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.059
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.147
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.062
Q2.5_I see value in the use of the competency approach.	-.037
Q2.6_I support using the competency approach within healthcare administration programs.	-.048
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	-.128
Q4.2_I feel adequately prepared to use/implement/assess competency education.	-.090
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.103
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	-.203*
Q4.5_Implementing the competency approach is worth the effort it takes.	-.043
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.063
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	-.146
Q6.1_My institution is supportive of the competency approach.	-.066
Q6.2_My institution understands its faculty attitudes toward competency education.	.040
Q6.3_Our faculty was included in the planning of our program's competency model/set.	-.070
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	-.079
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.081
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.042
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	-.088
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	-.081
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	-.083
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.139
Q8.5_The competency approach positively impacts the quality of education students receive.	-.053
Q8.6_The competency approach prepares graduates for workplace success.	-.085
Q8.7_The competency approach positively impacts the industries in which students will be employed.	-.101
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	-.171
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.225*

(*table continues*)

	Independent Variable
	CurrentOutEdu[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.158
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.067
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.238*
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.012
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.034
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.221*
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.236*
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	-.274**
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.207*
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.164
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.101
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.043
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.044
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.122
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.069
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.007
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.046
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.037
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.037
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.035
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.057

Note. [1]CurrentOutEdu = Do you currently hold a position outside of academia as well? * Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F8

Position of Healthcare Management

Dependent Variable	Independent Variable
	PositionHCM[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	-.205*
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.137
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	-.023
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.159
Q2.5_I see value in the use of the competency approach.	-.196*
Q2.6_I support using the competency approach within healthcare administration programs.	-.226**
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	-.258**
Q4.2_I feel adequately prepared to use/implement/assess competency education.	-.219*
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.088
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	-.151
Q4.5_Implementing the competency approach is worth the effort it takes.	-.272**
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	.134
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.078
Q6.1_My institution is supportive of the competency approach.	-.210*
Q6.2_My institution understands its faculty attitudes toward competency education.	-.046
Q6.3_Our faculty was included in the planning of our program's competency model/set.	-.245**
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	-.207*
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.089
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.197*
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.147
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.043
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.012
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.118
Q8.5_The competency approach positively impacts the quality of education students receive.	-.239**
Q8.6_The competency approach prepares graduates for workplace success.	-.113
Q8.7_The competency approach positively impacts the industries in which students will be employed.	-.184*
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	-.164
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.124

(*table continues*)

	Independent Variable
	PositionHCM[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.054
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.101
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.091
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	.009
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.006
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.155
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.119
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	-.156
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.224*
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.164
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.077
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.078
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.029
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.192*
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.162
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.026
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.063
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.071
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.064
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.079
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.066

Note.[1]PositionHCM = Have you served in a position of healthcare management or administration? * Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F9

Currently in Healthcare Management

	Independent Variable
Dependent Variable	CurrentlyHCM[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.020
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.053
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.101
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.007
Q2.5_I see value in the use of the competency approach.	.038
Q2.6_I support using the competency approach within healthcare administration programs.	.034
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.055
Q4.2_I feel adequately prepared to use/implement/assess competency education.	-.001
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.013
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	-.233*
Q4.5_Implementing the competency approach is worth the effort it takes.	.084
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.078
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	-.035
Q6.1_My institution is supportive of the competency approach.	.033
Q6.2_My institution understands its faculty attitudes toward competency education.	-.054
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.005
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.090
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.072
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.028
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	-.105
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	-.114
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	-.041
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	.001
Q8.5_The competency approach positively impacts the quality of education students receive.	.127
Q8.6_The competency approach prepares graduates for workplace success.	.113
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.174
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.037
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.054

(*table continues*)

	Independent Variable
	CurrentlyHCM[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.014
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.081
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.172
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.013
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.022
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.132
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.124
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	-.085
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.000
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.052
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.029
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.007
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	-.048
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.084
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.069
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	-.130
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.100
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.109
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	-.208
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.046
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.011

Note. [1]CurrentlyHCM = Do you currently serve in a position of healthcare management or administration? * Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F10

Years of Healthcare Management Experience

	Independent Variable
Dependent Variable	YearsHCM[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.069
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.056
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	-.114
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.050
Q2.5_I see value in the use of the competency approach.	.001
Q2.6_I support using the competency approach within healthcare administration programs.	.031
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	-.023
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.165
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.139
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.160
Q4.5_Implementing the competency approach is worth the effort it takes.	-.028
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.032
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	-.125
Q6.1_My institution is supportive of the competency approach.	-.239*
Q6.2_My institution understands its faculty attitudes toward competency education.	-.013
Q6.3_Our faculty was included in the planning of our program's competency model/set.	-.102
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	-.096
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.104
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.151
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	-.193
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.032
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.047
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.118
Q8.5_The competency approach positively impacts the quality of education students receive.	.072
Q8.6_The competency approach prepares graduates for workplace success.	.021
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.035
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.238
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	.207

(*table continues*)

	Independent Variable
	YearsHCM[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	-.292*
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.012
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.012
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.005
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.112
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.163
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.060
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.165
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.262*
Q13.1_At what overall competency level do you perceive most students are leaving your program?	-.033
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.179
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	-.070
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	-.101
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	-.137
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	-.094
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	-.184
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.208
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.202
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	-.132
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.268*
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.223

Note. [1]YearsHCM = How many years have you held the healthcare management or administration position? * Statistically significant at *p*<.05; ** Statistically significant at *p*<.01.

Table F11

Years Teaching in Healthcare Administration

	Independent Variable
Dependent Variable	YearsEdu[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	-.001
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.069
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	-.020
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.027
Q2.5_I see value in the use of the competency approach.	-.053
Q2.6_I support using the competency approach within healthcare administration programs.	-.072
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.005
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.013
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.053
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.027
Q4.5_Implementing the competency approach is worth the effort it takes.	-.044
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.121
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	-.088
Q6.1_My institution is supportive of the competency approach.	-.015
Q6.2_My institution understands its faculty attitudes toward competency education.	-.036
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.064
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.069
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.023
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.067
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.054
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	-.019
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	-.062
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	.140
Q8.5_The competency approach positively impacts the quality of education students receive.	-.053
Q8.6_The competency approach prepares graduates for workplace success.	-.093
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.020
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	-.023
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.034

(*table continues*)

