EXPLORING SKILL PREPAREDNESS AMONG MBA HOSPITAL AND HEALTH MANAGEMENT GRADUATES ENTERING HEALTHCARE IT ROLES

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Mehak

Under the Supervision and Guidance of

Dr. Alok Kumar Mathur

2025

SkillSauce

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Dr. Mehak in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at Skillsauce during Mar 10 - May 31, 2025.

Place: Noida (Delhi NCR)
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Name of the Organization: SkillSauce

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Proprietor

Sincerely,
Name: Yash Singh
Position: CEO

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled "Exploring Skill Preparedness Among MBA Hospital and Health Management Graduates Entering Healthcare IT Roles" is a record of the research work undertaken by Dr. Mehak in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide

IIHMR University, Jaipur

Date June 18, 2025

School Dean

IIHMR University, Jaipur

Date 18/6/25

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "Exploring Skill Preparedness Among MBA Hospital and Health Management Graduates Entering Healthcare IT Roles" is the Bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Dr. Mehak

Date- 18/06/2025

ABSTRACT

Title: Exploring Skill Preparedness Among MBA Hospital and Health Management Graduates Entering Healthcare IT Roles

Author Name: Dr. Mehak

Advisor Name: Dr. Alok Mathur

Keywords

Healthcare IT, MBA Graduates, Skill Gap, Digital Health, Competency-Based Education, Industry-Academia Collaboration

Background

India's healthcare sector is rapidly adopting digital tools and platforms. This shift has created a need for professionals who can effectively operate at the intersection of management and technology. MBA graduates in Hospital and Health Management, particularly those with backgrounds in medical and allied sciences, are now expected to step into Healthcare IT roles. However, many face challenges in doing so due to limited exposure to practical digital skills during their academic training.

Objective

This study aimed to assess how prepared MBA graduates feel for Healthcare IT roles, how employers perceive their readiness, and to identify gaps between academic training and industry needs. It also sought to offer recommendations for curriculum improvements and industry engagement.

Methodology

A qualitative exploratory research design was adopted. Data were collected using two structured Google Forms—one distributed to 100 recent MBA Healthcare graduates and the other to 20 employers hiring for Healthcare IT roles. Participants were selected via purposive sampling from hospitals, health tech firms, and consultancies. Responses included both quantitative questions and open-ended items. Thematic analysis following Braun and Clarke's six-step framework was used for qualitative data, supported by descriptive statistics.

Results/Findings

Graduates reported insufficient training in tools like HIS, EHR, Excel, and SQL. Most felt underprepared for digital health roles and lacked exposure to real-time systems. Employers confirmed this gap, highlighting poor digital proficiency and limited soft skills such as communication and project management. However, a positive finding was that many

employers showed interest in partnering with academic institutions through guest lectures, internships, and curriculum development.

Conclusions

The study confirms a significant disconnect between MBA curricula and the demands of Healthcare IT jobs. Bridging this gap requires integrating hands-on digital training, promoting interdisciplinary learning, and fostering stronger academia-industry partnerships. These steps can help future graduates build the technical fluency and confidence required to succeed in India's evolving digital health landscape.

ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude to all those who have supported me throughout this dissertation journey.

First and foremost, I am deeply thankful to Dr. Alok Mathur, my dissertation guide, for their consistent support, expert guidance, and encouragement throughout the research process. Their insights and feedback helped refine this study and brought clarity to my understanding of the topic.

I also extend my sincere appreciation to the faculty members of IIHMR University, whose courses and mentoring shaped the foundation of my academic journey.

A special thanks to all the graduates and employers who took the time to share their valuable experiences and insights. This research would not have been possible without their honest participation and perspectives.

To my family and friends, thank you for your patience, motivation, and unwavering belief in my work.

Lastly, I acknowledge Mr. Yash Singh and Mr. Sankalp Bansal for providing the environment and inspiration that helped me focus on this research theme.

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LIST OF ABBREVIATIONS

Abbreviation	Full Form
EHR	Electronic Health Record
HIS	Hospital Information System
MBA	Master of Business Administration
IT	Information Technology
CBE	Competency-Based Education
NDHM	National Digital Health Mission
UG	Undergraduate
SQL	Structured Query Language
BI	Business Intelligence
IIHMR	Indian Institute of Health Management Research

CHAPTER 1: INTRODUCTION

1.1 Background

The healthcare sector in India is undergoing a transformation driven by rapid digitization, increased use of information systems, and data-driven decision-making. From electronic health records (EHRs) to hospital information systems (HIS), technology is no longer an accessory but a core component of healthcare delivery. In this dynamic context, the demand for professionals equipped with both managerial insight and digital competency has risen sharply.

MBA programs in Hospital and Health Management were traditionally designed to train graduates in policy, operations, and clinical governance. However, they now face the pressing challenge of evolving curricula to prepare students for digital healthcare environments. Many of these students come from strong clinical or life sciences backgrounds—such as MBBS, BDS, BAMS, BHMS, BPT etc. often lack the technical exposure required for IT roles.

