THE EFFECT OF A LEADERSHIP DEVELOPMENT PROGRAM ON HEALTHCARE LEADERS

by

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ABSTRACT

FELICIA HIPP. The Effect of a Leadership Development Program on Healthcare Leaders. (Under the direction of DR. DAVID LANGFORD and DR. KATHLEEN JORDAN)

This scholarly project evaluates the effect of a leadership development program (LDP) on healthcare leaders. The impact of leadership competence on organizational success has become an important topic. Leadership development programs equip leaders to perform with increased competence and confidence, thereby improving quality, safety, and overall organizational effectiveness.

The LDP was an educational intervention to increase comprehension of effective transformational leadership strategies to improve the healthcare leader's knowledge, style, and performance. The setting for the project was an academic health center in western North Carolina. Out of 33 participants, 28 (85%) completed the pre and post Multifactor Leadership Questionnaire (MLQ). The MLQ includes 45 Likert-scale items that allow leaders to complete a self-assessment of transformational, transactional and laissez faire leadership characteristics. The participants who completed the pre and post MLQ had significantly higher scores in the transformational leadership principles of idealized attributes, inspirational motivation, and intellectual stimulation, with p-values of less than 0.05 and t-values greater than 1.96. They had significantly lower scores in management by exception, active, and passive or laissez-faire leadership style. The results show that participants perceived that their transformational leadership qualities improved or that they became more transformational.

Notwithstanding the limitations (self-reported outcomes that may be over or under-rated, a small sample size (n=28) that may limit generalizability, a lack of gender balance amongst

participants), the study contributes to the body of research on leadership development programs and demonstrates that LDPs can have a positive impact on leaders in healthcare organizations.

ACKNOWLEDGEMENTS

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Extreme gratitude and thanks to my husband Chris, for his unwavering and consistent support and encouragement. To my sons, Noah and Isaiah, and my daughter, Micah, thank you for believing in me. You and your dad have supported me in accomplishing a dream.

In loving memory of my dad, Edward Watkins, who was a beautiful example of true faith, love, and courage. I know you are proud of me.

DEDICATION

This is dedicated to Sally C. Proctor, my Granny. Thank you for stressing the importance of education. I am still reading something good, every day. Your belief in me was boundless and priceless. It always will be.

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APP	advanced practice provider
CFO	chief financial officer
LDP	leadership development program
MAHEC	mountain area health education center
MLQ	multifactor leadership questionnaire
TL	transformational leadership

CHAPTER I: INTRODUCTION

Leadership acumen has become an especially important topic in recent times. The COVID-19 global pandemic has illuminated the need for leaders who communicate effectively while valuing and recognizing employee contributions in the midst of instability and constant change (Halcomb et al., 2020). The pandemic had a catastrophic effect on the medical field, creating an unprecedented need for new healthcare professionals and leaders to guide them. According to Aboramadan and Dahleez (2020), nurse leaders have the power to influence the attitudes, behaviors, and outcomes of the employees that they manage. As a result, healthcare organizations and leadership members need to be open-minded regarding viable solutions to help improve not only employee outcomes, but also the continuing nursing shortage.

Healthcare systems have become more complex and dynamic than ever, requiring leaders to employ solutions that will improve the viability of the healthcare workforce while supporting adequate clinical staff. Morsiani et al. (2017) asserted that leadership style can impact employee engagement and retention, particularly during a nursing shortage. This highlights the importance of equipping leaders to build and maintain cohesive teams. The focus of this DNP scholarly project was on how a leadership development program impacts the self-reported perceptions of healthcare leaders' leadership knowledge, style, and performance.

Problem Statement

There is a growing global healthcare worker shortage with multiple contributing factors (WHO, 2016). One of the most dramatic areas of shortage is in the nursing profession. Due to the increased demand for nurses to care for an aging population, lack of resources to educate more nurses, and the retirement of older nurses, there is an inadequate number of nurses to meet the need. The ability to meet the healthcare challenges of the 21st century requires innovative

approaches that result in efficient, reliable, and cost-effective care. Nurses comprise the largest part of the healthcare workforce; therefore, they have a key role in fostering an environment that is conducive to improved patient outcomes. Effective healthcare leadership is paramount for organizational success in driving employee satisfaction, improved patient outcomes and quality of care. As a result, "the nursing profession must produce leaders throughout the system, from bedside to the boardroom" (Lee et al., 2019, p.29).

This project was implemented at Mountain Area Health Education Center (MAHEC), an academic health center in western North Carolina. The organization has a commitment to the education and development of healthcare professionals which requires well-equipped leaders who are adept in leadership competencies that drive success. The organization has experienced turnover rates that are higher than the industry standard and the Chief Executive Officer has set a goal for 81% of employees reporting MAHEC a great place to work. Furthermore, MAHEC has a cohort of leaders who have never participated in any formal leadership training programs.

Purpose of the Project

In March of 2020, at the beginning of the COVID-19 pandemic, the World Health Organization expressed a sense of urgency to "strengthen the global workforce" (WHO, 2020). One specific action call was for leadership to not only increase the strength of the nursing workforce, but to also improve health outcomes for all. The purpose of this project was to provide an educational intervention to increase comprehension of effective transformational leadership strategies that will improve leadership knowledge, style, and performance.

