

National Survey on Doctoral-Level Education in Health Information Management: Perceptions and Rationale

*by Angela L. Morey, PhD, RHIA, CPHIMS; Shannon H. Houser, PhD, MPH, RHIA, FAHIMA;
and Janelle Wapola, MA, RHIA*

Abstract

Objective: The purpose of this survey was to understand the perceptions and educational goals of the health information management (HIM) workforce in regard to pursuing doctoral-level degrees.

Method: Survey data were collected from members of the American Health Information Management Association (AHIMA) to gain further insight into their interest in pursuing a doctoral degree, their reasons for obtaining such a degree, their methods of learning, and their financial support for an advanced degree. Descriptive characteristics were collected from AHIMA profile information.

Results: A total of 13,020 surveys were electronically sent to selected AHIMA members, of which 1,453 were returned, for an 11 percent response rate. Of the 651 respondents who indicated that they were interested in obtaining a doctoral-level degree, close to half would like to start their doctoral-level study in the next one to five years.

Discussion: This research points to recommendations for efforts to increase student funding opportunities, to increase the number of accredited HIM schools/programs, to create opportunities for doctoral-level study in HIM, to offer options for blended online learning, and to increase the number of doctorally prepared and qualified HIM faculty.

Keywords: health information management; doctoral-level education; survey research

Introduction

The burgeoning expectation of advanced health information management (HIM) knowledge and skills in today's healthcare organizations has highlighted the need for additional graduate-level programs to train individuals to meet those expectations. According to the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM), several educational institutions either have already implemented master's-level HIM degree programs or are in the planning stages.¹ In addition, the educational goals of American Health Information Management Association (AHIMA) are focused on inspiring more HIM professionals to pursue graduate degrees.^{2,3}

To support the academic rigor of these programs, doctoral-level educators are needed to prepare HIM professionals for data-driven and technologically innovative healthcare positions and to address the curriculum revisions necessary to propel the field forward. These educators must also be able to evaluate the outcomes of these curricular models as well as reflect on their effect on healthcare quality.⁴ Researchers from the Carnegie Foundation put forth the idea that the "purpose of doctoral education is to

prepare stewards of the discipline.”⁵ As the HIM field seeks to further define itself as a distinguished contender among the health sciences, it must indeed raise future “stewards” so that a solid, research-based educational path can be established and recognized. This educational path in turn allows professionals at all educational levels to reap the benefits of the newly established pedagogy and acknowledged contribution to the study of healthcare issues.

With more than a third of HIM educators likely retiring in the next few years,⁶ it is vitally important to understand the perceptions and educational goals of the HIM workforce with regard to pursuing doctoral-level degrees. This information will assist industry leaders in addressing any perceived barriers to advanced education, such as funding sources or limited research experience. It will also enable further development of HIM-focused doctoral programs and assist educational organizations in finding future faculty members.

This study explores the need and demand for doctoral study in the HIM discipline by analyzing 2016 AHIMA member survey data. We also examined member profile characteristics and opinions regarding prospective plans for obtaining a doctoral-level degree along with preferences for how the degree programs are structured. We highlighted the rationale for creating doctoral degrees in the HIM profession.

Methods

Survey Development and Measures

The survey for the assessment of doctoral-level degrees in HIM was developed by the AHIMA Council for Excellence in Education (CEE) Curricula Workgroup and distributed electronically by AHIMA staff in 2016. The purpose of this survey was to receive feedback on the need for and importance of a doctoral degree in the HIM profession.

The survey included a total of eight questions that were developed by CEE Curricula Workgroup members. The chosen questions were as follows:

1. Would you be interested in obtaining a doctoral-level degree?
2. Please indicate why you are interested in obtaining a doctoral-level degree.
3. What are the odds that you'll apply for a doctoral program within the next one to five years?
4. What factors are delaying you from applying to the doctoral program?
5. What are the methods you could/would like to use to finance your doctoral degree?
6. What would be your preference for the format of a PhD or DHIM program?
7. What would be your preference for the timing of a PhD or DHIM program?
8. Which of the following credentials do you currently hold?

All questions were presented in a multiple choice format; except for question 4, which was open-ended and required the participants to fill in a response. Respondent descriptive characteristics were collected from AHIMA profile information. The survey was distributed electronically to selected AHIMA members.

