

Original Paper

Why a Health Administration Internship?

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Received: May 22, 2019

Accepted: June 3, 2019

Online Published: June 19, 2019

doi:10.22158/rhs.v4n3p142

URL: <http://dx.doi.org/10.22158/rhs.v4n3p142>

Abstract

A healthcare administration internship is discussed as an important factor in academia's response to criticism that graduates are not well prepared for job challenges. Employers contend that many graduates have limited critical thinking strengths; a cognitive attribute that manifest itself in needed workplace skills.

This article summarizes the conceptual framework and organizational features that, over a seven-year period, fostered the establishment of a statewide undergraduate health administration internship program. The internship is embedded in an AUPHA-certified health administration curriculum in a Midwest state university.

The internship is discussed as a part of the health administration curriculum and as an experiential bridge from the university's didactic world to the health service work environment. Enhancing interns' critical thinking is the internship goal; an outcome pursued through experiential learning in the placement site and augmented with structured input from the university. Internship projects, assignments, project execution, and, preceptor guidance continuously augment the internship's cycle of experiential learning.

As the internship matured, mutual benefits between the program and participating facilities emerged. These returns are discussed under the headings of: a) employment support, b) research collaboration, c) networking opportunities, d) promotional outreach, and e) outcome-assessment research. These returns continuously reinforce value for all internship stakeholders.

Keywords

internships, critical thinking, experiential learning, healthcare administration

1. Introduction

An emerging, escalating criticism of academia is its seeming limited capacity to prepare graduates to compete in and contribute to the world of work. These criticisms are prompted by a growing gap between the academy and organizations needing work-ready graduates. Also, the infusion and adoption of technology has intensified this bilateral mission disconnect, especially in administrative disciplines. Historically, colleges and universities were expected to educate students. In turn, organizations honored the obligation of training academia's educated graduates. However, as organizational competition, globalization, product advances, and mission expansion sped the pace of operations, corporations aligned their resources with strategic and profit objectives. This trend created a post-graduation challenge for graduates in the form, "I can't find a job; I'm told I don't have any experience!"

It is also argued that schools widened this gap by emphasizing student engagement, on-campus amenities, expanded menus of majors and courses, growth in student services, liberal admission standards, generalist curriculum design, self-directed curriculum tracks, and grade creep. The more vehement critics of academia and its recently educated contend that these trends result in an epidemic of substandard writing skills, marginal vocabulary mastery, limited technology capabilities, weak software application experience, discipline specific terminology shortcomings, and unproven critical thinking.

1.1 Contrasting Examples

Thus, a major challenge is designing ways to build a bridge from the university to the workplace; a transition experience that enables students to leave increasingly informed about future performance expectations and less naïve about their chosen industry. This is especially true for health administration students because healthcare organizations are demanding trained entry-level candidates. Such an expectation is furthered by the fact that a majority of individuals entering health care are professionally trained and credentialed or licensed. Thus, there are historical examples that help provide an answer to the question, "Why a health administration internship?"

1.1.1 Challenge to Academia

The question emerges, "Given a generalist health administration program, how can students be prepared—made work ready—by graduation?" By comparison, most medical training programs have an established balance of didactic and clinical practice requirements that attest to by certification or licensure. This approach has a history anchored in the apprentice sequence of training required before entering several occupations. The result of this process confirms that individuals have demonstrated, under supervision, the requisite skills to fulfill the work requirements of their chosen occupation—all accomplished before being allowed to practice. Further, the continued maintenance of occupational competency is attested to by licensure renewal contingent upon securing continuing education credits. However, there is largely no similar expectation for health administration personnel other than degree-completion and *bona fide* work experience. For example, Rochester, Berkshire, Wilson and Houlihan (2015) defined an academic-work experience mix expected of senior healthcare finance

executives. Yet, a path to such positions is not well defined. Also, healthcare professional membership organizations have developed fellow status credentials and certificate programs to distinguish knowledge and skill attainment among its members. Some organizations believe that academic health administration curriculums should be built upon an established body of knowledge and associated competencies thereby enabling graduates to pass a comprehensive exam as evidence of mastering this scope of knowledge (Stefl, 2008).

Also, academic accrediting agencies emphasize required course content and demonstrated student competency attainment as program accreditation criteria (Casciani, 2012). This focus is expected to be aligned with and augmented by input from established professionals currently in health services. This trend is a movement, within health administration preparation, to establish health administration as a *profession*—profession defined in the classical sense (Goode, 1964; Freidson, 2007).

