Impact of instructional practices on soft-skill competencies

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ABSTRACT

Soft-skill competencies are essential for successful careers. Yet, research shows that graduates often lack soft skill competencies. Reasons may be there is no set list of soft skills, soft skills are subjective, and they are challenging to teach and assess. Historically, there has been inconsistent funding for soft skill training in the U.S. for primary and secondary education. Therefore, students arrive to higher education settings with fragmented training in soft skill competency development.

This research examined recent graduates of health administration programs to gain a better understanding of soft skill competency training and development. One hundred eighty-six recent graduates of undergraduate and graduate health administration programs that attended a predominantly White institution [PWI] in Michigan and a historically black college and university [HBCU] in Florida participated in the survey. The online survey was developed with input from 20 health administrators in the Midwest that participated in a Delphi technique. The administration period of the online survey began summer and concluded fall of 2018.

Findings showed that soft-skill competencies were rarely taught in health administration settings. Yet, recent graduates' self-perception of soft-skill competencies ranked high in comparison to how often soft-skill competencies are taught. There is a striking influence of attending a HBCU on the development of soft skill competencies.

Employers look to higher education to prepare students for the workplace. To do so, more research is recommended to unpack the nuances of soft skill competencies and development in students as well as the salient factors in HBCUs that foster soft skill competency development.

Keywords: soft-skills, health administration, HBCU, recent graduates, career preparation

LITERATURE REVIEW

Recent survey research has highlighted the importance of incorporating soft skill competencies in the curricula of academic programs (Ashford, 2019; McDonough, 2020). Such skills are not to be assumed prior to college programs and students should not leave the academy without training and development in soft skill competencies. Upon graduation novice participants in the health care sector, an interactive-intensive work environment, may not be adequately prepared without soft skill competencies.

The debate over moral or character education from which soft skill competencies are derived dates back to the 1940s and 1950s when there was an increased focus on academics especially technical and science-related subjects, and a decreased focus on character education. After WWII the emphasis on science and technical education often squeezed ethics and philosophy content out of undergraduate college degree programs. Although Dewey (1944) wrote "It is a commonplace of educational theory that the establishing of character is comprehensive aim of school instruction and discipline" (p. 346), during the Cold War most instructional interests in soft skills embracing character and morality issues was dramatically reduced in the United States.

During the final years of the Cold War, higher education witnessed a movement of Personalism, Pluralism, and Secularism. Broadly speaking, personalism is a belief that men (and women) have the power to choose. In this case, men and women have the power to choose which values they will espouse. Pluralism questions whose values should be taught in public schools further challenging schools to teach or be able to include moral or character education. During this period, faculty acted as facilitators helping students clarify their values instead of teaching students a pre-determined set of values (Kirschenbaum, 1976, 2000). Secularism implied that any discussion or professing of religion was out of place within public school settings. During this same time period the establishment of Protestant, often Evangelical schools exploded due to the moral void or moral neutral practices perceived to exist in public education. The country has a long history of Catholic and Lutheran K-12 education, especially in large cities with immigrant populations and underserved rural areas in the Midwest where German, Dutch and Scandinavian immigrants developed farming communities.

President Ronald Reagan's administration released a report *A Nation at Risk: The Imperative for Educational Reform* (1983) that detailed his administration's perceptions of the failings of the American educational system. The report recommended higher expectations for student conduct (Izumi, 2013), which in operational terms became defined as content directly dealing with values, morality, ethics, and the range of content now referenced as soft skills. Character education continued in the public school reform movement in the 1990s under President George W. Bush (Davis, 2006, p. 11) because Parochial, and other schools always emphasized morality issues. President Clinton tripled funding for character education (Hymowitz, 2003, p. 105). However, with the increasing focus on accountability, student performance in STEM content, and test scores, character study efforts became marginalized. As a result, the 1990s saw the increased presence of various group's (e.g., Character Counts, The Aspen Declaration on Character Education, The Character Education Partnership, The United Stated Department of Education's Partnerships in Character Education Program, Center for 4th and 5th Rs, and others) to establish a common set of character traits that would represent universal values.

"Social-emotional learning" emerged from a meeting by the Fetzer Institute in 1994. Social-emotional learning includes five core competencies (a) self-management, (b) responsible

decision-making, (c) relationship skills, (d) social awareness, and (e) self-awareness (George Lucas, 2011). According to the National Conference of State Legislatures, of the 50 United States, only 34 states have social-emotional learning standards in preschool; 8 states have SEL standards in preschool and early elementary; and 8 states have SEL standards in preschool and kindergarten through 12th grade (para. 7). While there was and is a rise in programs to address character in America's students, the broad discipline remains fragmented resulting in some students arriving on higher education campuses without a basic foundation in expected attitudes, behaviors, and values. Further, there is no set list of character traits that are considered universal. Character traits are subjective; and methodological questions remain about how to best assess character trait. These deficiencies are complicated by the lack preparation or training for this content among faculty members to develop or deliver character content to students.

Today character education (soft skills) is taught in some United States public schools, but rarely in a consistent way across whole jurisdictions. There is no Federal law that addresses character education. Currently there are only 30 states that mandate character education be taught in schools, the state requirements vary, and only half mandate inclusion in schools (Gabriel, A., Temkin, D., Steed, H., & Harper, K., 2019). Public education from K-12 largely defaults character education today to post high school experiences in life, the workforce, or higher education.

The same issues that have driven curriculum development in K-12 education affect the breadth, depth and uniformity of how, or if, soft skill competencies are taught throughout higher education. This becomes important because soft skills can determine employability and occupational success of new university graduates. Traditionally, soft skill competency training in higher education has been an extra-curricular activity or relegated to a core curriculum expectation of a single course in philosophy or religion. Some higher education institutions embed soft skill competencies as co-curricular experiences required for degrees, such as community volunteer service. Others embed soft skill competency training as an intra-curricular approach and digital badging programs are available. Digital badging is the successful outcome of an assessment or demonstration of skills in a learning environment that can be displayed, accessed, and verified online. Digital badging should not be confused with certification that involves an exam.

