Important Competencies for Future Health and Wellness Professionals: An Investigation of Employer Desired Skills

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ABSTRACT

This study was designed to investigate the validity of the professional competencies developed by the Association of Worksite Health Promotion (AWHP) Professional Standards Task Force. The task force identified a competency framework that included business skills, program coordination skills, and human resource skills with corresponding subskills. The AWHP Task Force also recommended education degrees/certifications and desirable wellness/health promotion on-the-job-experience for program providers. In response to requests by professional organizations, 418 working health professionals voluntarily completed an online survey about the usefulness of the AWHP competency framework. Data were collected from members of the former AWHP (now part of American College of Sports Medicine), the National Wellness Institute, the Health Education Directory, and HPCareer.net. Findings indicate expected skill competencies of health professionals have expanded, and corresponding curriculum adjustments are needed. The results further indicated that continual development of a set of professional standards for the health promotion field is timely and needed.

In the past 50 years significant advances in all health fields have led to a decrease in communicable diseases, increased life expectancy, and declining death rates (National Center for Health Statistics, 1997). Improved sanitation, better access to medical care, prevention efforts, safety enhancements, improved medical technology, and the ability to treat most diseases have helped improve health status (United States Department of Health and Human Services [DHHS], 2002). These and other advancements have been so effective that data indicate 80–90% of the Western world is now generally healthy (Bowling, 1997; DHHS, 2003). This improved state of health has created a driving force of change within health fields to move from a traditional treatment model toward one with a greater emphasis on health promotion and prevention (Kulbok & Baldwin, 1992; DHHS, 2003). As Breslow (1999) and others suggest, practice in health has generally focused on prevention and the treatment of pathologies. Breslow and a growing number of health professionals now contend the health field must move beyond disease prevention toward health promotion such that capacity to live is maximized (Heikkinen, 2000; Kulbok, Baldwin, Cox, & Duffy, 1997). In support of this shift, recent evidence indicates that people have a higher intention to engage in health-promoting behaviors if the program objective is to enhance health rather than prevent disease (Becker, McMahan, Etnier, & Nelson, 2002).

The shift toward health promotion-oriented practices occurring in other health fields is also occurring in worksite health promotion. For instance, health promotion programs are now present in more than 80% of worksites (DHHS, 2003). In these programs, content has shifted from the treatment of illness or disease to the promotion of positive health states. Programs to increase physical activity, develop social support groups, and initiate personal financial planning are examples of expanded health promotion efforts offered at worksites (Schultz, Broder, Braunstein, & Edington, 2000). The reason for offering

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health programs at worksites has also shifted. In the past, when little was known about the health and economic benefits of prevention, many health promotion programs were offered solely as an employee benefit because it was the "right thing to do." However, current market conditions have created the need to financially justify worksite health promotion programs (Goetzel & Ozminkowski, 2000).

O'Donnell (2000; 2002) suggests the change in focus of health programs has been precipitated by a growing understanding of the importance of preventive health care, extraordinary increases in health care costs, and the revelation that cost-effective health promotion programs can increase productivity. In addition, Aldana (2001) and O'Donnell (2000) suggest that worksite health programs function to control health care costs through injury and disease prevention and improved employee productivity as reflected by decreased absenteeism. Other experts suggest that evolutionary changes in health promotion programming have led to component, objective, and functional changes for health promotion/education professionals (Baker et al., 1994; Goetzel & Ozminkowski, 2000). Such concepts as health productivity management (Goetzel & Ozminoski, 2000), human capital, work/life balance, and return on investment (Aldana, 2001) have redefined the role of many health professionals and expanded their required skill base. In fact, health professionals who focus on education, prevention, and promotion have witnessed a change in their job descriptions.

In spring 2001 the former Association of Worksite Health Promotion (AWHP) Professional Standards Task Force developed a competencies framework for what they described as intermediate level worksite health professionals. Intermediate level was referred to as beyond basic level skills (Rager et al., 2001). The AWHP Task Force cited a need to delineate the roles, responsibilities, and associated competencies required of people working within worksite health promotion programs. The task force moved beyond the traditional skills identified in role delineation for health educators (Butler, 2001). The specific set of core competencies and subskills identified by the task force included business skills, program coordination, human resource skills, and levels of education and experience (Rager et al., 2001).

Valid sets of profession-specific competencies, such as those developed by the AWHP Professional Standards Task Force, are important, especially for developing professions. Competencies are important because they help define a set of standards for the profession and its practice. Recognized competencies are also important because competition for funding sources is high. Competency-based programming and measurable performance standards can demonstrate quality, accountability, and effectiveness (Wright et al., 2000).

