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Assessing Training Impact: Exploring Perspectives on Leadership Training in Healthcare through a Multi-frame Lens

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Exploring Perspectives on Leadership Training in Healthcare through a Multi-frame Lens

by

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Dedication

This dissertation is dedicated to my parents Cedric and Marva, my brothers Nigel and Wendell, my nephew Ni'el, and nieces Chloe and Cassi Bascombe. Words cannot express how your love and support has pushed me over the years to complete this prodigious milestone in my life. This degree was not only for me, but for all of you! I love you all dearly!

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Abstract

A major concern for most leadership development teams is aligning training and development goals to desired outcomes, especially when looking at overall costs to plan and implement effective training programs. Leadership training in healthcare is increasing due to the complexity of duties and the need to deal with conflicting situations on a regular basis. This study explored whether goals and assessment instruments identified and applied by program development managers were adequate to reflect a multi-frame perspective, and whether participant feedback articulates benefits encompassing multiple frames. Four main questions were used in the study: "What potential benefits do leadership development staff who select, design, and evaluate training articulate; and do they capture a multi-frame perspective? How do the goals of the program development managers align with the assessment of evaluation instruments, and do the assessments reflect a multi-frame perspective? How does the perception of training benefits align with leadership development goals and multi-frame perspective? What effect does training in competencies such as, problem-solving, conflict management, and effective communication have on leaders in healthcare?"

To highlight a potential link between behavior, change and organizations; Social Cognitive, Human Needs, and Systems Theories were utilized. A mixed-method design applying Interpretative Phenomenological Analysis and Descriptive Statistics was used. Results of the study indicate that the goals identified by leadership development do align with trainees outcomes in terms of: serving as a support mechanism to ensure effective team-building; facilitating growth towards promotion through education and effective feedback; and enhancing leadership core competencies such as, emotional intelligence, conflict management and communication skills.

Chapter 1: Introduction to the Study

Marx and Hamilton (1991) highlighted in their article that organizations have invested over 30 billion dollars annually into training and development programs, with the goal of enhancing and improving their personnel/staff performance levels. Recent data generated by the Training Industry Report, the American Society for Training and Development (ASTD) now the Association for Talent Development (ATD), and Forbes magazine indicate that corporations have spent over 70 billion dollars annually in overall training excluding – payments to trainers, travel costs, facilities, etc. - in the United States (US) (Bersin, 2014; ERC Consulting, 2016; Staff, 2016) showing a significant increase in spending over the last 30 years. Authors like DeWine, have highlighted a general assumption made by organizations where allocation of funds towards training initiatives would create employees that will benefit the overall organization (2001). However, given the increase in training programs and initiatives by corporations, the challenge rests in what happens once the training has been completed (Leaman, 2014).

Statement of the Problem

Past research on the transfer of training speculate that 10% of expenditures spent within the United States on training, are reflected in behavioral changes by the trainee (Wexley & Baldwin, 1986). However, this 10% is based on an estimated value that was presented as a rhetorical question posed in an article by David Georgenson in 1982 when looking at transfer of training and how it can be fostered back into the workforce (Georgenson, 1982). Fitzpatrick (2001), in his article, highlighted numerous studies from 1986 to 1996, and 2001 that have referenced this estimated transfer of training percentage within organizations. One study conducted by Saks and Belcourt used 150 out of

approximately 1,300 members of a training and development society in Canada that represented more than 12 industrial sectors – included training directors, consultants, and HR personnel - contested the statement made by Georgenson that "62%, 44% and 34% of employees apply training materials on the job immediately, six months, and one year after training" (2006, p. 639).

The use of evaluations in training and development programs on leadership can provide some pertinent information to trainers and organizations in terms of assessing/measuring and keeping track of the reaction and anticipated behavioral changes participants demonstrate once completing training. Nonetheless, one must question whether the use of evaluations is a true indication of the value a training session has on the workforce in the short- and long-run. Are skills like Emotional Intelligence and Conflict Management strategies introduced to leaders truly implemented after some time has passed from the initial training? Questions like this emphasize the need to further explore the potential drawbacks or effectiveness on the use of evaluations and how they are assessed in training to determine the benefits to trainees. Stated by Bunker and Cohen, (as cited by DeWine, 2001), one of the most under-researched areas in organizations is that of training evaluations, citing reasons as lack of support from organizational heads.

One can insinuate that training helps to facilitate change within organizations as they can be used to provide ways of providing employees with the tools needed to address issues that are most pressing among the staff/workforce. Additionally, some employees may see the importance of training programs put forth by organizations as positive reinforcements highlighting their value to the organization. When training

programs lack follow-through by trainers, difficulties may arise in determining whether success endures over time in training transfer regarding concepts such as effective leadership, emotional intelligence and conflict management competencies. It is important that the goals of the program development managers and trainers are clearly stated and align with the overall goals and objectives of the organization.

In his dissertation, Preston mentions that minimum research is done on the perception of leaders on the effectiveness of training evaluations (2010). Preston sought to determine how human resource professionals in healthcare organizations, through a multi-case study understand training evaluation results and the return of investment (ROI) (Preston, 2010). Preston's study highlights the need for further research on training evaluation within the healthcare industry that not only looks at results and return of investment (ROI), but how the perception of training and development departments could add to the literature on training and evaluation.

Leaders in healthcare encounter numerous setbacks which could impede their ability to lead efficiently. To ensure they are equipped with the necessary tools and resources to handle their day-to-day functions, and match the ever evolving healthcare industry, management often creates avenues in which their leaders are trained in competencies that would allow them to excel in their duties while focusing on patient care. The problem arises when the program development managers do not properly align their training objectives with that of the overall organization and needs of the individual leaders.

Justification/Purpose of the Study

The aim of this research was to use a mixed-method research design employing Interpretative Phenomenological Analysis and Descriptive Statistics to address whether a healthcare facility "Hospital X" sought to align their desired goals of training and development to the anticipated outcome/results of participants who have taken Leadership training. Leadership training for physicians, directors, top administrators and nurse leaders has been increasing, however, the impact of the trainings, especially through a multi-frame perspective, has not been extensively addressed. The researcher hopes to address this with her findings. The focus of this study explored whether goals and assessment instruments identified and distinguished by program development managers were sufficiently broad to reflect a multi-frame perspective and whether participant feedback articulates benefits encompassing the multiple frames. Additionally, the researcher sought to determine whether follow-ups offer any indication of influence on training programs that could affect transfer of training.

Conducting this study highlights the experiences and views held by the participants within Hospital "X" who planned and participated in the training; and, based on the descriptions given, determined whether behavior changes were noticeable and departmental goals were attained by the Program development managers. Results from the study will not only lend to the healthcare field, but to the corporate, consulting and conflict resolution field as practitioners will have additional knowledge about the effects and benefits of assessing impact on trainings, and the multi-frame model concept in training sessions. Additionally, this study will add to the literature on training and development and the use of evaluations in training to determine whether there is an

overall benefit or advantage in the Healthcare industry as well as conflict resolution field. This is especially important when looking at the driving factors in which trainings are planned, implemented and assessed to project results on impact and potential change in behavior and action of the trainees which can lead to increased organizational performance.

