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An Empirical Assessment of Administrative Skill Sets in Health Care Delivery Systems of Ghana

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AN EMPIRICAL ASSESSMENT OF ADMINISTRATIVE SKILL SETS IN THE HEALTH CARE DELIVERY SYSTEMS OF GHANA

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ABSTRACT

In a country with 22 million people, Ghana faces inadequacies of staffing and on-site resources that are typical of sub-Saharan Africa. While the majority of the nation's populations still live in rural areas, health and human services are concentrated in the cities. These hospitals and clinics are in poor repair and maintenance is a challenge; managers need to cope with inadequate resources and nearly unlimited demands. Ghanaian health administrators are responsible for the general and medical administration of their facilities. The current training for such positions comes in the form of a master's degree and a one year placement in national service that leads to a certification. But there is no specificity of the training to the tasks that are required of administrators. There is no available systematic analysis of the skill sets that are required to do this work. Educational programs and specific, appropriate training for applications in Ghana, must be implemented to ensure quality management of the nation's health care facilities.

INTRODUCTION

Since independence from Great Britain in 1957, in concert with most African nations, Ghana has dealt with an ongoing series of threats to public health that has been a continuous drain on the nation's population and its economic development. Childhood mortality exceeds 10% between birth and age 5, pediatric or adolescent mental health services are nearly non-existent, orthopedic care is limited, and, most critically, preventable diseases such as polio are still present and pose a continuous threat. Water-borne diseases and childhood diarrheas are endemic and are usually near endemic conditions with urban water supplies that

reflect an infrastructure that was not created to support population sizes that are still growing in Ghana's urban centers. While the majority of the nation's populations still live in rural areas, health and human services are concentrated in the cities. There is ongoing movement, however, of young adults to the cities, leaving the youngest and oldest populations in rural areas.

In a country with 22 million people, Ghana faces inadequacies of staffing and on-site resources that are typical of sub-Saharan Africa. In Ghana's Northern Region there is a physician patient ratio of 1:65,000. Hospitals and clinics are in poor repair and maintenance is a challenge; managers need to cope with inadequate resources and nearly unlimited demands.

The health care system and public health initiatives in Ghana struggle against the historic and modern threats to health and wellness, ranging from endemic malaria to traffic-related injuries from pedestrian and multiple vehicle crashes. Like most developing nations, the health care systems are fully integrated with the public health systems and are often managed from district hospitals. The resulting maldistribution of both preventive and curative services leaves much of the population with limited access to care when it is needed. Ghanaian health administrators are responsible for the general and medical administration of their facilities. The current training for such positions comes in the form of a master's degree and a one year placement in national service that leads to a certification. But there is no specificity of the training to the tasks that are required of new administrators. Educational programs and specific, appropriate training for applications in Ghana, must be implemented to ensure quality management of the nation's health care facilities. There is no available systematic analysis of the skill sets that are required to do this work.

Another challenge, and one that exacerbates the previous discussion, is the use and misuse of physicians in managerial and administrative posts. This phenomenon is called the "back door brain drain." Medical care is one of the last professions that routinely remove highly skilled clinicians from practice for deployment in management and administration or policy (Archampong, 1990; Beaglehole, Sanders, and Dal Poz, 2003; Marchal and Kegels, 2003; Chen, Evans, Anand, and Boufford, 2004; Adetokunbo, 2005). Medical training, particularly as it is offered in post-secondary medical school curricula in Africa, has little, if any, inclusion of subjects such as accounting, human resource management, personnel supervision, financial management, or strategic

planning; therefore, many of the physicians who find themselves in administrative posts are poorly prepared for their assignments, and also not using the excellent skills that they nurtured and practiced as physicians (Barron, Ross, and Gear, 1991). In most industrial nations the use of physicians for such purposes, unless specifically re-trained for such new duties, has been abandoned in favor of employing specialists in management and administration. The cost savings and benefits of this in industrialized nations have been substantial and have also not caused a dilution of medical talents in the field (Graig, 1999).

