Catherine M. Rymsha
Abstract

Submitted in partial fulfillment of the requirements
for the degree of Doctor of Education
in the College of Professional Studies of
Northeastern University, December 2013

Over the last twenty years, organizations have begun to realize the importance of developing employees into leaders to ensure employees have the skill sets necessary to grow into leadership roles. Health care is one industry that has realized the importance of implementing leadership development programs to enhance employee leadership abilities especially with the passing of health care reform in 2010. The goal of this study was to answer the question of: to what extent does a leadership program in the health care industry prepare managers with the competencies necessary to lead in that industry? This question was addressed by focusing on an academic medical center and their leadership development program through interviewing the employees who have undertaken the leadership program, the chief learning officer (CLO) who created the program and the program educators who instructed the leadership skills. Leadership experts Kouzes and Posner (2003) and their five leadership practices aid in this research study as does trait theory (Galton, 1869).

Keywords: Leadership, corporate education, leadership development, business strategy, corporate universities, trait theory, health care, health reform.
Acknowledgements

To Dr. Leslie Hitch for all her assistance and guidance
To my parents, Mary and James Rymsha, for their support
Table of Contents

Abstract .................................................................................................................................

Acknowledgements .............................................................................................................

Table of Contents ............................................................................................................... ..........................

Chapter 1: Introduction .........................................................................................................

  Problem of practice .............................................................................................................

  Health reform background .................................................................................................

  Research questions .............................................................................................................

  Theoretical framework ......................................................................................................

  Assumptions .....................................................................................................................

  Issues of problem of practice .............................................................................................

Chapter 2: Literature ............................................................................................................

  Introduction ....................................................................................................................... ............................

  Corporate training and leadership development ................................................................

  Leadership skills ................................................................................................................

    Model the Way ....................................................................................................................

    Inspire a Shared Vision .....................................................................................................

    Challenge the Process ......................................................................................................

    Enable Others to Act ....................................................................................................... ........................

    Encourage the Heart .........................................................................................................

  Criticism ............................................................................................................................

  Focus on trait theory .........................................................................................................

  Leadership cannot be taught ..............................................................................................

  Are leadership development programs worth the resources? ..............................................

Chapter 3: Methodology ......................................................................................................

  Site and participants .........................................................................................................

  Data collection ..................................................................................................................

  Data analysis .....................................................................................................................
Appendix C: Interview questions for instructor

Appendix D: Sample outreach email

Appendix E: IRB approval

Appendix F: Informed consent documents

Appendix G: Invitation to participate in research flyer

Appendix H: Program documents

Appendix I: Program PowerPoint

Appendix J: Grids outlining findings
Chapter 1: Introduction

Problem of Practice

Over the last twenty years, there has been an increase of interest in leadership and in leadership development through corporate education and training programs (Hernez-Broome & Hughes, 2004). A report by the Society of Human Resource Management (SHRM) (Day, 2007) supports this and outlines that leadership development is a popular strategy for the underlying issue of ensuring that an organization’s leadership is sufficiently prepared and developed to face current and future challenges (Day, 2007). As organizations have begun to realize the need for leadership and the need to create programs to develop employees into leaders, organizations have included these programs into their business strategy and their planning efforts to ensure that employees have skill sets anchored in the organization’s strategy (Day, 2007).

Leadership authors Kouzes and Posner (2003) approach leadership development as a competitive differentiator and note that strong leadership helps organizations succeed. These leadership experts believe that transforming employees into leaders helps the organization to adapt, to change, to prosper and to grow as well as to compete within the marketplace (Kouzes & Posner, 2003). So, what do leadership development efforts and education programs look like on the corporate and organizational level to help transform employees into leaders? Murphy and Riggio (2003) outline that leadership training programs typically take three types of focus within the corporate setting: 1) individual skill development, 2) socialization of corporate values and vision and 3) promotion of dialogue and implementation of a collective vision. Leadership development programs seek out employees who show promise as potential leaders and place them into a training program, which can be a combination of classroom training in specific areas,
sponsorship of an advanced degree program such as an MBA, and hands-on training with a mentor or a coach (Bogardus, 2009).

The health care industry, for example, is one industry that has needed to address leadership and leadership development especially with the passing of health reform in 2010. In relating the importance of leadership to health care, and especially to providers, such as hospitals, health systems and medical centers, Benington and Hartly (2010) note seven reasons why leadership is essential to this industry. The first is that there are many new challenges within health care, so more leaders are needed to address these challenges (Benington & Hartly, 2010). The second is that there are new goals within the industry, such as health promotion, budgeting and policy, so more leaders are needed to address these goals (Benington & Hartly, 2010). Benington and Hartly (2010) write that patient expectations are rising meaning more leaders are needed to meet these expectations to ensure patient satisfaction and to compete with other hospitals, health systems and medical centers.

Adding to these reasons, there are many new technologies within health care, such as electronic medical records, and, from this increase in technology, new teams of employees are needed to manage these new technologies (Benington & Hartly, 2010). Employees at health care organizations need leaders who will motivate subordinates and employees during this transitional time, making this another priority for strong and able leadership (Benington & Hartly, 2010). Safety and quality issues are facing the health care industry, so more leaders are needed to ensure patients are safe and, most importantly, healthy (Benington & Hartly, 2010). Lastly, health care cultures are changing due to many of these aforementioned reasons, so leaders are needed to manage cultural shifts (Benington & Hartly, 2010).

Gunderman (2009) supports Benington and Hartly (2010) by writing that health care executives and professionals need to invest more in leadership development programs and
training in order to ensure successors of leadership and executive roles have the skills needed to lead now into the future. Along with Benington and Hartly’s (2010) examples of why health care needs leaders now more than ever, Garman and Lamak (2011) state that the health care industry is faced with a magnitude of changes and every part of the industry needs change, so more leaders are needed to accomplish this feat.

**Health Reform Background**

According to the White House’s health care reform website, for background, on March 23, 2010, President Obama signed the Affordable Care Act into law (Whitehouse.org, 2013). This law improves access to affordable health coverage for everyone in the country. Furthermore, it helps to protect people from potential abusive insurance company practices and allows people to make health insurance choices that work for them. The law was signed to enable people to have guaranteed access to care while seeking to reduce its costs and improve health care quality. Additionally, the White House’s website goes on to explain that a benefit of the Affordable Care Act is that more young adults have health insurance, seniors receive discounts on prescription drugs and others have access to preventative care to stay healthy (Whitehouse.org, 2013).

Besides having an impact on health care insurance companies, reform has had an impact on providers. One of the biggest benefits to providers with the passing of reform is that it reduces the burden of uncompensated care on “physicians and hospitals by making access to care easier and more affordable than ever before for all” (Whitehouse.org, 2013). Another benefit to providers is that this new law invests in training to strengthen the workforce to meet the need of making care more accessible. Because of this investment to have more employees to address these needs, reform has helped to place thousands of new doctors, nurses and other health care practitioners into positions (Whitehouse.org, 2013). This benefit begins to align with the
importance of leadership training and development to ensure employees have the abilities to lead within the health care reform era.

**Research Question**

The problem of practice is that the health care industry, and specifically providers, need to educate employees now, more than ever, on how to become leaders in order to ensure that employees have the skill sets needed for these organizations to grow especially with the passing of health care reform (Benington & Hartly, 2010; Cameron & Quinn, 2011; Day, 2007; Gunderman, 2009). The purpose of this study was to understand how this task is being accomplished. To address this problem, focusing on and understanding how an academic medical center with 10,000 employees is educating employees on how to become leaders was the proposed mission of this investigation. Thereby, the primary research question guiding this study was: **to what extent does a leadership program in the health care industry prepare managers with the competencies necessary to lead in that industry?**

A secondary focus of this study was to challenge the idea that leadership can be taught and is learnable, to challenge a personal assumption of the researcher who believes that leadership is a skill that people are either born with or not. That was an underlying theme of this study. By interweaving this theme throughout the study, it challenged the resources that are being allotted to these programs, such as time and money. It was also a benefit to the researcher to have this view challenged by those who have undertaken the program and who may, or who may not, have seen a difference in their own leadership abilities after completing the program.

**Theoretical Framework**

For a theoretical framework in examining how this particular academic medical center that was focused on is transforming employees into leaders, the work of Kouzes and Posner
(2003) was exemplified throughout this study because of their easy to follow and understand leadership skill sets. Kouzes and Posner have researched exhaustively in order to arrive at the five skills and abilities; and every year they continue to add to the research, and these five practices have held up over time. In *The Leadership Challenge*, Kouzes and Posner (2003) note five practices of leadership that create a basis for understanding, for measuring and for developing leaders (Isaksen & Tidd, 2006; McCrimmon, 2004; Muscari, 2007). In their book, they have outlined five practices that leaders should possess in order to be effective.

The first practice is to Model the Way, which highlights the importance of role modeling. The second is to Inspire a Shared Vision. This practice outlines how leaders should possess some sort of vision for the organization and their team by which they guide their subordinates. The third is to Challenge the Process, which examines how leaders should challenge those around them to help their peers and subordinates, as well as the organization, grow. The fourth practice is to Enable Others to Act; meaning leaders should encourage collaboration between their subordinates and leadership. Lastly, Encourage the Heart outlines how leaders should motivate and work with their subordinates by appealing to their emotional needs. This practice states that leaders should be aware of their own emotional well-being in order to lead well. These five practices are outlined further in the literature review. These five practices were the baseline skill set when answering the primary question of this study.

**Assumptions About the Problem of Practice**

The assumption of the researcher approaching this study was that leadership cannot be taught, as some people are naturally born with the ability to lead while others are not regardless of the amount of training, development and education they receive. Trait theory supports this view (Galton, 1869). However, contemporary authors Kouzes and Posner (2003) challenge this belief and note that leadership skills can be taught and are worth the resources that organizations
are allotting to these programs. Kouzes and Posner (2003), supporting the importance of allotting resources to leadership development, write that leadership is, in fact, learnable.

Nevertheless, some criticize the belief that leadership can be taught (Drucker, 1974; Frohman & Howard, 2008). Some criticize trait theory (Cherry & Jacob, 2005; Kansal & Rao, 2006). Some have a mixed view of whether or not leadership can, or cannot, be taught. For example, Carson (2010) purports that people can lead only as far as their natural abilities will permit.

**Issues of the Problem of Practice**

The question of whether or not leadership can be developed or is a natural born trait is highly debated (Carson, 2010; Cherry & Jacob, 2005; Kansal & Rao, 2006; Kouzes & Posner, 2003, Manning & Curtis, 2002). This was the essence of the problem of practice as organizations are spending time, money and allotting other resources towards employee leadership training and development wanting to see value and a return on investment with these programs (Hannum, Martineau & Reinelt, 2007). This debate was critical to this research study as it provided a balanced yet challenging view of the worth and the value of these programs when looking at leadership training especially within the health care industry. Russell (2011) writes that leadership programs are worth the investment as, regardless of the size, the strategic plan, the objectives, the vision, the plan for succession, or any other factor impacting the organization, the importance of developing leaders for companies is clear in order to reach these goals.

**Chapter 2: Literature Review**

**Introduction**

The essence of the relevant literature on leadership is that organizations that want to survive and to succeed in today’s unstable and highly-competitive business environment need to
develop leadership at all levels within the organization (Dalakoura, 2010). There is a wide range of literature on leadership and on leadership skills (Amabile, Schatzer, Moneta & Kramer, 2004; Bolman & Deal, 1997; Deal & Kennedy, 2000; Graves & Snyder, 1994; Kouzes & Posner, 2003; Kretzmann & McKnight, 1993; Moberg, 2000). There is a considerable amount of literature on leadership. And, not only is there lots of literature and research on leadership, there is also much written on leadership development, on leadership education, on corporate training and development programs as well as on corporate universities as they are all used to deliver leadership education (Allen, 2002; Cairns, Malloch & Evans, 2010; Greeno, 2006; Grenzer, 2006; Latuha, 2009; Rothwell, Lindholm & Wallick, 2003; Wankel, 2008; Witzel, 2005). The findings of these researchers guided this study in the quest of answering: *to what extent do leadership programs in the health care industry prepare managers with the competencies necessary to lead in that industry?*

Using the five leadership practices outlined by Kouzes and Posner (2003), this research examined corporate leadership education, training and development applied to an examination of the academic medical center’s leadership development program. Researchers such as Day (2007), Greeno (2006), McConnell (2003), Rothwell, et al., (2003) and Witzel, (2005), who focus specifically on training programs and on corporate universities, Bolman and Deal (1997), Mumford (2009), who focus specifically on leadership skills, Galton (1869), creator of the trait theory of leadership, Kliem (2004), Manning and Curtis (2002), Young (2010) who outlines and debates whether or not leadership can be taught or can be developed, are a sampling of the experts along with Kouzes and Posner (2003) whose work will guide this literature review. Kouzes and Posner (2003) were chosen because of their knowledge and because they have been widely cited as their leadership theories are readily applicable to every day leadership analysis. The following sections outline Kouzes and Posner (2003) and their leadership theories.
Corporate Training and Leadership Development

Over the last sixty years, the corporate training field has evolved from a primary focus on training individuals to improve their job performance to a more comprehensive focus on individual, group, and total organizational performance improvement (Rothwell, et al., 2003). To begin to understand the importance of corporate training and, moreover, leadership development, Latuha (2009) notes that as business environment has become more global and challenging, many companies are increasing their efforts to gain a competitive advantage that is unique to that organization and difficult to reproduce by other companies. Cairns, et al. (2010) attribute the importance of workplace learning to globalization and look at three terms that constitute workplace learning: work, place and learning. Cairns, et al. (2010) continue to outline that more consideration should be given to these terms in the twenty-first century to help corporations compete and survive (p.3).