The study should provide any trainer or consultant who specializes in organizational conflict or development with data on the benefits of having clearly stated goals and projected outcomes as a benchmark for training and assessment of training programs. Moreover, information generated from the study will allow organizations to look closely at the continued benefit of implementing training and development programs and evaluations over continued periods of time, especially when considering introducing concepts such as, emotional intelligence competencies, conflict management strategies and the four-frame model to create a stronger work environment for leaders within the organization.

Research Goals

The overall goal of this study was to address how the Leadership Development department sought to align their desired goals of training and development to the anticipated outcome/results of the trainees, by exploring experiences and ideas shared with the researcher through a multi-frame and conflict practitioner lens. Additionally, the researcher explored how the Leadership Development personnel and trainees within Hospital “X”, identify and perceive the benefits and effects of administering and being introduced to Leadership training as indicated by the evaluations and training models, post-training. Moreover, the researcher sought to fill a gap in research with the use of an

organizational development tool that can be used by conflict resolution practitioners/consultants as a means of assisting organizations in creating effective training programs that matches the needs of their leaders, especially when looking at introducing core concepts such as: emotional intelligence, conflict management, negotiation tactics, problem solving and effective communication.

To achieve this, the researcher hoped to generate thorough and comprehensive descriptions through the recounts of the leadership development department representative(s) and trainees on their experiences of planning and participating in the Leadership training programs, and compare these recounts to responses generated from a brief survey. The information gathered from the study will help to further increase organizational and practitioners' awareness to aid in developing programs and evaluations that would highlight avenues to impact or improve interpersonal relationships within the workplace and increase the zeal for trainees to partake in training programs. Additionally, the findings of this study will add to the literature findings on transfer of training/behavioral changes post-training. The researcher approached the topic by providing an interpretation of the experiences discussed by the participants.

Organization of the Study

Chapter one presents the researcher's overview and justification for the study. The problem statement, purpose, research goals and questions are stated. In addition, definitions of key terms are highlighted in Chapter one.

Chapter two presents a review of the literature. The review provided the key models and concepts that helped shape the research as well as the foundation for the

study. Along with the models and concepts, the researcher discussed the main theoretical perspectives.

Chapter three highlights the discussion and justification for utilizing a mixed-method approach to this study. Semi-structured interviews and survey were used in the data collection phase. Interpretative Phenomenological Analysis and Descriptive Statistics were used to analyze the data, which helped to present the impact the leadership training had on the trainees.

Chapter four describes the results. Chapter five discusses the outcome of the findings, limitations, implications, suggestions for future research, and conclusion of the study. Following this chapter will be the references used throughout and appendices – with tables and documents used during the study.

Definition of Terms

The following definitions of terms are provided for further clarification to the study.

Leadership Development. Was defined in this study as individuals within Hospital "X" that are a part of the Program Development team/department who design and implement the leadership training programs.

Trainees. Defined as all participants that were nominated to participate in the Leadership training programs within Hospital "X" within the last three years.

Evaluation. Evaluation in this study was defined as the process of measuring training and development programs to make decisions regarding their usage and improving their value or worth (McCain, 2016; Sharma, 2016). It represents the surveys

that trainees complete to evaluate their overall training experience or rating of a concept being introduced.

Assessment. Was defined as the techniques used by the leadership development team to assess the overall effectiveness of the training program based on the responses given by trainees, to determine what worked and what did not work, that is, the training's impact on the trainees. Thus, instruments used to assess and determine behavioral changes of the leaders post-training, when looking at transfer of training to job functions.

Return on Investment. The way of measuring how much a company spends versus how much is gained (Preston, 2010) when applied to training expenditures. As well as, a way of placing value towards capital investments through transfer of training to job.

Four-Frames. Rooted in the social sciences field, the four-frame approach was defined as the way in which managers view organizational problems from multiple perspectives or frames; each equating to a mental model (Marx & Hamilton, 1991).

Mental Model. A set of ideas or assumptions a person has about a phenomenon or concept (Bolman & Deal, 2008).

Emotional Intelligence. Defined as the ability of an individual to observe their own and others' feelings and emotions in a way that would guide how they think and respond to solve problems and regulate their own emotions (Salovey & Mayer, 1989-1990).

Conflict Management. Defined as the effective approaches used to reduce the dysfunctions of a conflict position, thereby enhancing the productive functions of the conflict to improve learning and effectiveness with the parties involved (Rahim, 2011).

Chapter 2: Literature Review

The focus of the study was to address how the Leadership Development department sought to align their desired goals of training and development to the anticipated outcome/results of the trainees, by exploring experiences and ideas shared with the researcher through a multi-frame and conflict practitioner lens. Reviewing the training and development system through the experiences of trainers and trainees will help identify aspects of the training that were most impactful and/or those that require room for improvement, which would be beneficial to the overall organization performance. The use of a mixed-method study in the training industry can assist scholars and researchers in determining which avenues should be looked at and avoided when trying to understand behavioral changes and reinforcements as it relates to training and development impact and outcomes. This section presents the literature support that helped to guide the research.

Brief Overview of Training Processes

Training and development programs are used by most organizations to aid in identifying and improving the knowledge and skillset of their employees, with the intent of maximizing organizational performance and success. Sloman terms training as the "epicenter of empowerment" (1999, p. 8) where organizations conduct trainings of employees to remain competitive. To be effective, planning should go into the training process as there are many costs associated with the programs being introduced to trainees. The following stages depict a typical or systematic flow of a training program:

- Stage 1: Identification of Training needs
- Stage 2: Objectives of Training program

- Stage 3: Curriculum Design
- Stage 4: Design and Select a Training Model
- Stage 5: Identify a Training Methodology
- Stage 6: Conduct the Training session
- Stage 7: Measure/Evaluate the Training

When stage seven (7) is completed, most organizations use the resulting data to create future training curriculum designs and programs based on evaluation/survey responses shared by the participants. In using the seven-stage process, organizations may neglect to mention the process taken to ensure reinforcement of materials and whether behavior changes of trainees occur. Sales et al., mention in their article the importance of all stakeholders within the hospital system understanding how training must align with organizational goals that are already established to ensure overall organization success (2009).

Leadership Training in Healthcare

Most leadership trainings tend to focus on enhancing the way in which leaders and supervisors relate to and communicate with their peers and subordinates on a day-to-day basis on the job. The complex nature of the hospital system and increased challenges over time for hospitals to ensure quality, safety, and affordability has caused the increase in demand for effective leadership within healthcare (Christensen & Stoller, 2016). In the past, the traditional clinical responsibilities of leaders within healthcare included, but were not limited to; setting daily agendas and selecting subordinates who they will be directing and evaluating their performance. As the healthcare industry continues to evolve and become complex, it is essential for leaders to understand that both

interpersonal and technical skills are needed, especially when dealing with life and death situations daily. To ensure effective patient-care across the board, leaders must understand the importance of working together, as a team, utilizing their technical and interpersonal skills. Thus, the need for hospitals to advocate for and promote leadership training and development within their system. In her dissertation, Cullum highlights the necessity of leadership training and experience for leaders within the healthcare system, due to the following factors: the practice of promoting physicians to leadership roles while considering their academic or clinical skills; the complexity of the healthcare system/industry; physicians' reluctance towards collaboration and fellowship efforts; and an oversight to train physicians in some of the key leadership competencies (2016).