	Independent Variable
	YearsEdu[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.012
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.057
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.150
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	.037
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.272**
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.138
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.109
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	-.110
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.127
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.039
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.004
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.088
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	-.015
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.060
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.060
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	-.100
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.119
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.099
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	-.187*
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.063
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.004

Note. [1]YearsEdu = How many years have you been teaching in healthcare administration programs? * Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F12

Training in Competency Approach

Dependent Variable	Independent Variable Training[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	-.086
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.029
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.001
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.100
Q2.5_I see value in the use of the competency approach.	-.235**
Q2.6_I support using the competency approach within healthcare administration programs.	-.181*
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	-.347**
Q4.2_I feel adequately prepared to use/implement/assess competency education.	-.285**
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.028
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	-.122
Q4.5_Implementing the competency approach is worth the effort it takes.	-.156
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	.133
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.051
Q6.1_My institution is supportive of the competency approach.	-.102
Q6.2_My institution understands its faculty attitudes toward competency education.	-.089
Q6.3_Our faculty was included in the planning of our program's competency model/set.	-.211*
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	-.215*
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.259**
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.123
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.005
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	-.029
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.017
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.144
Q8.5_The competency approach positively impacts the quality of education students receive.	-.137
Q8.6_The competency approach prepares graduates for workplace success.	-.118
Q8.7_The competency approach positively impacts the industries in which students will be employed.	-.178
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	-.235*
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.104

(*table continues*)

	Independent Variable
	Training[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.043
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.045
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.141
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.014
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.079
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.099
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.092
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.002
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.029
Q13.1_At what overall competency level do you perceive most students are leaving your program?	-.042
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.007
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	-.022
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.017
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.036
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	-.072
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.004
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.001
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.032
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.145
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.038
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.028

Note. [1]Training = Have you had any training in the use of/implementing/assessing competency education? * Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F13

Program Housed in which College

Dependent Variable	Independent Variable
	ProgramHoused[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.005
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.048
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.036
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.002
Q2.5_I see value in the use of the competency approach.	.096
Q2.6_I support using the competency approach within healthcare administration programs.	.047
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.080
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.011
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.017
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.061
Q4.5_Implementing the competency approach is worth the effort it takes.	.089
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.157
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	-.065
Q6.1_My institution is supportive of the competency approach.	-.164
Q6.2_My institution understands its faculty attitudes toward competency education.	-.026
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.025
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	-.006
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.060
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.202*
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.146
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.114
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.083
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	.063
Q8.5_The competency approach positively impacts the quality of education students receive.	.009
Q8.6_The competency approach prepares graduates for workplace success.	.042
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.053
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.026
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	.148

(*table continues*)

	Independent Variable
	ProgramHoused[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	-.050
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.121
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.024
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.035
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.074
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.192*
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.080
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.060
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.132
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.109
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.068
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.069
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	-.004
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.099
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.084
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.128
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.082
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.195*
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.092
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.197*
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.134

Note. [1]ProgramHoused = In which college is your program housed at your institution? * Statistically significant at *p*<.05; ** Statistically significant at *p*<.01.

Table F14

Enrollment Size

Dependent Variable	EnrollmentSize[1]
	Independent Variable
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	-.018
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.123
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	-.074
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.023
Q2.5_I see value in the use of the competency approach.	-.066
Q2.6_I support using the competency approach within healthcare administration programs.	-.031
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.100
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.109
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.014
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.090
Q4.5_Implementing the competency approach is worth the effort it takes.	.005
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	.091
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.087
Q6.1_My institution is supportive of the competency approach.	.161
Q6.2_My institution understands its faculty attitudes toward competency education.	.148
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.099
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.087
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.052
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.007
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.003
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.201*
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.100
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.090
Q8.5_The competency approach positively impacts the quality of education students receive.	.025
Q8.6_The competency approach prepares graduates for workplace success.	-.007
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.028
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	-.063
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.100

(*table continues*)

	Independent Variable
	EnrollmentSize[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.188
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.002
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.007
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.045
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.108
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.036
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.007
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.033
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.028
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.177
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.164
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.091
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.138
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.176
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.200*
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.148
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.052
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.049
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.161
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.050
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.100

Note. [1]EnrollmentSize = What is the approximate enrollment of your program? * Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F15

CAHME Accredited

Dependent Variable	Independent Variable
	Accreditated[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.053
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.087
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	-.002
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.156
Q2.5_I see value in the use of the competency approach.	.158
Q2.6_I support using the competency approach within healthcare administration programs.	.137
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.187*
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.177*
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.040
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.014
Q4.5_Implementing the competency approach is worth the effort it takes.	.146
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.056
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.048
Q6.1_My institution is supportive of the competency approach.	-.008
Q6.2_My institution understands its faculty attitudes toward competency education.	-.099
Q6.3_Our faculty was included in the planning of our program's competency model/set.	-.056
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	-.140
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.050
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.028
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	-.147
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	-.006
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.021
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.030
Q8.5_The competency approach positively impacts the quality of education students receive.	.063
Q8.6_The competency approach prepares graduates for workplace success.	.036
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.004
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.113
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	.159

(*table continues*)

	Independent Variable
	Accreditated[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	-.251**
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.087
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.041
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.074
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.001
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.080
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.036
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.082
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.107
Q13.1_At what overall competency level do you perceive most students are leaving your program?	-.100
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.171
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	-.139
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	-.075
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	-.104
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	-.091
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	-.227*
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.122
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.031
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	-.144
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.085
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.118

Note. [1]Accreditated_Is your program accredited by CAHME? *Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F16

Length of CAHME Accreditation

	Independent Variable
Dependent Variable	TimeAccred[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.232*
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.135
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.068
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	-.024
Q2.5_I see value in the use of the competency approach.	.137
Q2.6_I support using the competency approach within healthcare administration programs.	.148
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	-.002
Q4.2_I feel adequately prepared to use/implement/assess competency education.	-.038
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.091
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.068
Q4.5_Implementing the competency approach is worth the effort it takes.	.026
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.196
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	-.059
Q6.1_My institution is supportive of the competency approach.	-.040
Q6.2_My institution understands its faculty attitudes toward competency education.	-.001
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.084
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.030
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.061
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.048
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.128
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.137
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.189
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.069
Q8.5_The competency approach positively impacts the quality of education students receive.	.086
Q8.6_The competency approach prepares graduates for workplace success.	.050
Q8.7_The competency approach positively impacts the industries in which students will be employed.	-.055
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.088
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.169

(*table continues*)