This disconnect between educational training and industry expectations is becoming a critical issue. Fresh graduates report feeling unprepared when placed in tech-enabled roles, while employers consistently cite skill gaps in areas such as data handling, software proficiency, and workflow understanding. The absence of interdisciplinary training in digital tools and analytics, coupled with insufficient soft skills such as communication and adaptability, contributes to onboarding challenges and inefficiencies in healthcare organizations.

1.2 Rationale for the Study

While quantitative data such as placement statistics or assessment scores provide some insight into academic performance, they do not reveal how prepared graduates truly feel—or how employers assess their readiness. There is limited qualitative research in the Indian context that captures these lived experiences and expectations.

Furthermore, with platforms offering skills-based hiring assessments becoming increasingly popular, there is an opportunity to ground these efforts in actual perceptions from the field. This study, therefore, focuses on a dual perspective graduates and employers to build a more comprehensive understanding of the preparedness gap.

1.3 Statement of the Problem

There is a misalignment between academic preparation and the practical skill requirements for Healthcare IT roles in India. MBA Hospital and Health Management graduates, particularly those from clinical backgrounds, often struggle to transition into these roles due to limited exposure to digital tools and weak industry integration. Employers, on the other hand, are challenged with extended onboarding times and additional training costs.

1.4 Objectives of the Study

1. To explore how MBA Hospital and Health Management graduates from clinical/life sciences backgrounds perceive their preparedness for Healthcare IT roles.
2. To understand the skill-related expectations and hiring challenges faced by employers in Healthcare IT roles.
3. To identify the recurring gaps between academic curriculum and industry requirements.
4. To provide actionable recommendations for improving academic programs and industry collaboration.

1.5 Research Questions

1. What is the self-assessed level of technical and digital readiness among recent MBA Hospital and Health Management graduates?
2. What are the common skill gaps observed by employers when hiring these graduates for Healthcare IT roles?
3. How do these perceptions vary based on background (e.g., clinical degree, project experience)?
4. What improvements can be suggested to bridge this academia–industry skill gap?

1.6 Significance of the Study

This study holds significance for several stakeholders:

- **Academic Institutions**: To redesign curricula based on employer needs and graduate experiences.
- **Healthcare Employers**: To better understand the educational limitations and potential areas for collaboration.
- **Students and Graduates**: To gain awareness of the skill expectations in digital healthcare environments.
- **Policymakers and Accreditation Bodies**: To enforce competency-based learning models in health education.

1.7 Scope and Limitations

Scope:

- Focused on India, especially on MBA Hospital & Health Management graduates.
- Includes both public and private sector employers.
- Applies to roles requiring knowledge of healthcare informatics, systems, and digital tools.

Limitations:

- The sample is purposive, and thus findings are not generalizable.
- Data is self-reported, which may carry response bias.
- Does not include IT graduates or clinical professionals not pursuing MBA.

CHAPTER 2: LITERATURE REVIEW

2.1 Review Approach

The literature review is organized thematically and geographically, beginning with global research on digital readiness in healthcare education, followed by the Indian context. The sources were gathered from PubMed, Google Scholar, WHO reports, and studies available through academic databases such as SAGE and ScienceDirect. Emphasis was placed on research published after 2015 to ensure relevance to recent digital healthcare trends.

2.2 Global Context: Digital Competency in Healthcare Education

Healthcare systems worldwide are experiencing a shift toward digitization, with tools such as Electronic Health Records (EHRs), Clinical Decision Support Systems (CDSS), and health data analytics becoming essential components of daily healthcare delivery. According to Frenk et al. (2010), global health education systems need to undergo a "transformative shift" from traditional knowledge-based training to competency-based and systems-oriented approaches.

The World Health Organization (2019) published a framework outlining essential digital health competencies for the modern healthcare workforce. These competencies include proficiency in health information systems, data interpretation, digital communication, and cybersecurity. Despite these recommendations, most healthcare programs globally still prioritize clinical or administrative instruction with limited emphasis on IT integration.

The mismatch between curriculum content and digital practice requirements has led to onboarding challenges in countries like the US, UK, and Australia. Studies by Lomis et al. (2017) and McGowan et al. (2021) show that even in well-resourced settings, medical and health management graduates feel unprepared to handle digital health systems.

2.3 Indian Context: Emerging Trends and Gaps

In India, the National Digital Health Mission (NDHM) has accelerated the adoption of digital health tools. However, the academic ecosystem has been slow to adapt. Research by Kumar & Krishnamurthy (2018) emphasized that while India's digital health infrastructure is expanding, academic institutions are still struggling to incorporate even the basics of health informatics into their curricula.

A study by Misra and Bhardwaj (2021) highlighted that fewer than 20% of healthcare management graduates had any practical exposure to HIS or EHR systems. Similarly, Awadhiya (2022) found that only 15% of MBA Healthcare graduates surveyed had confidence in using digital tools like Power BI, Tableau, or data analytics platforms during their first job.

2.4 Skill Gaps in Fresh Graduates: Employer Perspective

Indian employers often cite the following challenges with fresh healthcare management graduates:

- Inability to interpret or work with patient data effectively.
- Low confidence in digital platforms and dashboards.
- Lack of understanding of integrated care workflows.
- Poor communication and project documentation skills.