A study conducted by the Center for Creative Leadership in 2010 specified the need for senior leaders in healthcare to develop their skills in leadership and work in teams, in which most of the leaders identified social awareness skills as the lowest that are generally demonstrated by leaders in healthcare (Delmatoff & Lazarus, 2014).

The components that entail training programs in this capacity usually concentrate on ways in which they could manage their interpersonal relationships. As such, training and development departments are introducing Emotional Intelligence (EI) and Conflict Management (CM) skills such as– reflective listening, negotiation tactics, and effective communication into leadership training programs. This is reemphasized by Stoller (as cited in Cullum, 2016) in their identification of six main concepts that should be introduced to physician leaders: technical skills – operations, strategic planning, finance; overall knowledge of healthcare – legislation, quality; emotional intelligence; communication – to encompass negotiation and conflict resolution; a commitment to

lifelong learning within the field; and problem solving (2007). Overall, leadership training is important in healthcare because the standard and quality of patient care is substantially linked to performance (Carragher & Gormley, 2016).

Brief overview of Emotional Intelligence

Many theories were developed within the paradigm of emotional intelligence, each one created to get a better understanding or measurement of how managing emotions can affect the way in which we relate inter and intra-personally. Daniel Goleman popularized the term emotional intelligence (EI) in 1995 with his book to challenge earlier work done by Peter Salovey and John Mayer. Being self-aware of one's emotional triggers and learning how to manage one's mental capacity during conflicting situations through training will give personnel the extra tools needed to perform on the job. People often question the potential benefits of EI in the workplace, however, through effective training programs, trainees will be able to understand the concept and how they could build better relationships in the long-run. Giltinane (2013) mentions in their article that organizations who are successful, develop their leaders' emotional intelligence by enhancing their social awareness, social skills, self-awareness and self-management.

Emotional Intelligence in Healthcare. In the healthcare industry, there is a need to have this concept introduced as departments within the structure are intertwined and leaders must be cognizant of how their emotional cues affect the organization's overall emotional climate (Delmatoff & Lazarus, 2014). Research has shown that Emotional Intelligence (EI) in healthcare, for instance for nurse leaders, helps to create and foster a work environment that is healthy and one where trust exists (Akerjordet, 2008).

Delmatoff and Lazarus's article that looks at healthcare reform within the United States (US), suggest that it is essential for healthcare leaders to not only understand the value of EI, but the importance of being behaviorally and emotionally intelligent to ensure that their subordinates receive the support and empowerment they need to work through some of the most difficult challenges within the healthcare system (2014). Thus, in the workplace an emotionally intelligent person will be able to sense what others are feeling; allowing them to handle situations differently, promoting growth, and applying different approaches when dealing with high-intense situations (Akerjordet, 2008).

Leaders who embrace the idea of EI within the healthcare system, are often able to alleviate, in many instances, difficulties that arise when changes in the organizational culture occur, or can bring out the best in their subordinates (Delmatoff & Lazarus, 2014).

Conflict Management Skills

Conflict Management is known as the process of identifying if a conflict exists, being able to diagnose the nature of the conflict, and using appropriate methods to diffuse the conflict so that the parties involved will understand and work towards some form of reconciliation or way of mitigating the situation (Katz, Lawyer, Sweedler, 2011). Moreover, it is an attempt to negotiate real or imagined differences that may arise until a solution is accepted between the parties (Opute, 2014). Conflict Management Styles (CMS) were developed by two psychologists Kenneth Thomas and Ralph Kilmann in the 1970s to demonstrate the different approaches an individual has in dealing with conflicts: avoiding, compromising, accommodating, collaborating, and competing (Astrid Baumgardner, 2012).

The CMS model is one of the most popular models used today to study the behavior of people experiencing conflicting circumstances (Altmae, Turk, & Toomet, 2013). As reported by Borisoff and Victor (1998), one of the most influential contributions to the field of conflict management in research, is the level of influence conflict has in the daily lives of citizens and how it should be viewed as the benchmark for enhancing our communication tactics. Thus, to understand conflict one must be able to understand the foundations of communication and the impact it could have on managing the potential problem(s).

For conflict management strategies to be effective, the processes need to be designed and executed in a way that would improve the overall critical and innovative thinking of individuals to allow for proper intervention to occur when problems have surfaced (Rahim, 2011). Conflict management styles (CMS) are a specific behavioral pattern a person may employ when they conflict with others (Shih & Susanto, 2010). Rahim (2011) notes that it is important to match the proper conflict management style with situations in which they would be appropriate, to be fully effective and beneficial to the parties involved.

A typical day of a healthcare professional usually consists of a multitude of duties – being able to coordinate resources, gather data, perform procedures, respond to emergencies, solve problems, and interact with numerous people/patients throughout the day (Gerardi, 2003). The complexity of the job allows for healthcare professionals to deal with difficult situations daily. Without the proper training in the competency, assumptions about physicians will continue to circulate when they are unable to negotiate or manage through these difficult situations.

Effective Communication. Effective communication is essential in any setting. A major part of effective communication is being able to truly listen to and understand what the other party is expressing. With their hectic schedules, leaders within hospital settings often find it difficult to listen when many distractions and interruptions relating to patient-care encompass their day-to-day. Gerardi (2003) believes that the listening that is done within the hospital setting is usually restricted to whatever information is needed to allow the physician or nurse lead to get through their day when they have lots of patients under their care. Creating avenues to help improve listening and communication skills is an essential skill or resource that can mitigate some of the conflicts that arise. Moreover, Salas et al., (2009) highlighted in their study that ineffective communication was one of the leading causes of medical error and patient harm in cases reported at a Veterans Affairs Center for Patient Safety.

Four-Frame Model Applied to Training

The Four-Frame (FF) model could be implemented to assist in influencing the way manager's think about the value in training and evaluating behavior within the organization. Bolman and Deal developed this model in 1984 to help organizations understand and study leadership using the four frames or lens, allowing leaders to view situations, identify any problems that may arise, analyze the causes to the problem, place meaning to experiences that arise out of the problem and find solutions (McGowan, Walsh, & Stokes, 2017). The FF model provides a framework in which management can approach training and leadership roles within the organization from differing perspectives or lenses – structural, human resources, political, and a symbolic function (Marx & Hamilton, 1991). Each frame seeks to capture an important aspect of organizational life.