	Independent Variable
	TimeAccred[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	-.015
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.029
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.015
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.010
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.020
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.105
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.065
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.008
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.046
Q13.1_At what overall competency level do you perceive most students are leaving your program?	-.005
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.154
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	-.020
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.015
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.126
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.307**
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	-.099
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.071
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	-.131
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	-.116
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.012
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.043

Note. [1]TimeAccred = How long has your program been accredited by CAHME? *Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F17

Other Accreditation

Dependent Variable	Independent Variable
	OtherAccred[1]
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.059
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.091
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.148
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.077
Q2.5_I see value in the use of the competency approach.	-.037
Q2.6_I support using the competency approach within healthcare administration programs.	.030
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	-.198*
Q4.2_I feel adequately prepared to use/implement/assess competency education.	-.036
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.020
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.015
Q4.5_Implementing the competency approach is worth the effort it takes.	.026
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	.071
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.079
Q6.1_My institution is supportive of the competency approach.	.024
Q6.2_My institution understands its faculty attitudes toward competency education.	.038
Q6.3_Our faculty was included in the planning of our program's competency model/set.	-.006
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.059
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.090
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.069
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.095
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.157
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.038
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.077
Q8.5_The competency approach positively impacts the quality of education students receive.	-.045
Q8.6_The competency approach prepares graduates for workplace success.	.091
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.137
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.076
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	.021

(*table continues*)

	Independent Variable
	OtherAccred[1]
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.012
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.031
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.053
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	.048
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.003
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.005
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.104
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.117
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.056
Q13.1_At what overall competency level do you perceive most students are leaving your program?	-.006
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.018
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	-.106
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	-.028
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	-.065
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	-.002
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.070
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.068
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.028
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.075
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.098
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.028

Note. [1]OtherAccred_Is your program accredited by an accreditation body other than CAHME? *Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Section II: Dependent Variables to Dependent Variables by Question Sets

Table F18

DV to DV Q2

	Q2.1	Q2.2	Q2.3	Q2.4	Q2.5	Q2.6
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.						
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.518**					
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.367**	.702**				
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.353**	.428**	.372**			
Q2.5_I see value in the use of the competency approach.	.747**	.469**	.253**	.670**		
Q2.6_I support using the competency approach within healthcare administration programs.	.792**	.475**	.321**	.727**	.879**	
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.323**	.163	.312**	.316**	.352**	.385**
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.335**	.206*	.314**	.405**	.355**	.394**
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.128	.220**	.035	.187*	.062	.075
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.306**	.323**	.044	.333**	.226**	.227**
Q4.5_Implementing the competency approach is worth the effort it takes.	.675**	.484**	.263**	.698**	.674**	.749**
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.271**	-.105	-.196*	-.197*	-.258**	-.333**
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.044	-.064	-.006	-.034	.055	.011
Q6.1_My institution is supportive of the competency approach.	.196*	-.015	.310**	.153	.132	.172*
Q6.2_My institution understands its faculty attitudes toward competency education.	.401**	.215*	.338**	.317**	.361**	.386**
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.357**	.270**	.349**	.233*	.273**	.266**
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.280**	.147	.369**	.175	.183*	.211*
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.180*	.171*	.208*	.265**	.208*	.226**
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.387**	.233**	.199*	.490**	.502**	.483**
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.052	-.023	.086	.004	.009	-.005
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.159	.184*	.037	.140	.168	.172*
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.298**	.162	.167	.188*	.275**	.290**

(*table continues*)

	Q2.1	Q2.2	Q2.3	Q2.4	Q2.5	Q2.6
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	.014	-.089	-.143	-.014	.026	.029
Q8.5_The competency approach positively impacts the quality of education students receive.	.649**	.361**	.315**	.625**	.643**	.723**
Q8.6_The competency approach prepares graduates for workplace success.	.650**	.486**	.463**	.616**	.639**	.695**
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.624**	.431**	.441**	.605**	.622**	.663**
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.307**	.078	-.072	.264**	.212*	.179*
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	.026	.024	-.275**	.004	.045	.052
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	-.107	-.131	.350**	-.002	-.116	-.078
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.348**	.207*	.299**	.248**	.239**	.243**
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.052	-.043	-.104	-.073	-.074	-.075
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	.159	.004	.262**	.227*	.176	.240*
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.006	.021	-.216*	.053	.044	.054
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.110	.057	-.085	.022	.150	.169
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.167	.028	-.107	.067	.191*	.172
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.288**	.067	-.195*	.189	.220*	.187*
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.295**	.208*	.014	.317**	.288**	.314**
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.039	-.029	.091	.107	-.006	.075
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.003	-.070	.070	.038	-.004	.009
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.147	-.033	.088	.155	.042	.145
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.108	-.004	.050	.092	.014	.079
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.015	-.014	.187*	.066	-.069	.000
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.166	.040	.079	.165	.092	.195*

(table continues)

	Q2.1	Q2.2	Q2.3	Q2.4	Q2.5	Q2.6
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.007	.045	-.042	.068	.018	.053
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	-.024	.093	-.162	.044	.010	-.041
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.033	.119	-.053	.097	.035	.050
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	-.036	-.063	-.013	.026	-.042	-.016
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.034	.038	.025	.024	-.008	-.010
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	-.043	.083	-.054	.021	.012	.041

Note. Bold type represents high correlation ≥ .8. *Statistically significant at *p*<.05; ** Statistically significant at *p*<.01.

Table F19

DV to DV Q4

	Q4.1	Q4.2	Q4.3	Q4.4	Q4.5	Q4.6	Q4.7
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.323**	.335**	.128	.306**	.675**	-.271**	.044
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.163	.206*	.220**	.323**	.484**	-.105	-.064
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.312**	.314**	.035	.044	.263**	-.196*	-.006
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.316**	.405**	.187*	.333**	.698**	-.197*	-.034
Q2.5_I see value in the use of the competency approach.	.352**	.355**	.062	.226**	.674**	-.258**	.055
Q2.6_I support using the competency approach within healthcare administration programs.	.385**	.394**	.075	.227**	.749**	-.333**	.011
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.							
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.661**						
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.120	.132					
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.290**	.301**	.353**				
Q4.5_Implementing the competency approach is worth the effort it takes.	.354**	.381**	.202*	.528**			
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.043	-.019	.097	-.042	-.385**		
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.177*	.164*	.122	.135	-.003	.308**	
Q6.1_My institution is supportive of the competency approach.	.315**	.207*	.018	.084	.231**	-.235**	.103
Q6.2_My institution understands its faculty attitudes toward competency education.	.208*	.252**	.089	.213*	.404**	-.187*	-.088
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.363**	.235**	.143	.238**	.376**	-.201*	-.100
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.351**	.289**	.118	.189*	.310**	-.249**	-.059
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.125	.344**	.066	.190*	.284**	-.011	-.040
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.313**	.162	.222**	.382**	.572**	-.259**	.083