Greeno (2006) outlines the history of corporate training programs by noting these systems were formalized in the 1950s and Greeno (2006) states that the increase in these programs was in the 1980s and 1990s, when the number of people who received training became a measurement of organizational success. Witzel (2005) illustrates the background of corporate training by detailing Robert Galvin, who was a proponent of new and innovative forms of industrial business education beginning with the Motorola Training and Education Center, which was a corporate training department that opened in 1981 to supplement employee education at Motorola. Cairns et al., (2010) attributes the increase of learning in the workplace and in the corporate world as a response to globalized pressure in the late twentieth century for corporations to have multi-skilled, flexible employees who are able to work wherever on a range of tasks and responsibilities within the organization (p.10).
As these training programs have grown over the years to ensure employees have the skills needed to succeed within the workplace and to help the organization grow (Greeno, 2006; Rothwell et al., 2003; Witzel, 2005), specific methods of training and development have evolved. For example, Rothwell et al. (2003) note there are three ways workplace learning is accomplished. The first way is training. This is implemented for a variety of reasons, such as orientation training for new employees, qualifying employees for special assignments within an organization as a way to begin to help them grow, or cross training, which prepares employees to sustain critical activities in the absence of employees who regularly perform specialized work for their organization (p. 2).

The second part is human resource development, which seeks to move from implementing isolated solutions, such as training, into managing organizational change processes and individual career development (Rothwell et al., 2003). The third is workplace learning and performance as it combines the talents of organizational members from many disciplines to improve human performance through learning (Rothwell et al., 2003). McConnell (2003) supports the importance of training and how it is becoming an important element for organizations to ensure individual employee success.

McConnell (2003) corroborates that training has become important to ensure employees have the skills to meet organizational needs and are able to lead. As noted in the introduction, a report by SHRM states that leadership development is a popular cure for the underlying issue of ensuring that an organization’s leadership is adequately developed to face current and future challenges (Day, 2007). One example of a corporation using a leadership development program to ensure the organization is prepared for future challenges is Independence Blue Cross in Pennsylvania. This corporation has educated one-third of its top 600 people, most of them are
midcareer employees, through a leadership program focused on individual development and learning by doing (Morison, Erickson & Dychtwald, 2006).

Within this particular program at Independence Blue Cross in Pennsylvania, students attend a weeklong session at the Wharton School at the University of Pennsylvania and receive individual coaching and career development planning (Morison et al., 2006) to ensure that these select people have the skills to be future leaders. As another example, Day (2007) details corporate leadership education by using Dow Chemical Company. Day (2007) writes that Dow Chemical Company’s first step in its leadership development program is to review its talent pipeline, which is done yearly by the CEO and their direct reports. The second step of this process is to review each business function and strategic area with a focus on what new capabilities will be needed to deliver on these new needs. This is followed by reviewing the top 200 leaders using Dow Chemical Company’s “Nine-Box” performance/potential grid (Day, 2007, p. 9). The fourth step is the development of succession for high- and medium-risk corporate-critical roles that exist now and are anticipated in the future. The fifth step in creating developmental planning for this population (Day, 2007) and its future needs.

Another way that leadership skills are being delivered to employees is through classroom training (Bogardus, 2009). For example, Robert Dorn, designer of the Center for Creative Leadership’s Leadership Development Program, created a twelve-week classroom experience for developing leaders in the 1970s that transformed into a three-week classroom experience and today is a five-day classroom experience with three months of online follow-through for sustaining development (Santana, 2009).

Although classroom training is the primary method of developing leadership skills, there are different ways of educating people on how to become leaders outside the classroom. These delivery methods include experience, stretch job assignments, promotion, one-on-one coaching,
and mentoring (Cook-Greuter, 2004; Hannum & Martineau, 2008). The leadership literature supports the idea that coaching and mentoring are strong delivery models of leadership development (Bogardus, 2009; Cook-Greuter, 2004; Hannum & Martineau, 2008). Executive coaching has also risen to prominence as a means of developing leadership capacity and capability over the last two decades (Ojo, 2010). Ennis, Goodman, Hodgetts, Hunt, Marshfield and Otto (2005) define executive coaching as an experiential individualized leadership development process that builds on the leader’s capacity to achieve long- and short-term organizational goals.

Besides classroom training, mentor programs, coaching and weeklong development programs, corporate universities\(^1\) offer four levels of activity for leadership development. These methods include training only, training plus managerial and/or executive development, courses offered for academic credit and courses offered that lead to an academic degree (Allen, 2002). Corporate universities are responsible for developing people and growing organizational capabilities (Allen, 2002), especially in regards to leadership and can be used as vehicles for leadership education for potential leaders relating to succession planning. In understanding succession planning, Day (2007) details that the evaluation of high-potential employees ultimately is a subjective process based on the expert opinions of those who serve in supervisory roles, and is often addressed in discussions among a small group of managers (p.8). The next section of the literature review will examine the skills set forth in these programs with a focus on leadership experts Kouzes and Posner (2003).

**Leadership Skills**

**Model the Way.** As aforementioned, Kouzes and Posner (2003) are used to guide this literature review. Their five practices will guide this section of the literature review and are

---

\(^1\) Grenzer (2006) defines a corporate university as a function strategically aligned toward integrating the development of people within a specific organization (p. 1).
supported by other skills and literature as a way to provide a balanced literature review. The first practice of the five leadership skills is to Model the Way (Kouzes and Posner, 2003). This practice states that leaders should find their own voice and personal values and set the example by aligning their actions with these values (Kouzes and Posner, 2003). Modeling the Way is closely aligned with role modeling, as leaders should lead by example. Role modeling can be a useful tool for leaders (Mumford, 2009). Employee work performance is enhanced when employees perceive that the work environment, or climate, is supportive based on the role modeling by its leaders (Amabile, Schazter, Moneta & Kramer, 2004; Deal & Kennedy, 2000).

Kouzes and Posner (2003) found that one quality strong leaders possess is principle, and that most leaders have a strong sense of their beliefs and values. The idea of modeling the way and role modeling in relationship to leadership is supported by the literature (Amabile, Kramer, Moneta & Schazter, 2004; Brickle, 2010; Deal & Kennedy, 2000; Kouzes and Posner, 2002), as is the concept of values. Values are important to leaders as values influence every aspect of their lives including moral judgment, response to others and commitments to personal and organizational goals (Kouzes & Posner, 2003). This supports the importance of role modeling and how leaders should be grounded in values and skills like excellence, caring, justice, and faith (Bolman & Deal, 1997).

**Inspire a Shared Vision.** The second leadership practice outlined by Kouzes and Posner (2003) is to Inspire a Shared Vision. This means that leaders should envision a future by imagining exciting and ennobling possibilities for the organization and its employees. Vision is an essential ability for leaders to encompass. Leaders with vision want to accomplish something significant for themselves, for their organization, and for their subordinates, and to achieve accomplishments that no one else had prior to their leadership role (Kouzes & Posner; 2003). Leadership is also collaborative, according to Kouzes and Posner (2003), as vision can only
become reality by enlisting others to be a part of these feats and accomplishments. An editorial by Graves and Snyder (1994) succinctly reinforces that vision is palpable to leaders; often leaders’ confidence in and dedication to vision are so strong they can devote long hours over many years to bring it into being. Kouzes and Posner (2003) agree with Graves and Snyder (1994) by attributing leaders’ experiences and current initiatives as ways to create, to sustain visions, and to use this ability to collaborate with others.

Feldman and Greenberg (2005) support the idea of visioning as an essential skill for leaders, but define it further by writing that visioning is only one side of the leadership coin; the back side of visioning is scenario development, which assists group members to expand strategies to achieve that vision. Kouzes and Posner (2003) note that vision is essential as constituents of all types want leaders who are forward-looking and have a sense of direction. The idea of vision is supported by a study using electroencephalographs (Cappelli, 2011). The study, using electrodes attached to individuals’ heads, measured the extent to which signals are moved across parts of the brain. The study concluded that the greater movement, suggesting greater coherence, was associated with individuals who had visions of the future for their organizations that were more inclusive and collective (Cappelli, 2011). Those with less coherence had more individualized or, one might say, more selfish plans (Cappelli, 2011).

**Challenge the Process.** Adding to these two traits, Kouzes and Posner (2003) suggest that another skill leaders should have is the ability to Challenge the Process. Challenging the Process, in sum, is similar to the idea that leaders should be innovative. Adair (2006) details that innovation is more than leaders just having new ideas; it includes the process of successfully introducing these ideas and making things happen in a new way at the organization to help it to improve. Challenges, though, need to be meaningful to the leader and to the organization itself. Leaders need to ensure that innovations are going to make a difference. Adair (2006) warns
leaders against over-challenging or being overly innovative by noting that while innovation is a natural human activity, in the context of organizational life, it should be both intentional and planned for, thereby making it more valuable as a leadership skill.

**Enable Others to Act.** Enable Others to Act outlines that leaders should foster collaboration by providing cooperative goals and building trust (Kouzes and Posner, 2003). This trait also outlines that leaders should strengthen others by sharing power and discretion, which is another trait of leadership presented by Kouzes and Posner (2003). The first part of this definition states that leaders should provide cooperative goals. Kouzes and Posner (2003) state that collaboration is the critical competency for achieving and sustaining high performance and that in order to foster the collaboration leaders must create a climate of trust, must facilitate a positive interdependence and must support face-to-face interactions. Stowell (2005) supports collaborative leadership by noting it is essential for leaders to know how to collaborate and to develop effective partnerships with others in their organization.

A leader can enhance this skill by fostering collaboration through encouraging involvement and the exchange of information between and among others. Folk-Williams (2010) supports collaborative leadership by explaining that most discussions of leadership focus only from the top down and focus only on the personal qualities and skills of the leaders. However, Folk-Williams (2010) notes a counter-movement has started that promotes the importance of collaborative leadership where groups within an organization operate based on shared power and management amongst themselves, rather than direction from the top. Stowell (2005) and Folk-Williams (2010) both support Kouzes and Posner (2003) in that collaborative leadership and enabling others to act are beneficial skills for leaders to encompass.

**Encourage the Heart.** These leadership skills begin to support the idea of encouraging the heart, meaning that leaders should recognize contributions by showing appreciation for
individuals and should celebrate the values and victories by creating a spirit of community (Kouzes & Posner, 2003). Encouraging the heart closely relates to the idea of emotional intelligence (EI). EI is the ability to understand and to deal with one’s own internal responses, feeling and moods as well as the responses, feeling and moods of those around them (Jones & Brazzel, 2006). Chen, Jacobs and Spencer (1998) have shown EI is attributable to close to 90 percent of success in leadership positions. EI is considered as emotional knowledge, and knowledge can be taught and developed within individuals, thereby improving EI (Mayer et al., 2004).

Many practitioners and scholars believe that EI can be improved upon through development and training programs (Chemiss & Caplan, 2001; Clark et al, 2003; Kerr et al, 2005; Sosik & Megerian, 1999; Sy & Cote, 2004). Goleman (1998) outlines EI’s importance by noting that even the most expensive training can go array, but, regardless of this, EI is emerging as the missing piece in organizations staying competitive. Kouzes and Posner (2003) agree with Goleman (1998) and note that when leaders disclose things about themselves, and create an emotional connection with their followers it makes them seem more vulnerable, which makes them more human and, thereby, more trusted.

The following table outlines the five practices of Kouzes and Posner (2003) on the left with the skills that each of their five practices were compared to on the right. The purpose of this table is to outline the skills noted above and how each was addressed:

Table 1

<table>
<thead>
<tr>
<th>Leadership skill comparison</th>
<th>The Leadership Challenge Model:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comparable to:</td>
</tr>
</tbody>
</table>
Role modeling (Amabile, Schatz, Moneta & Kramer, 2004; Deal & Kennedy, 2000; Mumford, 2009)

Inspire a Shared Vision
Visioning (Cappelli, 2011; Feldman and Greenberg, 2005; Graves & Snyder, 1994; Kretzmann and McKnight, 1993)

Challenge the Process
Innovation (Adair, 2006; Lewis & Seibold, 1993)

Enable Others to Act
Collaboration (Folk-Williams, 2010; Stowell, 2005)

Encourage the Heart

Criticism

Although these five practices provided a basis for leadership measurement, some criticize the practices. For example, McCrimmon (2004) analyzes Kouzes and Posner (2003) and writes that they define leadership in terms of leading subordinates and recommends that they should revise their practices to see how people can lead when not managing a group of subordinates. This is an interesting criticism to consider as some of the practices could be applied to subordinates, such as Challenging the Process. Leaders could encourage their subordinates to think of new ways of doing things and leaders could benefit from encouraging this practice in their subordinates. Along with this criticism, Modi (2000) notes that a shortcoming of their book, *The Leadership Challenge*, is how it lacks how to mix the five practices together to address the situation a leader may be in. McNally (2000) notes two criticisms of the book with
the first being that the book does not address the competencies that leaders are going to require in the 21st century. The second is that there is no mention of the ability for leaders to lead in the global economy (McNally, 2000).

**Focus on trait theory**

A leadership theory that challenges Kouzes and Posner (2003) is that of trait theory (Galton, 1869). This theory assigns leadership to specific physical and psychological characteristics and assumes that leadership skills come from inheritance, not training (Srivastava, 2005). Trait theory (Galton, 1869) addresses leadership development in relation to how a person’s traits influence their development into a leader in spite of the amount of training and development they are provided with by their organization. Galton was an actual relative and contemporary of Charles Darwin, the author of the theory of evolution, which is referred to as the survival of the fittest. Galton (1869) has asserted that characteristics account for a person’s effectiveness as a leader, lending itself to the idea that leadership is a trait that people are born with, including height, attractiveness, intelligence, self-reliance, and creativity (Manning & Curtis, 2002). Two particular characteristics of the theory include intelligence and personality, which are the central focuses of the theory and its measurement of leadership (Young, 2010). Kliem (2004) presents two categories of traits within trait theory, which include personality and motivation, noting that personality traits include intelligence, initiative, self-assurance, and others; and motivational traits include needs for financial reward, self-actualization, and power.