In some instances, management approaches problems and evaluates the impact of success on training using the structural lens or frame, without considering the possibility that other approaches can help create effective leaders. To get a complete or perfect organizational structure, consideration must be made to incorporate all four frames into the organization. McGowan et al., (2017) highlights in their article, Bolman and Deal's contention that a leader who can act and make clear judgements is able to use or apply more than one frame or lens.

The Structural frame. The structural frame, as it relates to training, considers the organizational roles and goals that emphasizes skill building (Marx & Hamilton, 1991). This first frame looks at training as a strategic learning experience created to bring about some long-lasting changes in an employee's behavior or skill set. Management would use this frame if they are trying to justify the need for training and implement the best learning for their employees and generate positive retention outcomes (Marx & Hamilton, 1991).

The Human Resource frame. The human resource frame looks at the interpersonal relationships between employees and to establish a way in which their needs and skills are matched to that of the organization (Marx & Hamilton, 1991). To implement from a training concept, this function focuses on team-building within the organization. Additionally, leadership training under this frame is considered a vehicle for creating avenues for networking amongst employees to aid in building and improving communication skills (Marx & Hamilton, 1991). Under this function, organizations demonstrate care and provide opportunities for their employees to grow.

The Political frame. When we look at the political frame, management usually view power and conflict as the main issues prevalent in most organizations (Marx & Hamilton, 1991). When applied to training, the political frame seeks to work on enhancing political coalitions, goal formations and creating powerful relationships (Marx & Hamilton, 1991). Management can utilize this frame to foster or facilitate career mobility, management selection and policy-making within the organization; selecting employees who will do well in leadership roles by sending them to the necessary trainings (Marx & Hamilton, 1991). That is, identifying winners and losers within the organization that would either provide value or devalue the overall organization.

The Symbolic frame. With the symbolic frame, a manager must be able to use symbols or images or means for bringing some cohesiveness into the organization when problems arise (Marx & Hamilton, 1991). Applied to trainings, this function is used to highlight the culture – a shared value system - of the organization and how it works. Training sessions use symbols and activities to help convey the value of the organization to trainees. Marx and Hamilton (1991) suggest that this function uses training as a rite of passage for employees to immerse into the culture of the organization. Ideally, employees align meaning to the activities or events held by management, and organization highlight how they care about employees by giving opportunities to improve the workforce.

Knowing and understanding these differing lenses in which an organization can function, can assist managers when planning, implementing, and evaluating training programs/initiatives to fit the needs of their organization. Some implications for using a Four-Frame model in training include: justification for training can be looked at through

more comprehensive organizational benefits rather than looking only at how employees' skills can be enhanced; team-building goals can represent obvious training objectives which can offer more value to those focusing on ROI of training programs (Marx & Hamilton, 1991). This framework can help assist organizations in assessing the "real reasons" organizations may embark on training employees (Marx & Hamilton, 1991, p. 49) instead of focusing on utilizing only the structural lens.

The research questions will be used to determine whether any of these components of leadership training were influential to, or motivated the training and development department and trainees to changes in behavior, action or ways of thinking within the organization post-training.

Evaluation of Training Programs

The use of evaluations is valuable to any training program because it provides a way for an organization to determine the usefulness and quality of trainings being implemented to personnel. Evaluations provide information that can be used to determine areas that need improvement and things that were useful to the overall process. Additionally, although training evaluations are an asset to the development of personnel within organizations, they can be complex due to the structure and number of factors involved when creating and implementing to trainees (Eseryel, 2002). Evaluations of training must therefore be consistent with the overall objectives, purpose and goals of the process (Sharma, 2016) which are set forth by organizations and trainers. McCain's evaluation basics guideline view evaluations as a process which occurs from inception of the training design being administered until the trainees have returned to their daily functions (2016). That is, evaluations are useful to determine and assess the level of

organizational impact trainees exhibit once they have returned to their jobs, provided feedback to those administering trainings, and disclosed return on investment (ROI) information for organizations to determine the benefits, to name a few. However, many training initiatives are usually not evaluated in a systematic way, and few researchers have ventured down the path of measuring the level of impact in training and development programs (DeWine, 2001) on personnel.

There are many benefits to having evaluations. McCain (2016) mentions that they can help secure support and build relationships between trainers and organization heads in highlighting the ROI that training can bring to organizations; showcase the results of trainings as it aligns with the organization's needs; allow trainers to bring focus to their training programs; identify gaps in performance and needs of employees; and assist in determining if administering training will help bridge performance gaps in the organization. However, given the many benefits of utilizing evaluations, many organizations or training programs do not capitalize on the tool or measurement and its potential. Most evaluations that are done on trainings are usually done based on the organizations judgement of the process leaving little understanding about the full potential and benefits of training programs (DeWine, 2001).

Conversely, there are many reasons why some organizations or training and development professionals fail to use evaluations. Some of which include, but are not limited to: lacking the right skillset to create the right evaluation that would measure impact; limited time to create and design the tools; criticizing the overall objective of the training; believing that training cannot be measured and is considered to be an investment by most talent professionals; the potential costs associated with creating evaluations; and

having too many variables may affect performance that is related to the impact training can have on participants (DeWine, 2001; McCain, 2016). Organizations and training professionals should push beyond the reasons of avoiding evaluations and consider the potential long-term benefits/costs in which conducting evaluations could have on the overall performance of the company and its employees – turnovers, workplace conflicts, and ineffective leadership skills.

McCain's evaluation guide offers some reasons that evaluations fail or are deemed poor when measuring impact and effectiveness. Thus, it is beneficial to consider these reasons as a basis for guiding this aspect of the research as the factors may affect the impact sought after in evaluations, which training professionals and organizations should contemplate. They include some of the following; problems which exist when employees are being introduced continuously to similar materials in trainings which could create a saturation point for learning, the reinforcements to attend trainings could affect their judgement of the information being shared, the timeframe to administer and introduce training materials may be too short which can overwhelm the participants, and no indication that reinforcement training on materials covered would be implemented or revisited post-training (Eseryel, 2002; McCain, 2016).

Evaluations serve different roles for all stakeholders involved in the training process. Human resource departments use evaluations to help identify and design learning experiences for personnel that experience training programs. Trainers and/or consultants use evaluations to track and identify areas of improvement for the process and themselves, as well as material that was rated most or least effective by participants during the process. Trainees use evaluations as a means of providing feedback to

management and trainers about the training process and identify areas for future training opportunities that would be beneficial to their personal development.

Models of Training Evaluations

There are various methods for evaluating learning processes which this section of the literature review will introduce and discuss. Reviewing the foundation and basis of training evaluation models will assist the researcher in understanding the efforts put forth by organizations training and development departments, as well as present differing views on how training programs can be evaluated and the benefits they possess to all stakeholders. According to DeWine (2001), organizations use various techniques for assessing the process: cost-analysis, evaluation forms, professional opinion, instructor evaluations, productivity reports, attitude surveys and post-training surveys.

The Kirkpatrick Model of Training Evaluation. As part of Donald Kirkpatrick's dissertation in 1954, and further developed in 1959, the Kirkpatrick Model of Evaluation is one of the most renowned models to assess the impact of training, especially within the United States. The model identifies four major levels; how trainees react to the training process, new knowledge or skill trainees may have acquired, any changes in their behavior on the job, and overall changes to the organization post-trainings (DeWine, 2001; Sharma, 2016).