Clinical and intentionally-interpersonal practice degree programs such as social work, nursing and clinical psychology have long recognized programs the importance and a deliberate focus on teaching and practicing soft skills due to the patient contact inherent in the field. Non-clinical disciplines including health administration, management, and business administration, typically focus the curriculum on technical training with hard skills and less on soft skills. Many programs relegate soft skill competency training to extra-curricular activities and not typically required for graduation.

Upon graduation students, their families, and employers expect that students will have the knowledge and skills to prepare them for the workplace. Yet, research shows that students receive degrees but are often unprepared for the workplace where interpersonal skills are very important (Robbins, Bradley, Spicer, and Mecklenburg, 2001; Wilkie, 2019). There is an intersection between interpersonal skills and soft skills. Interpersonal skills are people skills or skills that initiate, build, and maintain relationships between people. Soft skills are appropriate attitudes, behaviors, and dispositions that foster human relationships. According to Deepa and Seth (2013) research by Stanford Research Institute and the Carnegie Mellon Foundation among fortune 500 CEOs found that 75% of long term job success depended on people skills and only

25% on technical skills. Harvard University stated that 80% of achievement is determined by soft skills, and only 20% is determined by hard skills (para. 11).

There are several competency models for health administration professionals (e.g., American College of Healthcare Executives [ACHE], Healthcare Leadership Alliance [HLA], and the National Center for Healthcare Leadership [NCHL]. The models attempt to provide an approach in defining necessary competencies to perform on a job in an organization or industry. They are used by faculty to design curricula, by employers to write job descriptions and as a basis for criteria with which to evaluate employees. However, the HLA and ACHE competencies models address mostly hard skills. The soft-skill competencies in the models are not defined in terms of attitudes, behaviors and values; and, as a result, it is difficult for faculty to develop and align curriculum with preparing future health administrators to meet the expectations of the profession. Employers cannot use undefined skills for job descriptions or for performance evaluation. Nevertheless, broad statements such as "demonstrate effective interpersonal relations, professional norms, and behaviors, etc.", are widely used in job descriptions and performance evaluations, and graduates are expected to display interpersonal skills in the workplace. Given the lack of specificity in academic soft skill development, it is clear that a professional toolbox needs to be reconsidered that includes identifying the professional attitudes, behaviors, and values that are developed explicitly from the shared experiences, realities, and concerns of health administrators.

PURPOSE

This study investigated the teaching and learning of soft skill competencies in Health Administration programs comparing a predominantly White institution [PWI] in the Midwest to an historically Black college and university [HBCU] in the South United States. The purpose of the study was to test two hypotheses and answer six specific questions. Hypothesis 1: If Health Administration programs regularly teach soft skill competencies, then student's self-perception of their mastery of soft skill competencies would be high.

Question 1: Do Health Administration programs teach soft skill competencies?

Question 2: What are the 0-to-3-year post-graduation students' self-perceptions of mastery of critical soft skill behaviors?

Question 3: How is this mastery influenced by fundamental background, organizational, and training characteristics?

Hypothesis 2: If Health Administration programs regularly teach soft skills, then datum would provide insight regarding the academic setting and instructional strategy where soft skill competencies are more likely taught.

Question 4: How often do health administration programs teach soft skills competencies?

Question 5: Which academic settings soft skill competencies are taught?

Question 6: Which instructional strategies are utilized to teach soft skill competencies?

Figure 1 presents the conceptual model. Temporal dimensions move from when students arrive to higher institutions with individual characteristics, interact with an academic settings and receive instructions in a variety of modalities designed to produce soft skill competencies essential for career success.

Figure 1 (Appendix)

METHODOLOGY

Recent graduates from undergraduate and graduate health administration programs received an online survey regarding the critical soft skills, behaviors and attitudes. An intentional comparison of responses of graduates of public universities in a northern state with a HBCU in a southern state provided an opportunity to compare predominantly White institution recent graduates with predominantly Black recent graduates.

Development of Online Questionnaire

Twenty practicing health administrators (experts), in the field of health administration and management an average of 22 years in a variety of settings and roles in the Midwest reached consensus on 2 of 15 soft skill statements from the Healthcare Leadership Alliance (HLA) Competency Directory utilizing a Delpi technique. The experts described the behaviors and attitudes for these top two soft skill competency statements that are expected of new hires and that would enable them to lead successful careers. The attitudes and behaviors were then categorized into common themes and labeled. The soft skill competency categories are active listening, active networking, effective communication, being respectful, having integrity, having a positive attitude, being humble, time management, taking initiative, taking ownership, and being inquisitive (Green-Weir, 2020).

The instrument was pilot tested with recent graduates to determine if the questions were clear, if answer options appropriate, if the content is understandable, is there unnecessary redundancy, and is the format one that produces completion by respondents and if the execution of the $10 gift card. The pilot test input resulted in modifications to the list of academic settings and instructional strategies to better reflect what is typical for health administration programs.

The online survey included multiple sections for the respondent to complete with questions designed to evaluate their proficiency on the skills as well as where and how often the soft skills were taught in their healthcare administration program. Part I of the survey include demographic questions regarding student characteristics. Part II asked responders to select the academic settings they participated in during their tenure in a college/university (Figure 1). Part III asked the respondent to indicate how often their program taught soft skill competencies overall. The behavioral and attitude descriptors of each soft skill competencies were included to anchor the respondents' thinking. The forced-response modified Likert 4-point scale was *rarely*, *sometimes*, *often*, and *never*. The respondent also selected instructional strategies faculty used to teach the soft-skill competencies in the program settings previously chosen. Finally, respondents rated themselves on their soft skill competencies at the time of graduation. The four-point scale was *poor*, *fair*, *good*, and *excellent*. A complete list of soft skill competencies and associated behavior and attitude descriptors were provided again as a reference to facilitate ease of responding to this section of the survey. Table 1 shows a section of the online survey for the active listening soft skill competency.