Study Sample and Selection Procedures

Survey participants included HIM professionals who held a master's or baccalaureate-level degree as identified by their active membership profile in AHIMA and had opted in to participate in AHIMA market research. A total of 13,020 potential participants were sent an e-mail requesting their feedback in the survey, along with the survey itself. The data collection period was April 27 to May 11, 2016. A reminder e-mail was sent after the first week of the collection period. Those AHIMA members who were interested in participating in the survey could click on the electronic survey link, answer the questions, and submit the survey via the Internet. A total of 1,453 surveys were completed.

Results

Interests in Pursuing a Doctoral Degree

A total of 13,020 surveys were electronically sent to selected AHIMA members, of which 1,453 were returned, for an 11 percent response rate. Of the 1,453 total respondents, 651 respondents (45 percent) indicated that they were interested in obtaining a doctoral-level degree, while 802 respondents (55 percent) indicated that they were not interested (see Figure 1). The respondents who answered that they had no interest in doctoral study were given no further questions to answer in the survey. This group of respondents had an average age of 54 years and was predominantly female (93 percent), and a majority (64 percent) had a baccalaureate degree. For the purpose of this study, only the respondents who answered “yes” to being interested in obtaining a doctoral-level degree were selected for further analysis.

Among those who answered “yes,” 371 respondents (25.5 percent of all respondents) were interested in a practice-based doctorate in HIM (DHIM), 161 respondents (11 percent) were interested in a research-based HIM PhD degree, and another 119 respondents (8 percent) expressed interest in various types of non-HIM-focused doctoral degrees. Examples of other types of doctoral degrees included education, leadership, law, health informatics, health administration, public health, nursing, and medicine. Among this group, some were undecided as to their study focus, although they wanted to obtain a doctoral-level degree. One respondent expressed: “I am not sure, but I would be more inclined to pursue a PhD if there were a higher AHIMA credential that coincided.”

Characteristics of Respondents

Respondents interested in pursuing a doctorate had an average age of 48 years, were predominantly female (88 percent), white (67 percent), and held a master’s degree (63 percent); see Table 1. The respondents were from all 50 US states, Puerto Rico, and Canada, with nearly 40 percent from the southern region of the United States. Almost all the respondents (95 percent) had at least one of the AHIMA credentials/certifications or AAPC coding certifications. AHIMA credentials and certifications included Registered Health Information Administrator (RHIA) (65 percent) and Registered Health Information Technician (RHIT) (20 percent); coding-related certifications (34 percent); and specialty certifications (14 percent), such as CHPS (Certified in Healthcare Privacy and Security), CDIP (Certified Documentation Improvement Practitioner), and CHTS (Certified Healthcare Technology Specialist).

Nearly half of the respondents held a position in different levels of management (see Table 1), including executive or president/vice president (5 percent); HIM/information technology (IT) director or privacy officer (27 percent); and manager/supervisor (16 percent). Other positions included educators (16 percent), HIM technician roles such as coder or transcriptionist (12 percent), and consultants (9 percent). Approximately one-third (34 percent) of respondents worked in an acute care hospital. Some other job settings included nonprovider settings such as government, vendor, association, or consulting services (20 percent); educational institute (17 percent); integrated healthcare delivery system (13 percent); or alternative care settings, such as ambulatory surgery, behavioral/mental health, home health, and hospice (4 percent).

Reasons for Obtaining a Doctoral Degree

When asked the reason(s) for obtaining a doctoral degree, most of the 651 respondents cited personal development (74 percent), interest in expanding their career (68 percent), interest in the intersection of technology and healthcare (59 percent), passion for improving the quality and safety of healthcare (57 percent), and the desire to increase or potentially increase salary (51 percent). Almost 30 percent of respondents indicated an interest in conducting cutting-edge research in HIM (see Figure 2). Some other reasons included personal accomplishment, personal prestige, academic reasons, requirements of a teaching position, and advancement and recognition of the HIM profession.

Methods of Learning and Financial Support

More than 70 percent of the respondents reported that they were extremely likely or somewhat likely to pursue doctoral education in the next one to five years (see Figure 3). Slightly more than half (51 percent) of the respondents preferred an online format of learning, while 47 percent preferred a hybrid

teaching approach that combines online and face-to-face formats. A large majority of the respondents (84 percent) preferred a part-time learning approach.

For the majority of the respondents (about 55 percent) who were interested in pursuing a practice-based doctoral degree in HIM (DHIM), the average age was 49 years, and the most common job titles were director/officer (31 percent), manager/supervisor (14 percent), and HIM technician role (13 percent). In addition, for the roughly 26 percent of respondents who were most interested in the research-based PhD in HIM, the average age was 50 years, and the most common job titles were manager/supervisor (19 percent), director/officer (16 percent), and educator (16 percent).