A report by Mercer (2025) titled *Graduate Employability Index – India* revealed that employers rank “technical confidence” and “adaptability to digital workflows” among the top five missing skills in MBA Healthcare recruits.

In another sector-wide study by The Economic Times (Healthworld, 2023), over 72% of hiring managers agreed that it takes three to six months of additional training before new healthcare management graduates can independently contribute to digital health projects.

2.5 Curriculum and Industry Disconnect

Bansal & Dhanesh (2020) found that 67% of university curricula in healthcare management are not updated regularly, and often fail to include current industry practices such as telemedicine workflow planning or data privacy training. Furthermore, internship opportunities are often limited to hospital administration or HR departments, with little exposure to real-world IT systems.

The problem is further compounded for students with clinical backgrounds (e.g., MBBS, BAMS, BPT), who may find the shift to tech-heavy roles even more difficult due to lack of foundational IT training.

2.6 Theoretical Framework: Competency-Based Education

This study is grounded in the **Competency-Based Education (CBE)** model, which prioritizes outcomes and skill demonstrations over theoretical knowledge. The CBE framework suggests that learners should progress based on their ability to demonstrate mastery of competencies—including knowledge, skills, and attitudes—relevant to industry expectations (Frank et al., 2010; Harden, 2016).

CBE is highly relevant to healthcare IT roles, where employers prioritize "skill readiness" over academic performance. Applying this lens allows the study to focus on not just "what students know," but "what students can do."

2.7 Summary of Gaps Identified in the Literature

Table 2.1: Summary of Gaps Identified in the Literature

Area	Finding
Digital Tool Exposure	Majority of programs lack hands-on training in HIS/EHR/analytics
Curriculum Relevance	Outdated content, especially in public sector institutions

Faculty Readiness	Limited faculty training in health informatics or IT systems
Student Transition Support	No structured support for non-technical students entering IT roles
Employer Expectations	Focus on application-based skills, adaptability, and digital fluency
Suggested Reforms	Industry-academic partnerships, internships in IT roles, certification paths

2.8 Empirical Evidence and Recent Trends

In addition to academic literature, several empirical reports and industry commentaries provide strong support for the core themes of this study. These findings reflect the reality of India's current education-to-employment landscape, particularly in technical and healthcare-related domains.

The table below summarizes the most relevant studies and data sources that align with the skill gaps, curriculum challenges, and employer expectations discussed in earlier sections.

Table 2.2: Literature Summary of Graduate Skill Preparedness in India

Author(s), Year	**Source / Title**	**Methodology**	**Key Findings & Relevance**
Mercer Mettl	Mettl. 2023	India Graduate Skill Index 2023	Assessment of 440,000 learners
Economic Times, 2025	India faces growing job crisis: Just 42.6% grads are employable	Review of national data	Employers report lack of job-readiness due to insufficient technical and cognitive skills among graduates.

Times of India, 2025	Degree vs. Skill: Why India produces low-employability graduates	Journalistic synthesis of national data	Identifies outdated curricula and limited project exposure as key causes of graduate underpreparedness.
Times of India, 2024	94% of Indian doctors call for specialised upskilling	Survey of 400 healthcare professionals	Majority felt curriculum does not match modern practice; highlights need for domain-specific, hands-on training.
ET Commentary (Muneer), 2025	India's skill gap crisis: Plenty of graduates, not enough tech leaders	Industry insights	Emphasizes need for emerging tech training, digital tools, and employer–academic partnerships.
Padmini et al., 2010	Approaches to Curriculum & Teaching to Skill Indian Software Engineers (arXiv)	Academic review of skill-focused models	Advocates project-based learning, real-world exposure, and industry-academia collaboration as essential strategies.

2.9 Summary

The literature supports the argument that India faces a systemic skills mismatch. While formal education provides theoretical understanding, there is limited emphasis on application, digital competency, or communication skills—particularly within healthcare management streams.

These findings directly support this dissertation's primary themes:

- Graduates lack hands-on training and confidence in digital tools
- Employers often must retrain new hires in IT and soft skills
- Curriculum reform and collaborative learning are essential

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Study Design

This study adopts a **qualitative exploratory design**, supported by structured digital tools (Google Forms) to capture in-depth perceptions of MBA Hospital and Health Management graduates and employers regarding skill preparedness for Healthcare IT roles.

A qualitative approach is justified due to the subjective and experiential nature of the research questions. Rather than quantifying skill gaps alone, the study aims to **explore how graduates perceive their readiness** and how **employers interpret the gaps they encounter** in real-world hiring and onboarding.

This approach allows for richer insights into:

- Graduate confidence in technical tools
- Curriculum relevance from the learner's perspective
- Hiring challenges and training burdens faced by employers
- Opportunities for curriculum-industry alignment

While the primary focus is qualitative, the incorporation of closed-ended questions (Likert scale and binary) allows for descriptive trend analysis to support thematic interpretation.