(*table continues*)

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	Q4.1	Q4.2	Q4.3	Q4.4	Q4.5	Q4.6	Q4.7
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	-.031	.016	-.013	.078	-.069	-.022	.191*
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.164	.160	.141	.284**	.205*	-.024	.145
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.217*	.151	.193*	.189*	.276**	-.101	.188*
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	.113	.053	.209*	.175*	.016	.009	.199*
Q8.5_The competency approach positively impacts the quality of education students receive.	.404**	.336**	.181*	.322**	.734**	-.396**	.031
Q8.6_The competency approach prepares graduates for workplace success.	.351**	.331**	.167	.355**	.715**	-.330**	.077
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.311**	.363**	.198*	.322**	.710**	-.290**	.025
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.171	.247**	.084	.235**	.225*	.134	.138
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	.058	.077	.055	.289**	.154	-.006	.124
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.067	-.008	-.017	-.150	-.168	-.032	-.167
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.120	.124	.013	.130	.277**	-.196*	.029
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.125	.019	.286**	.076	-.140	.242**	.026
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	.055	.010	-.127	-.080	.165	-.131	-.022
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.045	.121	.223*	.121	-.001	.309**	.115
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.124	.082	.100	.265**	.161	.046	.233*
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.127	.191*	-.017	.251**	.175	.162	.335**
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.063	.121	.045	.380**	.294**	.083	.169
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.241**	.147	.129	.339**	.396**	-.033	.154
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.096	.038	.093	-.023	.108	-.021	-.047

(table continues)

	Q4.1	Q4.2	Q4.3	Q4.4	Q4.5	Q4.6	Q4.7
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.070	.065	.083	.038	.067	.047	-.012
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.206*	.230**	.155	.043	.176	-.037	-.052
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.057	.078	.111	.000	.105	.033	-.040
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.129	.034	.159	-.006	.018	.021	.020
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.155	.091	.124	.025	.143	-.102	-.047
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.137	.155	.166	.204*	.164	.003	.099
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.092	.104	.166	.168	.122	.080	.038
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.136	.210*	.198*	.169	.191*	-.034	.021
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.031	.154	.171	.090	.090	.074	.120
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.050	-.017	.199*	.124	.043	-.013	.094
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.079	.090	.136	.100	.069	-.026	.039

Note. *Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F20

DV to DV Q6

	Q6.1	Q6.2	Q6.3	Q6.4	Q6.5	Q6.6
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.196*	.401**	.357**	.280**	.180*	.387**
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.015	.215*	.270**	.147	.171*	.233**
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.310**	.338**	.349**	.369**	.208*	.199*
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.153	.317**	.233*	.175	.265**	.490**
Q2.5_I see value in the use of the competency approach.	.132	.361**	.273**	.183*	.208*	.502**
Q2.6_I support using the competency approach within healthcare administration programs.	.172*	.386**	.266**	.211*	.226**	.483**
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.315**	.208*	.363**	.351**	.125	.313**
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.207*	.252**	.235**	.289**	.344**	.162
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.018	.089	.143	.118	.066	.222**
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.084	.213*	.238**	.189*	.190*	.382**
Q4.5_Implementing the competency approach is worth the effort it takes.	.231**	.404**	.376**	.310**	.284**	.572**
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.235**	-.187*	-.201*	-.249**	-.011	-.259**
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.103	-.088	-.100	-.059	-.040	.083
Q6.1_My institution is supportive of the competency approach.						
Q6.2_My institution understands its faculty attitudes toward competency education.	.388**					
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.524**	.483**				
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.587**	.412**	.862**			
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.240**	.301**	.483**	.417**		
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.118	.127	.219*	.190*	-.040	
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.115	.138	.082	.176*	-.006	.062
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.004	.270**	.153	.147	.069	.167
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.135	.322**	.197*	.153	-.048	.229**

(*table continues*)

	Q6.1	Q6.2	Q6.3	Q6.4	Q6.5	Q6.6
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	.066	-.098	-.063	-.026	-.167	.193*
Q8.5_The competency approach positively impacts the quality of education students receive.	.257**	.311**	.288**	.299**	.217*	.510**
Q8.6_The competency approach prepares graduates for workplace success.	.210*	.400**	.342**	.313**	.214*	.509**
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.182*	.377**	.343**	.329**	.223*	.487**
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.004	.081	.227*	.236*	.183*	.247**
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.165	-.199*	-.055	-.064	-.003	.155
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.200*	.306**	.145	.168	-.029	-.085
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.245**	.419**	.134	.193*	.174	.095
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.130	-.184	-.141	-.121	-.072	-.055
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	.095	.191	.100	.045	.097	.141
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.095	-.058	-.061	-.094	.153	-.058
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.013	-.123	.012	.032	-.066	.366**
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.029	.073	.089	.119	.071	.060
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	-.091	-.122	.039	.038	.051	.081
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.057	.075	.138	.094	.142	-.068
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.052	.167	.047	.117	.063	.062
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.151	.220*	.116	.244**	.047	.065
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.150	.251**	.138	.231*	.212*	.044
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.141	.232*	.112	.149	.151	-.040

(table continues)

	Q6.1	Q6.2	Q6.3	Q6.4	Q6.5	Q6.6
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.095	.219*	.114	.147	.096	.145
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.157	.248**	.095	.152	.090	.116
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.067	.008	.130	.170	-.042	.209*
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.054	-.091	.155	.179	.004	.099
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.004	-.077	.097	.157	.011	.075
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.052	.060	-.026	.047	.024	.095
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	-.064	-.033	.010	.040	-.122	.195*
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.017	-.033	.058	.097	-.025	.175

Note. Bold type represents high correlation ≥ .8. *Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F21