Table 1 (Appendix)

Development of the Sample

The population to be represented was defined as recent graduates of academic health administration programs at both the undergraduate and graduate levels. Four sample frames provided lists from which four discrete samples were retrieved:

PWI Recent Graduates
HBCU Recent Graduates
Emerging Leaders of the Midwest Chapter of ACHE [MCACHE]
Early Careerist members of the National Association of Health Services Executives [NAHSE]

The PWI sample frame represented a regional university in the Midwest and a predominantly White demographic of recent graduates from undergraduate and graduate programs. The HBCU sample represented Black recent graduates from an undergraduate and graduate health administration program. The ACHE membership, and therefore the Emerging Leaders of the Midwest Chapter of ACHE was predominantly White graduates from graduate health administration programs and discipline-related academic programs such as public administration and business administration. The NAHSE list represented Black graduates of both undergraduate and graduate health administration programs as well as some graduates of discipline-related fields including public administration or business administration.

The minimum sample size desired was 114 completed online surveys. Tabachnick and Fidell (2007) suggested the following "rules of thumb" for sample size estimates: (a) 50 + 8(k) for testing an overall regression model, and (b) 104 + k when testing individual predictors (where k is the number of independent variables). The goal was to obtain a minimum of 114 usable surveys or 50 + 8(8) (114 total) and 104 + 8 (112 total).

Distribution of Online Questionnaire

Representatives from the Emerging Leaders of MCACHE and Early Careerists of NAHSE distributed the link and instructions for the online survey to their memberships. Two faculty at the HBCU contacted their relationships with recent graduates to complete the online survey. The Internship Coordinator at the PWI contacted former interns to complete the online survey. Subsequently, two faculty at the PWI contact their relationships with recent graduates to complete the online survey. The incentive for completing the survey was a $10 gift card. The main inclusion criteria for the study was graduation from an undergraduate or graduate health administration program within three years of graduation. Table 2 lists all the inclusion criteria of the sample populations of recent graduates.

Table 2 (Appendix)

DATA ANALYSES

The purpose of data analyses was to develop a statistical model predictive soft skill competencies. Data analysis included descriptive analyses to described characteristics of the recent graduate survey respondents sample. The analyses included the program settings most of the respondents participated in during their academic career, counts of how often, and where Health Administration programs taught soft skills competencies and mean scores on how recent graduates rated themselves on the mastery of the soft-skill competencies. Additional analyses led to a path analyses that showed the magnitude and significance of the connections between sets of variables (Green-Weir, 2020).

Results

There were 227 recent graduate respondents to the online survey from which one-hundred eighty-six usable surveys, where respondents completed all of the survey questions, were included in the analysis. All survey respondents graduated between 2015 and 2018. The following sections present the following analyses: (a) descriptive, (b) path analysis. Path analyses found that attending a HBCU is associated with the development of active listening and effective communication skills.

Descriptive Analysis

Seventy-seven percent (n = 142) of the sample attended a predominantly White institution [PWI]. Seventeen percent (n = 31) of the sample attended an historically Black college or university [HBCU]. The demographic information is presented in Table 3 and Table 4 show additional descriptive analysis of gender and institution. Table 4 shows a small sample of HBCU males compared to PWI males. The small Black male sample made statistical comparisons impossible.

Table 3 (Appendix)
Table 4 (Appendix)

The survey participants assessed the mastery of their soft skill competencies that they believed to have had at the time of graduation shown in Table 5. Except for Active Networking, the mean scores are between *good* and *excellent*. All of these soft skill competencies were rated at 3.0 or higher mean values except "active networking". These results should be interpreted with caution because research shows that students tend to rate themselves higher than instructors, and employees rate themselves higher than employers (Lew, Alwis, & Schmidt, 2009). The mean score for Active Networking is between *fair* and *good*.

Table 5 (Appendix)

Respondents indicated how often soft skills education occurred in program settings. Results showed the most common program setting was the classroom, internship, and student organization (see Table 6).

Table 6 (Appendix)

The next question asked, "How often have you been taught [soft skill competency] in any of the following program settings?" Table 7 presents the mean scores of teaching frequency by soft skill competency, in program settings, and by instructional strategy. According to the survey respondents, soft skills were ***rarely*** taught in their Health Administration degree program.

Table 7 (Appendix)

Table 8 shows mean scores on teaching frequency in the classroom and internship settings as well as instructional strategies for discussion and structured exercises. Internship and classroom settings were selected because survey results showed these settings to have the highest mean scores (see Table 6). There were 10 instructional strategies from which survey respondents could select (group decision making, structured exercises, simulation exercises/labs, case studies, games, observations, role play, discussions, academic field projects, service learning/volunteering). Descriptive analysis included discussion and structured exercises based

on the assumption that these two are common instructional strategies. According to the survey respondents, soft-skill competencies are ***sometimes*** taught in the classroom and internship. Effective communication is taught slightly less than ***sometimes*** in internship settings. Soft-skill competencies are ***rarely*** to ***sometimes*** taught in both discussions and structured exercises with humility being taught less than rarely in structured exercises.

Table 8 (Appendix)

Path Analyses

Four path analyses are presented below; one each for active listening, active networking, effective communication, and being respectful. There were few to no independent variables that predicted the development of the remaining soft skill competencies. Each path follows the format of the original concept map, where the left column comprises the student characteristics. The middle column represents program settings, instructional strategies, and interaction variables. The right column is the individual soft-skill competencies as the dependent variable. The paths are presented below with a brief narrative highlighting results.