Ghana also faces the loss, through temporary or permanent migration to other nations, of substantial proportions of its medical-school graduates and its senior physicians. The "Push-Pull" arguments for such migration are difficult to challenge (Friedman, 2006; Pond and McPake, 2006; Wankah, 1995; Wibulpolprasert, 2004). Economic incentives for physicians in the U.S. or any other industrialized nation are multiples of any salaries that can be offered by the Ghana Ministry of Health or in private practice in Ghana. Advanced and highly specialized residency and post-graduate training at some of the best research-based medical centers in the world are available to Ghana's young physicians and their migration is facilitated by national policies that effectively drain indigenous physicians from Ghana. In 2001-2002 the University of Ghana's Dean revealed that of the previous five years' graduates with the M.D. degree, over 75% had already left Ghana. Because of this element of the "Brain Drain," Ghana needs all the clinically engaged physicians that it can retain; the nation can ill-afford to assign effective physicians to administrative or managerial posts instead of to patient care or public health services where they are sorely needed (Friedman, 2006; Lavy, Strauss, and de Vreyer, 1994).

Increasingly complex issues and problems beyond the scope of practice for physicians and clinically trained personnel are upon Ghana. International threats such as avian influenza and HIV/AIDS require more than medical training for treatment to be effective. International sophistication in markets, political and economic agendas, and a competence in systems, rather than individuals, is essential. These, and also other threats associated with economic development such as roadway morbidity and mortality, are only to be countered through broad-based, systems approaches; such strategies require world views and aptitudes that are often the antithesis of those found in the best clinicians. Management and administration training and perspective are essential for these emerging challenges. This is particularly true

when traditional, killing, health risks pose a continual threat to efforts to improve the quality of life, longevity, and economic development of Ghana (Davey and Parry 2006; Friedman, 2006; Moonekosso, 1986; Stromberg, 1975; World Health Organization, 1986).

Within Ghana there is a need to address technical, systems, cultural, and organization management issues to deal with current health priorities. Electronic medical record systems, telemedicine system development, tactical and strategic planning and evaluation, and anticipation of future needs, especially in aging and geriatrics, are challenges that are best performed by specialists in management and social sciences, rather than medicine and the biomedical sciences. In time, the public health threats that have controlled the population size and survival rates of children and the frail will be overcome; with the effectiveness of these public health programs will come a dramatic increase in life-span and the proportion of the population that is aged. This is an important element of the "Millenium Effect" and Ghana has an opportunity to be better prepared than have been other nations, including the United States and Japan, where issues of aging, geriatric health care, pharmaceuticals and housing for the eldest members of society will soon dominate over 25% of the national economies (Douglass and Odai-Tettey, 2007; Moonekosso, 1986). These issues are not the 'bread and butter' of medical people; considerations of population growth, measurement of future needs, market analysis and dynamics, and personnel (manpower) anticipation are not subjects taught to medical or clinical students (Barron, Ross and Gear, 1991). Such important subjects, however, will determine the viability of health care systems and public health programs in Ghana and these efforts require specialized training and orientation that is found within the domain of health administration (Douglass, 2007).

In Ghana, and most other developing nations, the need is acute for laymen with specialized skills in management, administration, leadership, finance and financial management, personnel development, ethics, and law to be wresting operational control of medical care and public health systems from inappropriately assigned physicians. All of the operational processes of such systems are beyond the training and experience of physicians, just as the practice of medicine is beyond the training or educations of those who are administrators and managers. Different tasks do require different skill sets (Ackon, 1994; Kuada, 1994).

In 2006, the Ashesi University-Eastern Michigan University Health Management Scholars Certificate Program (Ashesi-EMU Health

Management Scholars Certificate) was designed as an articulation agreement between Ashesi University College in Accra, Ghana, and Eastern Michigan University in Ypsilanti, Michigan, that would begin to address the need for such non-medical, health administration specialists. This academic partnership reflects a growing trend of global academic involvement with higher education for health professions in Africa (Moonekosso, 1993). Curricular validation and flexibility of specific course content (such as the emergence of new and poorly documented public health problems) would ensure that graduates will be received well and will have the opportunity to be effective in their roles. Health care facilities, as complex organizations, are always staffed with employees who need managers who communicate effectively and efficiently, perform required tasks, make decisions and focus on organizational issues. Physician managers are known to struggle with the conflict between client-based attention focus and organizational perspectives. A well-trained manager would possess the skills necessary to communicate these goals to the employees (Ackon, 1994).