The traits as outlined by Kliem (2004) differ somewhat with Kouzes and Posner (2003) and their five practices of leadership. Kliem (2004) attributes these differences to how some people associate leadership traits with characteristics like supervisory ability, achievement, intelligence, honesty, and self-confidence. The one characteristic common to Kouzes and Posner (2003) and Galton (1869), as noted by Kliem (2004), is that a leader’s effectiveness depends on
whether he or she is people oriented. This is one example of commonalities between Kouzes and Posner and Galton.

Although each theory has its own strengths and weaknesses, trait theory is criticized by some. Kansal and Rao (2006) criticize trait theory through six different points. Their first criticism is that management scientists have been unable to recognize any specific traits that are essential for success and for effective leadership (Kansal & Rao, 2006). Kansal and Rao (2006) believe that it is almost impossible to create a list of leadership traits that successful leaders should have. The authors assert that along with finding a list of traits and adjectives to gauge leaders by, even measuring these skills and their use to leaders would be difficult (Kansal & Rao, 2006). Kansal and Rao (2006) note that modern leaders understand that much of their ability to lead is based on their situation and not solely on their skills and abilities, which relates to situational theories (Bertocci, 2009). Lastly, trait theory states that leaders are born. However, research shows that leaders can be developed through training programs (Kansal & Rao, 2006).

Cherry and Jacob (2005) point out that although trait theories have been important in identifying qualities that distinguish leaders, these theories have neglected the interaction between other elements of the leadership situation. Altman (2008) writes that one reason for the criticism of trait theory is that this theory cannot explain how a person of great leadership talent could be destabilized by circumstances, or how someone of moderate traits could suddenly become a strong leader. Cherry and Jacob (2005) outline that trait theories have failed to recognize the possibility that leadership traits can be learned and developed through experience.

As suggested throughout this research in analyzing leadership through the lens of Kouzes and Posner (2003), the question remained whether leadership can be taught or if leadership is a natural born ability. Supporting the point that leadership cannot be taught, Halberstam (2004) notes that leadership is a natural process and that people who are good leaders are those who
have chosen the right profession and because of it, can analyze the situation that they are in and from this, lead well. Supporting Halberstam’s (2004) point that people are naturally inclined to be strong leaders based on being in the role, Gill (2006) agrees that leadership cannot be taught. This challenges the worth of leadership development programs.

**Are Leadership Development Programs Worth the Resources?**

Leadership development requires different thinking since leadership potential is already in the individual and, therefore, to develop it, it requires recognition, development, growth and patience (Gill, 2006). Gill (2006) further notes that a week’s training course alone will not achieve these goals, it takes more. Adding to this uncertainty about leadership development and its worth, leadership programs are unable to teach character or vision (Charkrarborty, 1995). These are traits, as an example, are referred to as essential for leaders to possess by Kouzes and Posner (2003). To further demonstrate that leadership is a natural born trait, Carson (2010) details that one can see how this phenomenon occurs in elementary school, in kindergarten, and even in preschool when children play together in groups and one child rises to lead the game, or activity, that the group is involved with. From looking at leadership and leaders in relation to children playing in groups, one can witness such a phenomenon about leadership ability at such early ages, which is compelling evidence that there is a strong inherent component to leadership (Carson, 2010).

Based on the leadership programs and leadership skills, organizations are using many resources to develop employees into future leaders (Hannum, Martineau & Reinelt, 2007) to help the organization succeed. However, are these resources a meaningful investment for corporations? Sarner (2007) says yes, as leadership, like all skills, can be taught. Day (2007) supports the investment in leadership programs and their value in developing employee skills and argues that these programs are an investment in an organization’s talent and future. Day
(2007) cautions that corporations that scrimp on development as part of their succession planning risk organizational failure from not having people who have the appropriate skills to lead the organization. In the United States, leadership training has averaged between two and two and a half percent of payroll, with leading companies spending as much as three percent (Killian, 2009).

Chapter 3: Methodology

A qualitative method with a case study approach (Yin, 2003) was used in this study to explain, to outline and to define how an academic medical center is educating and developing its employees into leaders. The qualitative research method is defined as a way to address a research question from an interpretive perspective, which provides an in-depth study of the phenomenon that is being researched in its ordinary context and from the perspective of the participants involved in the phenomenon (Gall, Gall & Borg, 2003). Creswell (2007) states that the qualitative method begins with an assumption and the research looks into the assumption inquiring about its meaning to individuals, or groups, as a means to describe a social or human problem. Adding to this, this method uses data from a natural setting in order to establish themes or patterns (Creswell, 2007). Using interviews within the qualitative research process, the researcher can prompt the participants to expand on their stories as a way to find patterns and meanings to aid in the study (Creswell, 2007). Interviews are a significant factor in case study analysis (Yin, 2003), in particular, which made this the most applicable method for this particular research study.

The leadership program at the academic medical center provides leadership training to 140 employees, with titles ranging from nurse managers, clinical directors, shift supervisors and several other managers, who have taken part in a talent assessment process and who have been recommended by their superior. The time amount is 90-minutes of class time per month for an
18-month span. There are two objectives to this program, as outlined in its charter (Appendix F), with the first being to, “build the skill sets that position our managers for continued success, and secondly to prepare identified leaders to assume expanded roles. The academic medical center, with this program, will capitalize on internal talents by using the “best of the best” to facilitate courses and mentor others” (Appendix F).

Similar to the Kouzes and Posner (2003) five best practices, this program has five key performance areas that it focuses on to develop leaders. These performance areas include strategy, execution, people skills, clinical management and financial management. These five performance areas line up similarly in regards to people/emotion skills with Kouzes and Posner’s (2003) Model the Way, Enable Others to Act and Encourage the Heart and the organization’s execution, Inspire a Shared Vision and Challenge the Process with strategy and execution with the remaining two areas falling under specific job duties.

**Site and Participants**

Creswell (2007) makes the point that when a researcher begins to make decisions about a study, convincing individuals to participate in the study, as well to build trust with these individuals and credibility, can be a challenge. Weiss (1998) notes that one of the first steps with a qualitative method is negotiating entry into the site to make contact with the participants and, once gaining entry, the evaluator should take extensive notes of the information that he/she observes, learns from the interviews and casual conversations along with other data collection procedures. Weiss (1998) further states that these notes are the essence of qualitative work. Both Creswell (2007) and Weiss (1998) make statements about the participants in the study. In terms of participants, site selection plays a major role in who participates as the researcher will
be studying people and events (Weiss, 1998). Weiss (1998) outlines that the evaluator must decide who to speak to and the basis on which informants and respondents will be chosen.

In relating site and participants to this study, the organization focused on has over 10,000 employees. The participants in this study from this organization were the chief learning office (CLO) who created the leadership program, two program instructors who instruct within the program, and who have undertaken it and three employees who are undertaking, or who have taken, the leadership development program. Ulrich, Zenger and Smallwood (1999) define a CLO as a person within the organization who is tasked with building the next generation of leaders (p. 211). For this study, there was no physical meeting site as the organization and its employees were located in the south, while the researcher is based in the Boston area. Telephone interviews were used to obtain the information because of the location differences. The participants were sent an email from the CLO letting them know about the study. If they were interested in participating, they were to email the researcher directly to ensure anonymity from management at the organization.

Data Collection

Creswell (2007) notes that data collection is a series of activities aimed at gathering information to answer the research question. Once this has been accomplished, establishing how the data will be collected can be established, which were interviews. To gather data from the corporation, interviews were held with members of the organization after the outreach email in Appendix D was sent. One interview was held with the CLO. The interview with the CLO lasted 60 minutes and addressed the questions in Appendix A. These questions offered insight as to how this health care organization is developing employees into leaders and included questions about the skills being taught and how the skills are delivered followed by their integration into organizational needs and the view of the CLO on the value of these programs.
The second sets of interviews were held with three employees with the questions listed in Appendix B. These questions were similar to those asked of the CLO. The interviews were no longer than 60 minutes asking about how the skills that they were taught play into their daily practice, how they view their education in relation to organizational goals and how they see the value in these programs. The third interview set was held with two instructors who deliver the leadership programs and these interviews lasted 60 minutes. These questions are outlined in Appendix C. In regards to the questions in the appendices, the researcher further probed beyond the stated questions, which were established to assist in opening the discussion, to help elaborate on the leadership program and to use this information to relate back to the traits referenced from Kouzes and Posner (2003).

Interviewing these three sectors within the organization provided a view from each standpoint. The first standpoint was that of the CLO, who is ultimately responsible for these programs and their relation to the organization and its strategy. The second standpoint was from the employees who have undertaken, or who were currently enrolled at the time, in the leadership program at the organization as this perspective shows how this education is being used day to day. Lastly, the interviews with the instructors provided a view from someone working between the CLO and the employees. The interviews began after the approval of the IRB and were conducted over a four month period. Throughout the interviews, notes were taken and the interviews were transcribed.

**Data Analysis: Procedures and Models for Data Analysis**

A main categorizing strategy in qualitative research is coding. For this study, MAXQDA 11 software was used to transcribe and to code the organization’s participant responses based on the skills outlined in the literature review of Kouzes and Posner (2003). Using a thematic coding approach with this software primarily based on Kouzes and Posner’s (2003) traits and the
literature, the terms used include role modeling, emotional intelligence, visioning, innovation and collaboration. In addition to the skills, the programs and the validity of these programs, the strands of whether or not leadership is learnable, were also tracked within the coding software to answer the secondary research question of this study. Grids were created to show the major findings from the research in relation to the skills and whether or not leadership can be taught or not.

Between the research interviews and reviewing the training material and the literature, the approach of triangulation began to take shape in order to link the findings together. Yin (2003) notes the benefit of triangulation is converging the lines of inquiry to answer the proposed research question. Within this study, triangulation linked the theories of Kouzes and Posner (2003) and their ideas of best leadership practices with the training material and the interviews to provide light on how leadership programs take shape within the health care industry. The questions for the CLO, the instructors and the employees are based on Kouzes and Posner’s (2003) five leadership practices to ensure each practice was addressed during the interviews to answer the research question and to further link the literature, theories and practice together.

*Interpret and Judge the Merits and Limitations of Explanations Provided by Others*

Experiencing potential biases or threats is an essential piece of providing a fair and balanced research study and thesis. A potential bias of this study was only focusing on the skills as outlined by Kouzes and Posner (2003) and not including other leadership skills in the research questions. Even though these were the skills focused on for the majority of the study, participants were encouraged to discuss other skills that the program focused on. To maintain validity here, literature from other leadership experts has been included to provide other perspectives as a way to balance their theories. Another bias, as noted earlier on, was that the researcher believes that leadership cannot be taught. This was considered when pursuing this
research study as the researcher did not want this personal assumption to interfere. This will be outlined further.

A potential threat of this study was that it focused solely on health care, as there is a need within this industry for leaders with the passing of health reform; but another potential bias of this study was that it only focused on one health care organization, an academic medical center. Paxton (2002) writes that health care has been hindered by inefficiencies in processes, widespread variation in patient care and quality and a lack of well-defined and appropriately aligned leaders making it an industry in need of developing employees into leaders. Other organizations outside of the health care field are implementing leadership development programs, so only focusing on health care organizations may limit the generalizability of the research.

Another bias of this study was the researcher’s belief that leadership cannot be taught. To help balance the study, this view has been included in the findings and conclusions where appropriate. Trait theory (Galton, 1869) was noted throughout. Cherry and Jacob (2005) specify that although trait theories have been important in identifying qualities that differentiate leaders from subordinates, these theories have neglected the interaction between other elements of the environment that the leader is in. Adding to Cherry and Jacob’s (2005) uncertainty, Altman (2008) thinks that one of the reasons for the criticism of trait theory is because this theory cannot explain how a person of immense talent could be changed by the circumstances they are in, or how someone of moderate traits could rise to great influence with training (p.17). Altman (2008) notes one important aspect to consider when examining trait theory is that trait theory lost popularity and the attention of researchers for several decades after Galton’s first publication (1869).
One belief about why this happened is that trait theory may have been replaced by contingency theories, which suggest that there is no one best style of leadership (Gill, 2006); situational theories, which note that leadership effectiveness depends on the fit among personalities within the organization, the tasks to be accomplished by subordinates, power, attitudes, and perceptions – in summary, the situation as a whole (Bertocci, 2009); behavioral theories, which are similar to trait theory in that both focus attention on the individual as a leader and not the situation (Borkowski, 2010); participative theories, which state that the ideal leadership is that which takes effort and participation into consideration (Porter-O’Grady & Malloch, 2009); management theories, also known as transactional theories, which are focused on the standard corporate role of supervision, structure, and performance (Porter-O’Grady & Malloch, 2009); and relationship theories, which stress the relationships and the interactions between leaders and their followers (Porter-O’Grady & Malloch, 2009).

However, as of 1997 the theory began to reemerge suggesting that leaders possess a number of traits differentiating them from their followers hence making these people more fit to fulfill leadership roles (Altman, 2008; Antonakis, Cianciolo & Sternberg, 2004; Simonton, 1994). Supporting the point that leadership cannot be taught, Halberstam (2004) takes a different viewpoint and notes that leaders are people who have chosen the right profession and are, simply, good at what they do. Plus, these particular people are ones who look around the organization and know how to encourage their peers (Halberstam, 2004). In summary, these conflicting views provide light on both sides of the subject and the controversy on whether or not leadership programs are worth the resources.

**Protection of Human Subjects**

Participation in this study was voluntary. Although there were minimal risks for participants of this study, there were some risks worth outlining. In terms of risk, there could have been a risk
for the CLO in sharing too much information in regards to how the leadership development aligns with business strategy. It can be assumed, though, that the CLO was selective about what information was shared during the interview. Also, to help limit any potential risks, the employees, the CLO, the organization’s name and the faculty are not named. Participants were told that participating in this study had no implications on their employment nor would the information gathered during the interviews be shared with their manager or other senior executives at the academic medical center. These precautions helped to protect those who participated in the study as well as the academic medical centers itself.