Many healthcare leaders do not have education or formal training in management or leadership. For numerous leaders, advancement came in the historical sense of being promoted for accomplishments and technical skills rather than demonstrated leadership competence (Perez,

2021). Healthcare leaders of today must possess skills that strengthen the ability to lead people for organizational success (Sonnino, 2016). Transformational leadership (TL) has shown the most success in inspiring employees to improved performance, increased job satisfaction, and greater organizational commitment. It also benefits the organization as it impacts workplace environment and culture in a positive way (Moon et al., 2019).

Clinical Question

In a population of healthcare leaders who participate in a leadership development program, was there a difference in their self-reported perceptions of leadership knowledge, style, and performance from pre-participation to post-participation of the educational intervention?

Project Objectives

This project achieved several strategic objectives intended to increase participants' understanding of their leadership knowledge, style, and performance. The primary objective was to assess the current leadership styles and outcomes of directors, managers and supervisors in the organization using the Multifactor Leadership Questionnaire (MLQ) (Mind Garden, 2022). Once this assessment was complete, the second objective was to make healthcare leaders aware of their leadership styles via the survey results, and to discuss the ways in which connected interventions impact employee outcomes. The assessment and survey result process led to the piloting of an organizational leadership development program. The final objective was to administer the follow-up MLQ four weeks post completion of the leadership development program to measure any impact on leadership knowledge, style, and outcomes. The leadership development program objective was to measure how the participants' self-evaluation of their leadership behaviors changed after completion of the leadership development program.

CHAPTER II: LITERATURE REVIEW

A search of relevant literature resulted in 36 articles for review. The articles provided general knowledge and guidance on refining the project. The databases used to complete the literature search were PubMed, CINAHL Plus with Full Text, Cochrane Database of Systematic Reviews (CDSR), Cochrane Central Register of Controlled Trials (CENTRAL) and Web of Science. The search was limited to articles that were written in the last 10 years and in English. Key words included: *leadership, nurse leadership, employee outcomes, job satisfaction, nurse management, transformational leadership, transformational leadership and MLQ, leadership style, leadership interventions, leadership development, leadership development program and Multifactor Leadership Questionnaire (MLQ), transformational leadership* and *MLQ* or *pre and posttest.*

Multifactor Leadership Questionnaire. Many employees who hold leadership or management roles in organizations are unable to categorize their leadership style or the competencies and behaviors that are the hallmarks of the style. Transformational leadership is a style that has resulted in success in the healthcare setting (Moon et al., 2019). The authors concluded that transformational leadership practices, when optimized, led to better organizational outcomes. "The Multifactor Leadership Questionnaire™ measures a broad range of leadership types from passive leaders to leaders who give contingent rewards to followers, to leaders who transform their followers into becoming leaders themselves" (Mind Garden, 2019). The MLQ allows a leader to complete a self-assessment of their leadership characteristics while allowing them to identify if their style was more transformational, transactional or passive/avoidant.

Job Satisfaction. Transformational leadership style and behaviors have a connection to increased employee satisfaction, and prevention of burnout. Success in these areas not only impacts employee outcomes but can benefit the organization's patient population as well. The leadership skill needed to balance employee, patient and organizational outcomes requires training to foster an adequate level of competence (Perez, 2021).

The studies show that in not-for-profit organizations, transformational and transactional leadership styles have a positive influence on organizational citizenship behavior (OCB). Organizational citizenship behavior is "above and beyond" work, proof of higher employee engagement. Transformational leadership is a driver of employee engagement and organizational commitment (Qalati, 2022). Employee behaviors and the level of satisfaction with their job can be influenced in a positive way by the leadership style of their manager (Aboramadan & Dahleez, 2020).

Leadership Development Programs. Leadership development programs that are most beneficial support the translation of learning into practice (Curry et al., 2020). Programs that include opportunities for networking, create a diverse learning environment, and offer opportunities for problem-solving and strategic thinking experiences are the most conducive to training sustainability (Curry et al., 2020). Leadership development programs can also influence the confidence and communication skills of those who are in management roles. The benefit extends to established, emerging and aspiring leaders. When programs are developed within an organization and specific to organizational needs, they are advantageous (Flaig, 2020).

Theoretical Framework

Transformational leadership (TL) theory was used to implement this DNP scholarly project. Transformational leadership was first conceptualized by James Burns in 1978 in his book titled *Leadership*. It is noted as a style that creates leaders who are successful at inspiring others to accomplish remarkable results. It has since been built upon and expanded by other leadership scholars. Bernard Bass and Bruce Avolio created the Multifactor Leadership Questionnaire in 1995 (Mind Garden, 2022), (Appendix A), a tool for measuring the success of this leadership style (Marshall & Broome, 2017).

Transformational leadership theory served as both the theoretical guide and the intervention for this DNP scholarly project. The theory has four components, including "idealized influence," (Marshall & Broome, 2017, p.18) which is considered the "most potent" component of TL (Moon et al., 2019, p.7). The other three are "inspirational motivation," "intellectual stimulation," and "individualized consideration" (Marshall & Broome, 2017, p.19). "Idealized influence" is exhibiting belief in others' abilities to succeed. "Inspirational motivation" is the ability to share and compel others to follow the vision for the future. "Intellectual stimulation" encourages creative thinking, innovation, and curiosity. "Individualized consideration" is recognizing and promoting the organizational mission with consideration for individual goals and success (Marshall & Broome, 2017, p.19).