DV to DV Q8.1 – Q8.4

	Q8.1	Q8.2	Q8.3	Q8.4
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.052	.159	.298**	.014
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.023	.184*	.162	-.089
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.086	.037	.167	-.143
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.004	.140	.188*	-.014
Q2.5_I see value in the use of the competency approach.	.009	.168	.275**	.026
Q2.6_I support using the competency approach within healthcare administration programs.	-.005	.172*	.290**	.029
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	-.031	.164	.217*	.113
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.016	.160	.151	.053
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	-.013	.141	.193*	.209*
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.078	.284**	.189*	.175*
Q4.5_Implementing the competency approach is worth the effort it takes.	-.069	.205*	.276**	.016
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.022	-.024	-.101	.009
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.191*	.145	.188*	.199*
Q6.1_My institution is supportive of the competency approach.	.115	.004	.135	.066
Q6.2_My institution understands its faculty attitudes toward competency education.	.138	.270**	.322**	-.098
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.082	.153	.197*	-.063
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.176*	.147	.153	-.026
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.006	.069	-.048	-.167
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.062	.167	.229**	.193*
Q8.1_The responsibility of graduate preparedness falls directly on faculty.				
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.568**			
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.425**	.639**		
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	.005	-.090	.018	
Q8.5_The competency approach positively impacts the quality of education students receive.	.063	.185*	.273**	.100
Q8.6_The competency approach prepares graduates for workplace success.	.037	.222*	.279**	.014
Q8.7_The competency approach positively impacts the industries in which students will be employed.	-.004	.147	.226*	-.081
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.118	.228*	.206*	.168

(*table continues*)

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	Q8.1	Q8.2	Q8.3	Q8.4
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	.096	.200*	.100	.370**
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.040	-.140	-.025	-.144
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.139	.239**	.332**	-.090
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.054	-.023	-.052	.118
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.046	-.104	.073	-.108
Q10.6_Employers expect the same skill level in new hires as in senior team members.	-.002	.129	.090	.023
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.071	.168	.146	.269**
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.060	.051	.007	.270**
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.081	.203*	.059	.309**
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.068	.214*	.080	.272**
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.062	.163	.174	-.053
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.065	.131	.180*	-.021
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.044	.079	.120	-.051
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	-.040	.072	.127	-.078
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.145	.194*	.151	-.179*
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.116	.253**	.197*	-.017
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.209*	.208*	.171	.143
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.099	.109	.090	.142
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.075	.077	.065	.163
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.095	.105	.149	.004
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.195*	.102	.124	.137
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.175	.114	.159	.168

Note. *Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F22

DV to DV Q8.5 – Q8.8

	Q8.5	Q8.6	Q8.7	Q8.8
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.649**	.650**	.624**	.307**
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.361**	.486**	.431**	.078
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.315**	.463**	.441**	-.072
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.625**	.616**	.605**	.264**
Q2.5_I see value in the use of the competency approach.	.643**	.639**	.622**	.212*
Q2.6_I support using the competency approach within healthcare administration programs.	.723**	.695**	.663**	.179*
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.404**	.351**	.311**	.171
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.336**	.331**	.363**	.247**
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.181*	.167	.198*	.084
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.322**	.355**	.322**	.235**
Q4.5_Implementing the competency approach is worth the effort it takes.	.734**	.715**	.710**	.225*
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.396**	-.330**	-.290**	.134
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.031	.077	.025	.138
Q6.1_My institution is supportive of the competency approach.	.257**	.210*	.182*	.004
Q6.2_My institution understands its faculty attitudes toward competency education.	.311**	.400**	.377**	.081
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.288**	.342**	.343**	.227*
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.299**	.313**	.329**	.236*
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.217*	.214*	.223*	.183*
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.510**	.509**	.487**	.247**
Q8.1_The responsibility of graduate preparedness falls directly on faculty.				
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.				
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.				
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.				
Q8.5_The competency approach positively impacts the quality of education students receive.				
Q8.6_The competency approach prepares graduates for workplace success.	.767**			
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.720**	.839**		
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.149	.162	.182	

(*table continues*)

	Q8.5	Q8.6	Q8.7	Q8.8
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	.087	.019	-.064	.428**
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	-.091	.030	.032	-.307**
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.330**	.348**	.365**	-.030
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.095	-.155	-.168	.158
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	.090	.227*	.218*	-.167
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.042	-.038	.030	.179
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.139	.173	.171	.439**
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.131	.189*	.174	.481**
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.229*	.184	.151	.453**
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.344**	.320**	.219*	.390**
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.139	.136	.143	-.022
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.069	.054	.075	-.058
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.207*	.132	.188*	.027
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.067	.102	.090	.012
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.046	.117	.104	-.017
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.153	.152	.123	-.057
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.139	.065	.053	.140
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.108	-.026	.008	.217*
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.171	.071	.034	.161
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.120	.036	.052	.031
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.095	.050	.033	.077
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.059	.047	.006	.095

Note. Bold type represents high correlation $\geq$ .8. *Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F23

DV to DV Q 10.1 – 10.5

	Q10.1	Q10.2	Q10.3	Q10.4	Q10.5
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.026	-.107	.348**	-.052	.159
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.024	-.131	.207*	-.043	.004
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	-.275**	.350**	.299**	-.104	.262**
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.004	-.002	.248**	-.073	.227*
Q2.5_I see value in the use of the competency approach.	.045	-.116	.239**	-.074	.176
Q2.6_I support using the competency approach within healthcare administration programs.	.052	-.078	.243**	-.075	.240*
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.058	.067	.120	-.125	.055
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.077	-.008	.124	.019	.010
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.055	-.017	.013	.286**	-.127
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.289**	-.150	.130	.076	-.080
Q4.5_Implementing the competency approach is worth the effort it takes.	.154	-.168	.277**	-.140	.165
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.006	-.032	-.196*	.242**	-.131
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.124	-.167	.029	.026	-.022
Q6.1_My institution is supportive of the competency approach.	-.165	.200*	.245**	-.130	.095
Q6.2_My institution understands its faculty attitudes toward competency education.	-.199*	.306**	.419**	-.184	.191
Q6.3_Our faculty was included in the planning of our program's competency model/set.	-.055	.145	.134	-.141	.100
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	-.064	.168	.193*	-.121	.045
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.003	-.029	.174	-.072	.097
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.155	-.085	.095	-.055	.141
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.096	.040	.139	.054	-.046
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.200*	-.140	.239**	-.023	-.104
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.100	-.025	.332**	-.052	.073
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	.370**	-.144	-.090	.118	-.108
Q8.5_The competency approach positively impacts the quality of education students receive.	.087	-.091	.330**	-.095	.090
Q8.6_The competency approach prepares graduates for workplace success.	.019	.030	.348**	-.155	.227*
Q8.7_The competency approach positively impacts the industries in which students will be employed.	-.064	.032	.365**	-.168	.218*