Active listening**.** Most of the distribution of self-perception ratings are between *good* and *excellent*. Model fitting information revealed no statistically significant results (p = .269), which means that the data does not fit the model. The test of parallel lines revealed an odds ratio that there are no differences between thresholds (p = .784). Parameter estimate results show one variable, attending an historically Black college or university, positively influencing the degree to which the participants' self-perception of active listening (see Figure 2).

Figure 2 (Appendix)

Active Networking**.** Most of the distribution of self-perception ratings are between *fair*, *good* and *excellent*. Model fitting information revealed statistically significant results (p = .005), which means that the data does fit the model. The test of parallel lines revealed an odds ratio that there are differences between thresholds (p = .000). Student demographic variables that positively influence the degree to which participants' self-perception of active networking is female, and students attending an historically Black college or university. Positive interaction effects of academic settings and instructional strategies that influence the development of soft skill competencies include Black students in the classroom engaged in discussion, Students attending a predominantly White institution in the classroom participating in structured exercises as well as in internships discussions.

Student demographic variables that negatively influence the degree to which participants' self-perception of active networking is race. Negative interaction effects of academic settings and instructional strategies that influence the development of soft skill competencies include internship and discussion, being Black, a member of a student organization participating in structured exercises; and attending a PWI, a member of a student organization participating in structured exercises. The test of parallel lines reveals that the odds are that there are differences between the self-perception ratings (see Figure 3).

Figure 3 (Appendix)

Effective communication**.** Most of the distribution of self-perception ratings are between *good* and *excellent*. Model fitting information revealed no statistically significant results (p = .269), which means that the data does not fit the model. The test of parallel lines revealed an

odds ratio that there are no differences between thresholds (p = .067). Attending an HBCU positively influences the degree to which participants' self-perception of effective communication is developed (see Figure 4).

Figure 4 (Appendix)

Being Respectful**.** Most of the distribution of self-perception ratings is ***excellent***. Model fitting information revealed no statistically significant results (p = .078), which means that the data does not fit the model. The test of parallel lines revealed an odds ratio that there are no differences between thresholds (p = .926). Attending a PWI in the classroom participating in discussion was found to positively influence the degree to which participants' self-perception of Being Respectful is developed (see Figure 5).

Figure 5 (Appendix)

DISCUSSION

The first hypothesis, "If Health Administration programs regularly teach soft skill competencies, then student's self-perception of their mastery of soft skill competencies would be high." is rejected. The overarching finding is that soft-skill competencies were rarely or only sometimes taught according to the respondents in their respective health administration programs (Tables 6, 7, 8). Recent graduates' self-perception of soft skill competency mastery is high compared to how often health administration programs teach soft skills (Table 5). The question, then, is where did the respondents learn soft skills if rarely taught in their respective health administration programs? According to Hertlein (2008), "Soft skills are generally learned informally through socialization, i.e., the interaction with people and the viewing of the models in one's life which is facilitated through face-to-face contact" (p. 2). Wats and Wats (2009) research showed methods for developing soft skills in students include experiential learning. These findings also answer questions one and two associated with hypothesis one. Question 1: Do Health Administration programs teach soft skill competencies? Question 2: What are recent graduates self-perceptions of mastery of critical soft skill behaviors? View the results with some caution as research shows that students tend to rate themselves higher than instructors, and employees rate themselves higher than employers (Lew, Alwis, & Schmidt, 2009). Question 3: How is this mastery influenced by fundamental background, organizational, and training characteristics?" There is a statistically significant link between self-perception of soft skill development and the independent variables summarized below.

1. Enrollment in an HBCU has a positive influence on the degree to which active listening and effective communication is developed.
2. Active networking soft-skill competencies results are unclear. Some variables positively influence the development of active networking skills, while other variables contradict or negatively impact the development of active networking skills. The reason may be that networking is an abstract concept for students. Networking is a skill that needs practicing to become competent, and students need more than theories and concepts to effectively network.
3. Enrolled in a PWI in the classroom participating in discussions has a positive influence on developing being respectful soft skills.
4. The sample size for HBCU males was small and any analysis of gender and institution, would skew the results, this certainly merits further analysis and research. However,

research shows that women are more likely to participate in traditional modes of survey administration than men (Moore & Tarnai, 2002).

The second hypothesis, "If Health Administration programs regularly teach soft skills, then datum would provide insight regarding the academic setting and instructional strategy where soft skill competencies are more likely taught." is also rejected. Further discussion about the frequency of teaching soft-skill competencies, the data show that the scores slightly increase from never/rarely to sometimes when the learning experience is situated in context (see Tables 6, 7, 8). Table 7 shows the results of specific soft-skill competencies taught in any settings, and the scores reveal that specific soft skills are rarely or slightly more than rarely taught. Table 8 shows the results of any soft-skill competencies taught in specific settings, and the results are never to rarely. However, when survey questions force recent graduates to focus on particular program settings, scores change from rarely taught to sometimes taught. Interviewing health administration leadership and faculty in various programs about if and how often they teach soft skills and if they use any assessments to determine the quality of teaching soft skills may provide answers to these questions. These findings answer Question 4: How often do health administration programs teach soft skills competencies? Question 5: Which academic settings soft skill competencies are taught? and Question 6: Which instructional strategies are utilized to teach soft skill competencies?

Overall, the degree to which independent variables are associated with the development of soft-skill competencies was weak. However, statistical significance warrants further investigation regarding exploring student characteristics is important. Miller (2013) conducted a review of the literature on professional socialization of social work students and found undergraduate students' gender, race, socioeconomic status, political party affiliation, political philosophy, religious identity, and parental level of education as variables related to professional socialization. The current study does not lend itself to include variables on socioeconomic status, political party affiliation, political philosophy, religious identity, and parental level of education regarding interpersonal skills.