2. Challenges and Opportunities

The purpose of this article is to discuss a theoretical rationale for an undergraduate health administration internship, the applied practice activities, and the stakeholder benefits derived from this conceptual framework. This narrative is anchored in a seven-year experience in an established undergraduate health administration program in an upper-Midwest state university. Aligned with this purpose is a healthcare administration trend that is gaining momentum. Healthcare organizations are increasingly willing to partner with academic programs by accepting and mentoring undergraduate interns.

This situation simultaneously becomes a program management challenge and an opportunity for universities. There are significant student benefits derived from a curriculum-based internship. Also, participating organizations report a positive return on their investment in interns. That is, a well-managed internship program becomes a productive and valued outreach and promotional force for academic programs.

A best way to understand the rationale for an undergraduate internship is to consider its overarching purpose. Increasingly healthcare organizations are expecting schools to enhance the applied relevance of curriculum content as reflected in the readiness of interns and new hires to present with workplace skills—more so than they have. In response, universities, accrediting organizations, and employers are showing renewed interest in the construct of critical thinking. Also, accredited health administration programs are required to have a structured internship as part of the curriculum (AUPHA, 2017). This emphasis has spawned a language community and research reservoir devoted to critical thinking and its behavioral manifestations.

Further the working assumption is that an internship is a formal *experiential learning* event that fosters an intern's critical thinking capabilities as measured by performance on specific tasks completed during the internship and in workplace success after graduation (Kolb, 1984). That is, the academic and applied rationale for an undergraduate health administration internship has three core elements that must

be organized and managed to achieve the desired outcome. Also, the three attributes of critical thinking, experiential learning, and structured internship—drive the design, management, and assessment of a program’s internship. The three primary internship factors are discussed as follows:

2.1 Critical Thinking

An intensifying criticism of recent graduates is collectively labeled as *limited critical thinking abilities*—an attribute that is reflected in job performance in even entry-level positions. Even though *critical thinking* has been defined in a variety of ways, it continues to connote a cognitive strength directly associated with “logical thinking, decision making and problem solving” (Butler, 2012). Butler has used Halpern’s (2003) definition of critical thinking in research using the Halpern Critical Thinking Assessment (HCTA) as, “The use of those cognitive skills or strategies that increase the probability of a desirable outcome. It is used to describe thinking that is purposeful, reasoned, and goal directed—the kind of thinking involved in solving problems, formulating inferences, calculating likelihoods and making decisions, when the thinker is using skills that are thoughtful and effective for the particular context and type of thinking task” (p. 3).

The premise is that an undergraduate internship should foster critical thinking strengths that are reflected in internship behaviors and ultimately in job performance. To that end, critical thinking is best understood as a cognitive construct that cannot be measured directly, yet is expressed or manifested in work place behaviors that can be measured. Thus, when one invokes *critical thinking* as an intended outcome of an educational intervention, critical thinking is a construct presumed to drive measureable performance behaviors.

As such, design and assessment of educational interventions such as an internship are efforts to establish the construct validity of critical thinking. Colliver, Conlee and Verhulst (2012) have argued for a pragmatic approach to construct validity in medical education. They posit that it is much less difficult than originally conceived to identify behavioral measures indicative of critical thinking.

Also, within scientific efforts to understand man, a type of cognitive “revolution” is occurring—an emphasis that is impacting higher education. Miettinen (2000) has developed the historical and philosophical link between Dewey’s theory of reflective thought and emerging incorporation of experiential learning in higher education. This intensifying interest in thinking has its origins also in psychology’s movement away from the positivism of behaviorism—a view that one’s thought life does not advance a scientific understanding of human behavior.

That is, a behaviorist will argue that human behavior is understood as responses to stimuli that confront an individual. Classical and operant conditioning are considered models of how animals and humans learn by responding to external stimuli. By contrast, psychology and psychiatry have embraced a person’s cognitive life as a determinant of mental and emotional distress. This focus spawned cognitive behavioral therapy—an approach focused on changing negative, self-defeating thoughts associated with mental and emotional difficulties (Craske, 2010). Thus, a renewed interest in students’ cognitive attainments as a result of higher education has emerged. The overarching question is how does

academia demonstrate that curriculum content leads to enhanced critical thinking and thus competency attainment and workplace performance readiness?