This study was designed to provide evidence regarding the validity of the competencies developed by the AWHP Professional Standards Task Force (Rager et al., 2001). To provide evidence of the competencies' validity, we asked health professionals, many of whom hire others in the health field, to assess the usefulness of the AWHP competencies with regard to how they relate to the expected roles of health professionals.

METHODS

Participants

The researchers collaborated with existing professional health organizations to access study participants. Participants were self-selected, nonstudent, currently employed members of AWHP (now part of the American College of Sports Medicine) or the National Wellness Institute who voluntarily responded anonymously to an organizational e-mail request to complete an online survey. Additional participants were recruited from postings on a health education mail server (Health Education Directory) and a posting in a health promotion newsletter (HPCareer.net).

Procedure

Following institutional review board human subjects approval, potential participants were contacted via e-mail requests from cooperating health organizations to participate in a survey they could access and respond to electronically on the Internet. Informed consents were displayed on this electronic link. No paper copies of the survey were distributed or used. Previous research has documented that validity and reliability of data obtained with Internet technology is comparable to data obtained using traditional paper and pencil methods (Cook, Heath, & Thompson, 2000; Eysenbach & Wyatt, 2002).The requesting letter asked for their participation and contained a link to the survey from which participants could access and answer the questions online.

Instrument

A researcher-developed questionnaire was used to query the usefulness of specific competencies developed and outlined by the AWHP Professional Standards Task Force. This survey asked participants to rate the usefulness of each identified skill on a Likert-type scale from "*not useful*" (1) to "*very useful*" (5) or to indicate the skill was not applicable (NA). (Items that appeared on the Internet questionnaire are listed in Table 1).

The questionnaire addressed three primary competency areas: business skills, program coordination skills, and human resource skills. The questionnaire also inquired about the usefulness of education degrees/certifications and wellness/health promotion on-the-job experience with regard to professional preparation. Space was also made available for respondents to describe any other useful skill not listed.

In addition to the three core competencies and inquiries about education and experience, the questionnaire queried subskills for each category. For each subskill, respondents had the opportunity to rank the usefulness of the skill listed on the same 5-point Likert-type scale ("*not useful*" [1] to "*very useful*" [5]). The usefulness of eight business subskills were queried: technological applications; facilities, equipment and materials; budgeting and purchasing; policies and procedures; communications;

quality management and assurance; marketing; and business planning. Four program coordination subskills were queried: needs assessment, program design, program implementation, and program evaluation. Four human resource subskills were queried: staffing; staff training and development; administration and leadership; and professional development.

Questions regarding the usefulness of professional preparation inquired about degrees, certifications, and on-the-job experience. With regard to education the usefulness of a 4-year college or 2-year associate degree in wellness/health promotion and the usefulness of a recognized certification (such as ACSM or ACE) were queried in the education degrees and/or certifications section. With regard to health promotion employment experience respondents were asked to rank the usefulness of five different types of experiences: internship as part of degree program; internship after completion of degree program; and 1–2 years, 3–5 years, or greater than 5 years experience in health promotion. Respondents were also provided an opportunity to suggest other experiences not listed on the survey. Demographic questions requested information about the respondent's organization type, size of the organization, and the respondent's role in hiring decisions for health professionals at the organization.

The instrument was developed to determine the usefulness of the competencies identified by AWHP Task Force. The survey was pilot tested with a group of 25 working health professionals. The pilot-testing group took the survey online and provided feedback regarding its content and ease of administration. The pilot tests indicated that the survey adequately queried the competencies identified by the AWHP Task Force and adjustments to the survey were made based on input provided regarding ease of administration.

Face validity of the survey was established through expert review. The expert panel consisted of working health professionals in academia and established leaders in the health field. Criterion validity was established by using the professional competencies endorsed by an established health promotion professional organization (AWHP).

Table 1. Wellness/Health Promotion Employment Skills Survey Items

I. Business Skills
A. Technological applications
B. Facilities, equipment, and materials
C. Budget and purchasing
D. Policies and procedures
E. Communications
F. Quality management and assurance
G. Marketing
H. Business planning
I. Other skill not listed
If other please describe

II. Program Coordination Skills
A. Needs assessment
B. Program design
C. Program implementation
D. Program evaluation
E. Other skill not listed
If other please describe

III. Human Resource/Staff Development Skills
A. Staffing
B. Staff training and development
C. Administration and leadership
D. Professional development
E. Other skill not listed
If other please describe

IV. Education Degrees and/or Certifications
A. BA, BS, MS or associate college degree in wellness/health promotion
B. Recognized certification
(such as ACSM, ACE, CHES, NSCA, AFAA)
C. Other degree/certification not listed
If other please describe

V. Wellness/Health Promotion on the Job Experience
A. Wellness/health promotion internship as part of degree program
B. Wellness/health promotion internship after completion of degree program
C. 1-2 years experience in wellness/health promotion
D. 3-5 years experience in wellness/health promotion
E. >5 years experience in wellness/health promotion
F. Other experiences not listed
if other please describe

1=not useful, 5=very useful, NA=not applicable, NR=no response.