The present analyses are drawn from a national study of administrative skill sets among health managers throughout Ghana. The initial data collection was a qualitative national field study in 2007. The second study, from which the data to be analyzed were drawn, is from a national follow-up survey that measured the relative importance of specific skill sets at the moment of entry to the field of practice. These studies were designed to give curriculum development guidance to the Ashesi-EMU Health Management Scholars Certificate curriculum.

METHODS AND RESEARCH DESIGN

Douglass and Odai-Tettey (2007) conducted a national qualitative field study of health administrators in Ghana with support from the U.S. Department of State. The research included in-depth personal interviews with 49 health administrators in the Ghana Health Service, Catholic Health System and non-government organizations (NGOs) providing health services in Ghana. This effort established categories of skills sets that were regarded as priorities for new administrators.

Between July 2007 and May 2008, a second wave of data was collected from the same systems in the form of a structured, quantitative questionnaire (Appendix 1). The questionnaire was based on a Lickert Scale ranging from 1 -7 with 1 as Marginally Important; 3 as Somewhat Important; 5 as Important; and 7 as Essential. Sixty-two responses were received with relative balance between government, Catholic Diocese,

Korle-bu and Ministries, and non-government organizations. These data produced 162 variables representing discrete skill sets plus a qualitative element that sought to determine if the skill increased or decreased in importance over the career of a health administrator in Ghana. This is the source data basis for the present analysis.

DATA ANALYSIS STRATIFICATION

The sample of responses from health services managers and administrators was stratified into four discrete sectors for the present analyses based on the organizational cultural distinctions that were recognized in the 2007 field study. In that effort it was noted that hierarchical structures, levels of bureaucratic authorization, limitations on managerial autonomy, frequency of routine daily interactions with non-administrative or managerial staff, and perceived independence of daily decisions were important elements of the organizational cultures of hospitals, clinics, or administrative offices in Ghana, just like complex organizations everywhere. In addition, we noted that career reward systems in Ghana's governmental systems, through the Ministry of Health and the Ghana Health Service, normally followed an expectation that length of service and success would eventually move career personnel to larger institutions, such as the teaching hospitals, or policy-making positions in the Ministry of Health. Such higher-level positions usually were located in Greater Accra and the daily experience of these administrators and managers would generally include relatively little contact with clinical or functional personnel.

Successive career advancement normally is associated with increased levels of abstract and analytic responsibilities while more junior or entry levels of placement were in the "on-the-ground" practical world of smaller facilities, rural environments, and relative independence from the larger bureaucracies. Some junior administrators candidly referred to initial career assignments as "being sent to Siberia" and considered themselves to be highly isolated. In such settings there is little administrative hierarchy on-site, and an administrator's daily routine would be largely defined by interactions with non-administrative or managerial personnel (Douglass, 2007). As a consequence, we reasoned that the perception of essential skill sets could be different between the Greater Accra sub-sample and the parallel perception from rural facilities and responses from smaller cities in Ghana. Given the career path relationship of the work site and settings, we also anticipated a distinction between the perceived criticality of different skill sets as a

function of time.

Similarly, the 2007 study found that Catholic health care facilities and NGO or "mission" facilities had unique organizational cultures that could affect the respondents' perceptions of skill set importance from the onset of a career in health administration and the growth or diminished criticality of specific skills over time. Catholic facilities and the Catholic Secretariat's Department of Health have administrative structures that are relatively modest compared to governmental systems with comparable levels of authority and responsibility, which suggests relatively higher independence and autonomy in the routine execution of duties. Particularly in the Catholic systems we noted an increased expectation of routine interaction with clinical personnel at a wide range of seniority, much like the daily expectations of government facility administrators in rural settings (Douglass and Odai-Tettey, 2007).