(*table continues*)

	Q10.1	Q10.2	Q10.3	Q10.4	Q10.5
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.428**	-.307**	-.030	.158	-.167
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.					
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	-.598**				
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.240**	.214*			
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.150	-.059	-.286**		
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.339**	.262**	.218*	-.532**	
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.165	-.127	-.238**	.424**	-.290**
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.516**	-.363**	-.141	.102	-.047
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.408**	-.204*	-.093	.137	-.094
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.599**	-.425**	-.056	.123	-.097
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.391**	-.318**	.034	-.005	-.003
Q13.1_At what overall competency level do you perceive most students are leaving your program?	-.274**	.223*	.230*	-.008	.110
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	-.236*	.280**	.250**	-.068	.223*
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	-.158	.164	.233**	-.010	.161
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	-.283**	.227*	.219*	.017	.060
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	-.302**	.273**	.323**	-.033	.055
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	-.293**	.246**	.239**	-.025	.129
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.211*	-.047	-.069	.091	-.044
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.171	-.062	-.115	.021	-.079

(table continues)

	Q10.1	Q10.2	Q10.3	Q10.4	Q10.5
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.247**	-.072	-.173	-.003	-.053
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	-.070	.104	.064	.014	.052
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.161	.020	-.075	.044	-.083
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.113	.015	-.055	-.066	.021

Note. *Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F24

DV to DV Q 10.6 – 10.10

	Q10.6	Q10.7	Q10.8	Q10.9	Q10.10
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.006	.110	.167	.288**	.295**
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.021	.057	.028	.067	.208*
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	-.216*	-.085	-.107	-.195*	.014
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.053	.022	.067	.189	.317**
Q2.5_I see value in the use of the competency approach.	.044	.150	.191*	.220*	.288**
Q2.6_I support using the competency approach within healthcare administration programs.	.054	.169	.172	.187*	.314**
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	-.045	.124	.127	.063	.241**
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.121	.082	.191*	.121	.147
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.223*	.100	-.017	.045	.129
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.121	.265**	.251**	.380**	.339**
Q4.5_Implementing the competency approach is worth the effort it takes.	-.001	.161	.175	.294**	.396**
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	.309**	.046	.162	.083	-.033
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.115	.233*	.335**	.169	.154
Q6.1_My institution is supportive of the competency approach.	-.095	-.013	.029	-.091	.057
Q6.2_My institution understands its faculty attitudes toward competency education.	-.058	-.123	.073	-.122	.075

(*table continues*)

	Q10.6	Q10.7	Q10.8	Q10.9	Q10.10
Q6.3_Our faculty was included in the planning of our program's competency model/set.	-.061	.012	.089	.039	.138
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	-.094	.032	.119	.038	.094
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.153	-.066	.071	.051	.142
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	-.058	.366**	.249**	.336**	.512**
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	-.002	.071	.060	.081	-.068
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.129	.168	.051	.203*	.214*
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.090	.146	.007	.059	.080
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	.023	.269**	.270**	.309**	.272**
Q8.5_The competency approach positively impacts the quality of education students receive.	.042	.139	.131	.229*	.344**
Q8.6_The competency approach prepares graduates for workplace success.	-.038	.173	.189*	.184	.320**
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.030	.171	.174	.151	.219*
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.179	.439**	.481**	.453**	.390**
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.					
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.					
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.					
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.					
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.					
Q10.6_Employers expect the same skill level in new hires as in senior team members.					
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.189*				
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.329**	.713**			
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.216*	.702**	.673**		
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	.060	.518**	.496**	.604**	
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.044	-.131	-.079	-.149	-.048
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.103	-.135	-.093	-.187*	-.164
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.075	-.086	-.035	-.128	-.063

(*table continues*)

	Q10.6	Q10.7	Q10.8	Q10.9	Q10.10
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.095	-.130	-.069	-.180	-.103
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	-.036	-.061	-.096	-.160	-.029
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.006	-.204*	-.279**	-.212*	-.058
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.242**	.126	.094	.098	-.035
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.279**	.069	.067	.140	-.026
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.110	.059	.055	.111	.041
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.275**	.028	.085	.026	-.051
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.108	.082	.015	-.007	.015
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.156	.115	.012	.002	-.032

Note. *Statistically significant at *p*<.05; ** Statistically significant at *p*<.01.

Table F25

DV to DV Q13

	Q13.1	Q13.2	Q13.3	Q13.4	Q13.5	Q13.6
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.039	-.003	.147	.108	.015	.166
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	-.029	-.070	-.033	-.004	-.014	.040
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	.091	.070	.088	.050	.187*	.079
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.107	.038	.155	.092	.066	.165
Q2.5_I see value in the use of the competency approach.	-.006	-.004	.042	.014	-.069	.092
Q2.6_I support using the competency approach within healthcare administration programs.	.075	.009	.145	.079	.000	.195*
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.096	.070	.206*	.057	.129	.155
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.038	.065	.230**	.078	.034	.091
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.093	.083	.155	.111	.159	.124
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	-.023	.038	.043	.000	-.006	.025
Q4.5_Implementing the competency approach is worth the effort it takes.	.108	.067	.176	.105	.018	.143
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	-.021	.047	-.037	.033	.021	-.102
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	-.047	-.012	-.052	-.040	.020	-.047
Q6.1_My institution is supportive of the competency approach.	.052	.151	.150	.141	.095	.157
Q6.2_My institution understands its faculty attitudes toward competency education.	.167	.220*	.251**	.232*	.219*	.248**
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.047	.116	.138	.112	.114	.095
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.117	.244**	.231*	.149	.147	.152
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	.063	.047	.212*	.151	.096	.090
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.010	.017	.044	-.107	.084	.112
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.062	.065	.044	-.040	.145	.116
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.163	.131	.079	.072	.194*	.253**
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.174	.180*	.120	.127	.151	.197*

(*table continues*)