There are interesting differences in the findings between HBCUs and PWIs in the current study. Further investigation on regional differences, institutional culture, and pedagogical approaches to instruction and development may also prove insightful.

Possible explanations for the influence of HBCUs on the development of effective communication may be that of the HBCU culture and approach to education. According to Arroyo and Gasman (2014), "HBCUs … place a distinctive emphasis on the formation of student identity or self-concept on at least three levels: racial/ethnic, intellectual, and leadership" (p. 68). When considering the role of HBCUs on the development of effective communication, Arroyo and Gasman (2014) state that "HBCUs are known for attempting to cultivate a set of traditional Black moral principles and norms to develop citizens of competence and character" (p. 69). Some of the norms in Black culture are rooted in oral traditions that include listening skills (Hamlet, 2011). Given the small sample size for HBCU males (see Table 4), future research comparing Black male and female recent graduates from a HBCU with Black male and female recent graduates from a PWI may also speak to regional differences associated with soft skill competency development.

Efforts in the clinical disciplines may also prove beneficial as soft skill competency training is developed in administrative fields. Interviewing health administration leadership and faculty in various programs about how their programs teach soft skills, how often, and any assessments to determine the quality of teaching soft skills may prove beneficial to unlocking the mystery of soft skill competency training and development. Without discussing a scientific

reason (e.g., neuron pathways, cerebral cortex, hypothalamus, memory receptors), it stands to reason, however, that consistent training, feedback, and reinforcement has the potential to replace old skills or create new skills.

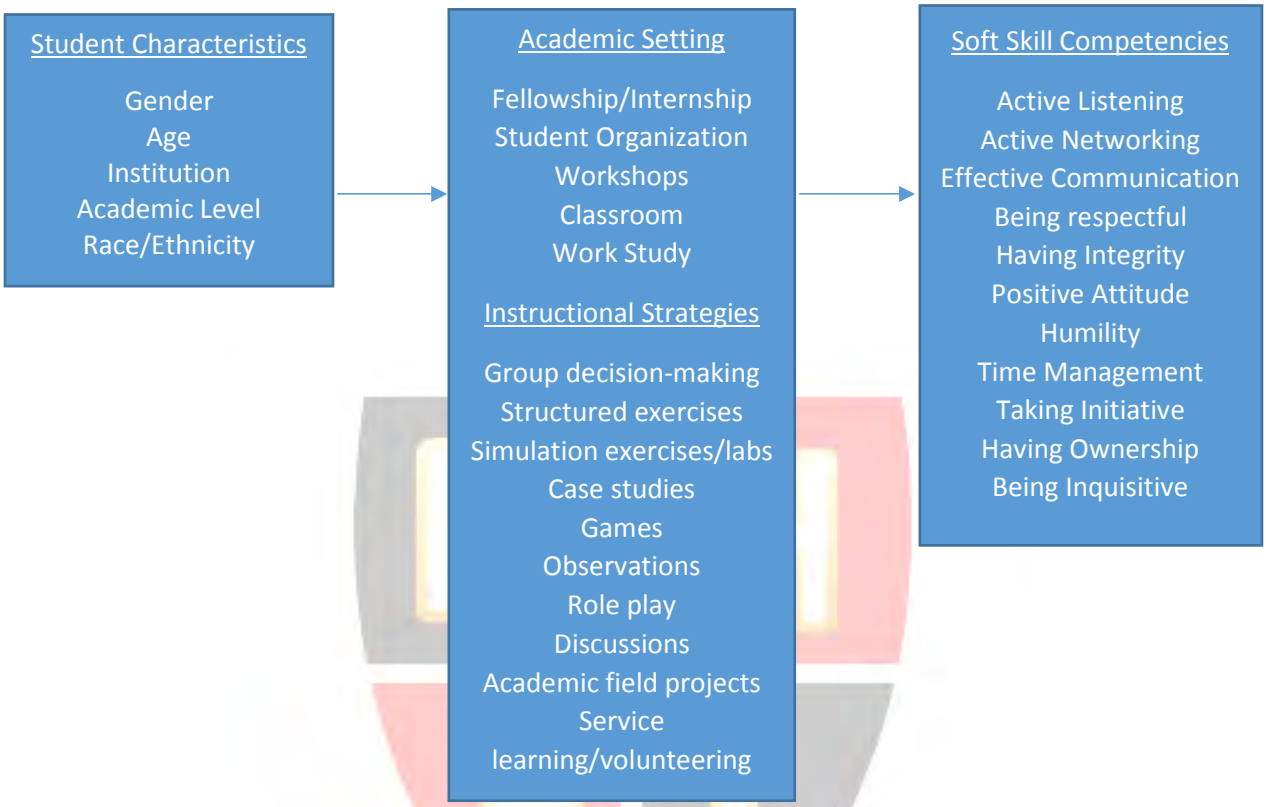

Figure 1. Conceptual model of study variables

Table 1.

Section of online survey for active listening.

What program setting did you participate in your college experience? Select all that apply.

1. Apprentice / Fellowship
2. Internship
3. Student Organizations
4. Workshops
5. Classrooms
6. Work-Study

Active Listening

How often have you been taught active listening in any of the following program settings? Active listening is defined as taking notes, repeating back what you've heard, asking clarifying questions, and non-verbal behaviors of acknowledgment (e.g., nodding head).

Program Setting	Rarely	Sometimes	Often	Never
Apprentice/Fellowship				
Internship				
Student Organizations				
Workshops				
Classroom				
Work-Study				

What educational activity did you receive while training in active listening?

For each row, select all that apply.

Program Setting	Group Decision-Making	Structured Exercises	Simulation Exercises / Labs	Case Studies	Games	Observations
Apprentice/Fellowship						
Internship						
Student Organizations						
Workshops						
Classroom						
Work-Study						

What other educational activities did you receive while training in active listening?