When respondents were asked about the methods to be used for financing a doctoral degree, the approaches included scholarships (67 percent), employer assistance (61 percent), grants (60 percent), loans (44 percent), and personal savings (37 percent); see Figure 4. Other financial support methods included veterans' benefits, university stipends, tuition discounts, and assistantships with tuition waivers.

Discussion

Of the 651 respondents interested in pursuing doctoral-level study, close to half would like to start their doctoral-level study in the next one to five years. However, the respondents were clear that barriers such as the time commitment and the lack of funding and other resources were their primary reasons for not pursuing a doctorate degree thus far. Considering the average age of the respondents (48 years), we find it interesting that there is an "urgent" need to start a doctoral degree in the next one to five years.

The results of this survey are useful for academic planning purposes because currently no professional doctorates in HIM are available. With regard to a discipline-specific doctoral degree in HIM, additional barriers must be considered. Currently, no discipline-specific doctoral programs in HIM are offered, and there is a scarcity of faculty prepared at the doctoral level to teach in such programs. The absence of an agreed-upon, discipline-specific doctoral-level curriculum also needs to be addressed, along with issues related to program accreditation. Such barriers may be less of an issue in more traditional, established doctoral programs, such as public health, business, health informatics, and others.

For the HIM profession to meet the needs of potential students, several aspects will need to be considered. This research points to recommendations for efforts to increase student funding opportunities through various avenues, such as scholarships, employer assistance, grants, or loans; an increased number of accredited HIM schools/programs; the creation of doctoral-level study in HIM; options for blended online learning; and an increase in doctorally prepared and qualified HIM faculty.

The findings of this study complement the national initiative driven by AHIMA and referred to as HIM Reimagined.⁷ HIM Reimagined outlines the anticipated changes in healthcare and how those changes will affect the HIM profession, including the need to increase the number of AHIMA members who hold relevant graduate degrees, increase the number of faculty qualified to teach HIM, provide competitive dissertation scholarships to doctoral candidates conducting research on HIM-related topics and pursuing related graduate education, and increase funding for academic scholarships.⁸

Some potential limitations of this study should be noted. The survey distribution was based on the AHIMA active membership profiles; therefore, missing data in the profiles may have restricted data collection. The survey items used in this study, being exploratory in nature, lack adequate reliability and validity testing. Despite these limitations, we believe that this study provides important initial insights into doctoral-level HIM education needs and depicts potential education models and formats.

HIM knowledge and skill sets have changed, shifted, and expanded over the years because of the health IT revolution. Future studies are needed to identify the knowledge and skill sets appropriate for a HIM-specific doctoral curriculum. Further investigation related to the preparation of doctoral-level faculty to teach the knowledge and skills required in HIM-specific doctoral programs is also needed.

Continued discussion is necessary to determine whether a HIM doctoral degree should be practice focused, academic/research focused, or a combination of both. A doctorate of philosophy (PhD) is commonly a research-focused degree, whereas a doctorate of science or a professional doctorate (DHIM,

for example) is practice oriented and may also be an entry-level qualification for a profession. A doctorate in physical therapy (DPT) and a doctorate in pharmacy (PharmD) are examples of practice-oriented doctorates.

Conclusion

This study was conducted to gain knowledge and understanding of the issues surrounding the need and interest of HIM professionals in pursuing a doctoral-level degree in HIM. Survey results indicate that a majority of AHIMA members surveyed are looking to pursue doctoral-level education in the next one to five years.

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Angela L. Morey, PhD, RHIA, CPHIMS, is the health information management program director and associate professor at the University of Mississippi Medical Center in Jackson, MS.

Shannon H. Houser, PhD, MPH, RHIA, FAHIMA, is an associate professor in the Department of Health Services Administration at the University of Alabama at Birmingham in Birmingham, AL.

Janelle Wapola, MA, RHIA, is an assistant professor of health information management at the College of St. Scholastica in Duluth, MN.