Chapter 4: Research findings

Introduction

The purpose of this research was to investigate how an academic medical center in the southern part of the United States is educating its employees on how to become leaders. Specifically, the goal of this research was to answer the question: to what extent does a leadership program in the health care industry prepare managers with the competencies necessary to lead in that industry? To answer this question, interviews were held with the CLO of the organization who designed and spearheads the program as well as three students, who are either enrolled or who have undertaken the leadership program, and two instructors, who along with instructing in the program also undertook the program. The interview transcripts yielded 70 pages. Throughout this analysis, the participants are identified as the CLO, student one, student two, student three, instructor one and instructor two to comply with the anonymity of the research study as outlined in the section about the protection of human subjects. The organization was not named to protect its identity.

From analyzing the interviews with the CLO, the three students and the two instructors, trends about the effectiveness, the skills, the delivery and the importance of the leadership
development program can begin to be defined. After analyzing these trends, this chapter and the following one paint a picture of what the leadership development program looks like to individuals in these three segments.

**Student one**

The first student interviewed was a manager of value analysis of supply chain management. When asked about the program and how it delivers leadership training, she began by explaining how seriously the CLO takes the program and its worth. She enrolled in the program because her director suggested she take the course in order to help her move up in her role in the supply chain management department. She detailed that the program is 18 months long with class time, about 90 minutes, per month. Along with undertaking the leadership development program, she talked about how she attends the organization’s chapter of Toastmasters to help with leadership development along with two conferences a year to help develop leadership skills as well as with department skills that are supply chain specific. She felt that the program, as well as Toastmasters, has been of value to her own leadership development, but has also helped her to expand their networking across the large hospital employee base that she would have never been able to do without the program.

Communication was a key piece of the program that this student valued when examining her leadership development. Along with communication, this student talked about learning about leadership in relation to motivating others, which was another huge learning benefit. This employee has been with the academic medical center for three years, so she was unsure about how certain skills came into play within the program and why it came about, but mentioned that a survey is sent out to participants and thought that maybe the skills noted in the survey contributed to the program and its creation and development.
In terms of Kouzes and Posner (2003) skills, she felt that all five leadership practices were addressed within the program. She detailed role modeling. Role modeling is demonstrated highly in the program as different experts are brought in to instruct from all departments. Change management is a skill that student one thought should be improved upon especially with the amount of changes due to technology. One comment of note was that she felt that the leadership development not only helped her with her career, but also helped her in all aspects of life, including family and church. Overall, this student felt that the program was of great value and, because of this, felt that leadership can be taught and is thereby worth the resources.

**Student two**

The second interview took place with a nurse practitioner. He defined the program as an applied management process, which offers specific learning opportunities for the participants to learn how to become an effective leader. He supported the 18-month, 90-minute format. In terms of skills, he noted that some of the skills are institution specific, while some skills are broad. He stated that the program is set up to give the participants plenty of time to learn leadership skills and abilities within the 18-month time period and that he found this helpful in that the program wasn’t too long nor too short. Furthermore, he went on to explain that the broad skills are outlined within the classroom training, while the institution, or event department specific skills, are completed through mentoring within that particular department, which he found of great value. For skills that are deemed most important within the program for leaders to possess, he noted communication, conflict management, ability to uphold institution standards, accountability, resource utilization and cost effectiveness are the ones that are considered the most essential for leaders to possess. Furthermore, in relating the program and the skills presented back to Kouzes and Posner (2003), he noted that role modeling, visioning and
innovation are all stressed upon by the program, but did not go into detail about the remaining skills.

Student two talked about how the workforce has changed so much, so some skills are needed more now than what skills were needed twenty years. But, he noted, some skills never change. He used communication as an example. He felt that communication is as important now as it was twenty years ago and will still be important twenty years from today. To exemplify this, he talked about Theodore Roosevelt and how he would be a great leader now, and in twenty years from now, as he was during his time as President because of his communication skills. When asking about whether or not leaders can be made, he felt that this was possible. He outlined that leaders can be developed, but some leaders may be naturally inclined to lead from birth.

He noted that all good leaders are born, but all leaders need to have training to help tailor their skills in order to be more effective. When summarizing the value of leadership, he noted that productivity is the ultimate goal, but it’s important to make sure that the right people are being trained to take over these roles. Similar to the first student, he praised the program and its value.

**Student three**

Student three explained that the leadership development program is 18 months of training and noted how the majority of the course takes place in the classroom, but, unlike the other students interviewed, noted that some training takes place online. She noted that a value of the program is having staff from different departments come in as instructors to share their different perspectives and, because of this, she feels she is able to experience all aspects of health care in an interactive setting. For the skills deemed as most important, she noted that communication is the most important one and detailed this by noting that communication is both speaking and
listening. She further talked about listening and how leaders cannot lead well if they are unable to listen to people.

Continuing on the listening aspect of communication as a skill for leaders, she further outlined that listening is an essential skill that leaders must possess since management is about people, not processes, so leaders must be able to communicate and listen to effectively manage. For how the skills are determined, she talked about a survey that goes out to the participants to give feedback about the program to help establish what is presented in future classes, which echoes what the first student stated about the survey and its usefulness in developing the leadership program. This student talked about how the participants love the program and that everyone is always looking forward to the next class and getting nominated by their manager to take.

This student was about half way through the program when this interview took place in mid-May 2013, but, in relating the skills being presented to Kouzes and Posner (2003), she felt that she had already seen all five leadership practices addressed in some way. She spoke about how health care reform has an impact on each one of the five practices, as well, especially in regards to people skills due to the quality aspect of reform. In looking at the development of skills from twenty years ago to twenty years from now, she felt that understanding competition was an essential skill for leaders to possess in order to stay ahead. In asking about whether or not leaders are born or can be developed, she felt that some people are born leaders, but that others can be developed. For a program suggestion, she noted she would like to shadow other people within the hospital to see a new area as well as to assist with networking and looking at the overall “big picture” of the organization. That was her only suggestion to improve the program and overall spoke very highly of it.

Instructor one
The first instructor interviewed started out by explaining the leadership program in relation to the skills important for students to finish the program with such as a strong understanding: business planning, strategy, goal setting, orientation and diversity. This instructor was unsure how these particular skills were decided upon to have taught within the program, but felt that the handbook and information supplied within the program were very helpful and added to the overall value of the program. In relation to Kouzes and Posner’s (2003) five best practices, the instructor felt that all five skills were addressed within the program.

When probed more about the skills taught within the program, this instructor began to talk about the personalities of the program participants and how these are already assertive people all of whom have a different leadership path within their role at the medical center. The instructor spoke about the importance of human relations detailing that health care is a human focused field, so needing to focus on how to deal with people is of huge importance to leadership at a health care organization.

This instructor emphasized the importance of visioning and that everyone has their own vision, but that people need a leader to unite this vision making this an essential skill for the students to leave the program with, which does relate back to Kouzes and Posner’s (2003) practice of Inspire a Shared Vision. She felt that the program helps potential leaders to start the conversation on how to create a vision and how to unite others in achieving it. When looking at the skills now, compared to twenty years ago, this instructor felt that culture was essential because of the different generations composing the workforce today. She detailed that there is a huge difference between how a 58 year old employee manages his or her day compared to how a 22 year old does; both of which are ages of people enrolled in the program. She felt that teaching employees who are fulfilling leadership roles about how to manage these diversities is
crucial. She further noted that conflict management was another skill that people should possess once finishing the program.

This instructor felt that senior leadership highly values the leadership development program and credits its existence and weight to the CLO. This instructor had also undertaken the program herself and often recommends her staff to undergo the training as well since, in her role as an instructor and participation as a student in the program, she fully sees its value from all angles. Both personally, and professionally, this instructor felt that the program was able to teach the full importance of leadership and that leadership is teachable as well as learnable. She stated that from her own experience, it gave her tremendous confidence in her leadership ability because of the support of the program. She noted that participants of the program receive a pin to show that they have undertaken the program and she spoke about how she wears her pin with great pride around the organization because of how proud she is for being a part of the program.

Furthermore, this program also helped her to expand her network because she was able to meet people from all across the organization, again, adding to her confidence as an employee as well as a leader. She felt that the program was worth the resources and thought that leadership can be taught based on her own experience. To improve the program, she would suggest more about how the program helps with patient care and would suggest a new marketing approach to help promote the program to help get more involved to have every employee at the academic medical center undertake the program.

Instructor two

Instructor two explained that the leadership program delivers leadership education in a number of ways, such as classroom education with handouts and PowerPoints as well as with class exercises. She stated that there are some one-on-one meetings between instructors and participants to help with personal coaching. She was the first participant in this study to mention
one-on-one meetings between students and instructors. When asking about skills, one skill she noted that was essential for these leaders to possess upon finishing the program was how to hire the best applicants for open positions because of her role at the academic medical center in human resources. More broadly, when talking about skills, she noted that communication, because of the size of the organization, was an essential skill for leaders to have as well and noted that some leadership skills vary from person to person depending on their role within the organization.

In relation to Kouzes and Posner’s (2003) leadership skills, this instructor noted that these are all addressed in the program. Role modeling was one she noted of importance as succession planning is highly focused on, again because of her full time role in human resources. She further detailed that if something happens to one person, another is ready to take over those responsibilities so patients are not kept waiting. She explained how she felt visioning and innovation go hand in hand, especially with the advances of automation and technology. She attributed technology to being the biggest area for leadership growth compared to twenty years ago and explained that this skill will continue to be important twenty years from now.

This instructor felt that hospital leadership views this leadership program as highly beneficial and wants participants to be successful and actively supports them within the program. She noted that continuing education, at any means, is highly encouraged by the organization overall. She knows firsthand the value of these programs in looking at whether or not leadership can be taught. She has benefited from it and sees growth within herself as a leader. It has helped her with hiring for open positions as she’s able to understand what skills are most essential to the organization in order to help it compete and to grow.

She felt that more organizations are allotting resources to leadership development programs to help the right people within the organization get the right skills in order to move into
the right direction. This instructor did note that some people within the program and the organization have showed strength within their clinical role, but have struggled with the leadership skills regardless of the training and education, so it’s again essential to make sure the right people are getting admitted to the program as it may not be for everyone alluding that maybe not all people can be developed into leaders.

**CLO**

The interview with the CLO (Chief Learning Officer) of the organization provided insight into the leadership program and helped tie what the instructors and the students stated about the program together from a high level overview. First, the CLO talked about the program itself and noted that the leadership development efforts are geared towards people with performance management jobs or who oversee a program that impacts institution. She explained the basic logistics of the program and noted that it is an 18-month time frame, 90 minutes a month in the classroom setting with 60 minutes of the subject matter expert presenting, followed by a 30-minute discussion of how the skills being presented can be applied. No homework or out of class assignments are given so the participants do not have to worry about finding more time to dedicate to the program. She did not mention anything about Toastmasters, mentoring, online learning or one-on-one meetings between instructors and students.

When asking more about the participants and who is selected to take the program, she outlined that the participants range in management experience from one year to 15 years. These individuals hold titles such as technicians, directors and managers. The goal is to enroll these individuals into the leadership program within six months of them assuming that leadership position. Formally, the leadership development program provides tools that these managers need to be successful as well as how to reach department and institutional goals. Furthermore, the
CLO explained that the goal of the program is to build skill sets for managers to help them reach success as well as to build talent base for building roles in future.

To help determine what skills should be focused on within the program, the CLO outlined that she works with subject matter experts, who are employed by the hospital, to help with course content. And, when any new cohort starts, she and these experts assess the cohort as a whole to develop the program and what leadership skills to include in its curriculum through a survey. They use this survey to gauge their strengths from a learning perspective and complete an assessment of the learning needs of the participants before undertaking the class. From this, they are able to modify the curriculum to meet these needs of the students and to customize the course outline to help the employees meet these goals. Once the cohort begins in the program, the format of the class involves a presentation followed by dialogue and feedback on how these employees are seeing that particular skill identified in day to day practice. Followed by this discussion, the CLO detailed that there is time in the class for students to have dialogue about how to apply these skills to their responsibilities.

For skills, the CLO said that the program focuses on strategy, execution, financial management and clinical management. Communication is deemed the most essential skill followed by people skills. These skills are determined by a council composed of 12-15 leaders from multiple disciplines from across the academic medical center who have taken the program. This council meets every six months, but sometimes meets quarterly if there is a need, to advise on the skill sets that the CLO and the instructors need to keep in mind in relation to health care and competency when developing and instructing the program. When asking the CLO about how the employees feel about the program and these skills, she explained that employee reactions are very good and they often praise the program. One piece of positive feedback is that
the participants enjoy hearing from the different instructors as well as getting to network with employees from other departments with whom they would not have interaction otherwise.

When asking the CLO about the skills outlined by Kouzes and Posner (2003) and how they are included in the program, she stated that Model the Way and role modeling are emphasized highly in the program in order to encourage accountability. Vision is important as within the program they ask participants to think about where they want to go within their roles and to think about what they want to see happen in their unit and for their employees. Collaboration is encouraged as well as overall networking to help departments and leaders within different units to unite in order to provide excellent patient care. Innovation, the CLO explained, is a core value of the program as creative and out of the box thinking is encouraged to help employees at all levels to try something different. Furthermore, encouraging management to be innovative is encouraged highly by the organization overall and when innovation happens, they highlight throughout the entire organization. Encourage the Heart and emotional intelligence are important competencies that are talked about in the program so participants know how to assess themselves and their environment in order to understand how to address, which also aligns with emphasizing the importance of people skills within the program.