Cronbach's alpha is a versatile, generalized reliability coefficient and was used to determine reliability of the scale used for this study (Thomas & Nelson, 1996). The calculated internal consistency alpha of all items on the survey of 0.84 indicated that the scale used in this study was reliable.

Data Analysis

Simple frequency counts and percentages were calculated for each competency and subskill to determine and calculate the

relative usefulness rating of identified competencies, skills, and professional education/experience preparation as perceived by working health professionals.

RESULTS

Participants

A total of 418 health professionals completed the survey. Respondents reported holding current employment as health professionals in the following organization categories: education (*n*=102; 24%); hospital (*n*=77; 18%); corporate (*n*=57; 14%); government (*n*=47; 11%); vendor/contractor (*n*=39; 9%); community agency (*n*=9; 2%); 59, or 14%, as "other" and 28, or 7%, did not respond to the question.

Although use of Internet technology for this survey provided cost and access advantages, a limitation of such an online strategy for survey administration is an inability to calculate response rate. Response rate could not be calculated because it was impossible to determine how many people viewed the posted notices about study participation. Also, although, representativeness of sample is a limitation and is unknown, all participants indicated they were working health professionals, and 75% of respondents indicated they were involved in the hiring of health professionals at their organizations. Thirty-eight percent of this group reported a primary role in making hiring decisions, and 37% reported an ancillary role in the hiring process.

Perceptions of Competencies

A majority of respondents considered each of the core competencies as "very useful" or "somewhat useful"; few indicated skills were "not useful." Eighty percent of respondents considered program coordination skills very useful, almost half (47%) considered business skills very useful, and more than one-quarter (28%) considered human resource/staff development skills very useful. With regard to professional preparation, 60% considered job experiences very useful, and half (50%) saw education degrees/certification as very useful (Table 2).

Table 2. Major Health Promotion Professional Skills Usefulness Ratings

	Usefulness Percentages				
Skill	Not	Mostly Not	Neutral	Somewhat	Very
Program coordination	0	0	3	17	80
Business	0	3	17	33	47
Human resource and staff development	0	7	24	40	28
Professional Preparation	**Not**	**Mostly Not**	**Neutral**	**Somewhat**	**Very**
Job experiences	0	2	10	28	60
Education/certifications	1	5	16	28	50

Note: *N*=416.

Table 3. Program Coordination Subskills Usefulness Ratings

	Usefulness Percentages				
Skill	Not	Mostly Not	Neutral	Somewhat	Very
Needs assessment	0	1	6	30	64
Program design	0	0	4	24	72
Program implementation	0	0	3	20	77
Program evaluation	0	0	3	21	76

Note: *N*=417.

Subskills under the program coordination skills heading considered very useful were program implementation (77%), program evaluation (76%), program design (72%), and the ability to conduct a needs assessment (64%) (Table 3).

Subskills under the business skills heading considered very useful were communication (79%); marketing (59%); technology (37%); business planning (38%); quality management (33%); budget/purchasing (33%); policies and procedures (25%); and facilities and equipment (20%) (Table 4).

When considering competencies in human resource and staff development, respondents indicated that professional development (45%), administration and leadership (46%), staff training and development (32%), and staffing (20%) skills were very useful (Table 5).

Regarding professional preparation, job experiences respondents considered very useful were internship as part of a degree program (67%) and internship after degree (31%). For on-the-job experience 40% thought 1 to 2 years of a health promotion employment experience was very useful, 37% saw 3 to 5 years experience as very useful, and 47% thought more than 5 years experience were very useful. Fifty-eight percent of respondents ranked other job experiences as very useful. Attaining a 4-year college or a 2-year associate degree in health promotion was considered very useful by 63% of respondents. Thirty-three percent of respondents also indicated that a recognized professional certification was also very useful (Table 6).

DISCUSSION

Health promotion professionals are expected to have skills that go far beyond those traditionally thought important (Allegrante, Moon, Auld, & Gebbie, 2001).