Level one is used to determine the trainees' reactions to the training programs which usually occurs right after the session has ended and covers aspects related to the material covered, instructor strengths and weaknesses, and reactions towards the overall training, to name a few (Sharma, 2016). It captures how the trainee felt about the training. Level two seeks to determine the gap between prior and post training knowledge

and skills the trainee may have acquired or developed (Sharma, 2016). In other words, did the trainee gain any additional information to help them in their day-to-day? Level three considers any behavioral changes that may have occurred post-training which can happen immediately or months after (Sharma, 2016), depending on the material that was introduced during the process. Leadership development assesses whether the trainee is applying any of the concepts they learned on the job. Lastly, level four of the Kirkpatrick model addresses the return on investment (ROI) or organizational impact (Sharma, 2016) and is often thought of as the most time consuming of all four levels. This level considers whether the trainee used the information shared during the training in a way that impacted their overall job performance, which is usually highlighted in their performance reviews or job satisfaction surveys. Sharma (2016) points out in her analysis of the evaluation models that Kirkpatrick considers level four as the most valuable because of the overall information it provides to organizations about the benefits and effectiveness of training programs.

According to Bassi, (as cited by Sharma, 2016), approximately 96% of organizations have mentioned using this model to evaluate their training programs. Moreover, in a study conducted by Twitchell, Holton and Trott (2000), over the last 40 years, the following data in *Figure 1* was collected, displaying the ranges for use of Kirkpatrick's four levels of the evaluation model within organizations and the areas that emphasis was placed on regarding evaluations.

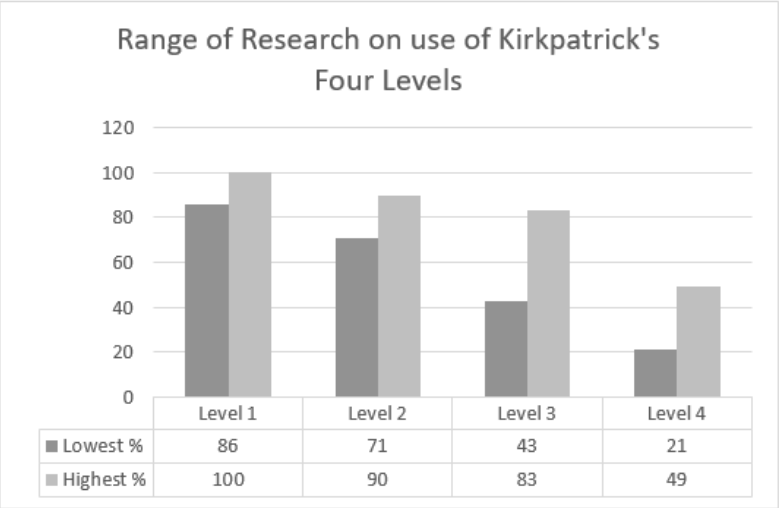

Figure 1. Analysis of research on the four levels

The data provided in Figure 1, illustrates that most organizations since the introduction of Kirkpatrick's model, have looked at the reaction and learning of trainees, with some focus being placed on behavior changes post-training. With the introduction of his model, Kirkpatrick created an avenue for organizations to consider their training and development programs, and its strength lies in how organizations can determine behavioral outcomes of trainees (Sharma, 2016). The four levels, illustrated in Figure 2, provide an overall framework to organizations and consultants in which they could determine the effectiveness of training programs that are geared towards developing and improving the skill set of employees and return on investment the organization strives to attain.

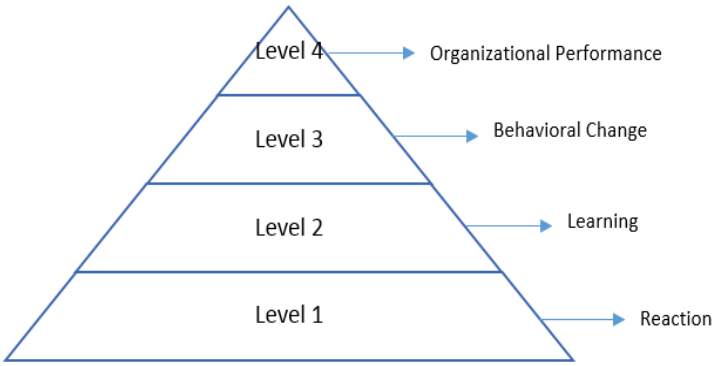

Figure 2. Kirkpatrick Model of Training Evaluation

In using the Kirkpatrick model for evaluation training, DeWine (2001) and Eseryel (2002) both indicate that many organizations and researchers fail to capture the true value of assessing training in organizations because the focus remains on trainees' reaction to the process – level one of the Kirkpatrick model. DeWine (2001) emphasizes this will paint a limited picture as the trainees' views may be influenced by others or are not accurate indicators on how they view the process at the time.

Critics of the Kirkpatrick model specify the level of importance that is placed on organizational results rather than the actual reactions of the participants who have undergone the training process (Sharma, 2016). Additionally, critics point out the assumption that one level in the model is dependent on the levels that occur before and after suggesting some form of causal relationship between the levels (Sharma, 2016). One prominent critic of the model suggests that even though researchers, trainers and organizations will be able to compare pre- and post-training results of trainees, limited information is derived on how to improve or adjust the gap in learning or change (Sharma, 2016). Evaluation studies done in the past have emphasized differing levels of effect for different levels when two or more of the levels of the model are examined (Sharma, 2016). Moreover, the model is often cited as being too simple to contemplate

on the variations that could occur during the transfer of learning to trainees (Sharma, 2016).

Adaptations to the Kirkpatrick Model. DeWine (2001) highlights that various adaptations have been made to the Kirkpatrick model over time, adding another level. The *Ultimate value level* – was created by Tony Hamblin in 1968 to assist organizations in identifying the reasoning behind positive outcomes occurring at one level of a training program and not another (DeWine, 2001). Hamblin's model is known as one of the first to modify Kirkpatrick's model, suggesting a hierarchical layout to assist in understanding training outcomes (Clement, 1982), as well as help supplement other evaluation tools and determine the financial effects the overall process will have on the organization and economy (Sharma, 2016). Hamblin's model seems to suggest that a causal effect is occurring between the levels in what can be considered a chain connection. Sharma (2016) mentions the purpose for Hamblin's model is to create an avenue in which organizations and trainers would be able to determine the route in which to undertake a training program.

Hamblin's first four levels of the evaluation model replicate Kirkpatrick's in that they look at: the reaction/attitude of trainees towards the training process; whether trainees can demonstrate they learned the intended skills from the training process; the desired skill/knowledge has allowed for changes in work behavior, that is, transfer of training; and the fourth level looks at the potential benefits of the organization because of the changes in trainees' behavior. The fifth level looks at the overall value of the training to the organization and increased financial benefits, which Sharma (2016) has highlighted in her article.