3.2 Study Setting

The study is situated in the context of India's digital healthcare transformation, focusing on students pursuing MBA Hospital and Health Management programs and the corresponding employer sector. Participants were recruited from hospitals, digital health startups, IT consulting firms in healthcare, and academic institutions across India.

This multi-stakeholder context ensures a balanced understanding of both **supply-side (graduates)** and **demand-side (employers)** dynamics in skill development for Healthcare IT.

3.3 Study Population

3.3.1 Graduate Participants

- Recent MBA Hospital and Health Management graduates (within last 2 years) with life sciences and medical backgrounds.
- Either working in, seeking roles in, or interning in Healthcare IT

3.3.2 Employer Participants

- HR personnel, project managers, department heads, or executives involved in recruiting or mentoring entry-level employees for Healthcare IT roles
- Represent organizations such as hospitals, health tech companies, and NGOs

3.4 Sampling Technique

The study employed **purposive sampling** to identify individuals who were directly involved in either seeking or facilitating employment in Healthcare IT.

- For graduates: MBA students and alumni from academic institutions with a health management specialization were targeted.
- For employers: Hiring professionals from hospital administration, digital health projects, and consultancy firms were approached via LinkedIn and alumni networks.

3.5 Sample Size

Table 3.5: Sample Size

Respondent Group	Target Sample Size	Final Responses Collected
MBA Graduates	80–100	100
Employers	15–20	20

In qualitative studies, sample sufficiency is reached through **thematic saturation**, the point at which additional data no longer yields new insights (Guest et al., 2006). This target was met as several themes (e.g., lack of technical training, employer onboarding burden) began to repeat consistently across interviews.

3.6 Data Collection Tools

3.6.1 Graduate Questionnaire

A structured Google Form containing:

- Demographic details (UG background, graduation year)
- Multiple choice and Likert scale questions on preparedness, tool exposure, and certifications
- Open-ended questions to describe perceived challenges and curriculum gaps

3.6.2 Employer Questionnaire

A structured Google Form covering:

- Organizational profile and hiring role
- Likert and binary questions on skill readiness, gaps, and onboarding practices
- Open-ended fields to capture employer recommendations

3.6.3 Consent

All participants received an informed consent declaration on the first page of the form. Proceeding to fill the form was treated as voluntary agreement to participate.

3.7 Data Collection Procedure

The forms were disseminated over a 3-week period via:

- WhatsApp groups

- Email outreach through internship coordinators
- Direct LinkedIn messages to HR and project leads

No personally identifying data (e.g., email, phone) was collected. Forms were submitted anonymously to maintain confidentiality and encourage honest responses.

3.8 Analysis Plan

Qualitative Data Analysis

The open-ended responses were analyzed using **Braun and Clarke's Six-Phase Thematic Analysis**:

1. **Familiarization with Data**: Reading all responses multiple times to identify initial impressions.
2. **Initial Coding**: Assigning codes (e.g., no EHR training, low confidence, onboarding delay).
3. **Theme Development**: Grouping similar codes (e.g., curriculum–industry gap, technical skill gap).
4. **Theme Review**: Refining themes based on prevalence and coherence.
5. **Defining Themes**: Finalizing theme titles and descriptions.
6. **Report Writing**: Integrating narrative excerpts and quotes into result interpretation.

Manual coding was used with Excel for organizing themes. Codes were clustered by stakeholder group to compare perspectives.

Quantitative Data Handling

Likert-scale and binary responses were tabulated using Excel:

- Frequencies and percentages were calculated
- Bar charts and Pie-charts used for visualization
- Cross-tabulations used to explore UG background vs preparedness

Though not the focus, this quantitative layer enhanced the depth of qualitative insights.

3.9 Ethical Considerations

- **Voluntary Participation**: No respondent was coerced or incentivized.
- **Confidentiality**: No names or personal identifiers were stored.
- **Consent**: All participants acknowledged the purpose and scope before submitting.
- **Academic Use**: Data will be used strictly for dissertation and may be shared anonymously in academic discussions or conferences.

The study complies with ethical research practices in alignment with IIHMR University's policy on primary and qualitative research.

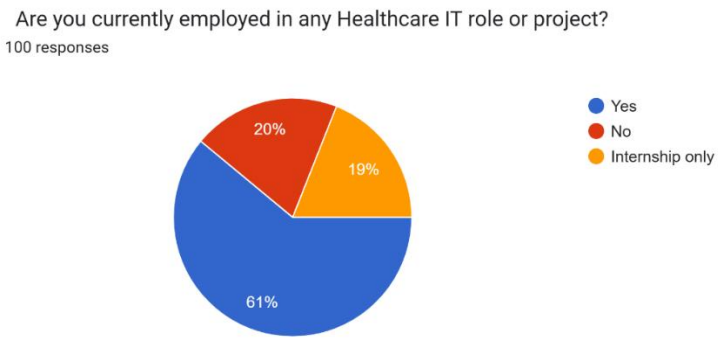
CHAPTER 4: RESULTS

4.1 Overview of Respondents

4.1.1 Graduate Demographics (n = 100)

- **Undergraduate background**:
    - 35.1% from BDS
    - 16.1% from B Pharmacy
    - 6.3% from MBBS
    - 32.7% from BPT, BAMS and BHMS
    - 9.8% pursued BSc
- **Year of Graduation**:
    - 49% will graduate in 2025
    - 44% graduated in 2024
    - 7% in or before 2023
- **Current status**:
    - 61% employed or interning in Healthcare IT roles
    - 20% exploring other opportunities
    - 19% are doing an internship