NGO and mission participants in the 2007 study described work environments that were even less hierarchical and complex than the Catholic systems' facilities. NGOs normally have a limited scope of practice missions, an emphasis on a direct connection to the recipient communities, and an administrative staffing design that involves a combination of permanent staff in addition to administrators and managers who make short-term commitments and field assignments. Personnel whose organizational identity extends well beyond any specific site or assignment, perhaps extended to an international organization, rarely perceive their career paths to remain in a field site as a matter of choice; more likely these personnel see a current assignment and setting as one of many stepping stones to promotions that could lead to other positions within Ghana, or on an international scale.

We reasoned that like government respondents in Greater Accra or elsewhere in Ghana, and Catholic system respondents, the NGO-mission sector demonstrated unique characteristics of organizational culture that might be reflected in perceptions of skill sets associated with managing and administrating health facilities; community health programs; or large complex, bureaucratic health care and public health systems. In response to this assessment the current analysis is based on a four-way stratification that compares Greater Accra (Korle-bu Teaching Hospital and Ministry of Health or Ghana Health Service Executives), respondents from other government facilities and services throughout Ghana, Catholic hospitals under the National Catholic Secretariat Department of Health, and NGO-mission organizations.

FOCUS OF THE CURRENT STUDY

This current study focuses on development of educational programming that promotes management changes in Ghana's health care systems based on the greatest needs as identified by current management. Since all skills are not important to all organizations, it was imperative to identify those skills that were most essential and those where importance was based on geographical location or popular belief. All future managers would receive this training under the curriculum of the Ashesi-EMU Health Management Scholars Certificate.

Management in all complex organizations in Ghana is significantly influenced by a culture of large, centralized, and bureaucratic systems. Training and development from higher education institutions would provide new skill sets and develop current skill sets in management of Ghana facilities. These new programs would be based on skills that were identified by current managers to be most useful and primary in management of health care facilities. To make it an effective academic program it would also embody the beliefs of the people it seeks to serve.

The culture of the organization is so ingrained that we sought to classify organizations by their culture. What we found is that based on the culture of the organization it acts and reacts in similar fashions. This led us to believe that the significance of any variable would be largely based on the culture of the organization.

In rural settings the physician to patient ratio can be 1:15,000. The administrators may be the only person responsible for everything related to the health care facility, such as water supply, electrical grid, roof leaks, or records full of insects, where the insects are literally eating the records. In rural Ghana there is not a staffed physical plant to address these issues.

The skill sets necessary for health administrators to perform their duties are extremely complex. Their administrative skill sets must go beyond managing the human, financial, and physical components to being able to perform each of these components in depth. These managers deal with hierarchical organizational structures that can involve ten or more levels of approval for formal decision-making. In many situations nearly 70% of health care funds are being used for salaries. In rural areas much of an administrator's time can be spent caring for the facility's structure, equipment, and transportation of patients.

FINDINGS

The skill sets that were identified as priorities by the respondents and those that were included in the present analyses were: communication and writing in varying degrees and entrepreneurship. The degree of importance differed for these three skill sets from sector to sector:

1. Korle-bu and Ministries – Korle-bu is the teaching hospital complex and Ministries of Health (policy and Executive services). These are the most hierarchical organizational systems in Ghana similar to military rank and authority structures;

2. Government – which include Ghana health services, Regional and District facilities;

3. Catholic Secretariat – Catholic facilities make up 30% of Ghana's health care system and 80% in rural areas. Since global disasters, such as Tsunami, Catholic resources have been cut and are now subsidized by the Ghana government, which further depletes resources from government facilities;

4. NGOs – specialized services such as caring of HIV / AIDS patients and families. NGOs and missions describe work environments that are less hierarchical and complex than the Catholic or government facilities. NGOs normally have limited scope of practice and emphasis is on a direct connection to the recipient communities.

We used the Statistical Package for the Social Sciences (SPSS) cross tabulation with chi-square. The purpose of a cross tabulation is to show the relationship (or lack thereof) between two variables. Pearson chi-square tests the hypothesis that the row (Sector) and column (Lickert scale rating) variables are independent. The significance value is the likelihood that the two variables are independent (unrelated). The lower the significance value, the less likely there is a relationship. The significance value for the variables presented here are $p = .006$ or less, which means that it would appear that the Sectors and the ratings are related.