Transformational leadership mobilizes teams in a way that promotes positive change for the organization and the people who work with the healthcare leader (Marshall & Broome, 2017). The need for current and emerging leaders who can employ solutions that will improve the viability of the healthcare workforce while supporting adequate staff can be met by use of leadership development programs focusing on the four components of TL. Starting with

healthcare leaders is foundational to building and maintaining organizational success (Sonino, 2020).

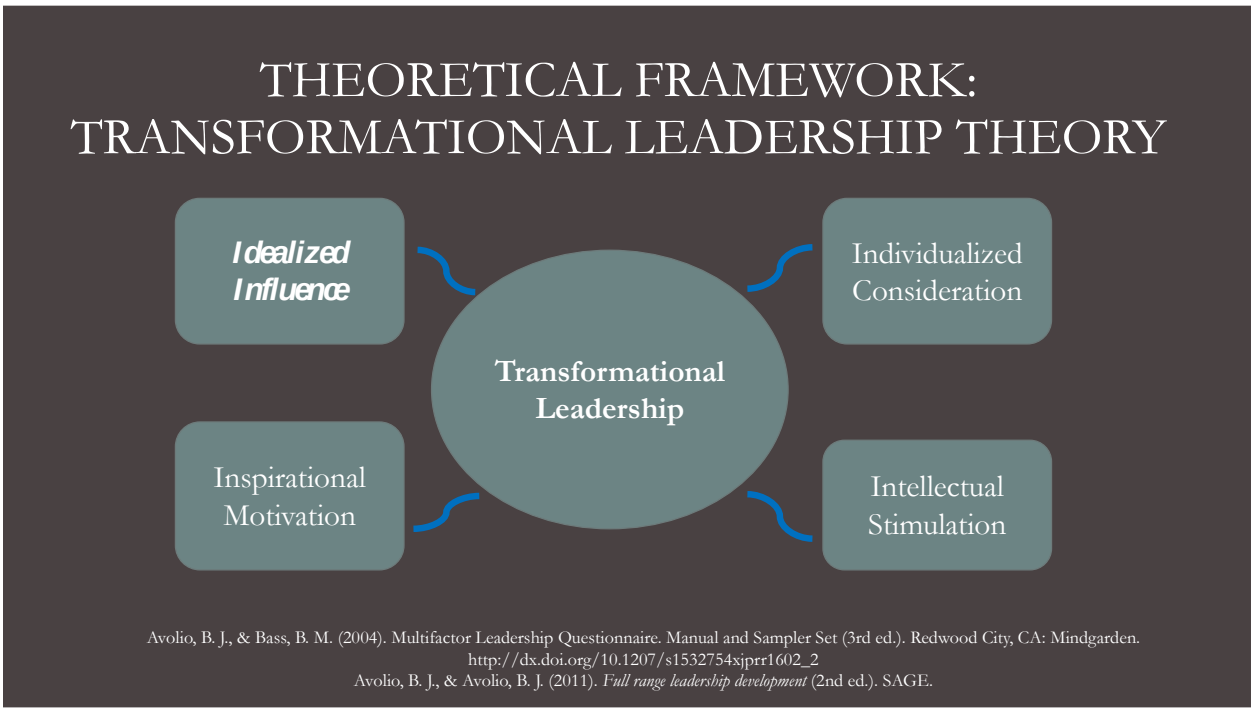
The categories of "idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration" were used as the foundational principles for building the leadership development program content (Qalati., et al, p. 2). The idealized influence principle of transformational leadership was illustrated in the project through three educational sessions: *Courageous Communication, Effective Delegation and Addressing the Talent Shortage*. These sessions help develop competencies that are required to develop trust and exhibit belief in the team members' abilities to succeed.

The inspirational motivation principle of transformational leadership was illustrated in the project through three educational sessions: *Skillful Feedback, Leader as Coach, and Strategic Change Leadership* sessions are categorized in the inspirational motivation principle of transformational leadership. These sessions enhance competency in the ability to compel team members to follow the leader's vision.

The individualized consideration principle of transformational leadership was illustrated in the project through three educational sessions: *Emotional Intelligence*, *Systems or Enterprise Thinking, and Succession Planning and Professional Development*. These competencies enhance the leader's ability to support the individual team members' abilities to lead and manage themselves and meet individual goals and find individual success.

The intellectual stimulation principle transformational leadership was illustrated in each leadership development session. The inclusion of activities, brainstorming and Q&A sessions allowed for the leaders to think creatively about ways to take the learning back to their departments and practice successfully (Moon et al., 2019).

FIGURE 1


THEORETICAL FRAMEWORK:
TRANSFORMATIONAL LEADERSHIP THEORY
Idealized Influence
Individualized Consideration
Transformational Leadership
Inspirational Motivation
Intellectual Stimulation
Avolio, B. J., & Bass, B. M. (2004). Multifactor Leadership Questionnaire. Manual and Sampler Set (3rd ed.). Redwood City, CA: Mindgarden.
http://dx.doi.org/10.1207/s1532754xjprr1602_2
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CHAPTER III: METHODS

The leadership development program was an educational intervention that was initiated for organizational leaders who were in directorial, managerial, and supervisory level roles to assess self-perception of their leadership style. The assessment tool was the Multifactor Leadership Questionnaire (MLQ) (Mind Garden, 2022). Completion of the assessment was intended to enable them to understand their current leadership characteristics to engage tools, resources, and strategies to improve leadership acumen. This was incorporated into a series of workshops offered in 12 weekly in person 90-minute sessions.