	Q13.1	Q13.2	Q13.3	Q13.4	Q13.5	Q13.6
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	-.053	-.021	-.051	-.078	-.179*	-.017
Q8.5_The competency approach positively impacts the quality of education students receive.	.139	.069	.207*	.067	.046	.153
Q8.6_The competency approach prepares graduates for workplace success.	.136	.054	.132	.102	.117	.152
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.143	.075	.188*	.090	.104	.123
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	-.022	-.058	.027	.012	-.017	-.057
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	-.274**	-.236*	-.158	-.283**	-.302**	-.293**
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	.223*	.280**	.164	-.283**	.273**	.246**
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	.230*	.250**	.233**	.219*	.323**	.239**
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	-.008	-.068	-.010	.017	-.033	-.025
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	.110	.223*	.161	.060	.055	.129
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.044	.103	.075	.095	-.036	.006
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	-.131	-.135	-.086	-.130	-.061	-.204*
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	-.079	-.093	-.035	-.069	-.096	-.279**
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	-.149	-.187*	-.128	-.180	-.160	-.212*
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.048	-.164	-.063	-.103	-.029	-.058
Q13.1_At what overall competency level do you perceive most students are leaving your program?						
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.726**					
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.643**	.626**				
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.694**	.658**	.684**			

(table continues)

	Q13.1	Q13.2	Q13.3	Q13.4	Q13.5	
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.668**	.509**	.650**	.551**		
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.671**	.579**	.534**	.609**	.621**	
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?	.336**	.311**	.324**	.242**	.255**	.254**
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.322**	.383**	.287**	.244**	.177*	.230*
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.276**	.275**	.334**	.214*	.192*	.226*
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.416**	.385**	.371**	.426**	.307**	.271**
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.391**	.315**	.370**	.259**	.425**	.362**
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.387**	.378**	.319**	.236**	.325**	.408**

Note. *Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F26

DV to DV Q16

	Q16.1	Q16.2	Q16.3	Q16.4	Q16.5	Q16.6
Q2.1_The competency approach to education is an effective method of preparing graduates for workplace success.	.007	-.024	.033	-.036	-.034	-.043
Q2.2_The competency approach to education is a collaborative effort between academia and the workplace.	.045	.093	.119	-.063	.038	.083
Q2.3_Current competencies used in competency models are tied with the realities and needs of healthcare management practice.	-.042	-.162	-.053	-.013	.025	-.054
Q2.4_I consider the evidence supporting the competency approach to education to be valid.	.068	.044	.097	.026	.024	.021
Q2.5_I see value in the use of the competency approach.	.018	.010	.035	-.042	-.008	.012
Q2.6_I support using the competency approach within healthcare administration programs.	.053	-.041	.050	-.016	-.010	.041
Q4.1_I have a good understanding of the competencies required of healthcare administration graduates.	.137	.092	.136	.031	.050	.079
Q4.2_I feel adequately prepared to use/implement/assess competency education.	.155	.104	.210*	.154	-.017	.090
Q4.3_Balancing the demands of providing a quality education while meeting the competency needs of a rapidly changing healthcare environment is challenging.	.166	.166	.198*	.171	.199*	.136
Q4.4_Competencies must be constantly updated to reflect the needs of the field.	.204*	.168	.169	.090	.124	.100
Q4.5_Implementing the competency approach is worth the effort it takes.	.164	.122	.191*	.090	.043	.069
Q4.6_Requiring competencies encroaches on the academic freedom of faculty in regards to course content.	.003	.080	-.034	.074	-.013	-.026
Q4.7_Having to update courses to reflect changing competencies creates additional work for faculty.	.099	.038	.021	.120	.094	.039
Q6.1_My institution is supportive of the competency approach.	.067	.054	.004	.052	-.064	.017
Q6.2_My institution understands its faculty attitudes toward competency education.	.008	-.091	-.077	.060	-.033	-.033
Q6.3_Our faculty was included in the planning of our program's competency model/set.	.130	.155	.097	-.026	.010	.058
Q6.4_Our faculty was included in the implementation of our program's competency model/set.	.170	.179	.157	.047	.040	.097
Q6.5_My program actively trains/ prepares faculty to use/implement/assess competency education.	-.042	.004	.011	.024	-.122	-.025
Q6.6_I would like to see more faculty development efforts in using/implementing/assessing competency education at my institution.	.180*	.110	.114	.043	.201*	.154
Q8.1_The responsibility of graduate preparedness falls directly on faculty.	.209*	.099	.075	.095	.195*	.175

(*table continues*)

	Q16.1	Q16.2	Q16.3	Q16.4	Q16.5	Q16.6
Q8.2_It is the responsibility of faculty to meet the leadership needs of the healthcare industry.	.208*	.109	.077	.105	.102	.114
Q8.3_It is the responsibility of faculty to prepare graduates to the competency level expected by employers.	.171	.090	.065	.149	.124	.159
Q8.4_Healthcare administration graduates are lacking some of the specific skills desired by employers but are generally competent.	.143	.142	.163	.004	.137	.168
Q8.5_The competency approach positively impacts the quality of education students receive.	.139	.108	.171	.120	.095	.059
Q8.6_The competency approach prepares graduates for workplace success.	.065	-.026	.071	.036	.050	.047
Q8.7_The competency approach positively impacts the industries in which students will be employed.	.053	.008	.034	.052	.033	.006
Q8.8_Faculty tend to believe that graduates are more prepared for workplace success than employers believe they are.	.140	.217*	.161	.031	.077	.095
Q10.1_There is a gap between the competency level that employers desire in graduates and the competency level graduates attain.	.211*	.171	.247**	-.070	.161	.113
Q10.2_Healthcare administration programs are adequately addressing employer expectations in regards to the competencies being taught.	-.047	-.062	-.072	.104	.020	.015
Q10.3_The competencies employers expect of graduates can be adequately taught in healthcare administration programs.	-.069	-.115	-.173	.064	-.075	-.055
Q10.4_Employer expectations of healthcare administration graduates' competency levels are too high.	.091	.021	-.003	.014	.044	-.066
Q10.5_Employer expectations of healthcare administration graduates' competency levels are on target.	-.044	-.079	-.053	.052	-.083	.021
Q10.6_Employers expect the same skill level in new hires as in senior team members.	.242**	.279**	.110	.275**	.108	.156
Q10.7_The different perspectives and culture of academia and the workplace contribute to the expectation gap.	.126	.069	.059	.028	.082	.115
Q10.8_The difference in the language used in academia and in the workplace contributes to the expectation gap.	.094	.067	.055	.085	.015	.012
Q10.9_Differences between academia and employers related to which competencies are more important contribute to the expectation gap.	.098	.140	.111	.026	-.007	.002
Q10.10_I feel that more cooperation between academia and employers is needed to close the expectation gap.	-.035	-.026	.041	-.051	.015	-.032
Q13.1_At what overall competency level do you perceive most students are leaving your program?	.336**	.322**	.276**	.416**	.391**	.387**
Q13.2_At what competency level do you perceive students leaving your program to possess in the area of Communication and Relationship Management?	.311**	.383**	.275**	.385**	.315**	.378**