When looking at how the skill sets presented have changed since 2007, and will continue to change into the future, the CLO noted that with the ever-evolving health care landscape with affordable care, regulatory issues, reimbursement and quality it makes it difficult to gauge what skills will be important even three years from now. For a benchmark, with these new factors, the CLO outlined that now the business model of a hospital is 70% quality, 30% service, where, even three years ago, this was not something hospitals had to consider. And, although this regulation is not mandatory, the regulations within health care are becoming stricter. This means that hospitals need to get creative and innovative in order to find ways to deliver leadership
Moreover, because of these changes in health care and wanting to stay competitive and to meet health reform mandates, in looking at the future, the CLO felt the skills that will continue to be important are communication, collaboration, visioning, innovation and transformational leadership.

**Summary of Interviews**

In summary, the first few questions of all the interviews focused on what the leadership development program looks like at the academic medical center in terms of delivery. From the answers to these questions from the students, the instructors and the CLO, it can be summarized that the leadership program takes 18 months to complete. During those 18 months, participants meet in a classroom setting for 90 minutes once a month. The first 60 minutes of the classroom training subject matter experts or instructors, who are employees at the medical center and who have undertaken the program itself, present on a leadership topic. The topics are in relation to the five goals of the program, as outlined by the CLO and the program documents, which include (Exhibit A):

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission, Vision Values and Strategy</td>
<td>Leading Change</td>
</tr>
<tr>
<td>Cascading Goals</td>
<td>Business Planning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PEOPLE SKILLS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyzing Performance and Providing the Right Solution/Developing Your People</td>
<td>Coaching and Feedback</td>
</tr>
<tr>
<td>Performance Management Process</td>
<td>Avoiding Workplace Violence</td>
</tr>
<tr>
<td>Conflict Management</td>
<td>Motivating and Influencing Others</td>
</tr>
<tr>
<td>Recruitment and Retention</td>
<td>Creating a Climate that Values Diversity</td>
</tr>
<tr>
<td>Selection, Hiring and Orientation</td>
<td>Performance Issue: Impairment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXECUTION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegation</td>
<td>Time Management</td>
</tr>
</tbody>
</table>
### Project Management

- **Communication Skills: Facilitation**
- **Effective Meeting Skills**
- **Communication Skills: Written Communications**

### CLINICAL MANAGEMENT

- **Leading a Customer Service Organization**
- **Performance Improvement**
- **Clinical Outcomes**
- **Fostering Clinical Excellence**
- **Managing Human, Material and Fiscal Resources**

### FINANCIAL MANAGEMENT

- **Financial Operations Overview**
- **Statement of Income**
- **Variance Reporting and Expense Management**
- **Budgeting**
- **Top Side Growth**

---

After the presentation portion of the classroom training, the class is divided into groups to talk about the lesson and how to relate to day to day practice. This provided the students an opportunity to relate to the lesson from their own experience as well as to that of their peers.

Moreover, it helped students learn from one another and about the different departments of the hospital. Furthermore, from the classroom experience, students were able to network with their peers. All of the students noted that this networking time is extremely beneficial as it helps them to meet their peers from across the organization and to learn more about the health care system.

To help keep people focused on the program and to keep respectful of their already busy schedules, no homework or out of class assignments are given. But, depending on the department, some work with a mentor is provided with outside of class to demonstrate and reinforce a particular competency related to that department. Appendix J outlines in a grid what each participant said about the delivery of the program.
A major focus of this study was to relate the skills being taught in the program to the five leadership practices as outlined by Kouzes and Posner (2003). Each student was asked about each of the skills and how they see each skill being addressed in the program. After the researcher noted each one of the skills, the participants spoke more about each. Some participants addressed each skill one by one while some talked about two or three that they felt were of most importance and talked about often in the program. In summary, all of the participants noted that Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act and Encourage the Heart (Kouzes and Posner, 2003) were discussed in the program except student two who did not note Enable Others to Act and Encourage the Heart. The interviews provided much insight on the program and the skills. The next section will further tie in the research findings with the literature.

**Chapter 5: Discussion of Research Findings**

**Purpose**

The main purpose of this study was to understand leadership development programs and how these programs are assisting employees in becoming leaders. As outlined in the introductory chapters, over the last twenty years there has been an increase of interest in leadership (Hernez-Broome & Hughes, 2004; Kouzes & Posner, 2003; Malloch, 2009; Porter-O’Grady & Malloch, 2009; Schein, 2004) in order to ensure organizations’ leaders are prepared for current and for future challenges (Day, 2007). And, while organizations from all industries are implementing these types of programs to ensure a competitive advantage and to make certain employees have leadership skills, health care in particular is one industry that has faced challenges therefore creating the need for the creation of more leaders.

In relating the importance of leadership development to hospitals and their employees, there are seven reasons why this has needed to occur according to Benington and Harty (2010).
In summary, the first is that there are new challenges within the industry that need to be addressed. Second, there are new goals that need to be addressed by leadership in regards to health promotion, budgeting and policy. Patient expectations are rising, so leaders are needed to find ways to meet these expectations according. Furthermore, technology within the health care space is rapidly developing, so leaders are needed to manage these transitions. With reform and this transition period, more leaders are needed to address issues that arise along with patient safety and quality.

Lastly, according to Benington and Hartly (2010) with all of these changes and challenges facing the health care industry, cultural shifts must occur making it essential for leaders to have the skills necessary to address these shifts. Along with Benington and Hartly’s (2010) examples of why health care needs leaders now more than ever, Garman and Lamak (2011) state the health care industry needs more leaders today since the health care industry is faced with a magnitude of changes and every part of the industry needs change, so more leaders are needed to accomplish this feat.

By ensuring employees have the skill sets to treat patients with the best of care possible and with needing more employees to address these mandates, hospitals can gain an upper hand over the competition. These topics were addressed in the interviews with the CLO, the students and the instructors.

**Research Questions**

The main research question guiding this study was: *to what extent does a leadership program in the health care industry prepare managers with the competencies necessary to lead in that industry?* Although this was the main question guiding the study, the researcher was interested in testing a personal assumption that leadership cannot be taught, aligning with trait theory (Galton, 1869), in that leadership is a skill that people are either born with or not. The
questions asked of the research participants focused on the skill sets and the layout of the leadership program at their organization to answer the primary question, while some questions inquired on whether or not these people felt that these programs helped in their leadership development to answer the secondary question of the study. The primary question addressed many of the aspects of leadership such as the skills being taught, the extent of the program’s value and the delivery of these programs; all of which have been addressed throughout this research study. The theoretical perspective set forth by Kouzes and Posner (2003) was the guiding leadership framework.

Delivery

In the literature review, it was addressed that leadership is a key piece of learning for organizations that want to survive and succeed in today’s unstable and highly competitive business environment (Dalakoura, 2010). This transition to leadership education has occurred over the last sixty years with organizations evolving from a focus on training individuals to improve job performance to a more comprehensive focus on individual, group, and total organizational performance improvement (Rothwell, et al., 2003). With the growth of training programs to ensure employees have the skills needed to succeed within the workplace (Greeno, 2006; Rothwell et al., 2003; Witzel, 2005); specific methods of training and development have evolved to meet this need.

Rothwell et al. (2003) note there are three ways workplace learning is accomplished such as training, human resource development and workplace learning. McConnell (2003) supports the idea of training and that it has become important to ensure employees have the skills to meet organizational needs and are able to lead, making training essential. Another tool for teaching employees on how to become leaders is classroom training specifically (Bogardus, 2009). Although classroom training is the primary method of developing leadership skills, there are
different ways of educating people on how to become leaders outside the classroom. These
delivery methods can include experience, stretch job assignments, promotion, one-on-one
coaching, or mentoring (Cook-Greuter, 2004; Hannum & Martineau, 2008).

In relating these findings back to the literature, it was supported that classroom was an
effective method for delivery of leadership skills (Bogardus, 2009). The participants of this
study reinforced the idea that they found the classroom training of much help to learning about
leadership as well as being able to network with their peers. The scheduling and timing of the
classroom training was also praised by the participants. Mentoring, as mentioned during the
research interviews, was supported by the literature (Bogardus, 2009; Cook-Greuter, 2004;
Hannum & Martineau, 2008). One student mentioned online training and another mentioned
Toastmasters. Online training was addressed by the literature (Santana, 2009), but Toastmasters
was a surprise. These seem to be options that these students are pursuing outside of the
leadership development program in order to continue their learning. This point can be assumed
as it was not mentioned by the CLO when talking about the layout of the program and how it
educates employees.

Within the classroom setting, it was stated that a presentation was given by a subject
matter expert on one of the topics outlined in the grid (see Exhibit A in Chapter 4) and in
program documents in Appendix G. In order to save costs, the medical center uses its own staff
to teach these courses, so they do not have to pay a consultant or specialist to teach. The
instructors interviewed had both undertaken the program and soon after became instructors. In
the example regarding Independence Blue Cross in Pennsylvania (see the literature review) it
was noted that students selected for the leadership development program were sent to the
Wharton School at the University of Pennsylvania to receive individual coaching and career
development planning (Morison et al., 2006), so it can be assumed that university staff are
instructing, not Independence Blue Cross employees. This is at variance with the program researched for this thesis.

With the academic medical center using its own employees to instruct, in relating back to justifying the costs of these programs, it shows a concerted effort to keep costs low by using inside talent instead of outsourcing. Again, as the instructors interviewed were alumni of the program, it demonstrates that these were people who undertook the program and saw its value, so they wanted to instruct their peers in order to help them grow into leadership roles as well. The costs and the value of the program will be examined more thoroughly later in this chapter.

Skills

A major focus of this study was to examine the skills being set forth in leadership development programs. To do this, this study used the five leadership skills of Kouzes and Posner (2003) to build a foundation on what skills to examine. The first skill of the five leadership skills is to Model the Way (Kouzes and Posner, 2003). Model the Way is similar to the importance of role modeling as leaders should lead by example. Mumford (2009) supports that role modeling can be a useful tool for leaders. Employee’s work is enhanced when they recognize that the work environment, or climate, is supportive based on the role modeling by its leaders (Amabile, Schazter, Moneta & Kramer, 2004; Deal & Kennedy, 2000). The participants in this research did support the fact that role modeling is a key piece of training. The students tied this skill to personal coaching as this helped them to see how to Model the Way within their department as demonstrated by their particular leader.

The second leadership practice outlined by Kouzes and Posner (2003) is to Inspire a Shared Vision, which means that leaders should have a vision for the organization, its employees and themselves. A vision demonstrates that the leader wants to accomplish something significant for themselves, for their organization, and for their subordinates. According to
Kouzes and Posner (2003) leadership is collaborative as it can only become reality by enlisting those around the leader to be a part of those feats and accomplishments. All participants noted that this was an important skill within the program as without vision it would be difficult for one to lead.

Adding to these two skills, Kouzes and Posner (2003) suggest that leaders should have the ability to Challenge the Process, which is similar to the idea of being innovative. Adair (2006) supports the idea that innovation is essential, but innovation is more than leaders just having new ideas; it includes the process of successfully introducing these ideas and making things happen in a new way at the organization. This, again, was another skill talked about at length by the majority of participants as without challenging processes, there would be no innovation and without innovation, an organization becomes stagnant and unable to grow.

Kouzes and Posner (2003) promote collaboration as another skill for leaders to possess with their practice of Enabling Others to Act. Kouzes and Posner (2003) state that collaboration is a critical competency for achieving and sustaining high performance, but can only be established if leaders create a climate of trust. Stowell (2005) supports collaborative leadership by noting it is essential for leaders to know how to collaborate and how to develop effective partnerships with others in their organization. In the interviews, the idea of collaboration and helping those around them to grow was a skill that all noted as essential for leaders to possess.

These leadership skills are focused on leading others well. This supports Kouzes and Posner’s (2003) practice of Encouraging the Heart, meaning leaders should recognize contributions by showing appreciation for individuals and should celebrate the values and victories by creating a spirit of community (Kouzes & Posner, 2003). This was a skill noted by participants as essential to leadership education as it helps participants to become more aware of those around them in order to use these emotions to better lead.
Of the five leadership skills, role modeling and visioning emerged as the most important. Outside of these skills, each of the participants was asked about skills that they thought were most important for leaders to possess and to learn within the leadership program. These skills varied from broad leadership skills, such as communication, to department and role specific skills, such as hiring.

The skills deemed most important by the program and the organization varied. However, the two that were noted of most importance were communication, followed by people skills. These skills were noted as the most important by the participants, but the organization has established others, as noted by the CLO, that they try to address within the program. These include skills such as strategy, execution, financial management and clinical management. Other skills that were considered important by the interviewees were change management, conflict management, accountability, human relations management, resource utilization, culture awareness, business planning, goal setting, hiring orientation and diversity skills. Gunderman (2009) supports the importance of health care organizations looking closely at the skills being delivered within leadership development programs as health professionals need to invest more in leadership development in order to ensure successors have the skills needed to lead now into the future.

**Leadership Skills Change Over Time**

All participants were asked about why the interest in leadership had become more popular over the last twenty years. They were also asked about what skills will be important for leaders to possess twenty years from now. Some touched on what skills mattered twenty years ago. In looking at the effectiveness and usefulness of past versus future skills, technology was one that many of the participants spoke about. Technology is a prime example since, as aforementioned, the health care industry is changing with the use of technology, so
understanding it and being able to use it effectively would be an essential skills for leaders to possess now into the future. In looking at the future, the CLO felt the skills that will continue to be important are communication, collaboration, visioning, innovation and transformational leadership.

**Effectiveness: Is Leadership Learnable?**

Galton (1869), as outlined in more depth in the “Merits and Limitations of Explanations Provided by Others,” assigns leadership to specific physical and psychological characteristics and assumes that leadership skills come from inheritance, not from training (Srivastava, 2005). Trait theory (1869), although not directly part of the methodology, did give background to this study to challenge the researcher’s personal assumption that leadership is a skill that people are born with and can be difficult to teach and to learn.