Notes

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Table 1Characteristics of Respondents Who Indicated Interest in Pursuing a Doctoral Degree ($n = 651$)

Characteristics	Number	Percent
Gender ($n = 599$)		
Female	529	88.3
Male	70	11.7
Race/ethnicity ($n = 492$)		
White	332	67.4
African American	108	22.0
Hispanic	34	6.9
Asian	14	2.9
American Indian	4	0.8
Highest education ($n = 632$)		
Associate degree	2	0.3
Baccalaureate degree	233	36.9
Master's degree	396	62.6
Doctoral degree	1	0.2
Position ($n = 632$)		
Clerical, administrative support	11	1.7
Clinician (MD, RN, etc.)	9	1.4
Consultant	59	9.3
Director (e.g., health information management [HIM], information technology), officer (e.g. privacy)	169	26.8
Educator	100	15.8
Executive, president, vice president	32	5.1
HIM technician role (e.g. coder, transcriptionist)	75	11.9
Manager, supervisor	100	15.8
Technology role (e.g. system analyst, product system analyst)	49	7.8
Not currently working	28	4.4
Job setting ($n = 632$)		
Acute care hospital	216	34.2
Alternative care setting (e.g., ambulatory surgery center, behavioral/mental health, home health, etc.)	28	4.4
Clinic, physician practice	25	4.0
Educational institute	104	16.5
Integrated healthcare delivery system	83	13.1
Nonprovider setting (e.g., government, vendor, association, consulting services, health information exchange)	127	20.1
Other provider settings (e.g., rehab, etc.)	21	3.3
Not currently working	28	4.4
Regions ($n = 609$)		
Midwest	163	26.8
Northeast	94	15.4
South	243	39.9
West	98	16.1
Puerto Rico	10	1.6
Canada	1	0.2

Note: Numbers in each category do not always add up to the total of respondents because of some missing values.

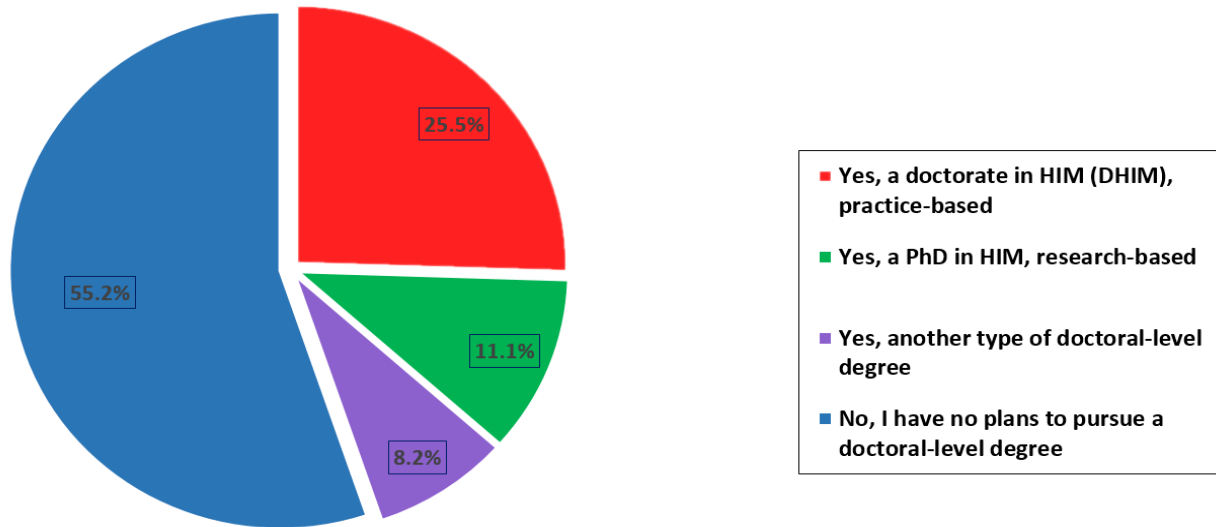
Figure 1Respondents' Interest in Obtaining a Doctoral-Level Degree ($n = 1,453$)

Figure 2

Respondents' Reasons for Interest in Obtaining a Doctoral Degree ($n = 651$)