Figure 4.1 Current employment status of graduates



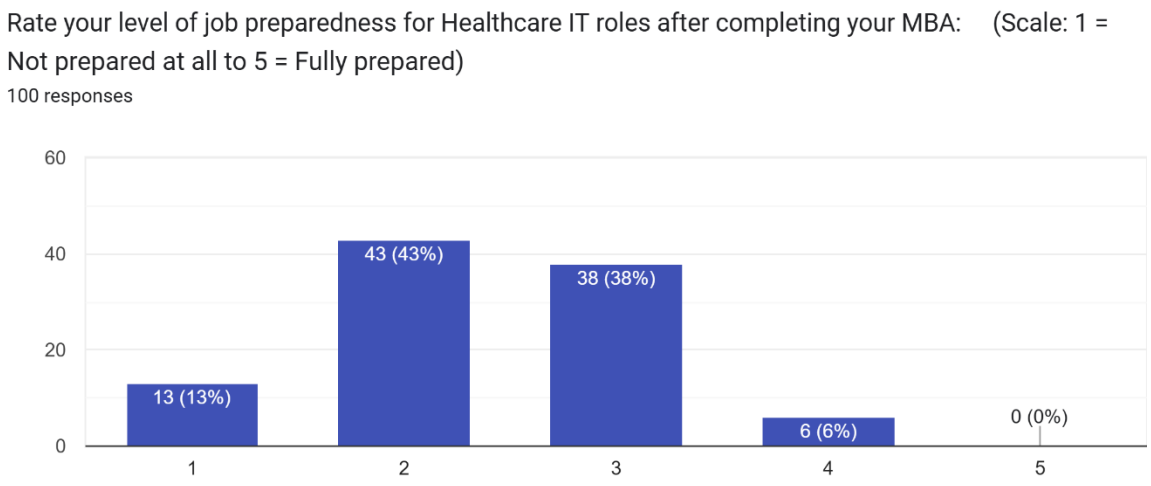
4.1.2 Employer Profiles (n = 20)

- **Type of organization**:
    - 40% Hospitals (public or private)
    - 25% Consulting firms
    - 25% NGOs or public health bodies
    - 10% others that employed healthcare professionals
- **Roles of respondents**:
    - 40% in HR or recruitment
    - 50% in departmental/project leadership
    - 20% were techleads