2.2 Experiential Learning

White (2002) identified experiential learning as an essential aspect of preparing health administration students for current and impending challenges of health reform occurring throughout the U.S. health industry. He contends that effective health administration academic preparation should be a balance of rigorous didactics and experiential learning. White's discussion of Organization-Based Experiential Learning identified five internship success factors, e.g., 1) experiences aligned with student interests; 2) involved practitioner mentors; 3) engaged on-site preceptors; 4) on-going program faculty participation; and 5) organization-sponsored career-development programs.

With these factors in mind, a follow-up question is, "How does an internship, which is fundamentally an academic course, foster experiential learning?" The internship is a transition experience from the classroom to the workplace. Also, this transition involves a continuation of a person's student status while becoming a quasi-employee in the placement facility.

The transition places an intern in a situation less structured than the familiar, comfortable didactic world. In place of text books, Power Point slides, objective quizzes, scheduled classes, immediate social media access, and professorial affirmations, interns are confronted by an unfamiliar organizational dynamic of which they are not a part and over which they have limited control. At the outset, an intern has an uncertain or shifting personal mission. Equally so, the internship provides a former full-time student with an array of opportunities for cognitive growth that ultimately can lead to enhanced administrative skills.

Using Kolb's (1984) cycle of experiential learning as an explanatory tool, it is possible to envision how an internship fosters attainment of administrative capabilities. First, the didactic world has, through its curriculum, created a cognitive structure upon which day-to-day internship experiences impinge; forces urging reflective thinking upon these new experiences. In Kolb's terms, experiential learning (EL) is "the process whereby knowledge is created by the transformation of experience. Knowledge results from the combination of grasping and transforming experience".

As such, the internship is an adaptive challenge; one in which success is defined as cognitive maturity regarding administrative responsibility in a health-oriented organization. A student enters the internship from a didactic world that has established a healthcare cognitive frame work. In Kolb's EL cycle language, day-to-day internship experiences confront the intern with concrete experiences (CE) that urge reflective observation (RO). If the academic program has accomplished its job, the intern is able to convert ROs into abstract conceptualization (AC) leading to active experimenting (AE) with this new learning.

For example, a recent intern observed physician, staff, and patient complaints about ER wait times. After thinking about the situation, the intern consulted the preceptor about using this issue as an internship project. It was agreed that the project's goal would be to analyze the ER flow through

process. The intern intensified personal CE and RO linkages by visiting all three shifts in addition to refreshing statistical process control (SPC) didactics. In time, it was possible for the intern to identify the root problem (AC) and ultimately articulate a possible solution (AE). The internship challenged and supported the intern's cognitive capacity to "think like an administrator", yet not face the stress of administrative responsibility.

2.3 Structured Internship

An important success element is how an internship is organized, managed, and assessed. A best starting point is the program's goals, objectives, and values. These overarching statements are drivers of the vision and mission statements. These statements of intent and purpose are key messages for promotional and recruitment communications; determinants of curriculum design and content as well as intended outcomes reflected in and achieved through each course.

Since the internship is a key part of the curriculum, these attributes are to be visible throughout the internship. If incorporated correctly, these program features ensure that the internship is a structured academic course—often used as an experiential capstone completed before graduation. There are times when students find informal mentoring experiences in health facilities and want these hours counted as substitutes for the required internship. Yet, because the formal internship is part of the academic curriculum, such appeals are not approved even though informal engagements are encouraged.

Further, a working premise is that an internship cannot be effective unless it is managed. In an ideal world, *managed* is defined as having one individual designated as the Internship Coordinator—a faculty member who has full accountability for all operating aspects of the internship. It is important also for this individual to have faculty status and teach in the curriculum. Doing so, helps maintain the internship as part of the curriculum and continuously reinforces this reality among students, faculty, and preceptors.

The element of *structured* involves an on-going didactic link between the student-intern and a communication link with the site preceptor. At the outset, each intern, coordinator, and preceptor work to establish individualized goals and objectives. Progress toward these goals is monitored in weekly journals and in consultation with the preceptor during the coordinator's site visits. The preceptor and student also develop an internship project that is aligned with the organization's needs and the intern's goals. In addition, the internship syllabus identifies periodic assignments requiring a brief written "analysis" of aspects of the placement organization. Finally, the information gained from this on-going link enables the program to provide detail into the university's required assessment database.