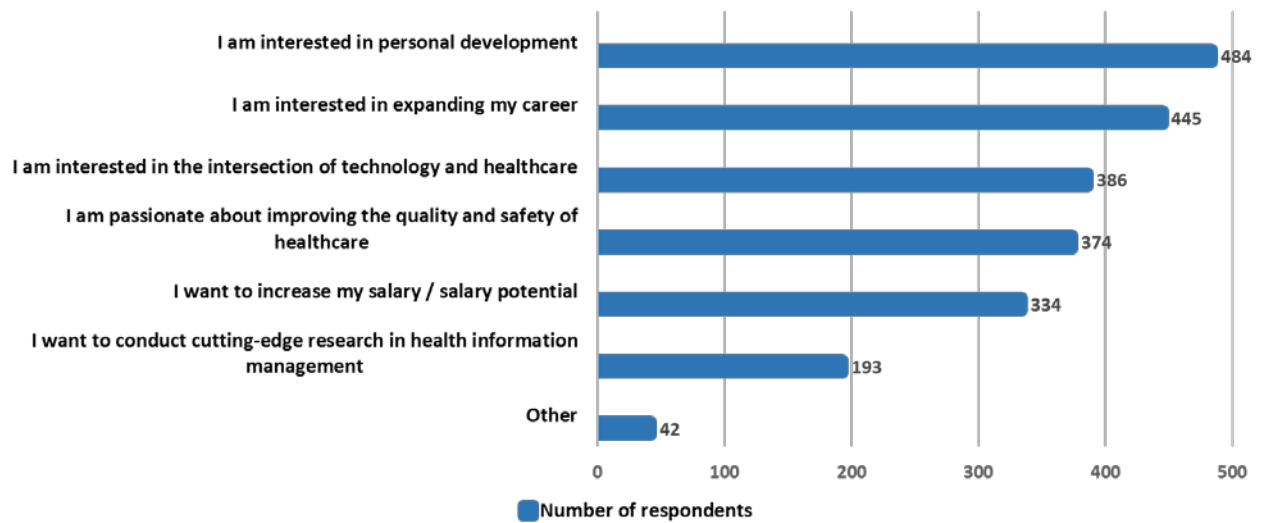


Figure 3

Respondents' Likelihood of Applying for a Doctoral Program within One to Five Years ($n = 651$)

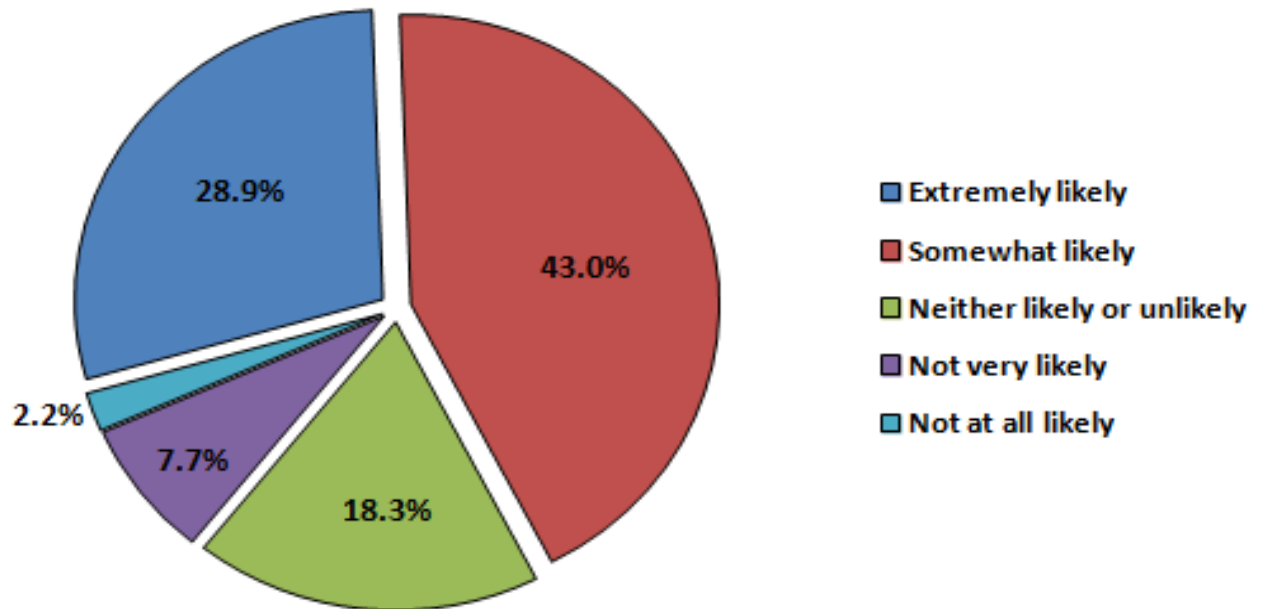


Figure 4

Preferred Methods of Financial Support ($n = 651$)