None of the participants were asked, or informed, about trait theory (Galton, 1869) in particular, but they were asked if they thought that leadership could be learned. Participants were also asked how senior management views the importance of the leadership and whether or not the majority of leaders at the hospital feel that the program is worth the resources. These questions provided light onto whether leadership is teachable and learnable as well as how resources are allotted to these programs by senior management.

Each segment agreed that leadership can be taught and is learnable. However, two of the students noted that, regardless of the amount of training, some people naturally have the ability to lead while others can improve on these skills relating back to trait theory (Galton, 1869). However, it was of value to the researcher to hear that all of the participants in some way felt that leadership can be taught, and thereby learned, as that begins to demonstrate the value of these programs. The CLO, due to her role, was a huge proponent embracing that these programs are worth the value. She provided a PowerPoint outlining how these programs have proven their
worth. She noted that the program was created to retain nurses and has since changed its focus to educate other employees on how to become leaders.

When looking at the effectiveness of this program, it was evident that all the participants involved felt very strongly about its value. The students praised the program and its value to their positions. The instructors praised the program as both had participated in it as students as now participate as instructors. From both of these viewpoints, they saw the overall importance from both experiences. The CLO felt that it was a “good” program, but saw several areas where improvement is needed. Each segment agreed that leadership can be taught and is learnable.

The CLO noted that the program was created to retain nurses and has since changed its focus to educate others on how to become leaders. In terms of the value of the program, a PowerPoint supplied by the CLO demonstrated the effectiveness of the program in relation to turnover rates. One of the reasons, she stated, that the program came into existence was due to the high turnover rate of nurses in 2007, so the program was created to help lessen this turnover rate. As noted in the PowerPoint (Appendix I), the turnover rate changed dramatically with the implementation of the program.

Practitioner Significance

This study focused on only one organization within the health care field, a field that is in flux with health reform mandates, that is trying to compete by developing employees into leaders (Benington and Hartly, 2010; Garman and Lamak (2011). When examining the skills that leaders should have in order to complete, the skill that all participants noted of huge importance was communication. Communication seems like a given in terms of leadership ability. One of the participants noted that listening is an essential part of communication. In order to lead and lead well, especially when looking at Kouzes and Posner’s (2003) Encourage the Heart practice, it makes sense how important listening really is. The major finding was the consistency among
the participants that leadership can be learned. This was the secondary question leading this research study to test the bias of the researcher. After completing this study, the researcher concludes fully that leadership can be learned and programs such as the one in this study can help people improve on their leadership ability.

**Scholarly Significance**

In relation to educational practice, this study was significant for several reasons. The first significance is to the study of leadership. Because of the increase in interest, and overall popularity, of understanding leadership, this study offers insight into leadership and confirms the concepts put forth by Kouzes and Posner (2003). Furthermore, the study results challenges trait theory as presented by Galton (1869) almost 100 years ago.

**Future Research**

For further research, one instructor suggested studying how leadership development programs are marketed to employees in order to encourage them to enroll. Again, with the increase of interest and awareness about leadership development, understanding how corporate executives are encouraging and marketing these programs to employees and their managers would be an area of interest for this researcher to pursue in the future.

So, how does a CLO or other senior executive encourage employees to become leaders? Leadership in itself can be an overwhelming concept for employees to digest even though it is something that is rising in popularity as a concept and skill. Marketing leadership could be a challenge as it can be an intimidating concept for employees to comprehend. They may not feel like they are in a position, or have the ability, to undertake such a huge task. This topic could be looked at in relation to the health care industry, or could also be applied to any industry that has implemented leadership training.
Others can build on it this research by examining a multitude of hospitals, health systems and medical centers in order to compare and contrast leadership development programs of each. Or one could do a cross-industry sampling of how hospitals, health plans and pharmaceutical companies are educating employees to show the overall development of leadership education within the health care industry as a whole. Lastly, another area of research would be studying leadership education pre-health care reform as a way to demonstrate how much influence reform had in creating a need for these programs, if any.

With this particular study, the leadership program was developed pre-reform, but the CLO has seen the need for the program to change and to grow due to employee demand and with the implementation of reform. It would be interesting to look at hospitals that have created these programs with the implementation of reform and how they are tackling the task of leadership development.

If the researcher was to revisit this particular institution to do more research, one area would be focusing on the participants who took the program only to become instructors. The two instructors who were interviewed undertook the program and then became instructors. It can be assumed that within the program they are not the only two in this position of going from participant to instructor. Focusing on how others have made the transition and how their awareness and understanding has expanded is another potential area for future research. Also, re-interviewing the CLO in two to five years from now to see how the program has changed once health care reform has come further along could be researched to see how the skills have changed would be of great interest.

**Conclusions**

The basis of this research study was to inquire about how an organization is educating employees on leadership skills and transforming employees to fulfill leadership positions. A
further focus was placed on health care and specifically on an academic medical center and its
leadership education program. In order to do this, interviews were held with the medical center
employees ranging from the CLO to the program instructors to the students. Along with
focusing on how leadership skills are delivered and the skills themselves, with the focus placed
on leadership experts Kouzes and Posner (2003), another thread of this study was challenging the
whether leadership is teachable as well as learnable. To address this, trait theory (Galton, 1869)
was an intellectual backdrop to this study to challenge the validity and outcome of leadership
development programs. The researcher had a personal goal to address her assumption that
people are born leaders and, thereby, cannot learn how to be with training. This research
addressed this assumption and others who also share this skeptical view may be able to
reexamine their assumption after reading this study.

Throughout the study, the program, the skills and the validity of the leadership program
were addressed to inquire if leadership can be taught. The research found that leadership
education can happen through a number of different ways, such as classroom training,
networking and mentoring. One of the biggest benefits to the participants, outside of the
learning, was the networking that students have with their peers across the organization.

The most significant finding of this study, however, is that leadership can be taught. The
participants all strongly agreed that leadership is a teachable skill and is worth the resources to
support such programs. This challenged this researcher’s initial premise that leadership cannot
be taught. However, once concluding this study, this view was changed based on the confidence
of the participants who all felt that they became better leaders due to the program. In summary,
leadership development programs are worth the resources allotted as these programs transform
employees into the leaders they are meant to be in order to lead their organization into the future.
Epilogue

Throughout this particular study, the program focused on showed immense success for the participants and the organization. The participants all felt very strongly about the use of this program and its benefit to them in their professional role. However, it can be assumed that not all leadership development programs obtain this amount of success. Each organization with a leadership program would have differing levels of benefit to its employees and their roles.
References


Garman, A. N., & Harris-Lemak, C. (n.d.). Developing healthcare leaders: What we have learned, and what is next. *Developing healthcare leaders: What we have learned, and...*
what is next. Retrieved June 12, 2013, from


Kretzmann, J. P., & McKnight, J. (1993). *Building communities from the inside out: a path toward finding and mobilizing a community's assets*. Evanston, Ill.: The Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University.


<http://ehis.ebscohost.com.ezproxy.neu.edu/ehost/pdfviewer/pdfviewer?sid=ea0ae013-


Appendix A – For chief learning officer

1. Please explain what your leadership development efforts look like:

2. How is your leadership development delivered? Classroom, mentoring, etc?

3. What skills do you deem most important for employees to have?

4. How did you determine those skills?

5. What are your employees’ reactions to the programs and to the skills?

6. Please speak more about the importance of each of the following: Role modeling, Visioning, Innovation, Collaboration, Emotional intelligence?

7. What skills do you think are more important today than 20 years ago? What skills do you think will be more important 20 years from now?

8. How did senior leadership rationalize using resources on these programs?

9. How do you validate this training?

10. How do employees view the usefulness of training programs?
11. Personally and/or professionally, how would you define the value of leadership development programs?

12. Why do you think organizations like yours are allotting more resources towards leadership development more now than 20 years ago? What do you think leadership development will look like 20 years from now?

13. What have we not talked about that you would like to discuss?

Appendix B – For students

1. Please explain what the leadership development efforts look like at the organization that you are employed at are:

2. How are leadership development programs delivered at your organization? Classroom, mentoring, etc?

3. What skills does your organization deem most important for employees like you to have?

4. Do you know how they determined those skills?

5. What are your peers’ reactions to the programs and to the skills?

6. Please speak more about the importance of each of the following: Role modeling, Visioning, Innovation, Collaboration, Emotional intelligence?

7. What skills do you think are more important today than 20 years ago? What skills do you think will be more important 20 years from now?

8. In your estimation, how does senior leadership view the importance of these programs?
9. Personally and/or professionally, how would you define the value of leadership development programs?

10. Why do you think organizations like yours are allotting more resources towards leadership development more now than 20 years ago?

11. How satisfied are you with your leadership development?

12. What suggestions would you make to improve training to help with your job performance?

13. What did we not talk about that you would like to discuss?

Appendix C – For instructors

1. Please explain what the leadership development efforts look like at the organization that you instruct at are:

2. How are leadership development programs delivered at your organization? Classroom, mentoring, etc?

3. What skills does your organization deem most important for employees to have?

4. Do you know how they determined those skills?

5. What skills do you think are important for employees to have and for the organization to develop?

6. Please speak more about the importance of each of the following: Role modeling, Visioning, Innovation, Collaboration, Emotional intelligence?

7. As an instructor, what skills do you think are more important today than 20 years ago? What skills do you think will be more important 20 years from now?
8. In your estimation, how does senior leadership view the importance of these programs?

9. Personally and/or professionally, how would you define the value of leadership development programs?

10. Why do you think organizations are allotting more resources towards leadership development more now than 20 years ago?

11. As an instructor, how do you feel leadership education is best delivered?

12. What haven’t we talked about that you would like to discuss?

Appendix D - Sample outreach email:

Dear XXX,

My name is Catherine Rymsha and I am student in the Doctor of Education Program at Northeastern University.

My proposed dissertation focuses on corporate leadership development.

As your organization is a noted leader in leadership development programs, I am inquiring to see if I could speak with you briefly at your convenience to begin to understand what these programs accomplish and to understand a little bit more about your role within the leadership development process.

This study will have no impact on any performance reviews – research solely.

If you are able to, please let me know so we may schedule a one hour call to talk more.
Appendix E – IRB form

For NU IRB use:

Date Received: ________________  NU IRB No. ______________

Review Category: ________________  Approval Date ______________

APPLICATION FOR APPROVAL FOR USE OF HUMAN PARTICIPANTS IN RESEARCH

Before completing this application, please read the Application Instructions and Policies and Procedures for Human Research Protections to understand the responsibilities for which you are accountable as an investigator in conducting research with human participants. The document, Application Instructions, provides additional assistance in preparing this submission.
Incomplete applications will be returned to the investigator. You may complete this application online and save it as a Word document.

If this research is related to a grant, contract proposal or dissertation, a copy of the full grant/contract proposal/dissertation must accompany this application.

Please carefully edit and proof read before submitting the application. Applications that are not filled out completely and/or have any missing or incorrect information will be returned to the Principal Investigator.

REQUIRED TRAINING FOR RESEARCH INVOLVING HUMAN SUBJECTS

Under the direction of the Office of the Vice Provost for Research, Northeastern University is now requiring completion of the NIH Office of Extramural Research training for all human subject research, regardless of whether or not investigators have received funding to support their project.

The online course titled "Protecting Human Research Participants" can be accessed at the following url: http://phrp.nihtraining.com/users/login.php. This requirement will be effective as of November 15, 2008 for all new protocols.

Principal Investigators, student researchers and key personnel (participants who contribute substantively to the scientific development or execution of a project) must include a copy of their certificate of completion for this web-based tutorial with the protocol submission.

X Certificate(s) Attached
□ Certificate(s) submitted previously – on file with the NU’s Office of Human Subject Research Protection

A. Investigator Information

Principal Investigator (PI cannot be a student) ___ Leslie Hitch ___

Investigator is: NU Faculty X  NU Staff__ Other ________________________

College ___ College of Professional Studies ____________________________

Department ___ Education ______________________________
Address BV 21

Telephone Email l.hitch@neu.edu

**Is this student research?** YES_X_ NO___ If yes, please provide the following information:

Student Name Catherine Rymsha_________ Undergrad ___ MA/MS ___ PhD _EdD_

Mailing Address 154 Bachelor Street West Newbury, MA 01985 Anticipated graduation date 2013___

Telephone 978-994-2235_________ Primary Email _______rymsha.c@husky.neu.edu______

Cell phone ______________________ Secondary Email Catherine.rymsha@worldcongress.com

**B. Protocol Information**

Title: Corporate leadership development and education: An analysis on how corporations are educating employees to become the leaders

Projected # subjects Six individuals

Approx. begin date of project 02/01/2013 Approx. end date 04/30/2013

It is the policy of Northeastern University that no activity involving human subjects be undertaken until those activities have been reviewed and approved by the University's
Institutional Review Board (IRB).

- Anticipated funding source for project (or none) None
  Has/will this proposal been/be submitted through:
  - NU’s Office of Research Administration and Finance (RAF) No
  - Provost No
  - Corp & Foundations No

C.

<table>
<thead>
<tr>
<th>Will Participants Be:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (&lt;18)</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Northeastern University Students?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Institutionalized persons?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Prisoners?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Cognitively Impaired Persons?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Non or Limited English Speaking Persons?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>People Living outside the USA?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Pregnant Women/Fetuses?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Other? (Please provide detail)</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Project Involve:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Removal?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Investigational drug/device?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Audiotapes/ videotapes?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Please answer each of the following questions using non-technical language. Missing or incomplete answers will delay your review while we request the information.

D. What are the goals of this research? Please state your research question(s) and related hypotheses.
The goal of this research is to understand how health care facilities, a university medical center in particular, are teaching leadership skills to their employees. A focus will be placed on the ways these skills are delivered, as well as the skills themselves. Another thread within the study will be if these programs are worthwhile; I will be questioning if leadership can in fact be taught and is worth the resources. The primary research question guiding this proposed study is: *to what extent do leadership programs in the health care industry prepare managers with the competencies necessary to lead in that industry?* The hypothesis that these programs are preparing managers with the traits needed to lead and to grow within the organization.