Another evaluation of training method was developed by Jack J. Phillips in the early 1980s placing emphasis on the return on investment (ROI) of training programs, which Phillips argues has been a crucial issue facing many training and development personnel putting together training programs (Sloman, 1999). That is, Phillips' model expanded Kirkpatrick's four levels to include the ROI measure on training. Phillips' model on evaluation broadened on Kirkpatrick's level 3 and 4. The levels of Phillips' model include: Reaction, Satisfaction and Planned Action; Learning; Behavior, Application and Implementation; Business Impact; and Return on Investment (Bailey, n.d.). DeWine (2001) mentions that one way to prove effective results or return on investment (ROI) on training programs is to develop and implement evaluations at the beginning of the process.

According to Brewer (2007), in the healthcare industry training programs are usually at Level 1 with little emphasis on level 5. This is highlighted in the data found in Figure 1 (page 24 of the manuscript) displaying the ranges for use of Kirkpatrick's four levels of the evaluation model.

Kaufman and Keller's model also expanded on Kirkpatrick's four-level model to include a fifth level which addresses the societal issues that the training program may impact beyond the organization (Brewer, 2007). The fifth level introduced by Kaufman and Keller looks not only at benefits to the organization which Kirkpatrick's fourth level focuses on, but also, the benefits to both the business and society/clients. Organizations using the fifth level should consider the consequences and payoffs their actions would have on society post-training. Because organizations are usually a part of a larger system/environment, having an evaluation on how employees react and treat clients is, as

Kaufman and Keller point out with the introduction of this fifth level, vital to the relationship building and success of the organization in the long-run.

Robert Brinkerhoff introduced another evaluation model for the training and development industry in 2003 to identify stories of trainees that have been most impactful or unsuccessful to aid organizations in identifying avenues in which they could improve in the long-run (Brinkerhoff, 2003). Known as the *Success Case Method*, the model comprises of two stages: gathering data that would identify success and failure using surveys, and interviewing trainees to determine the most and least effective stories which would provide organizations with areas/lessons that would assist the organization progress (Brinkerhoff, 2003).

Exploring the varying types of evaluation models provides organizations and trainers differing tools and mechanisms that could be implemented into their training processes that could be beneficial to the overall progress of the organization. Kaufman, Keller and Watkins (1996) suggest that often there is a fear among management that performance data generated post-training will not be used as mechanisms to fix problems or enhance learning, but create avenues for blaming others if negative outcomes arise when little to no transfer of training occurs.

Behavioral Change Models

In addition to exploring evaluation models, it is essential to highlight varying types of behavioral models related to training and development to understand how skills are transferred back into the workforce. When organizations invest in training, they expect that a transfer of training will occur which could potentially lead to increase in performance and overall success for the organization (Saks & Belcourt, 2006). Saks and

Belcourt (2006) define transfer of training as an influential instance where training would inspire behavior changes derived from the skills learned by employees post-training. The researcher will be discussing two of the various types of behavioral models that relate to training and development processes: The Behavior Modeling Training (BMT) model (Robertson, 1990) and the Behavior Engineering Model (BEM) (Gilbert, 2007).

Behavior Modeling Training (BMT). Discussed in the 1970s by Goldstein and Sorcher as a technique that can be applied to supervisory training, Behavior Modeling Training is a system to assist in preserving individual self-esteem and change how people behave in situations (Robertson, 1990). The model has a strong conceptual base in social learning theory, and has progressed over the years to be one of the most used and researched models for understanding training interventions (Taylor, Russ-Eft, & Chan, 2005). A clear goal of the BMT model is, to over time maintain training effects on the behavior of employees (Taylor et al., 2005). The model has five areas of emphasis that could be beneficial to an organization: presenting the behaviors and skills that trainees need to learn; providing a projected view of the benefits of using the new skills to the trainees; creating opportunities for trainees to practice the new skills learned; providing avenues for trainees to get feedback and reinforcement post-training; and having procedures in place to ensure the behaviors learned are transferred into the job (Taylor et al., 2005). This model is used to create desired skills for trainees with hopes of creating greater learning opportunities in the long-run.

Past studies that reviewed BMT training processes indicated positive results regarding behavior changes and improvements in supervisory skills (Taylor et al., 2005). However, Taylor et al., (2005) also mention that recent studies using BMT have failed to

show significant changes in participants' job performance even though learning occurred in the process. The researchers have cited the difference in behavioral changes between these studies occurred because of the type of skills being taught to trainees; a shift from interpersonal skills to technical skills (Taylor et al., 2005). Another issue the model addresses is the amount of time put into training and practicing of new skills learned which affects behavior changes.

Behavior Engineering Model. Created by Thomas F. Gilbert in 1978 (Marker, 2007), Behavior Engineering Model (BEM) was derived from B. F. Skinner's work on "behavior-environment interactions" (Binder, 1998, p. 48). As a student of Skinner, Gilbert has acknowledged Skinner's input towards the concept of behavior and what controls it, distinguishing his model to include environmental and individual factors (Binder, 1998). BEM is often considered to be a useful tool to aid in gathering information on the behavior of employees (Marker, 2007). The model seeks to separate how people perform into two categories; the work environment and personal attributes of the person. Gilbert's model states that these two categories are often influenced by information received, instruments used, and motivation to encourage change. The perceived goal of BEM is to improve the way in which groups and individuals perform in organizations. Gilbert's model highlights that training is one of the components needed to intervene or improve employee and organization performance. Table 1 offers a visual depiction of Gilbert's Behavioral Engineering model.

Table 1

Gilbert's BEM model

	Gilbert's Behavior Engineering Model		
	Information	**Instrumentation**	**Motivation**
Environment	- Data - Feedback	- Support - Tools - Resources	- Consequences - Rewards - Incentives
Person	- Knowledge - Skills	- Capacity	- Motives/desires

Note. (Marker, 2007)

One criticism of the model, as cited by Marker (2007), is the unclear connections or correlations of the environmental factors that would signify the potential barriers to change in the organization. Marker suggests that organizations tend to focus on improving employee performance through training, but fail to identify or highlight features of the work environment that may hinder the development of the employee (2007). Failing to take these aspects into consideration forces many organization training and development teams to utilize other models to determine effect on the employees, which may be time consuming.

Theoretical Frameworks

Social Cognitive Theory. Social cognitive theory looks at the relationship between personal, environmental and behavioral factors of human functionality. Identified initially as social learning theory, this framework focused on how human learning stems from interacting and observing others (Ormrod, 2012). In 1986, the concept was further developed by Albert Bandura to advance the notion of human functioning and social learning where he posited that humans function through an interplay between personal, environmental and behavioral influences (Pajares, 2002), as

illustrated in Figure 3. This multidimensional model addresses how people's proficiencies are often developed and regulated (Bandura, 1999). That is, the way people interpret the effects of their own behavior would inform or alter their environment and personal attributes which would then inform and alter their ensuing behavior (Pajares, 2002).