For each row, select all that apply.

Program Setting	Role Play	Discussions	Academic Field Projects	Service Learning / Volunteering
Apprentice/Fellowship				
Internship				
Student Organizations				
Workshops				
Classroom				
Work-Study				

Note. Excerpt of the survey instrument used in an unpublished dissertation (Green-Weir, 2020).

Table 2.

Inclusion Criteria of Recent Graduates of Health Administration Programs

Gender	Age	Years post-graduation from health	Race / Ethnicity	Rank	Higher Education Institution

		administration program			
Female Male	20-60	Up to three years	Ethnicity: All	Undergraduate Graduate	Any

Table 3.
Composition of the PWI and HBCU Survey Respondents

Demographic Variable	Phase II	Nationally	HBCU
Gender	Female = 79% (*n*=147)	Female = 58.1%	Female = 63%
Age: < 25 Yrs. 25-29 30-39 40+	 31.8% (*n* = 57) 38% (*n* = 73) 19% (*n* = 34) 8% (*n* = 15)	 38% 37% 19% 6%	
Rank: Undergraduate Graduate	 81% (*n* = 150) 19% (*n* = 36)	 76% 24%	 67% 33%
Race: Black White	 48.4% (*n* = 90) 45.2% (*n* = 84)	 11% 68%	 76% 24% (non-Black)
PWI HBCU		19,617,485 223,515	

Note. Adapted from "Reference Tables," (2018), retrieved from National Center for Education Statistics website: https://nces.ed.gov/programs/coe/indicator_cha.asp

Table 4.
Composition of Gender by Institution

Gender	HBCU (*n*)	PWI (*n*)
Female	29	90
Male	3	26

Note. Adapted from an unpublished dissertation (Green-Weir, 2020)

Table 5.
Soft Skill Competency Self-Rating

Soft-Skill Competencies	Self-Rating (4-point scale)	
Overall	*M* = 3.39	*SD* = 0.411
Active Listening	*M* =3.33	*SD* = 0.637
Active Networking	*M* =2.80	*SD* = 0.884
Effective Communication	*M* =3.31	*SD* = 0.621
Respectful	*M* =3.80	*SD* = 0.450
Integrity	*M* =3.69	*SD* = 0.504

Positive Attitude	*M* =3.54	*SD* = 0.585
Humility	*M* =3.42	*SD* = 0.676
Time Management	*M* =3.27	*SD* = 0.690
Taking Initiative	*M* =3.37	*SD* = 0.636
Ownership	*M* =3.45	*SD* = 0.618
Inquisitive	*M* =3.30	*SD* = 0.730

Table 6.
Most Common Setting Where Soft Skills Were Taught

Program Setting	How Often Taught (mean scores, 4-point scale)
Apprentice/Fellowship	.03
Internship	.83
Student Organizations	.50
Workshop	.21
Classroom	.84
Work-Study	.17

Table 7.
Frequency Soft-Skill Competencies Taught in Any Setting

Soft-Skill Competencies	How Often Taught (mean scores)
Active Listening	1.11
Active Networking	1.04
Effective Communication	1.00
Respectful	1.17
Integrity	1.17
Positive Attitude	1.17
Humility	1.08
Time Management	1.15
Taking Initiative	1.09
Ownership	1.10
Inquisitive	1.07

Table 8.
Frequency Soft-Skill Competencies Taught in the Classroom and Internship Settings and with Discussion and Structured Exercises Instructional Strategies

Soft-Skill Competencies	Classroom (mean scores, 4-point scale)	Internship (mean scores, 4-point scale)	Discussions (mean scores, 4-point scale)	Structured Exercises

				(mean scores, 4-point scale)
Active Listening	2.22	2.23	1.95	1.35
Active Networking	2.00	2.01	1.66	1.08
Effective Communication	2.05	1.98	1.97	1.35
Respectful	2.32	2.25	1.99	1.11
Integrity	2.28	2.28	1.84	1.14
Positive Attitude	2.21	2.32	1.82	1.15
Humility	2.10	2.18	1.42	0.72
Time Management	2.30	2.22	1.72	1.43
Taking Initiative	2.14	2.18	1.70	1.20
Ownership	2.20	2.18	1.69	1.12
Inquisitive	2.12	2.16	1.72	1.03