**E. Provide a brief summary of the purpose of the research in non-technical language.**

Many organizations are implementing leadership development programs. The goal of this proposed study is to understand how these leadership programs teach employees how to be leaders and how these programs are validated. The focus will be placed on the health care industry and will specifically focus on a university medical center and how it is transforming employees into leaders.

**F. Identify study personnel on this project. Include name, credentials, role, and organization affiliation.**

The personnel guiding this study:

Catherine Rymsha

13 ½ Merrimac Street

Amesbury, MA 01913

rymsha.c@husky.neu.edu

978-994-2235

**G. Identify other organizations or institutions that are involved. Attach current Institutional Review Board (IRB) approvals or letters of permission as necessary.**

The approval letter is attached and was signed by Rebecca Askew who assists Tonya Moore at the University of Mississippi Medical Center. Her title is as follows:

Rebecca Askew, PhD, RN, NEA-BC

Associate Professor of Nursing
H. Recruitment Procedures

Describe the participants you intend to recruit. Provide all inclusion and exclusion criteria. Include age range, number of subjects, gender, ethnicity/race, socio-economic level, literacy level and health (as applicable) and reasons for exempting any groups. Describe how/when/by whom inclusion/exclusion criteria will be determined.

The participants I plan to recruit are a chief learning officer (CLO), two instructors and three volunteer individuals from a health care system. The range of the participants is between 35-50 years old. The subjects vary in gender, which is not a deciding factor for inclusion within this study. Each participant will be working within a health care system and will have some role within a leadership development program.

Describe the procedures that you will use to recruit these participants. Be specific. How will potential subjects be identified? Who will ask for participation? If you intend to recruit using letters, posters, fliers, ads, website, email etc., copies must be included as attachments for stamped approval. Include scripts for intended telephone recruitment.

This is a voluntary study. The CLO will provide individuals with the flyer in Appendix F to inform individuals and faculty about the study and being able to participate. The intent is that individuals and faculty who are interested, will complete the form and will send directly to the researcher. The researcher, upon, receipt will reach out to the individual/faculty member and schedule the first interview. Before the interview, the sample questions will be sent.

What remuneration, if any, is offered?

No payment is offered.

I. Consent Process

Describe the process of obtaining informed consent*. Be specific. How will the project and the participants’ role be presented to potential participants? By whom? When? Where? Having the participant read and sign a consent statement is done only after the researcher provides a detailed oral explanation and answers all questions. Please attach a copy of informed consent statements that you intend to use, if applicable.
If your study population includes non-English speaking people, translations of consent information are necessary. Describe how information will be translated and by whom. You may wait until the consent is approved in English before having it translated.

A consent form is in Appendix E outlining that this study has no influence on their job and is completely voluntary. Those who are interested are asked to sign the consent form and send back to rymsha.c@husky.neu.edu. The consent form details the following list of questions:

- Why am I being asked to take part in this research study?
- Why is this research study being done?
- What will I be asked to do?
- Where will this take place and how much of my time will it take?
- Will there be any risk or discomfort to me?
- Will I benefit by being in this research?
- Who will see the information about me?
- If I do not want to take part in the study, what choices do I have?
- What will happen if I suffer any harm from this research?
- Can I stop my participation in this study?
- Who can I contact if I have questions or problems?
- Will I be paid for my participation?
- Will it cost me anything to participate?
- Is there anything else I need to know?

If your population includes children, prisoners, people with limited mental capacity, language barriers, problems with reading or understanding, or other issues that may make them vulnerable or limit their ability to understand and provide consent, describe special procedures that you will institute to obtain consent appropriately. If participants are potentially decisionally impaired, how will you determine competency?

N/a

*If incomplete disclosure during the initial consent process is essential to carrying out the proposed research, please provide a detailed description of the debriefing process. Be specific. When will full disclosure of the research goals be presented to subjects (e.g., immediately after the subject has completed the research task(s) or held off until the completion of the study’s data collection)? By whom? Please attach a copy of the written debriefing statement that will be given to subjects.
J. Study Procedures

Provide a detailed description of all activities the participant will be asked to do and what will be done to the participants. Include the location, number of sessions, time for each session, and total time period anticipated for each participant, including long term follow up.

Each of the participants will be interviewed over the telephone (telephone only) for one hour, one time. They will be asked a series of questions about their leadership development programs and overall thoughts and learnings from these programs. They will be audio recorded. Interview questions are attached in Appendices A, B and C.

Who will conduct the experimental procedures, questionnaires, etc? Where will this be done? Attach copies of all questionnaires, interview questions, tests, survey instruments, links to online surveys, etc.

I, Catherine Rymsha, will be conducting all the interviews and making contact with the participants.

K. Risks

Identify possible risks to the participant as a result of the research. Consider possible psychological harm, loss of confidentiality, financial, social, or legal damages as well as physical risks. What is the seriousness of these risks and what is the likelihood that they may occur?

The potential risk of this study is that participants may share information that leaks some confidentiality about their leadership development programs. If the researcher senses this, she will note to the participant that they may not want to state all of the ins and outs of the program. As this study focuses on learning and skills, the seriousness of this should not be detrimental to their organization as it does not address competitive strategies. Also, to help limit risks, the employees, the CLO, the organization’s name and the faculty will not be named in this study’s thesis.

Describe in detail the safeguards that will be implemented to minimize risks. What follow-up procedures are in place if harm occurs? What special precautions will be instituted for vulnerable populations?
Precautions will be taken to minimize all risk of breach in confidentiality. The facility that will be used will not be named in any document in order to keep confidentiality. In order to safeguard the study, interview notes and any interview recordings will be deleted after the completion of this study in the allotted amount of required time.

L. Confidentiality

Describe *in detail* the procedures that will be used to maintain anonymity or confidentiality during collection and entry of data. Who will have access to data? How will the data be used, now and in the future?

The interviews will be held in a private space so no one hears the conversation on the researcher’s side. The researcher will interview the participants alone over the phone in the researcher’s home. Audio recordings will be listened to at least five times and then transcribed by the researcher to ensure accuracy and the recordings will then be deleted. In the interview notes, no names will be used. Only I the researcher will have access to the names of the participants and the healthcare facility in which they work; that information will not be in my final thesis. The interview notes will be deleted after the study is complete. No one but the researcher, Catherine Rymsha, will have access to the interview notes. The data will only be used for the completion of the dissertation and for no other reason.

How and where will data be stored? When will data, including audiotapes and videotapes, be destroyed? If data is to be retained, explain why. Will identifiers or links to identification be destroyed? When? Signed consent documents must be retained for 3 years following the end of the study. Where and how will they be maintained?

The data will be in a notebook in a locked box in my home. Any notes and audio stored on my personal computer will be password protected. It will be destroyed one year after the completion of the study. All identifiers and links will also be destroyed with the required time period of three years. Consent forms will be in a locked box in my home for a minimum of three years per Northeastern University’s IRB regulations.

M. If your research is HIPAA-protected, please complete the following; Individual Access to PHI

Describe the procedure that will be used for allowing individuals to access their PHI or,
alternatively, advising them that they must wait until the end of the study to review their PHI.

N/a

N. Benefits

What benefits can the participant reasonably expect from his/her involvement in the research? If none, state that. What are potential benefits to others?

While there is no direct benefit to participants, there is the possible benefit that participants may take a look at their leadership program in a new way once discussing it with an outsider party.

O. Attachments

Identify attachments that have been included and those that are not applicable (n/a).

- [x] Copy of fliers, ads, posters, emails, web pages, letters for recruitment *
- [x] Scripts of intended telephone conversations*
- [x] Copies of IRB approvals or letters of permission from other sites
- [ ] Informed Consent or Informed Consent and Health Information Use and Disclosure Authorization*
- [ ] Debriefing Statement*
- [x] Copies of all instruments, surveys, focus group or interview questions, tests, etc.
- [x] Signed Assurance of Principal Investigator Form (required)
- [ ] NIH Human Subject Training Certificate(s) (required if not already on file at HSRP)

*(Approved forms must be stamped by the IRB before use)*

P. Health Care Provision During Study

Please check the applicable line:
I have read the description of HIPAA “health care” within Section 3.0 of the Policies & Procedures for Human Research Protection. I am not a HIPAA-covered health care provider and no health care will be provided in connection with this study.

I am a HIPAA-covered health care provider or I will provide health care in connection with this study as described in Section 3.0 of the Policies & Procedures for Human Research Protection. This health care is described above under “Study Procedures,” and the Informed Consent and Health Information Use and Disclosure Authorization form will be used with all prospective study participants.

If you have any questions about whether you are a HIPAA-covered health care provider, please contact Nan C. Regina, Director, Human Subject Research Protection at n.regina@neu.edu or (617) 373-4588.

Please return the completed application to:

Nan C. Regina, Director
Human Subject Research Protection
960 Renaissance Park
Northeastern University
Boston, MA 02115-5000
Tel: 617.373.7570; Fax: 617.373.4595
n.regina@neu.edu

The application and accompanying materials may be sent as email attachments or in hard copy. A signed Assurance of Principal Investigator Form may be sent via fax or in hard copy.

Questions for chief learning officer

- Please explain what your leadership development efforts look like:
- How is your leadership development delivered? Classroom, mentoring, etc?
- What skills do you deem most important for employees to have?
- How did you determine those skills?
- What are your employees’ reactions to the programs and to the skills?
• Please speak more about the importance of each of the following: Role modeling, Visioning, Innovation, Collaboration, Emotional intelligence?

• What skills do you think are more important today than 20 years ago? What skills do you think will be more important 20 years from now?

• How did senior leadership rationalize using resources on these programs?

• How do you validate this training?

• How do employees view the usefulness of training programs?

• Personally and/or professionally, how would you define the value of leadership development programs?

• Why do you think organizations like yours are allotting more resources towards leadership development more now than 20 years ago? What do you think leadership development will look like 20 years from now?

• What have we not talked about that you would like to discuss?

Questions for program participants

• Please explain what the leadership development efforts look like at the organization that you are employed at are:

• How are leadership development programs delivered at your organization? Classroom, mentoring, etc?

• What skills does your organization deem most important for employees like you to have?

• Do you know how they determined those skills?

• What are your peers’ reactions to the programs and to the skills?

• Please speak more about the importance of each of the following: Role modeling, Visioning, Innovation, Collaboration, Emotional intelligence?
• What skills do you think are more important today than 20 years ago? What skills do you think will be more important 20 years from now?

• In your estimation, how does senior leadership view the importance of these programs?

• Personally and/or professionally, how would you define the value of leadership development programs?

• Why do you think organizations like yours are allotting more resources towards leadership development more now than 20 years ago?

• How satisfied are you with your leadership development?

• What suggestions would you make to improve training to help with your job performance?

• What did we not talk about that you would like to discuss?

Questions for instructors

• Please explain what the leadership development efforts look like at the organization that you instruct at are:

• How are leadership development programs delivered at your organization? Classroom, mentoring, etc?

• What skills does your organization deem most important for employees to have?

• Do you know how they determined those skills?

• What skills do you think are important for employees to have and for the organization to develop?

• Please speak more about the importance of each of the following: Role modeling, Visioning, Innovation, Collaboration, Emotional intelligence?

• As an instructor, what skills do you think are more important today than 20 years ago? What skills do you think will be more important 20 years from now?
• In your estimation, how does senior leadership view the importance of these programs?
• Personally and/or professionally, how would you define the value of leadership development programs?
• Why do you think organizations are allotting more resources towards leadership development more now than 20 years ago?
• As an instructor, how do you feel leadership education is best delivered?
• What haven’t we talked about that you would like to discuss?

Sample outreach email:

Dear XXX,

My name is Catherine Rymsha and I am student in the Doctor of Education Program at Northeastern University.

My proposed dissertation focuses on corporate leadership development. Over the last twenty years, organizations have begun to realize the importance of developing employees into leaders to ensure employees have the skills necessary to grow and to help the organization to compete. Health care is one industry that has realized the importance of leadership skills to enhance employee leadership abilities. The goal of this study is to answer the proposed question of: to what extent do leadership programs in the health care industry prepare managers with the competencies necessary to lead in that industry?

As your organization is a noted leader in leadership development programs, I am inquiring to see if I could speak with you briefly at your convenience to begin to understand what these programs accomplish and to understand a little bit more about your role within the leadership development process.

This study will have no impact on any performance reviews or in any other relation to your position. This study is completely voluntary and there is no bearing to your standing as a student as well as an employee. Even if you begin the interview, you may stop at any time.

If you are able to, please email me at rymsha.c@husky.neu.edu so we may schedule a one hour call to talk more at the information noted below.

Thank you,
Appendix F - Informed Consent Document

Northeastern University, College of Continuing Studies, EdD

Student Researcher: Catherine Rymsha, Principal Investigator: Dr. Leslie Hitch

Can leadership be taught? An evaluation of a health care corporation’s leadership development program

**Informed Consent to Participate in a Research Study**

We are inviting you to take part in a research study. This form will tell you about the study, but the researcher will explain it to you first. You may ask this person any questions that you have. When you are ready to make a decision, you may tell the researcher if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the researcher will ask you to sign this statement and email back to her at rymsha.c@husky.neu.edu.

**Why am I being asked to take part in this research study?**

You have been asked to take part in this research study because you participate in the LAMP program.

**Why is this research study being done?**

The purpose of this research is to understand how health care organizations are educating their employees to be leaders. The purpose of this research is to understand how health care organizations are educating their employees on how to be leaders and will specifically highlight the leadership program.

**What will I be asked to do?**
If you decide to take part in this study, we will ask you to partake in a one hour telephone interview at a mutually agreed upon time about the program and how it relates to your position. You will be sent the questions a few days before the interview after a time has been decided upon. She may also ask some follow up questions besides what is noted.

Where will this take place and how much of my time will it take?

You will be interviewed for one hour over the phone, at a time which is convenient to you.