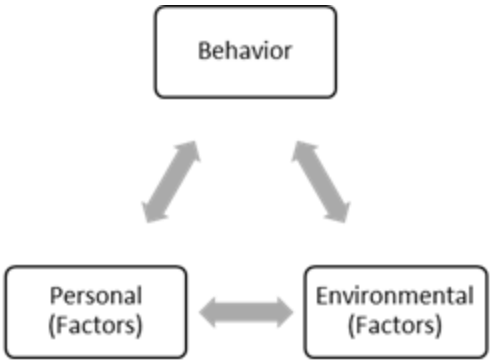

Figure 3. Social Cognitive Theory Model

According to Ponton and Rhea (2006), the human functioning aspect of Bandura's Social Cognitive Theory, recognizes five main circumstances that relates to how a person performs through: forethought, symbolization, self-regulation, self-reflection, and vicarious learning. Through symbolization, the individual creates mental models of information or experiences that are usually stored in their long-term memory; with forethought, the individual uses the mental models they established through symbolization to create future scenarios they are most likely to pursue (Ponton & Rhea, 2006). Learning from others through observations represents the vicarious concept of human functionality. The fourth condition, self-regulating, allows the person to manage and select the activities to achieve their daily goals; and self-reflection creates avenues for the individual to consider how consequences from past experiences could shape their beliefs, intentions, behavior patterns and attitudes (Ponton & Rhea, 2006).

Understanding these characteristics of human functionality will allow greater understanding of the benefits of the social cognitive theory and the way people act or behave.

Some of the general principles that guide the theory include: the way cognition plays a major role in the way people learn; how people tend to learn from observing others, however, this does not go without some level of consequences as it relates to the behavioral patterns that people tend to develop or emulate; how learning can occur without any effect on behavior, as persons can learn through observing but their actions will not showcase what they learned; and, people can have great control over their environment and the way they behave (Ormrod, 2012).

The three layers of the model contribute to the learning experience of individuals and how they behave. Rooted in the concept of human agency, social cognitive theory also suggests that people are often proactively engaged in their own development from which they can make things happen by the actions they take (Pajares, 2002), as well as allows them to have some level of control on the way they behave. Therefore, what a person thinks, feels and believe, often affects their overall behavior. Social systems and the environment also tend to influence the way people behave through the individual's self-efficacy principles, values, emotional states, and aspirations (Pajares, 2002). Cochran, Charlton, Reed, Thurber and Fisher (2018) highlight in their article that self-efficacy is an important aspect of this theory because the learning and behavior component allows a person to apply new skills. Moreover, people often learn not only from their own life experiences, but by seeing the behavioral patterns of others with whom they interact. This model could be used to help or address the way adults learn

based on their environment, the overall benefits of training and development programs on a person's application in the workforce in the long-run post training, and the benefits or hindrance of evaluation methods as a true measure of how people will react and behave.

As mentioned by Kroes (1985), behavioral sciences show us that our actions are often shaped by certain elements in our environment, which training helps to create and provide. Thus, Social Cognitive Theory will also be used to guide this research as it considers how an individual's behavior, environment and personal attributes are all connected through interaction and observing others.

Human Needs Theory. It is often said that individuals have basic human needs and if they are not fulfilled, it would cause them to find means of achieving their need(s). The first to originate the Basic Human Needs (BHN) theory in a paper in 1943, was Abraham Maslow, who argued that the needs of humans tend to be ordered in a hierarchical setting (physiological, safety, love/belonging, esteem, and self-actualization), and a person can only move up the hierarchy when they have satisfied their particular need (Ka-K, 2007) which describes a developmental order (Avruch & Mitchell, 2013).

There are many variants of the BHN theory that have critiqued Maslow's approach. One such theorist, John Burton, applied the theory to political and social conflicts, where he postulated that people's needs should not be in a hierarchy as a person can combat two needs at the same time or the need can be in no certain order. According to Burton, there are certain needs to understanding social conflicts: security, recognition, and personal development (Ka-K, 2007). Human behavior is usually dependent on the values an individual possesses, which is universal in the eyes of Burton. There are eight (8) needs which Burton adopted from a sociologist, Paul Sites, which people try to fulfill

when values are in play: stimulation, consistency in response, security, distributive justice, recognition, rationality, meaning, and control (Sandole, 2001).

Marshall Rosenberg, another theorist to deviate from Maslow, states that the basis behind the human needs concept is the commonality throughout the world. His research identified seven (7) components that makes up an individual's need: love/integrity, physical nurturance, interdependence, autonomy, play, spiritual communion, celebration and mourning (Ka-K, 2007) which recognizes the things that causes humans to act and exist. Rosenberg proposes that people often turn to violence when their needs are not being met and thus need validation from others for understanding and respect (Ka-K, 2007).

Like Burton, Manfred Max-Neef, an economist, proposed nine (9) human needs that individuals strive for to achieve human development and peaceful societies; he saw that needs should not be classified in a hierarchical state but traded off in the process of their satisfaction (Avruch & Mitchell, 2013). Max-Neef termed them "Human Scale Development" - subsistence, understanding, identity, protection, affection, leisure, freedom, creation, and participation (Ka-K, 2007). Along with Burton and Rosenberg, Max-Neef suggests that all needs complement each other and are vital to human life (Ka-K, 2007). This approach tends to unify individuals from differing cultures and regions as it proposes that human needs are constant.

When applied to the area of training and development, if the needs of trainees within an organization are not met, in terms of expected outcome of training concepts, the trainee will not experience the full benefits of the training. According to Westover (2008), a training program will be truly effective when the organization does an honest

assessment of the needs of both the organization and individual employees. Doing this will direct the leadership development team to decipher which areas are in greatest demand by their leaders, thus, matching their overall needs to support their growth within the organization; thereby avoiding redundancy of certain skills or applications.

Systems Theory. The systems view attempts to look at the world through relationships and integration of differing parts. Systems cover a wide range of phenomena – philosophical, number, communication, and educational (Ackoff, 1980). A system is several interdependent parts that come together as a whole, and if one part of the system were to move, this would affect the overall flow of the system. According to Meadows (2008), most of the interconnections that occur in systems arise through the flow of information which often determines how the systems operate. Karl Ludwig von Bertalanffy's general systems theory, which arose in 1937 (Baden, 2013), is often considered the foundation of systems theory as he sought to bring together multiple disciplines and concepts to which systems can be identified.

Applied to Organizations. Systems theory helps managers consider the broader picture or understand different perspectives of departments. It can be used to focus on any discrepancies between objectives that are set for one component and what is required for the system to function or progress (Boguslaw, 2001). Discrepancies can exist when the goals of differing departments within an organization differ from that of management, especially when looking at the expected outcomes for training programs that have been implemented by the organization.

Ackoff (1980) suggests that organizations are self-controlled systems that comprises of four principal characteristics: people make up some of its components;

responsibility for choices is divided either among two or more individuals or groups based on geography (areas of responsibility) or time; distinct subgroups are cognizant of other people's behavior through communication and/or observation; and the system has freedom of choice between courses of action and desired outcomes. In other words, the four characteristics can be classified as: content, structure, communication and decsion-making processes (Ackoff, 1980). Understanding systems theory can help organizations understand how relationships between the differing layers work together to ensure a productive process.