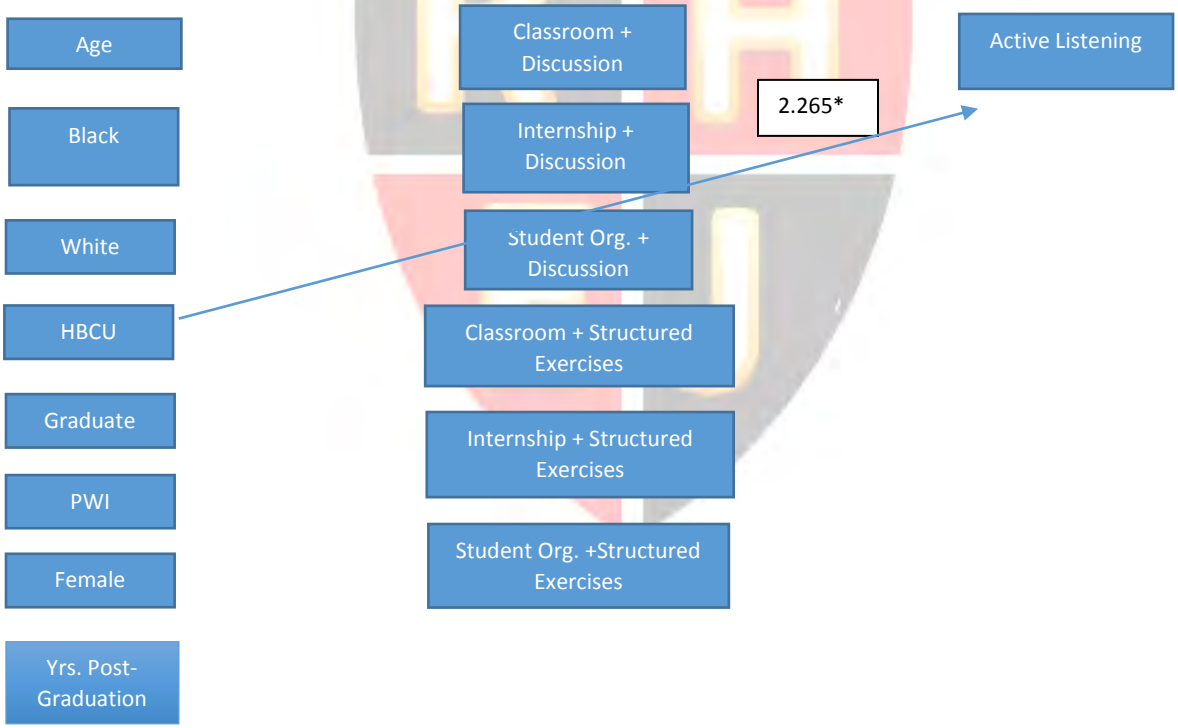

Figure 2. Path analysis for variables Influencing active listening development.

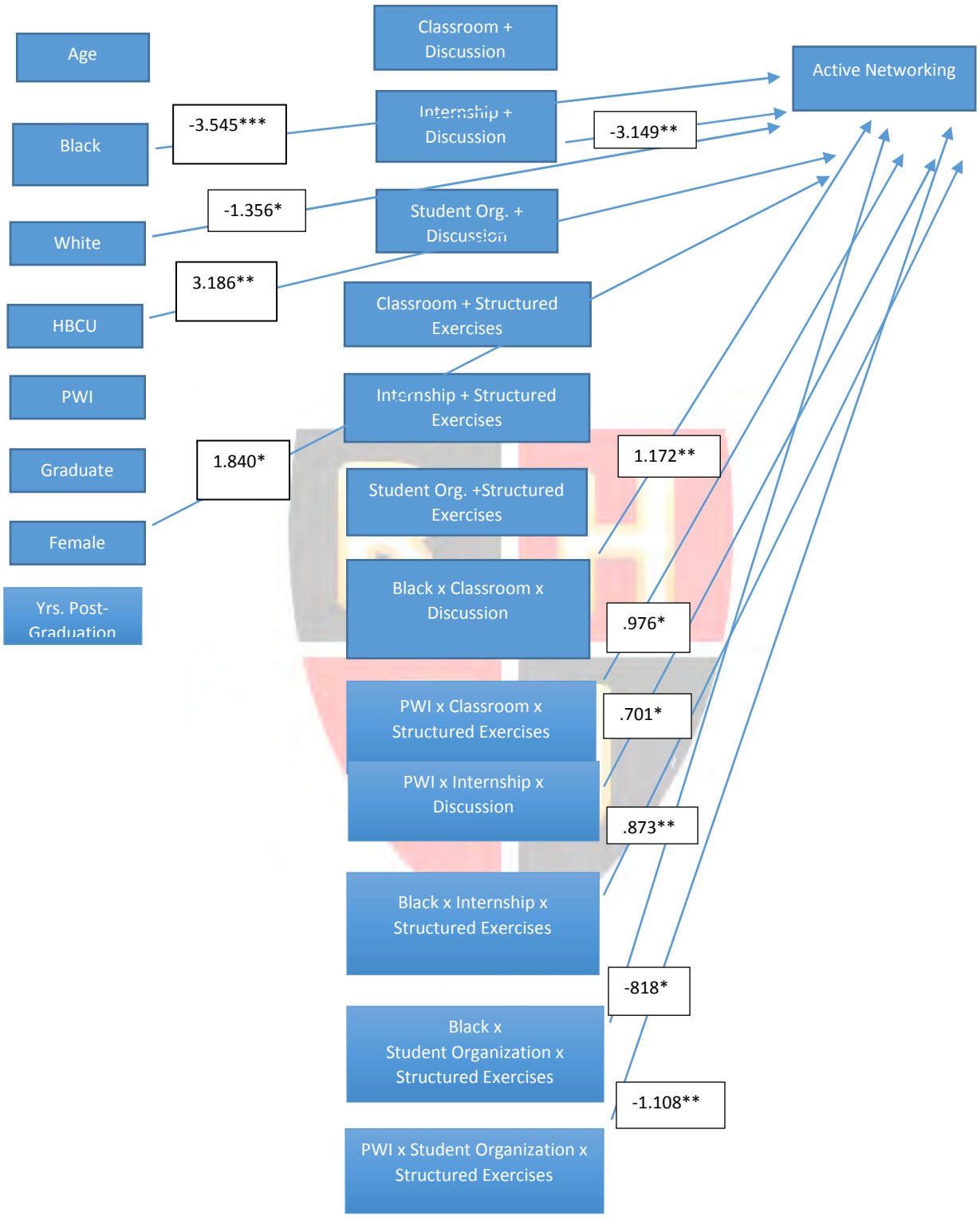

Figure 3. Path analysis for variables influencing active networking development.