Will there be any risk or discomfort to me?

There is very little risk in this study and the study has no bearing on your standing as an employee and a student. You should experience no discomfort.

Will I benefit by being in this research?

There will be no direct benefit to you for taking part in the study.

Who will see the information about me?

Catherine Rymsha and her advisor, Dr. Leslie Hitch, will see the information.

If I do not want to take part in the study, what choices do I have?

As this study is volunteer based, you have the choice not to volunteer. If you volunteer and decide you do not want to participate any more, you can withdraw at any time.

What will happen if I suffer any harm from this research?

No special arrangements will be made for compensation or for payment for treatment solely because of my participation in this research.

Can I stop my participation in this study?

As this study is volunteer based, you have the choice not to volunteer. If you volunteer and decide you do not want to participate any more, you can withdraw at any time.

Who can I contact if I have questions or problems?

Please contact Catherine Rymsha at rymsha.c@husky.neu.edu or 978-994-2235, or Leslie Hitch at l.hitch@neu.edu.

Who can I contact about my rights as a participant?

If you have any questions about your rights in this research, you may contact:
Nan Regina, Director of Human Subject Research Protection, 960 Renaissance Park, Northeastern University, Boston, MA 02115, Email: irb@neu.edu, Tel. 617-373-7570. You may call anonymously if you wish.

**Will I be paid for my participation?**

No.

**Will it cost me anything to participate?**

No.

**Is there anything else I need to know?**

Please feel free to contact Catherine Rymsha anytime at rymsha.c@husky.neu.edu or at 978-994-2235 if you have any more questions or concerns.

**I agree to take part in this research.**

_________________________________________  ________________
Signature of person agreeing to take part             Date

____________________________________________
Printed name of person above

_____________________________________________  ________________
Signature of person who explained the study to the    Date
participant above and obtained consent

____________________________________________
Printed name of person above

Once this document has been signed, please return to rymsha.c@husky.neu.edu
Appendix G - Invitation to Participate in Research

Invitation to Participate in Research

Catherine Rymsha, a doctoral student at Northeastern University in Boston, Massachusetts, is researching how health care organizations are developing employees into leaders.

She is looking to speak with student and faculty volunteers from UMMC for 60 minutes about the LAMP program and how it relates to day-to-day work activities.

This study is confidential and has no impact on your role as a student in the program and as an employee.
If interested, please fill out the information below and email Catherine Rymsha within ten (10) days of the receipt of this letter.

I am interested in participating in the research study. Please email this information directly to Catherine Rymsha at rymsha.c@husky.neu.edu.

My name _______________________________
My phone number _______________________________
My email address _______________________________

APPENDIX H – PROGRAM DOCUMENTS

Nurse Manager Professional Development Program: Project Charter

Customer: University of Mississippi Medical Center Hospitals and Clinic System

Creation Date: 01/26/07
Updated 3/14/07
Approvals: Advisory Committee/Janet Harris/Dr. Kaye Bender
3/2007

Dr. Will Ferniany 4/01/07
Charter................................................................. ................................................................. 2
Target Population ................................................................. .......................................................... 2
Strategy ................................................................................................................................. 2
Supporting our Vision .................................................................................................................. 2
Program Vision ................................................................. ............................................................... 3
Curriculum and Courses ................................................................. ................................................... 3
Deliverables ................................................................................................................................. 4
Timeline ...................................................................................................................................... 5
Project Team .............................................................................................................................. 5
Advisory Committee .................................................................................................................... 5
CORPORATE LEADERSHIP DEVELOPMENT AND EDUCATION

Charter

The purpose of the project is to provide leadership development programs for nursing managers.

Target Population

There are 80 managers who participated in the talent assessment process. This group included Nurse Managers, Clinical Directors, Shift Supervisors and several other managers. Educational opportunities are needed to support individual development needs.

Strategy

We will employ various strategies to target development of leaders in this group. Our objectives will be to 1) build the skill sets that position our managers for continued success, and 2) prepare identified leaders to assume expanded roles. We will capitalize on internal talents by using the “best of the best” to facilitate courses and mentor others.

Our leadership philosophy incorporates a belief that managers want to be successful and that an environment that embodies trust, focuses on positive behaviors and incorporates cascading goals will support development. Optimal performance starts with selecting a manager with the capacity to do the job and then insuring that

- Standards and measurements are set
- Conditions and resources are provided
- Opportunities to gain knowledge and skills are provided
- Feedback on performance is given and
- Consequences and rewards for behavior are appropriate.

This project’s charter is to provide development opportunities that support the acquisition of knowledge and the assimilation of skills. Development opportunities will be aligned with company goals and focus in these key performance areas:

- Strategy
- Execution
- People Skills
- Clinical Management
- Financial Management

The following programs and resources will be offered:

- Management curriculum and courses targeting key competencies
- Tools to improve productivity and communication
- Possibly performance support tools which address common personnel issues such as absenteeism, poor attitude, resistance to change, etc…)

Supporting our Vision
Development opportunities will be designed to build skills that support realizing our vision:

- To be the preferred hospital and physicians for tertiary and children’s services
- To be the safety net institution for tertiary care and those in need
- To be the employer of choice
- To be the major force in Mississippi medicine and recognized nationally for selected services and programs
- To be an economic force for all of Mississippi
- To achieve competitive patient satisfaction
- To regularly achieve at least a 5% margin

Program Vision

Ultimately, our vision is to create a management development program that supports individual development, while providing an opportunity to earn college credit toward a Bachelor’s or Master’s Degree in Nursing. There will be a single intranet site where managers can access the courses and tools that they need.

Curriculum and Courses
The tables below depict the five curriculums and the courses that are included in each of the curriculums.

### STRATEGY

<table>
<thead>
<tr>
<th>Mission, Vision Values and Strategy</th>
<th>Leading Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cascading Goals</td>
<td>Business Planning</td>
</tr>
</tbody>
</table>

### PEOPLE SKILLS

<table>
<thead>
<tr>
<th>Analyzing Performance and Providing the Right Solution/Developing Your People</th>
<th>Coaching and Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Management Process</td>
<td>Avoiding Workplace Violence</td>
</tr>
<tr>
<td>Conflict Management</td>
<td>Motivating and Influencing Others</td>
</tr>
<tr>
<td>Recruitment and Retention</td>
<td>Creating a Climate that Values Diversity</td>
</tr>
<tr>
<td>Selection, Hiring and Orientation</td>
<td>Performance Issue: Impairment</td>
</tr>
</tbody>
</table>
EXECUTION

<table>
<thead>
<tr>
<th>Delegation</th>
<th>Time Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Management</td>
<td>Communication Skills: Facilitation</td>
</tr>
<tr>
<td>Effective Meeting Skills</td>
<td>Communication Skills: Written Communications</td>
</tr>
</tbody>
</table>

CLINICAL MANAGEMENT

<table>
<thead>
<tr>
<th>Leading a Customer Service Organization</th>
<th>Performance Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Outcomes</td>
<td>Fostering Clinical Excellence</td>
</tr>
<tr>
<td>Managing Human, Material and Fiscal Resources</td>
<td></td>
</tr>
</tbody>
</table>

FINANCIAL MANAGEMENT

<table>
<thead>
<tr>
<th>Financial Operations Overview</th>
<th>Statement of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance Reporting and Expense Management</td>
<td>Budgeting</td>
</tr>
<tr>
<td>Top Side Growth</td>
<td></td>
</tr>
</tbody>
</table>

Deliverables

- Template for portfolio development.
- Professional development portfolio for each of the nurse managers who participated in the talent assessment.
- Individual and group educational and experiential activities for purposes of implementation of the professional portfolios.
- Process for ongoing evaluation of the nurse manager professional development program with the CNOs, Chief Nursing Executive and other appropriate administrative staff in the hospitals and clinics.
- Quarterly reports on the status of the project, including development progress implementation schedule and incremental results to the CNE and Dr. Will Ferniany (3/31/07, 06/30/07, 09/30/07, 12/31/07, 03/31/08, 06/30/08, 09/30/08, 12/31/08).
- Project evaluation process.
- Annual evaluation report (by December 31, 2007 and December 31, 2008).
CORPORATE LEADERSHIP DEVELOPMENT AND EDUCATION

Timeline

Immediate deliverables and timeline includes:

- Mission, Vision Values and Strategy (dependent upon Dr. Will Ferniany’s availability)
- Cascading Goals (by April 15)
- Analyzing Performance and Providing the Right Solution/Developing Your People (by April 15)
- Coaching and Feedback (by April 15)
- Portfolio for each manager (by April 30)
- Variance Reporting (by May 30)

The timeline for creation of the remaining deliverables will be established after holding project planning meetings with the appropriate staff members. This timeline will be completed by April 30.

Project Team

Rebecca Askew will serve as project lead, and will be accountable for insuring that each responsibility listed in the Memorandum of Understanding is realized. Since the program involves a multitude of smaller projects, project team members are not listed in this charter.

Advisory Committee

<table>
<thead>
<tr>
<th>Janet Harris</th>
<th>Kaye Bender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jean Smith</td>
<td>Becky Egger</td>
</tr>
<tr>
<td>Marcia Rachel</td>
<td>Tina Higgins</td>
</tr>
<tr>
<td>Bess Blackwell</td>
<td>Betsy Karr</td>
</tr>
<tr>
<td>Batson’s new CNO</td>
<td>Olivia Martin</td>
</tr>
<tr>
<td>Cathy Smith</td>
<td></td>
</tr>
</tbody>
</table>
Leading Through
Applied
Management
Principles
(LAMP)

Objective and charter

- Objective: increase nurse retention
- Project charter: to create a management development program that supports individual development, while providing an opportunity to earn college credit toward a bachelor’s or master’s degree in nursing
**Project Overview**

- Joint collaboration to provide management development programs for managers
- **Audience - 140 leaders**
- **Goals**
  - Build the skill sets that position our managers for continued success
  - Prepare identified leaders to assume expanded roles

**Assessment Phase**

- Talent assessments
- Advisory committee
- Interviews with managers
- Interviews with key stakeholders
- Online survey of participants
Management Roles

Nursing

Ancillary

Management Experience

Nursing

Ancillary
Tenure in Position

Nursing  Ancillary + Support

Educational Preparation
Skills

**Strongest**
- Interpersonal skills (67%)
- Communication skills (29%)
- Organizational skills (19%)

**Weakest**
- Management (62%)
- Organization and time management (62%)
- Finance and budgeting (43%)
- Employee relations (43%)

Design Phase

- **Five Curriculums**
  - Strategy, Execution, People Skills, Clinical Management, Financial Management
- **18 months: monthly 1.5 hour topics**
- **Design strategies:**
  - Use in house talent (best of the best)
  - Incorporate application practice
  - Base on organizational competencies
  - Emphasize messaging that supports cultural change
Design Strategy: Convenience

Evaluation

- Online survey of participants
- Employee survey - management skills
- Turnover
- ROI
Employee Satisfaction

- Factors influenced by management

<table>
<thead>
<tr>
<th>Rank</th>
<th>Factor</th>
<th>2000 Balance</th>
<th>BSE Score 2007</th>
<th>CHED Score 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The person I report to cares about the job experience</td>
<td>2.88</td>
<td>&gt;.05</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>2</td>
<td>The person I report to cares about the job experience</td>
<td>2.88</td>
<td>&gt;.05</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>3</td>
<td>The person I report to cares about the job experience</td>
<td>2.88</td>
<td>&gt;.05</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>4</td>
<td>The person I report to cares about the job experience</td>
<td>2.88</td>
<td>&gt;.05</td>
<td>&gt;.05</td>
</tr>
</tbody>
</table>

Program Outcomes

- Graph showing programs and outcomes.
Employee Turnover

<table>
<thead>
<tr>
<th>Institute</th>
<th>RNs</th>
<th>Nurse Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Turnover among managers enrolled in LAMP = 3.8%

Incentives

<table>
<thead>
<tr>
<th>Incentives</th>
<th>Strategy</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced abilities to perform current job</td>
<td>95%</td>
<td>20%</td>
</tr>
<tr>
<td>OK credit</td>
<td>92%</td>
<td>100%</td>
</tr>
<tr>
<td>job advancement</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Master's vacant seats</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Prep for ANCC certification in Nursing Administration</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Bachelor's course credit</td>
<td>30%</td>
<td>0%</td>
</tr>
</tbody>
</table>
## Return on Investment Based Upon 1 Factor Only

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>$111,568</td>
</tr>
<tr>
<td>Cost</td>
<td>$85,188</td>
</tr>
<tr>
<td>Contribution ratio</td>
<td>125%</td>
</tr>
<tr>
<td>Return on Investment</td>
<td>102%</td>
</tr>
</tbody>
</table>
Appended J – Charts showing major findings

### What skills by Kouzes and Posner (2003) are taught in the program?

<table>
<thead>
<tr>
<th></th>
<th>Model the Way</th>
<th>Inspire a Shared Vision</th>
<th>Challenge the Process</th>
<th>Enable Others to Act</th>
<th>Encourage the Heart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student one</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Student two</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Student three</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Instructor one</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Instructor two</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>CLO</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### How are leadership skills delivered?

<table>
<thead>
<tr>
<th></th>
<th>Classroom</th>
<th>Mentoring</th>
<th>Online Training</th>
<th>Toastmasters</th>
<th>One-on-one meetings with instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student one</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student two</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Student three</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor one</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor two</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>CLO</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### What skills of importance are also noted in the program?

<table>
<thead>
<tr>
<th></th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student one</td>
<td>Communication, motivation, change management</td>
</tr>
<tr>
<td>Student two</td>
<td>Communication, conflict management, ability to uphold institution standards, accountability, resource utilization and cost effectiveness</td>
</tr>
<tr>
<td>Student three</td>
<td>Communication</td>
</tr>
</tbody>
</table>
### Can leadership be taught?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Somewhat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student one</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student two</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Student three</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor one</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor two</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>CLO</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>