All graphs are in percentages representing the percentage of respondents that deemed the variable to be extremely important, or 7-Essential. Essential represents the highest score on the questionnaire Lickert scale. Sector totals represent the comparison for each sector.

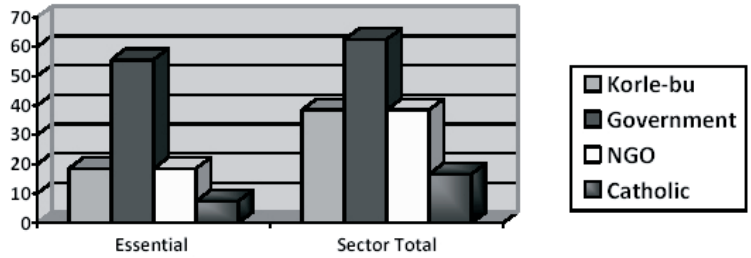

Figure 1. Formal Writing Clarity
Essential = Most Important
Sector Total = Comparison between sector

When we examine the findings for formal writing, we see that the respondents from Regional and District facilities deemed it more important to have formal communication skills than NGOs or Korle-bu and Ministries. It appears to have the least importance in the Catholic sector (see Figure 1). We attributed this to the culture of the organization since government facilities are more likely to be required to respond and make requests in writing.

Correspondence writing seemed to be more comparable between these sectors as seen in Figure 2. This could be attributed to the fact that regardless of the organization, some correspondence is necessary, although it appears less important in the Catholic and Korle-bu / Ministries. Catholic and Korle-bu / Ministries are more likely to walk over and have a face-to-face conversation.

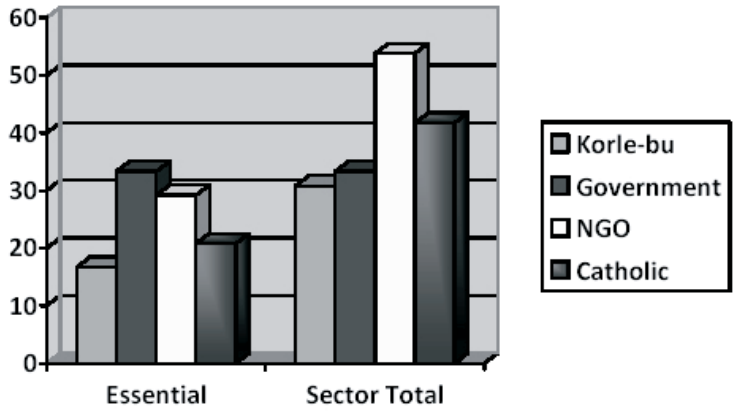

Figure 2. Correspondence Writing
Essential = Most Important
Sectir Total = Comparison between sector

Entrepreneurship is a variable that reflects the need for creative financial management and an ability to identify and capitalize on opportunities for organizational growth and development. Funding sources must be continuously renewed and new sources must be found. Health administrators must also be able to generate funds from services rendered. This is often difficult when the patient pool is financially impoverished and cannot pay for their care. Family members can be required to contribute to the care of the patient to offset financial responsibility. As Figure 3. reflects, government facilities require more creativity in finances from their administrators. This could reflect a global scarcity of charitable giving that is associated with increased frequencies and magnitudes of natural disasters, such as Tsunamis, which have diverted traditional funding sources in many sectors.