Setting

The implementation setting for this scholarly project was Mountain Area Health Education Center (MAHEC) in Asheville, North Carolina. MAHEC is a not-for-profit organization with a commitment to training and educating the future healthcare professionals of western North Carolina and beyond. It is the largest AHEC in a statewide system of nine and provides clinical care in Family Medicine, OB/GYN, Dental, Internal Medicine, and Psychiatry. Not only does MAHEC have clinical residency programs to support the aforementioned services, they also have ambulatory care pharmacy, geriatric pharmacy, general surgery and transitional-year residency programs. Lastly, there is a robust continuing professional development department and state of the art simulation center to support these organizational goals.

Sample

MAHEC has approximately 1,000 employees, with nearly 10% of those employees in leadership roles. For the purposes of fidelity, data analysis and similarity of scope and responsibility of participants, the program focused on physicians, advanced practice providers (APPs), nurses, and business professionals in management positions such as director, manager,

and supervisor roles. The goal was to identify a cohort of 25- 35 healthcare leaders. All leaders who fell into this category were eligible to participate in the educational intervention. The opportunity to participate in the educational intervention was announced at the weekly leadership meeting for a one-month period. In addition to the meeting invitation, a registration email was sent to all eligible leaders. The interested leaders were informed that participation would be on a first come, first serve basis with a participation cap of 35 participants.

Inclusion and Exclusion Criteria for Sample Population

The inclusion criteria for this DNP scholarly project were based on the participants' level of leadership in the organization. The program focused on APPs, business professionals, nurses, and physicians in management positions such as director, manager, and supervisor. Any person in a leadership role at the aforementioned levels in the organization was eligible to participate in the leadership development program.

The registration process was on a first come, first serve basis. The first 38 leaders that responded to the email invitation and completed the registration link were entered into the leadership development program. Five registrants were excluded from the program related to a desire for a virtual option while in-person attendance was required. Twenty-nine of 33 participants (88%) completed the program. Two did not complete because they left the organization. Two did not complete due to scheduling conflicts which resulted in poor attendance. One participant who completed the program did not complete the post-program MLQ.

Each participant was required to attend/complete a minimum of 9 out of 12 in-person sessions to be qualified as completing the program. Each session was recorded so that individuals had the opportunity to view missed sessions. Any participant who missed more than

three sessions was excluded from the educational intervention data analysis. Each participant who completed the program was eligible for continuing education credits.

Intervention and Data Collection

An educational intervention in the form of a leadership development program was the core of this scholarly project. The first step for implementation was to obtain the demographic data of participants, including gender, age, race, and healthcare discipline (physician, nurse). The identity of each participant remained anonymous in this portion of the project. This was done by use of a numbering system. As part of the registration process, each participant was assigned a numerical code that was specific to their dashboard profile.

This was followed by a pre-intervention questionnaire called the Multifactor Leadership Questionnaire (MLQ) (Mind Garden, 2022). The MLQ includes 45 Likert-scale items. The permission to use the MLQ for this project was obtained through purchase of the product for research purposes. Each participant spent approximately 15 minutes completing the survey. It measured self-perception of leadership style and characteristics and provided the baseline results for evaluation purposes.

The next step was the execution of the 12-module leadership development program that was delivered in a weekly Lunch N' Learn format. The sessions were organized as follows (See Table 1):

Table 1

Session Number	Session Topic	Session Content
Session One	*What is Your Why*	*Dashboard, Attendance, Consents, Growth vs. Fixed Mindset, Leadership competencies*
Session Two	*The Muscle Factor: Strengths Based Leadership*	*StandOut Strengths based leadership. MLQ Results Discussion*
Session Three	*Brain Power in Action: Emotional Intelligence*	*Self-Awareness/Self-Mastery Relationship Management*
Session Four	*Power Steering your Team: Skillful Feedback*	*Driving Engagement and Accountability* *Giving Skillful Feedback (BOOST & AID)*
Session Five	*Let's Talk About It: Courageous Communication*	*Elements of Communication* *Preparing, Having & Closing Communication*
Session Six	*The Cycle Continues: Talent Lifecycle & Effective Delegation*	*Effective Delegation* *Strategies Barriers, Do's & Don'ts*
Session Seven	*Addressing the Talent Shortage*	*The Human Capital Gap, The Engaged Leader, Talent Development, Diversity*
Session Eight	*Awakening the Inner Winner: Leader as Coach*	*Coaching Culture* *Listening*
Session Nine	*No Margin, No Mission* *Financial Acumen & Strategy*	*Financial/Budget Assessment* *Budget Reconciliation*
Session Ten	*Let's Do This: Strategic Change Leadership*	*Diffusion of Innovation* *Change Management Models*
Session Eleven	*SMARTIE: Systems Thinking & Goal Setting*	*Enterprise Thinking* *Goal Setting*
Session Twelve	*Succession Planning, Professional Development*	*Developing others* *Commitment to leadership growth*

The weekly morning sessions were held in person. The program leader and organization's Talent Management Director and Talent Development Partner were the primary course instructors. The Chief Financial Officer (CFO) was a guest speaker for Session 9 on financial acumen. There were two additional guest speakers from external organizations who spoke on addressing the talent shortage and succession planning.