4.2 Graduate Response Summary

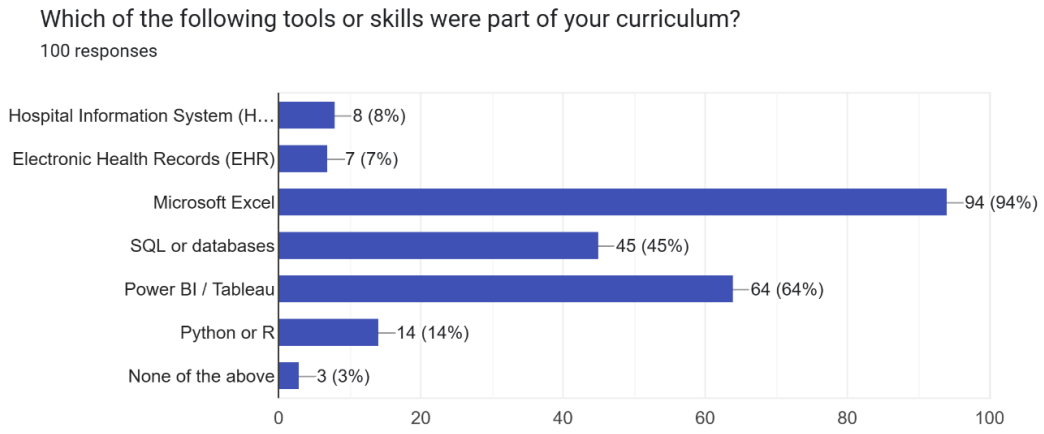
4.2.1 Preparedness for IT Roles

Figure 4.2: Self-Assessment of graduates



4.2.2 Exposure to Digital Tools

Figure 4.3 Technical Skills part of curriculum



4.2.3 Soft Skills and Certifications

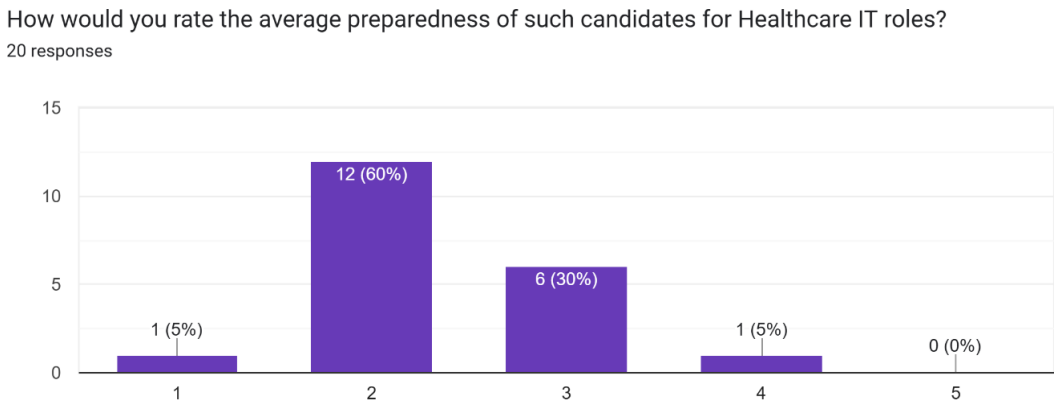
- 22% felt soft skills were only partially addressed.
- 94% pursued certifications outside their course (Google Health Analytics, Coursera).
- 99% said more IT components should be formally integrated into curriculum.

4.3 Employer Response Summary

4.3.1 Graduate Hiring and Preparedness

- **Do you recruit MBA healthcare graduates for digital/IT roles?**
    - Yes: 75%
    - Occasionally: 25%
- **Observed preparedness (1–5):**
    - Mean rating: 2.4
    - Most report “moderate or below” levels of readiness.

Figure 4.4 average preparedness of graduates as per employers



4.3.2 Common Skill Gaps

Figure 4.5 Common skill gaps as per employers

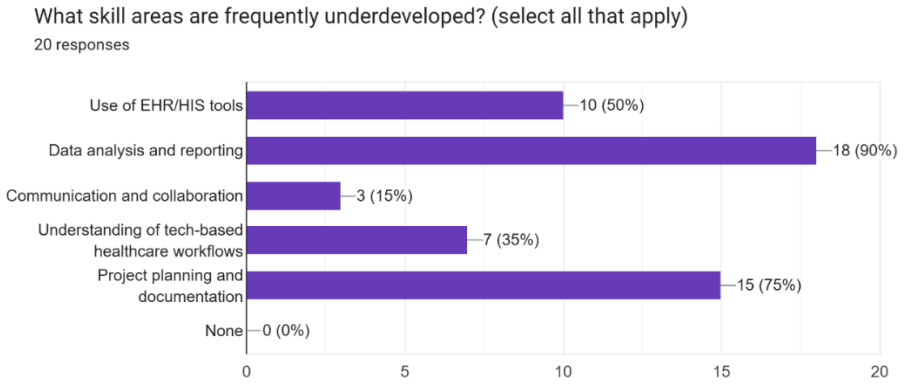
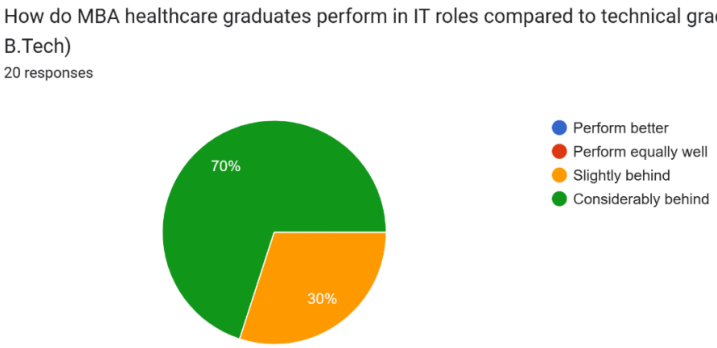


Figure 4.6 Comparison of healthcare graduates to technical graduates for IT roles



4.4 Thematic Analysis (Braun & Clarke Method)

Using responses from both groups, thematic coding revealed **four major themes**. These were developed from open-ended responses and reviewed iteratively across both graduate and employer narratives.

Theme 1: Curriculum–Industry Mismatch

Graduates repeatedly noted that their MBA programs emphasized hospital administration, operations, and clinical workflow theory, but included little or no exposure to digital platforms.

"Everything about EHR was theoretical. I had to learn on the job during my internship."
"There was a case study on HIS, but no lab or tool practice."

Employers echoed this:

"Graduates come with good intent, but zero real-world system knowledge."

Theme 2: Lack of Technical Confidence

A consistent concern was low confidence in using technical tools. Even Excel, a core data tool, was unfamiliar to some respondents.

"I knew formulas in Excel but didn't know how to make pivot charts with hospital data."
"We weren't introduced to dashboards or BI software at all."

Employers mentioned that most candidates struggle with:

- SQL queries
- Data summarization
- Navigating HIS systems for patient flow

Theme 3: Soft Skills and Project Readiness

Many graduates expressed feeling overwhelmed during group projects or clinical informatics internships due to soft skill gaps.

"In cross-functional teams, I found it hard to explain things clearly."
"Documentation and report writing wasn't a focus in our training."

Employers pointed out that even those with technical knowledge often lacked:

- Communication with clinical/IT staff
- Team adaptability
- Structured documentation of tasks

Theme 4: Employer Willingness to Collaborate

An optimistic theme emerged: employers are ready to support academic reform**.** Many expressed interest in hosting live projects, mentoring, and even co-designing modules.