Table 4. Business Subskills Usefulness Ratings

	Usefulness Percentages				
Skill	Not	Mostly Not	Neutral	Somewhat	Very
Communication	0	0	3	17	79
Marketing	0	1	9	30	59
Technology	0	3	20	39	37
Business planning	0	5	19	38	38
Quality management	1	5	20	40	33
Budget and purchasing	0	9	20	38	33
Policies and procedures	0	4	29	41	25
Facilities and equipment	1	6	37	37	20

Note: *N*=416.

Table 5. Human Resource/Staff Development Subskills Usefulness Ratings

	Usefulness Percentages				
Skill	Not	Mostly Not	Neutral	Somewhat	Very
Professional development	0	1	12	41	45
Administration/leadership	0	2	12	39	46
Staff training/development	1	7	23	36	32
Staffing	2	11	31	35	20

Note: *N*=416.

Table 6. Sub Professional Preparation Usefulness Ratings

	Usefulness Percentages				
Professional preparation	Not	Mostly Not	Neutral	Somewhat	Very
Internship as part of degree	0	2	8	22	67
Internship after degree	4	5	28	29	31
1-2 years health promotion experience	0	4	21	34	40
3-5 years health promotion experience	1	5	18	37	37
>5 years health promotion experience	4	6	18	23	47
Other experiences	1	0	10	23	58
College/associates degree	1	4	12	19	63
Recognized certification	3	8	25	30	33

Note: *N*=416.

The role of health professionals has expanded beyond the medical model to include a program delivery approach focused on promotion of health, prevention of disease, and the ability to run such programs in an effective and cost-efficient manner. Without question, employers are asking their health professionals to do more. Health promotion professionals must focus on more than disease and illness issues. Current professionals are required not only to understand health, but also to understand how health relates to productivity, finance, staffing, training, and more (O'Donnell, 2002). Findings from this study provide evidence regarding the accelerated need for health professionals to have interdisciplinary preparation due to the expansion of their roles.

Like traditional health professionals, health promotion specialists must have requisite assessment, design, implementation, and evaluation program coordination skills. Beyond those traditional entry-level skills, employers have expectations of advanced, additional competencies in the areas of business and human resources. This study supports the validity of the intermediate level competencies created by the AWHP Standards Task Force, because respondents indicated the usefulness of business and human resource skills in addition to program coordination skills.

The specific business and human resource skills identified as useful suggest the need to expand professional preparation requirements for students entering the health promotion field. Building a strong base on the undergraduate level will allow professionals to continue learning and help them move to intermediate level positions. According to our data, health promotion professionals are now expected to be able to effectively develop business plans, attend to quality management procedures, and have an understanding of budgeting. In addition, health promotion professionals must enter the work force with an understanding of human resource leadership skills and have the ability to staff, train, and lead others.

These skills are often seen as advanced skills and are not normally taught in curricula for health students. Because of the expansion of role expectations for health professionals, it is suggested that groundwork be laid for a comprehensive curriculum at the undergraduate level. It appears that advanced degrees, higher level experiences, and greater knowledge and skill basis are needed to practice health promotion effectively. Perhaps this is why most respondents listed the need for college degrees and advanced certifications.

Results gathered on the importance of

obtaining professional experiences, degrees, and certifications yielded the most surprising results. Many respondents expect their employees to have experience. Therefore, it is important for worksites to provide first experiences and support professional development through advanced degrees and certifications. The most desired job experience identified was an internship as part of a degree program. Additionally, a majority of respondents cited the usefulness of any type of experience, suggesting the usefulness of field experience before professionals enter the workforce.

The expansion of roles by health promotion professionals suggests there may be a need to develop a new and updated set of recognizable professional competencies (Ross, Wenzel, & Mitlyng, 2002). Although in 1998 health education was recognized as a distinct discipline by the Department of Labor (Butler, 2001), no such distinction exists for health promotion professionals. Health education development was facilitated by the role delineation project that identified specific functions associated with the work of health educators. Evolving from the identification of specific roles required of health education practitioners was the Certificate for Health Education Specialist (CHES) and the creation of a tailored curriculum for future health educators (Allegrante et al., 2001).

The current state of the health promotion profession's expanding skill base suggests the need to develop a recognized set of competencies to fortify this discipline within the health profession. It is suggested by these authors that efforts be directed toward the identification of a standard set of competencies that can be used to clarify skill expectations. A developed set of standardized competencies could improve preparation and also may facilitate professional recognition. Also, there needs to be the development of a set of undergraduate level and graduate level competencies that build the requisite knowledge that these identified skills require. In addition, undergraduate curricula need to be improved to not only teach the traditional health competencies but to also address the skills identified by the AWHP Professional Standards Task Force. Future research should begin to answer the question of how and when the requisite skills are acquired. The future of health promotion requires a concerted effort toward these objectives. It is now time to clearly define undergraduate preparation program competencies.

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