The leadership development modules were based on the literature review findings and in response to an organizational need identified by an organizational leadership survey that was completed in the 3rd quarter of 2021. This survey was developed by the Talent Management Director to assess the healthcare leaders' need or desire for professional development. The program leader created a recommended content list that was shared with the Talent Management team and president of the organization. The module content was then reduced to the 12 topics most relevant to the organizational leaders, based on best practice strategies for leadership development programs and a leadership needs assessment. Each module session was interactive, incorporating a guiding PowerPoint presentation as well as a leadership tools, practices and/or a resources.

Once all sessions were finished, participants completed the MLQ as a post-intervention questionnaire. The analysis included the assessment of the change between the pre and post questionnaire results to identify whether leadership self-perception changed.

Measurement Tools

The measurement tool used for the collection of data was the Multifactor Leadership Questionnaire (MLQ). The MLQ is a tool that measures self-perceived leadership styles and characteristics through the use of a form that was transcribed to Survey Monkey for completion. The leader form was used to allow the participants to measure self-perceived leadership

characteristics. The form included 45 Likert scale items and took each leader approximately 15 minutes to complete online. This process was accomplished through a dashboard that was created to deliver and maintain program content for participants (Mind Garden, 2022).

Each week, participants were asked to complete an evaluation form for the specific content that was provided. This Likert scale evaluation form included assessments of whether objectives were met, relevance and applicability to the participants' work, as well as organization of content delivered. There was a final program evaluation completed at the end of the educational intervention.

Data Collection Procedures

Data collection for the scholarly project was performed in two ways. The registration process was completed through a Survey Monkey link. This registration link was used for the purposes of gathering the demographic data from each participant including age, gender, race, healthcare discipline (physician, nurse), and current leadership position. The second phase was the completion of the MLQ leader form as the pre-intervention questionnaire. Once the 12-week module-based educational intervention was finished, the MLQ leader forms were completed 30 days after as the post-intervention questionnaire. To protect confidentiality, the attendance forms, leader forms, as well as the weekly and overall program evaluations were submitted via a confidential program dashboard Survey Monkey.

Timeline for Data Collection

The data collection process began one month prior to implementation of the project with the registration process. The registration process was performed through an online Survey Monkey link on the program dashboard. The dashboard also included an online link to the pre-intervention MLQ leader form. The deadline for submission of the pre-intervention leader was

two weeks prior to program implementation. The leadership development program lasted for 12 weeks. A post-intervention leader form online link was available to participants via the dashboard link 30 days after completion of the educational intervention. Follow-up emails were sent each week to ensure a maximum percentage of completion of the evaluation forms and post-intervention questionnaire. A reminder about access to program resources and to complete the evaluation forms was shared at the beginning of each weekly session.

The MLQ was a purchased product that includes a scoring system allowing for the creation of a report that can be used to evaluate individual leaders as well as compare groups of leaders within an organization. For the purposes of this scholarly project, the program leader evaluated the impact of the leadership development program on individual leaders. Once the post-intervention MLQ leader forms were complete, a comparison of the Likert scale responses was made via SPSS using a paired-samples t-test to compare pre- and post- test results. The intention of this analysis was to learn if the leaders' self-perception of their leadership knowledge, style and characteristics became more transformational.

The evaluation of the comments from the weekly and overall program evaluation were completed by the program leader. Twenty-nine participants completed the leadership development program and were eligible for continuing education credits.

Ethical Considerations

The submission of the IRB application was approved by the Office of Research Protections and Integrity (Appendix D). Confidentiality of survey information was addressed by use of a numbering system. As part of the registration process, each participant was assigned a numerical code that was specific to their dashboard profile. This de-identification was enhanced by assigning the pre- and post-intervention sessions as LDP Survey One and LDP Survey Two.

All demographics, leader and evaluation forms were submitted via the program dashboard. There was no need for confidentiality in the educational intervention as they were designed to be face-to-face group educational sessions. Once the final data analysis was complete the project dashboard that contains the project information was deleted.

CHAPTER IV: PROJECT FINDINGS/RESULTS

The leadership development program started with 33 participants. Two participants did not complete the program due to attrition from the organization. Two participants did not complete the required number of in-person sessions which was 9 of 12. Once participant who completed the program did not complete the post intervention MLQ. This resulted in a total of 29 (88%) completing the leadership development program and 28 (85%) of original participants completing the pre and post MLQ. The pre and post questionnaire was utilized on a voluntary basis via an online Survey Monkey link. The participants who completed the pre and post MLQ had significantly higher scores in the "transformational leadership principles of idealized attributes, inspirational motivation, intellectual stimulation" (Mind Garden, 2022). Significantly lower scores in "management by exception, active, and passive or laissez-faire" leadership style (Mind Garden, 2022). The results show that participants perceived that their transformational leadership qualities improved or that they became more transformational by the end of the program.

Idealized attributes including idealized influence are the characteristics that one exhibits when they believe and encourage others' abilities to succeed. This type of leader is successful at building a strong circle of trust and showing integrity. Inspirational motivation involves the ability of the leader to connect others to a shared vision while creating an environment to realize that vision. Intellectual stimulation fosters creativity and innovation. This leader seeks to identify the ideas that have not been thought of and ways to cultivate a space for that level of inventiveness. Leaders who show individual consideration are those who value the individual characteristics, strengths, and creativity of each team member. Management by exception, active, and passive leadership qualities decreased. These styles are exemplified when leaders practice a

level of absenteeism related to employee related tasks and issues that negatively impact employee outcomes and success (Moon et al., 2019). A reduction in this variable indicates an improvement in leadership competence.