"We would be happy to offer a capstone IT project to students."
"Guest lectures from industry professionals could really help."

4.5 Selected Quotes from Respondents

- *"There should be a full course on Health IT. We were never taught Power BI or HIS reporting."*
- *"Clinical skills help, but you need IT and communication skills to survive in a startup."*
- *"We build excellent tools, but it takes new hires 3 months to become productive."*
- *"MBA programs should offer a track for those wanting to enter health analytics or digital consulting."*

CHAPTER 5: DISCUSSION

5.1 Overview of Key Findings

This study aimed to understand the perceptions of both graduates and employers regarding the skill preparedness of MBA Hospital and Health Management students for roles in Healthcare IT. The responses from 100 graduates and 20 employers revealed a clear gap between academic training and the technical, analytical, and communication skills required in industry settings.

Four dominant themes emerged through Braun & Clarke's analysis:

1. Curriculum–Industry Mismatch
2. Lack of Technical Confidence
3. Soft Skill and Project Readiness Deficit
4. Employer Willingness to Collaborate on Solutions

Together, these themes provide insight into the structural limitations of healthcare management education in India and offer avenues for reform.

5.2 Comparison with Existing Literature

5.2.1 Academic Preparedness and Digital Skills

The findings of this study echo the work of Kumar & Krishnamurthy (2018), who concluded that Indian healthcare programs often exclude formal training in HIS and EHR systems. Similarly, graduates in our study indicated that while their curriculum discussed IT systems, there was little to no hands-on exposure.

Awadhiya (2022) and Bansal & Dhanesh (2020) also emphasized the shortage of industry-oriented skill development in Indian education, particularly in soft skills and digital proficiency. These are consistent with our results: most employers observed low confidence among graduates in using Excel, SQL, and other tools critical for data-based decision-making in hospitals and health tech firms.

5.2.2 Competency-Based Education (CBE)

This study's theoretical grounding in Competency-Based Education (CBE) is supported by the literature. Frenk et al. (2010) argue that health professional education should move from traditional, knowledge-heavy formats to systems-based, experiential learning that mirrors industry demands.

Employers in our study expressed similar preferences, valuing "job-ready" professionals who can demonstrate applied knowledge in IT workflows, communication, and adaptability. Misra and Bhardwaj (2021) similarly call for Indian curricula to realign with evolving job markets, particularly in health data roles.

5.3 Interpretation of Themes

5.3.1 Curriculum–Industry Mismatch

Despite rapid adoption of digital health technologies in India under initiatives like the National Digital Health Mission (NDHM), most academic programs have not kept pace. Graduates reported learning about EHRs and HIS only in theory—without any system demonstrations or simulations.

This mismatch affects both performance and confidence. As a result, organizations must allocate time and resources to train new hires—resources that could otherwise be used for innovation or expansion.

5.3.2 Lack of Technical Confidence

Confidence in IT tools was low across both self-assessment and employer feedback. Graduates were unfamiliar with basic functionalities like Excel dashboards or database querying, skills now considered minimum eligibility in many roles.

A major barrier cited by students was lack of lab sessions or practical modules. Even when tools were introduced (e.g., Excel or Tableau), training was often superficial.

5.3.3 Soft Skills and Interdisciplinary Readiness

In today's digital healthcare settings, professionals need more than just tool familiarity, they must collaborate with IT teams, prepare data-based reports, and communicate across departments. This calls for strong soft skills like adaptability, problem-solving, and teamwork.

Many graduates admitted feeling unprepared for cross-functional team discussions. Employers, too, rated "communication" and "documentation" as top missing competencies. This aligns with previous studies (Bansal & Dhanesh, 2020; Healthworld, 2023) that identify a soft skill gap in Indian health education.

5.3.4 Employer–Academia Collaboration: A Missed Opportunity

A major strength that emerged from this study was the willingness of employers to collaborate with academic institutions. Many suggested guest lectures, curriculum feedback loops, and live projects to improve preparedness.

Yet, most students reported no structured interaction with industry professionals during their course. Bridging this divide could significantly enhance job alignment, motivation, and retention post-placement.

5.4 Implications for Curriculum Design

The study highlights several curricular shortcomings that must be addressed:

Current State	**Recommended Improvement**
Theory-based understanding of HIS/EHR	Integrate simulation labs, case-based EHR projects
Minimal exposure to data handling tools	Add modules on Excel, SQL, Power BI with healthcare data sets
Weak communication/project skills	Include capstone projects, soft skill labs, peer evaluations
Limited industry engagement	Institutionalize guest lectures, externships, and mentoring programs

Curricula must evolve to support hybrid professionals—those comfortable in both clinical and technical domains. A modular structure that allows skill electives (e.g., Health IT, Data Science, Hospital Analytics) would provide students with career-aligned flexibility.

5.5 Policy-Level and Institutional Implications

For Academic Institutions:

- Regular curriculum reviews in collaboration with healthcare IT employers.
- Establishment of digital health labs or partnerships with HIS vendors.
- Faculty upskilling in current technologies and informatics platforms.