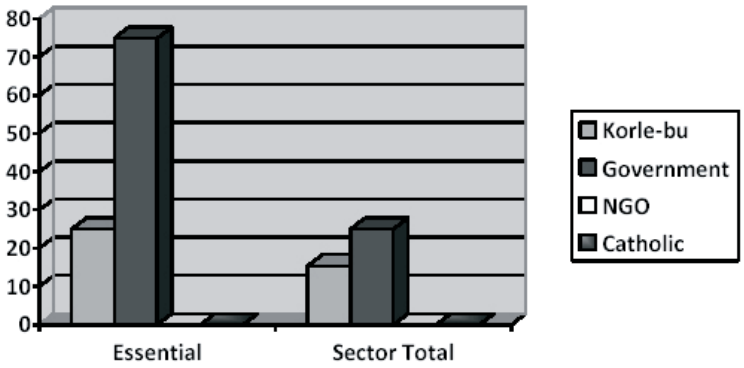

Figure 3. Entrepreneurship
Essentioal = Most Important
Sector Total = Comparison between sector

IMPLICATIONS OF FINDINGS FOR THE ASHESI-EMU HEALTH MANAGEMENT SCHOLARS CERTIFICATE PROGRAM CURRICULUM

The proper education and training of individuals preparing to enter the field of health administration in Ghana will contribute to the successful management of the nation's health care organizations. Gaining skills in formal writing with clarity, correspondence writing, and entrepreneurship will better prepare the administrator to handle the day to day tasks and problems that may arise at the health care facility. The ability to communicate efficiently and effectively is essential when written viewpoints and requests must travel through numerous levels

and channels. This skill will strengthen the current supervisors and help secure the future of Ghana health care delivery systems.

U.S. colleges and universities must prepare international exchange students for the duties that will befall them when they return to their country. These students should be encouraged to complete courses in other academic areas that will give instruction in clarity for verbal and written communications. Education and training of current health administrators and future health administrators is imperative for successful management in Ghana. Proper education and training will prepare future administrators to more successfully fill the vacancies left as current administrators retire.

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APPENDIX A
Health Administration Skill Set Assessment

Instructions: Between May 8 and June 19 we were able to interview individuals and small groups of you and your colleague health administrators throughout Ghana. Although time did not permit us to visit each of you, the consistency of the information we received from those who did participate was striking and has lead us to this second stage of data collection regarding the critical skill sets for health administrators in Ghana. The data that we are now collecting will provide validation, generalizability, and relative importance of these skill sets for the actual work that you do in the field.

We are aware, also, that some of these skill sets are relatively more important early in a career while others are of increasing importance as levels of responsibility change over time. Therefore we are asking you to do two things regarding the list of skill sets below. First, please indicate if this skill set is essential, important, somewhat important, or only marginally important during the first five years of a health administrator's career in Ghana. Please score each in the space provided to the right of each skill. Then indicate if this same skill becomes more, or less critical during the course of the career.

We are sending this to a distribution list that is evolving and we do not want to deny any manager in the health care or public health systems of Ghana an opportunity to contribute. Please share this with your colleagues and encourage them to submit a completed form. The process is not anonymous, given that we are distributing and retrieving most of the questionnaires via e-mail; your individual responses, however, will be coded without identification and the data will only be used in aggregate for analysis and reporting. The findings will be distributed to all participants as quickly as possible; a draft report is expected to be completed before September 2007 if we have a sufficient response from this questionnaire distribution. Findings will be used for curriculum development, to form the basis for a new textbook on health administration in Ghana, and for a continuing analysis of the discipline of health administration and management in Ghana.

Thank you for participating in this effort.

You can print and mail the form to Lydia Odai-Tettey, c/o Department of Management, Ashesi University College, No. 87, 3rd Norla Ext., North Labone, PMB CT3 Cantonments, Accra, or, download this form, complete it as a M.S.Word Document, and return it as an e-mail attachment to: rdouglass@emich.edu.

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Skill Set—During the first five years of a health administrator's career in Ghana is this skill set:

Essential,	7	Does this skill
Important,	5	becomes more, or less
Somewhat important	3	critical during the
Marginally important.	1	course of the career?