The weekly and program evaluation respondents reported increased knowledge of transformational leadership competencies. A consistent theme was that more time was needed for questions, and that some of the topics could have been presented over two sessions. The following comment was made by a participant about the Courageous Communication session, “I really appreciated this session and the content. I would have liked to spend more time on this topic.” Participants also appreciated the opportunity to network with other leaders. Once participant said, “Enjoyed the session. I am learning lots of valuable information, but the most valuable thing for me right now is the collaboration with other leaders and being able to sit and discuss similar issues.”

Participants in the project were predominantly female nurse leaders within the organization. There was an 88% completion rate with those participating being eligible for 18 continuing education credits. The initial analysis included the composition of participants based on demographic data. Tables 2 and 3 provide a breakdown of the demographic data.

Table 2

Gender identity of participants who completed the leadership development program participants.

Gender Identity	Total	Percentage
Female	28	90%
Male	3	10%
Total Participants	31	100%

The program participants were from varied backgrounds and disciplines. The cohort included business, informatics, quality improvement and clinical leaders.

Table 3

Summary of professional roles of the leadership development program participants.

Professional role/Background	Total	Percentage
Advanced Practice Providers	1	3%
Business Administrator	10	32%
Physicians	3	10%
Registered Nurse	15	48%
Other:	2	6%
Total Participants	31	100%

MLQ Comparison Results

The quantitative results from the MLQ show that the 28 participants who completed the pre and post MLQ questionnaire showed significantly higher in idealized attributes, inspirational motivation, and intellectual stimulation with p-values of less than 0.05 and t-value greater than 1.96. Idealized attributes/influence displays leadership presence and confidence while exhibiting belief in others' abilities to succeed. "Inspirational motivation" is the ability to share and compel others to follow the vision for the future. "Intellectual stimulation" encourages creative thinking, innovation, and curiosity (Marshall & Broome, 2017, p.19).

Twenty-eight individuals completed the study. Compared to pretest, the post-test had significantly higher scores in idealized attributes, $t = 3.14$, $p = .004$; inspirational motivation, $t = 2.62$, $p = .014$; intellectual stimulation, $t = 3.01$, $p = .006$; and significantly lower scores in management by exception active, $t = -2.78$, $p = .010$; and passive, $t = -4.58$, $p < .001$. Table 4 displays these results.

Table 4

Mean and standard deviations for the pre and post scores on leadership styles.

Leadership styles	Pre ($n = 28$)	Post ($n = 28$)	t-values	p-values
Idealized Attributes	2.76 ± 0.68	3.19 ± 0.57	3.14	.004
Idealized Behaviors	3.17 ± 0.52	3.32 ± 0.49	1.79	.084
Inspirational Motivation	3.13 ± 0.54	3.34 ± 0.45	2.62	.014
Intellectual Stimulation	3.11 ± 0.42	3.33 ± 0.39	3.01	.006
Individual Consideration	3.45 ± 0.39	3.58 ± 0.33	1.92	.066
Contingent Reward	2.95 ± 0.48	2.86 ± 0.63	-0.99	.331
Management by Exception (Active)	1.76 ± 0.92	1.36 ± 0.79	-2.78	.010
Management by Exception (Passive)	0.79 ± 0.49	0.49 ± 0.48	-4.58	< .001
Laissez-Faire	0.39 ± 0.26	0.28 ± 0.44	-1.26	.219

CHAPTER V: SIGNIFICANCE AND IMPLICATIONS

The purpose of completing this scholarly project was to enhance existing healthcare leaders' leadership skills and competence in a community-based academic health center by examining the self-reported impact of participating in a leadership development program. Other research studies with similar intentions found that leadership development programs were overall beneficial to participants (Seidman et al., 2020). Leadership development program participants reported positive impact on leadership competencies such as change leadership, effective communication, emotional intelligence, and professional development (Le Comte & McClelland, 2017). These transformational leadership characteristics create an environment that is conducive to improved employee outcomes such as improved organizational commitment, improved job satisfaction and decreased turnover (Qalati et al., 2022).

The participants of the program perceived growth in their leadership acumen because of the leadership development program. One participant commented, "I have learned so much through these past weeks and greatly appreciate the opportunity to continue to learn!! This has been an invaluable experience that I will bring to my practice for years to come." Based on the qualitative results of the weekly and overall program evaluation forms, the participants had more transformational leadership characteristics than laissez faire. Transformational leadership is considered an effective leadership style in healthcare. Not only does it improve employee outcomes, but it specifically creates an environment that is conducive to strong change leadership. This is particularly true for managers in senior and middle leadership roles (Moon et al, 2019).

Several limitations are noted in this project. The findings of this project were based on self-reported outcomes that may be over or under-rated. In addition to this, the small sample size

(n=28) of those who completed the pre and post-test limits generalizability of the results. In addition, the leadership development program was developed specific to the goals of the organization which also contributes to its limited generalizability. Also, the cohort was 90% female, and gender may have some effect on leadership behaviors and characteristics. Notwithstanding these limitations, the project demonstrated improvements in perceived leadership skills and knowledge. Much was learned about the characteristics participants desire in such programs.