Age
Classroom + Discussion

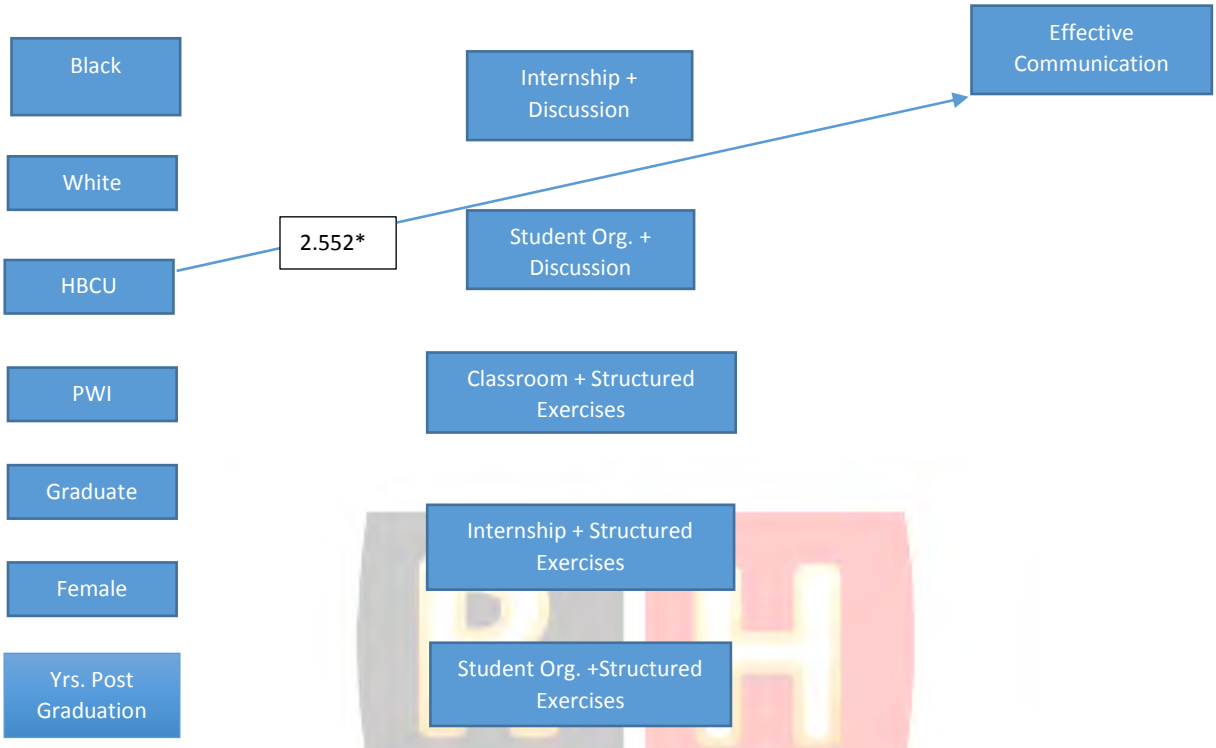

Figure 4. Path analysis for variables influencing effective communication development.

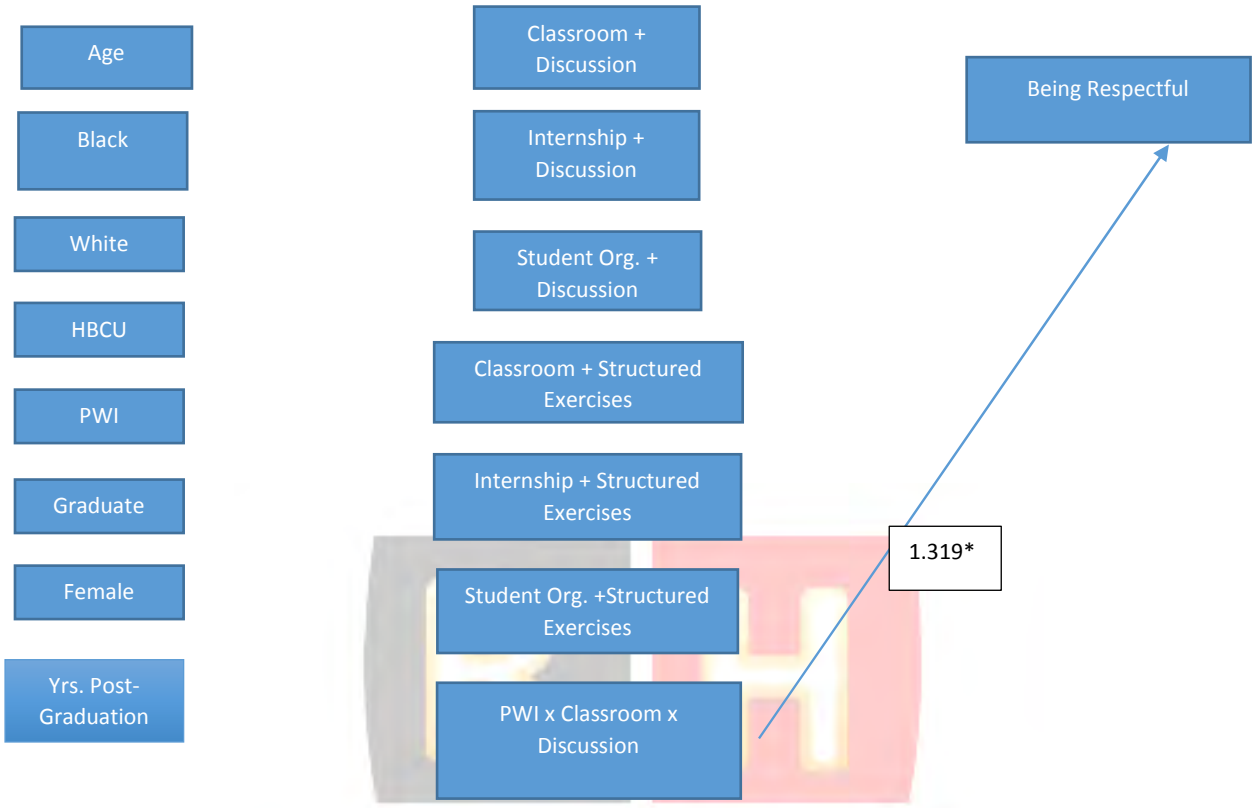

Figure 5. Path analysis for variables influencing the development of being respectful.

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