		More	Less
1.Good communication skills	____	____	____
• Formal writing skills (Reports, Proposals, Official Document Preparation)			
	____	____	____
Precision	____	____	____
Efficiency	____	____	____
Clarity	____	____	____
• Informal writing skills (Routine Communications Within Institution or Department)			
	____	____	____
Precision	____	____	____
Efficiency	____	____	____
Clarity	____	____	____
• Correspondence skills (With Organizations, Stakeholders, Vendors, or Government Recipients)	____	____	____
Precision	____	____	____
Efficiency	____	____	____
Clarity	____	____	____
• Verbal communication skills (Within Institution, Department, Community, Work Group)			
	____	____	____
Precision	____	____	____
Efficiency	____	____	____
Clarity	____	____	____
2. Critical thinking skills	____	____	____
Defensive strategy (as in working with lawyers)			
	____	____	____
Crisis management	____	____	____
Strategic thinking	____	____	____
Tactical thinking	____	____	____
Logistical thinking	____	____	____
Network Development and Intellectual Curiosity			
	____	____	____
3. Fundamentals of Epidemiology, Public Health & Clinical/Community medical and nursing practice	____	____	____
Understanding basic medical terminology			
	____	____	____
Understanding fundamental communicable disease process			

Understanding vector-borne disease	____	____	____
Understanding chronic disease	____	____	____
Understanding diseases associated with aging (geriatric)	____	____	____
Understanding seasonal influences on morbidity and mortality	____	____	____
Understanding the benefit/cost considerations of primary prevention	____	____	____
Understanding fundamentals of sanitation and water supplies	____	____	____
Understanding problems of development, such as environmental toxins, roadway design and road traffic in the public health context	____	____	____
4. Human resource skills			
Vernacular language skills among various ethnic and linguistic communities	____	____	____
Understanding and sensitivity to religious, economic, and social stratification of society	____	____	____
Group dynamics and work group development	____	____	____
Group problem solving skills	____	____	____
Staff / career development	____	____	____
Cross cultural sensitivity and respect	____	____	____
Gender-based sensitivity and respect	____	____	____
Gender-neutral performance and advancement mentality	____	____	____
Inter- and Intra- profession respect and value comprehension	____	____	____
Organizational power structures based on rank, social or professional status	____	____	____
Personnel retention / recruiting	____	____	____
Staff promotion and staff discipline policy and implementation	____	____	____
5. Analytical skills	____	____	____
Statistical and mathematical competence	____	____	____
Ability to use and interpret financial and/or epidemiological data	____	____	____
Ability to set measurable objectives and evaluate performance quantitatively	____	____	____

Research Design skills for planning and evaluation

____ ____ ____

Health Policy Analysis ____ ____ ____

Ability to access, read and comprehend online research reports and professional literatures ____ ____ ____

6. Understanding venues of service delivery systems and organization

____ ____ ____

History and political aspects of health care and public health in Ghana

____ ____ ____

Ministry of Health and Ghanaian Government Context

____ ____ ____

Ghana Health Service (GHS) ____ ____ ____

NGO Providers and Systems ____ ____ ____

Mission Based Institutions and members of CHAG

____ ____ ____

Commercial Venders that supply the system

____ ____ ____

International organizations (WHO, UN, USAID, etc.)

____ ____ ____

Sources of sustainable, periodic, or temporary financial support

____ ____ ____

7. Estate Management ____ ____ ____

Building maintenance ____ ____ ____

Construction ____ ____ ____

Equipment maintenance and support

____ ____ ____

Scheduled repair and inspection ____ ____ ____

Vehicle and fleet/transport management

____ ____ ____

8. Procurement/purchasing ____ ____ ____

Vendor bidding ____ ____ ____

Contract negotiations ____ ____ ____

Pharmaceutical supply ____ ____ ____

Disposable and durable materials and supply management

____ ____ ____

9. Financial Management ____ ____ ____

Budget Development ____ ____ ____

Cost Accounting ____ ____ ____

Project Budget Development ____ ____ ____

Fiduciary and Stewardship Skills

____ ____ ____

10. Professional Ethics ____ ____ ____

Ethical Dilemma Identification and Sensitivity

	____	____	____
Ethical leadership	____	____	____
Inter-professional Ethics	____	____	____
11. Managerial Orientation	____	____	____
Dissatisfaction with status quo	____	____	____
How critical is it to "go along to get along" versus being able to establish yourself as a professional change agent?	____	____	____
Entrepreneurship	____	____	____
Innovation and planned change	____	____	____
Creativity and "out of the box" thinking	____	____	____