The results of this project support the organizations commitment to further leadership development. The next steps are to extend the program to aspiring, emerging, and new leaders in the future as a way to attract and retain a leadership core. The second leadership development program for experienced leaders will begin in the Spring of 2023. This program is scheduled to include half-day sessions instead of 90 minutes to allow for more time for interactive learning and questions. This decision was based on feedback from the first educational intervention. The participants greatly appreciated the in-person opportunity to network with other leaders so the in-person requirement will remain.

The leadership training was designed for implementation in a face to face format. Of the original participant sample, five withdrew because there was no virtual option. In the future, consideration should be given to online or virtual formats that could scale-up the impact of similar leadership development program offerings. The leadership development program described here was offered in one facility of a smaller health care organization (approximately 1000 employees) with multiple sites. Larger organizations with multiple sites will require changes in format. Although, the participants of this program worked at multiple sites, the sites were local, and the organization committed to allowing the leaders to travel to the

assigned site weekly for the in-person sessions during work hours. Organization with multiple sites that are not local would benefit from a virtual option. This would eliminate the ability to network and complete teambuilding activities in-person but allow for greater access to the leadership development program. The team building and group activities could be completed in virtual breakout rooms. A virtual leadership development option could provide training on the same topics with guest speakers while offering expanded access to participants who are not able to attend an in-person event related to geographical location (Banta et al., 2021).

Future investigations into the efficacy of this type of leadership development program should focus on the lasting effects of the education. For example, after one year do the participants still demonstrate positive change in perceptions of their leadership knowledge, style, and performance? Like many areas of practice, there may need to be refresher workshops to maintain the style of leadership desired. The Cleveland Clinic instituted a leadership development program that encouraged participants to engage in a three-year program. Once the educational intervention was completed there were follow up surveys that consisted of Likert scales and open-ended questions to collect data for long-term participant results (Mustafa et al., 2019).

A second focus in evaluating this kind of leadership program would be to survey the individuals who are being supervised as to their perceptions of leadership knowledge, style, and performance. This focus would allow for the tracking of employee outcomes such as retention and job satisfaction. According to Jeyaraman et al., (2018) there is a return on investment related to leadership development programs executed in healthcare institutions. The MLQ has a rater form that could be incorporated for long term follow up to assess how employees who are direct

reports of the leaders perceive their leadership knowledge, style, and performance (Mind Garden, 2022).

Finally, this type of leadership program can be used as an important part of succession planning in preparing potential future leaders within the organization. Succession planning is key to the continued success of healthcare organizations (Burke & Erickson, 2020). Succession planning requires leadership competencies that align with the organizations strategic plan, ability to lead into the future and a growth mindset that supports a compelling shared vision and organizational alignment. These qualities are characteristic of a transformational leader (Burke & Erickson, 2020).

The findings of this project show that leadership development programs can impact leadership style, knowledge, and performance. The development and implementation of a brief leadership program was effective in producing positive changes in participants self-perceptions of their leadership style and skills. The benefits include enhanced communication skills, improved confidence in leadership competence and networking opportunities (Flaig, 2020). The ability to equip leaders to build and maintain cohesive teams in this dynamic and everchanging healthcare system is of great importance. For this reason, more studies need to occur on this topic. It is through additional studies that the benefits to individual organizations and the healthcare system may be recognized.

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APPENDIX A: MULTIFACTOR LEADERSHIP QUESTIONNAIRE

Multifactor Leadership Questionnaire

Leader Form

My Name: _____ Date: _____

Organization ID #: _____Leader ID #: _____

This questionnaire is to describe your leadership style as you perceive it. Please answer all items on this answer sheet. **If an item is irrelevant, or if you are unsure or do not know the answer, leave the answer blank.**

Forty-five descriptive statements are listed on the following pages. Judge how frequently each statement fits you. The word "others" may mean your peers, clients, direct reports, supervisors, and/or all of these individuals.

Use the following rating scale:

Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4

1.	I provide others with assistance in exchange for their efforts	0	1	2	3	4
2.	I re-examine critical assumptions to question whether they are appropriate	0	1	2	3	4
3.	I fail to interfere until problems become serious	0	1	2	3	4
4.	I focus attention on irregularities, mistakes, exceptions, and deviations from standards	0	1	2	3	4
5.	I avoid getting involved when important issues arise	0	1	2	3	4
6.	I talk about my most important values and beliefs	0	1	2	3	4
7.	I am absent when needed	0	1	2	3	4
8.	I seek differing perspectives when solving problems	0	1	2	3	4
9.	I talk optimistically about the future	0	1	2	3	4
10.	I instill pride in others for being associated with me	0	1	2	3	4
11.	I discuss in specific terms who is responsible for achieving performance targets	0	1	2	3	4
12.	I wait for things to go wrong before taking action	0	1	2	3	4
13.	I talk enthusiastically about what needs to be accomplished	0	1	2	3	4
14.	I specify the importance of having a strong sense of purpose	0	1	2	3	4
15.	I spend time teaching and coaching	0	1	2	3	4

Continued ➔

Not at all	Once in a while	Sometimes	Fairly often	Frequently, If not always
0	1	2	3	4