(table continues)

	Q16.1	Q16.2	Q16.3	Q16.4	Q16.5	Q16.6
Q13.3_At what competency level do you perceive students leaving your program to possess in the area of Professionalism?	.324**	.287**	.334**	.371**	.370**	.319**
Q13.4_At what competency level do you perceive students leaving your program to possess in the area of Leadership?	.242**	.244**	.214*	.426**	.259**	.236**
Q13.5_At what competency level do you perceive students leaving your program to possess in the area of Knowledge of the Healthcare Environment?	.255**	.177*	.192*	.307**	.425**	.325**
Q13.6_At what competency level do you perceive students leaving your program to possess in the area of Business Knowledge and Skills?	.254**	.230*	.226*	.271**	.362**	.408**
Q16.1_At what overall competency level do you perceive employers expect of graduates entering their employ?						
Q16.2_At what competency level do you perceive employers expect of graduates in the area of Communication and Relationship Management?	.780**					
Q16.3_At what competency level do you perceive employers expect of graduates in the area of Professionalism?	.735**	.785**				
Q16.4_At what competency level do you perceive employers expect of graduates in the area of Leadership?	.713**	.700**	.625**			
Q16.5_At what competency level do you perceive employers expect of graduates in the area of Knowledge of the Healthcare Environment?	.669**	.659**	.726**	.605**		
Q16.6_At what competency level do you perceive employers expect of graduates in the area of Business Knowledge and Skills?	.715**	.751**	.717**	.602**	.821**	

Note. Bold type represents high correlation ≥ .8. *Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Section III: Independent Variables to Independent Variables by Demographic Category

Table F27

IV to IV Personal Category

	Personal Demographics			
	Age	Gender	Highest Degree	FACHE
Age				
Gender	-.200*			
Highest degree	.139	.046		
FACHE	-.051	.218*	.070	
WorkOutEdu_Have you worked outside of academia in fields where employers expect competencies?	-.184*	.223*	.034	.118
YearsOutEdu_How long did you work in outside of academia where employers expected competencies?	.483**	-.152	.204*	-.196
CurrentOutEdu_Do you currently hold a position outside of academia as well?	-.126	.218*	-.098	.063
PositionHCM_Have you served in a position of healthcare management or administration?	-.268**	.161	.071	.234**
CurrentlyHCM_Do you currently serve in this healthcare management or administration position?	.052	-.001	-.008	-.088
YearsHCM_How many years have you held the healthcare management or administration position?	.353**	-.078	.193	-.315**
YearsEdu_How many years have you been teaching in healthcare administration programs?	.480**	-.147	-.006	-.132
Training_Have you had any training in the use of/implementing/assessing competency education?	-.272**	.000	.042	.182*
ProgramHoused_In which college is your program housed at your institution?	.005	-.012	.057	.060
EnrollmentSize_What is the approximate enrollment of your program?	-.104	.099	.092	-.083
Accreditated_Is your program accredited by CAHME?	.042	.090	.101	.042
TimeAccred_How long has your program been accredited by CAHME?	.148	-.031	.150	-.032
OtherAccred_Is your program accredited by an accreditation body other than CAHME?	-.170	-.003	-.026	-.017

Note. *Statistically significant at *p<*.05; ** Statistically significant at *p<*.01.

Table F28

IV to IV Experience Category

	Experience Demographics			
	Work OutEdu	Years OutEdu	Current OutEdu	Position HCM
WorkOutEdu_Have you worked outside of academia in fields where employers expect competencies?				
YearsOutEdu_How long did you work in outside of academia where employers expected competencies?	No data generated			
CurrentOutEdu_Do you currently hold a position outside of academia as well?	.220*	-.425**		
PositionHCM_Have you served in a position of healthcare management or administration?	.441**	-.400**	.269**	
CurrentlyHCM_Do you currently serve in this healthcare management or administration position?	.101	-.170	.492**	No data generated
YearsHCM_How many years have you held the healthcare management or administration position?	-.214	.790**	-.194	No data generated
YearsEdu_How many years have you been teaching in healthcare administration programs?	-.056	.104	-.088	-.164
Training_Have you had any training in the use of/implementing/assessing competency education?	.095	-.136	.080	.204*
ProgramHoused_In which college is your program housed at your institution?	.011	-.076	-.026	.018
EnrollmentSize_What is the approximate enrollment of your program?	-.100	-.026	.014	.014
Accreditated_Is your program accredited by CAHME?	-.126	.111	-.025	-.062
TimeAccred_How long has your program been accredited by CAHME?	-.087	.113	-.130	.050
OtherAccred_Is your program accredited by an accreditation body other than CAHME?	.144	.199	-.065	.137

Note. *Statistically significant at $p<.05$; ** Statistically significant at $p<.01$.

Table F29

IV to IV Experience Category Continued

	Experience Demographics			
	Currently HCM	Years HCM	Years Edu	Training
YearsHCM_How many years have you held the healthcare management or administration position?	-.165			
YearsEdu_How many years have you been teaching in healthcare administration programs?	.022	.071		
Training_Have you had any training in the use of/implementing/assessing competency education?	-.046	-.058	-.345**	
ProgramHoused_In which college is your program housed at your institution?	-.077	.000	.035	-.066
EnrollmentSize_What is the approximate enrollment of your program?	-.088	-.037	-.062	.172
Accreditated_Is your program accredited by CAHME?	.004	.177	.043	-.090
TimeAccred_How long has your program been accredited by CAHME?	-.049	.204	.156	-.059
OtherAccred_Is your program accredited by an accreditation body other than CAHME?	-.044	.084	-.138	.066

Note. ** Statistically significant at *p*<.01.

Table F30

IV to IV Program Category

	Program Demographics			
	Program Housed	Enrollment Size	Accredited	Time Accred
ProgramHoused_In which college is your program housed at your institution?				
EnrollmentSize_What is the approximate enrollment of your program?	-.218*			
Accreditated_Is your program accredited by CAHME?	.074	.019		
TimeAccred_How long has your program been accredited by CAHME?	.045	.164	No data generated	
OtherAccred_Is your program accredited by an accreditation body other than CAHME?	-.073	.055	-.231*	-.181

Note. *Statistically significant at *p*<.05.