An additional aspect of structure is *assessment*. The increased emphasis on program accreditation and assessment requires the Internship Coordinator to design, implement, tabulate, and report outcome results. Accreditation involves reporting to an external agency. Assessment reporting communicates performance results internally to the university's assessment plan. In fulfillment of these monitoring and reporting obligations, the internship will have infused outcome expectations throughout its instructional content and its promotional materials.

Thus, as a member of the instructional faculty the Coordinator is well-positioned to encourage that curriculum content be aligned with internship performance expectations. This individual's university-facility link enables the Coordinator to foster a continuous improvement loop between the two domains.

3. Extended Internship Benefits

Once these critical elements are incorporated in the design, delivery, and management of the internship, the program has an opportunity to realize and enhance mutual benefits for the program and its participating organizations. These benefits are discussed as follows: a) employment support, b) research collaboration, c) promotional outreach, d) networking, and e) follow-up research.

3.1 Employment Support

A well-managed internship has a complimentary benefit to placement organizations and the academic program. The participating facility has an opportunity to evaluate an intern as a future employee—an extended job interview. Experience indicates that high-performing interns have a higher probability of being hired by the placement facility. This reality increases the program's post-graduation hire rate statistic. As this cycle of mutual benefit gains momentum, there is a positive return on the organization's investment in interns. The academic program secures assessment measures and outcome detail that supports accreditation compliance.

3.2 Research Collaboration

As the internship gains momentum within a placement organization, an array of applied research projects emerge. In response the Internship Coordinator, as the university-facility link, has an opportunity to engage the organization over how the two could partner by collaborating on research projects. Also, when a conjoint research effort begins, interns are invited to participate. The gain is threefold: a) the university enhances its research portfolio; b) the site organization acquires needed information on an operating issue; and c) the intern gains a better understanding how research and analytic methodologies can be used to support administrative problem solving.

3.3 Promotional Outreach

Also, a well-managed internship becomes an effective public relations and promotional outreach force within each participating organization and throughout the university's wider sphere of influence. The Internship Coordinator and the interns are ambassadors for the university in general and specifically the health administration program. Their respective performance conveys much about the program's instructional effectiveness and its organizational strength. This university-organization link becomes an increasing cycle of positive cooperation. Equally so, the absence of this positive dynamic becomes a sign to review the linkage with a given placement site.

3.4 Networking

As an internship gains momentum in its sphere of influence, interns and stakeholders report that increased networking opportunities present themselves. Interns report in weekly journals and follow-up

focus groups that exposure to and experience with a variety of health professionals significantly enhances their understanding of the health industry. Thus, networking within and across participating organizations is a positive adjunct to an intern's experiential learning and interpersonal communication.

3.5 Follow-up Research

The growing interest in and the increasing importance of health administration internships creates a confluence of research opportunities. An overarching question driving these endeavors is the extent to which an internship positively impacts the maturity of soon-to-graduate interns. Informal experience managing an internship program has many interns leaving for their internship as students and returning as colleagues. There is a discernable increase in an intern's professional posture following the experience.

This inductive source becomes guidance for focused research to identify the specific ways in which an intern's growth and job-readiness have been enhanced. As such, there are opportunities for longitudinal studies of post-graduation career development. Also, pre- and post-internship assessments of specific strengths are a critical internship research need.

Thompson (2005) has provided research guidance regarding the attainment of specific competencies in work readiness domains derived from and enhanced by an internship. The domains of: a) conceptual/critical thinking, b) technical, c) interpersonal/human relations, and d) personal growth and development have clear, measurable learning objectives that strengthen employer-desired competencies. This framework enables an organized, directed internship to operationalize these competencies, assess their attainment, and create a continuous improvement cycle within the internship. Finally, this research focus is becoming an important obligation as the academy is asked to support the advancement of health care administration as a profession—especially in an increasingly competitive employment environment.

4. Conclusion

The type and pace of changes occurring within the U.S. health industry are impacting universities in the form of revised expectations. The health service industry is experiencing an array of compelling pressures—amendments that many considered positive (McDonough, 2011, Altman & Shactman, 2011) while others consider them negative (Engel, 2018; Rosenthal, 2017; Chapin, 2015) as well as countervailing (Kaufman & Grube, 2015). Since it is unlikely that this dynamic will dissipate in the near term, universities now have an obligation and opportunity to prepare students to enter and succeed in this emerging environment. In support of that obligation, it has been argued that a structured, well-managed healthcare administration internship is a remarkably useful experiential bridge from academia to the world of health service work.

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