16.	I make clear what one can expect to receive when performance goals are achieved	0	1	2	3	4
17.	I show that I am a firm believer in "If it ain't broke, don't fix it."	0	1	2	3	4
18.	I go beyond self-interest for the good of the group	0	1	2	3	4
19.	I treat others as individuals rather than just as a member of a group	0	1	2	3	4
20.	I demonstrate that problems must become chronic before I take action	0	1	2	3	4
21.	I act in ways that build others' respect for me	0	1	2	3	4
22.	I concentrate my full attention on dealing with mistakes, complaints, and failures	0	1	2	3	4
23.	I consider the moral and ethical consequences of decisions	0	1	2	3	4
24.	I keep track of all mistakes	0	1	2	3	4
25.	I display a sense of power and confidence	0	1	2	3	4
26.	I articulate a compelling vision of the future	0	1	2	3	4
27.	I direct my attention toward failures to meet standards	0	1	2	3	4
28.	I avoid making decisions	0	1	2	3	4
29.	I consider an individual as having different needs, abilities, and aspirations from others	0	1	2	3	4
30.	I get others to look at problems from many different angles	0	1	2	3	4
31.	I help others to develop their strengths	0	1	2	3	4
32.	I suggest new ways of looking at how to complete assignments	0	1	2	3	4
33.	I delay responding to urgent questions	0	1	2	3	4
34.	I emphasize the importance of having a collective sense of mission	0	1	2	3	4
35.	I express satisfaction when others meet expectations	0	1	2	3	4
36.	I express confidence that goals will be achieved	0	1	2	3	4
37.	I am effective in meeting others' job-related needs	0	1	2	3	4
38.	I use methods of leadership that are satisfying	0	1	2	3	4
39.	I get others to do more than they expected to do	0	1	2	3	4
40.	I am effective in representing others to higher authority	0	1	2	3	4
41.	I work with others in a satisfactory way	0	1	2	3	4
42.	I heighten others' desire to succeed	0	1	2	3	4
43.	I am effective in meeting organizational requirements	0	1	2	3	4
44.	I increase others' willingness to try harder	0	1	2	3	4
45.	I lead a group that is effective	0	1	2	3	4

APPENDIX B: WEEKLY SESSION EVALUATION FORM

Leadership Development Program Weekly Session Evaluation Form
DNP Scholarly Research Project:
The effect of a leadership development program on healthcare leaders.
Felicia Hipp

Date	
Session Topic	
Presenter(s)	

Please respond to the following statements by using the 4-point rating scale to indicate the extent to which you agree or disagree with each statement. Please circle the number that applies.

4=Strongly Agree 3=Agree 2=Disagree 1=Strongly Disagree

The session objectives were clearly stated and met.	**4 3 2 1**
The content was organized and easy to follow.	**4 3 2 1**
The knowledge learned is applicable to my job/work.	**4 3 2 1**
There was adequate time for questions.	**4 3 2 1**
The session increased my knowledge and skills of the presented topic	**4 3 2 1**
The information and/or skills presented were relevant and useful	**4 3 2 1**
The presenter was knowledgeable and well prepared.	**4 3 2 1**
The time allotted for training was sufficient.	**4 3 2 1**

Comments:

APPENDIX C: OVERALL PROGRAM EVALUATION FORM

Leadership Development Program Evaluation Form
DNP Scholarly Research Project:
The effect of a leadership development program on healthcare leaders.
Felicia Hipp

Date	

Please respond to the following statements by using the 4-point rating scale to indicate the extent to which you agree or disagree with each statement. Please circle the number that applies.

4=Strongly Agree 3=Agree 2=Disagree 1=Strongly Disagree

The program objectives were clearly stated and met.	**4 3 2 1**
The content was organized and easy to follow.	**4 3 2 1**
The knowledge learned is applicable to my job/work.	**4 3 2 1**
There was adequate time for questions.	**4 3 2 1**
The program increased my overall leadership knowledge.	**4 3 2 1**
The information and/or skills presented were relevant and useful	**4 3 2 1**
The presenters were knowledgeable and well prepared.	**4 3 2 1**
The time allotted for each session was sufficient.	**4 3 2 1**

Comments:

APPENDIX D: Exemption Approval Determination Notice

To:	Felicia Hipp University of North Carolina at Charlotte
From:	Office of Research Protections and Integrity
Approval Date:	01-Aug-2022
RE:	Notice of Approval of Exemption
Exemption Category:	1
Study #:	IRB-22-1132
Study Title:	The effect of a leadership development program on healthcare leaders

This submission has been reviewed by the Office of Research Protections and Integrity (ORPI) and was determined to meet the Exempt category cited above under 45 CFR 46.104(d). This determination has no expiration or end date and is not subject to an annual continuing review. However, you are required to obtain IRB approval for all changes to any aspect of this study before they can be implemented and to comply with the Investigator Responsibilities detailed below.

Important Information:

1. Face masks are optional on UNC Charlotte's campus. This includes classrooms and other academic spaces. Researchers conducting HSR activities in other locations must continue to adhere to local and state requirements in the setting where the research is conducted.
2. Face masks are still required in healthcare settings. Researchers conducting HSR activities in these settings must continue to adhere to face coving requirements.
3. Organizations, institutions, agencies, businesses, etc. may have further site-specific requirements such as continuing to have a mask requirement, limiting access, and/or physical distancing. Researchers must adhere to all requirements mandated by the study site.

Your approved consent forms (if applicable) and other documents are available online at Submission Page.

Investigator's Responsibilities:

1. Amendments **must** be submitted for review and the amendment approved before implementing the amendment. This includes changes to study procedures, study materials, personnel, etc. Note: Modifications may require review by the Full IRB. Be aware of the IRB Committee meeting submission deadlines.
2. Data security procedures must follow procedures as approved in the protocol and in accordance with