For Employers:

- Contribute to curriculum feedback loops.
- Offer structured internship modules focused on digital systems.
- Create “early readiness” certifications for students during internship periods.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Summary of Findings

This study set out to examine how well MBA Hospital and Health Management graduates, especially those from medical and allied science backgrounds are prepared for Healthcare IT roles, and how employers perceive their readiness.

By analyzing the perceptions of 100 graduates and 20 employers, several key insights were uncovered:

1. Graduates largely feel underprepared for Healthcare IT roles due to limited practical training.
2. Employers report a consistent gap in digital proficiency, particularly in HIS/EHR systems, Excel, SQL, and health data interpretation.
3. Soft skills such as communication, teamwork, and documentation are often missing or underdeveloped.
4. Both graduates and employers believe that more industry-relevant IT content should be part of the MBA curriculum.
5. Employers express strong interest in collaborating with academic institutions for improving skill development and real-world readiness.

6.2 Conclusions

This study concludes that MBA Healthcare Management graduates in India, while academically qualified, are not adequately prepared for the technical and collaborative demands of modern Healthcare IT roles.

Despite having clinical domain knowledge, these graduates often:

- Lack exposure to real-time IT systems
- Struggle with interpreting digital workflows
- Require additional time and training to be workplace-ready

These limitations are not due to the capabilities of the students, but rather due to curricular gaps and limited interaction with industry. Conversely, employers are increasingly open to partnerships and reform but lack a formal channel to engage with academic programs.

The result is a growing mismatch between graduate aspirations and job performance expectations, leading to inefficiencies in onboarding, skill training, and retention.

6.3 Recommendations

1. Integrate Practical IT Training in Curriculum by Including lab-based modules on HIS/EHR using open-source or demo tools. Simulate dashboards, patient record management, and billing analytics.
2. Add Mandatory Digital Skill Courses like advanced Excel, SQL, Tableau/Power BI in the early semesters.
3. Mandatory certification in at least one digital tool for graduation.
4. Include Employer Feedback in Curriculum Design.
5. Shift Curriculum Toward Competency-Based Education:
6. Launch Digital Readiness Bootcamps Before Internships. 1–2 week joint training in digital tools and soft skills to be done.
7. Designing Capstone Projects on Digital Healthcare Topics like EHR, NDHM evaluation, telehealth workflow.
8. Formalizing placement-linked skilling Tracks by combining coursework, assessments, and internship in one stream

6.4 Scope for Further Research

- Longitudinal studies can assess the long-term impact of curriculum interventions on employment outcomes.
- Comparative studies between MBA healthcare graduates and IT graduates in health tech roles could offer deeper insights into skill transition challenges.
- Evaluation of internship structures across institutions may help standardize experiential learning practices.

Final Reflection

As the healthcare sector continues to evolve, so too must the training of its future leaders. This study highlights that preparing graduates for Healthcare IT roles is not a matter of adding new subjects, but of reimagining how education connects to the real world.

With strategic reforms, India's healthcare management education can produce professionals who are not only aware of clinical systems but are also digitally fluent, confident, and truly job-ready.

ANNEXURES

Annexure I: Graduate Questionnaire (Google Form)

Title: Graduate Feedback on Skill Preparedness for Healthcare IT Roles

Mode: Online (Google Forms)

Sample Questions:

1. Undergraduate background (MBBS, BAMS, BPT, etc.)
2. Year of MBA completion
3. Current employment status in Healthcare IT
4. Self-rated preparedness (1–5 scale)
5. Exposure to digital tools (EHR, Excel, SQL, BI tools)
6. Certifications completed
7. Open-ended: Key challenges faced
8. Suggestions for curriculum improvements

Annexure II: Employer Questionnaire (Google Form)

Title: Employer Perceptions of Graduate Readiness in Healthcare IT

Mode: Online (Google Forms)

Sample Questions:

1. Organization type and role in hiring
2. Experience hiring MBA graduates for IT roles
3. Observed readiness level (1–5 scale)
4. Skill gaps noted (checkbox: HIS, reporting, data analytics, etc.)
5. Willingness to support academic collaborations
6. Open-ended: What would you like to see improved in MBA programs?

Annexure III: Consent Form Format

Informed Consent Statement

This study is being conducted for academic purposes to understand skill preparedness among MBA Hospital and Health Management graduates. Participation is voluntary, anonymous, and all information will remain confidential. By continuing, you provide consent to participate.

Annexure IV: Thematic Coding Table

Initial Code	Quote/Excerpt	Theme	Interpretation
No EHR hands-on	"We only studied HIS in books. Never saw the interface."	Curriculum–Industry Mismatch	Theory-based teaching fails to prepare for IT roles
Learned Excel on own	"We weren't taught Excel well. I used YouTube to catch up."	Technical Confidence Gap	Students need structured tool-based training
Struggle in cross-teams	"In tech teams, I found it hard to speak up or document tasks."	Soft Skills Deficiency	Communication barriers affect team collaboration
Want internship exposure	"Live projects with startups would've helped me understand more"	Employer-Academia Collaboration	Need for experiential learning & mentoring partnerships

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