Using systems theory in organization and management, one must be careful to distinguish how the theory will be applied or distinctions that would be made when referring to social organizations (Kast & Rosenzweig, 1981). This research uses systems theory as a basis of reference to highlight the way in which training may have impending impact on the behavior of groups or individuals, and how those impacts can affect the overall facility. A systems perspective helps draw attention to the potential ripple effects that can occur when pieces do not fall into place.

Chapter 3: Research Method

Introduction

To collect information that would assist the researcher in exploring the participant's experiences, a triangulation mixed methods research methodology was chosen as the desired form for this research. According to Creswell, mixed methods is a design which combines both quantitative and qualitative research methodologies as a means of gathering and collecting data (2014). It can be used by a researcher to provide stronger inferences from the study than single method studies; they often reflect differing viewpoints from participants (Teddlie & Tashakkori, 2003). The researcher hoped that applying a mixed methods approach on the premise that collecting differing types of data would help strengthen the findings of the results she sought to answer with her research questions. To achieve this, the researcher used surveys for the quantitative portion of the study and semi-structured interviews for the qualitative portion. It should be noted that interpretative phenomenology analysis (IPA) and descriptive statistics were used for the analysis portion of one sample in the study – the trainees, who are the leaders that participated in the leadership training within Hospital "X". This was done to get a deeper understanding of the perceived benefits and impact the training had on the trainees which could assist leadership development in the planning and execution of future trainings, through a multi-frame and conflict practitioner lens. For the Program Development team, the IPA analysis approach was used.

Overview of Mixed-Methods Research

Originating in the late 80s and early 90s, mixed-method research can be considered a newer research approach, especially in the field of human and social

sciences (Creswell, 2014), and is usually identified by differing names: quantitative and qualitative methods, multimethod, integrating, mixed methodology and synthesis (Creswell, 2014). Creswell defines mixed-methods research as a form of inquiry used by a researcher to collect qualitative and quantitative data by integrating the two forms of data collected to provide a comprehensive understanding of what the researcher is seeking to answer, as opposed to applying a single data approach (2014). The design of mixed-methods can either be done concurrently – both quantitative and qualitative at the same time, or sequentially – quantitative or qualitative done one after the other. Due to the time-frame to complete the study and provisional access granted into Hospital "X", the concurrent approach was used when collecting data from both samples.

There are varying types of mixed-methods designs that a researcher can explore before deciding on the best fit for their study: convergent parallel – placing emphasis on both quantitative and qualitative at the same time, to compare and contrast the data with hopes of offering an interpretation in the analysis phase; explanatory sequential – where quantitative data dominates the research and is followed by qualitative approach in which the data is interpreted at the end; exploratory sequential – using qualitative research to build up to the quantitative aspect of the research before providing interpretation of the findings; embedded – where one method is embedded into the other before interpretation; and multiphase – where the researcher conducts mixed-method types into a longitudinal study to find a commonality among the different methods used (Creswell, 2014).

Research Design

Interpretative Phenomenology Analysis – Qualitative Model. As the most recent type of phenomenology, Interpretative Phenomenological Analysis (IPA) was

developed by Edmund Husserl to focus on the experiences of individuals by looking at impact and how it changes or affects their lives; examining how people make sense of their experiences by allowing them to reflect on the impact (Smith, Flower, & Larkin, 2009). IPA would allow the researcher to provide an interpretation of the experience which may or may not have been identified by the participant of the study (Cooper, 2014). The interpretation of data is known as hermeneutics. Smith et al., (2009) suggests that for IPA studies, the sample size should be small as the aim is to potentially reveal something that each participant experiences allowing the researcher to identify similarities and differences between the interviewees. Although large sample sizes are not common for IPA, they can be used, but the researcher should take into consideration reaching saturation point with respect to the information gathered.

Triangulation Convergence – Mixed Method Model. Often referred to as the most common approach in mixed methods, triangulation is useful when a researcher wants to generate different, yet complementary information that is centered on the same phenomenon (Creswell & Clark, 2007). There are five triangulation models which Creswell and Clark identify for research purposes: the basic or general model, the convergence model, the data transformation model, the validating quantitative data model and the multilevel model (2007).

The *triangulation convergence model*, depicted in Figure 6, allows the researcher to collect and analyze both quantitative and qualitative data at the same time while focusing on the same phenomenon (Creswell & Clark, 2007), thus, priority is given to both the quantitative and qualitative aspects of the research. In other words, QUAL + QUAN methodologies was done concurrently by the researcher to generate results for the

study. The triangulation convergence model was used to analyze the data collected from the trainee sample of the study. Once the data had been analyzed separately, the researcher attempted in phase four (4) to compare the results generated, which was interpreted in phase five (5) of the design model.

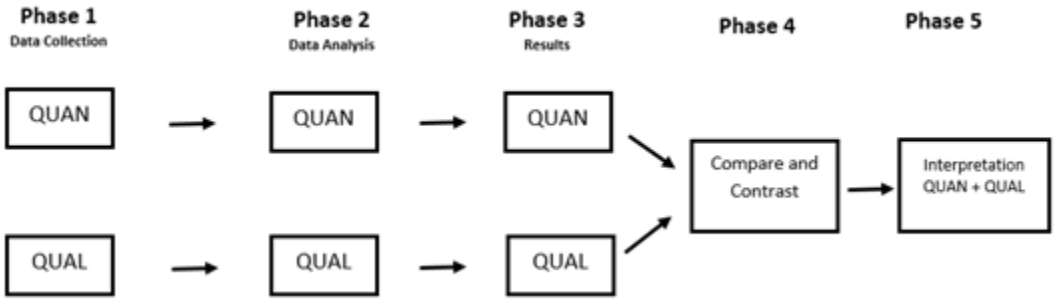

Figure 4. Triangulation Convergence Mixed Method Research Design for the Trainee Participants (Sample 2)

During phase four of the model, there are multiple ways in which the researcher can merge the data: by applying a side-by-side comparison by reporting in a discussion one methods finding first, then "confirming or disconfirming" their findings with the other method; by changing codes/themes identified in the qualitative findings into quantifiable variables to combine with the other quantitative data findings – known as data transformation; and, by merging the data into a graph or table to depict a single visual of findings – known as joint display (Creswell, 2014). For this research, the researcher applied the side-by-side comparison in phase four of the study to confirm findings of both data. Creswell (2014) suggests that for single researchers, it is best to use a sequential approach as it would be more manageable for the researcher, however, the concurrent strategy suits the overall goals of this study.

Research Question

The main research questions that guided the study were:

1. What potential benefits do leadership development staff who select, design, and evaluate training, articulate; and do they capture a multi-frame perspective?
2. How do the goals of the program development managers align with the assessment of evaluation instruments, and do the assessment reflect a multi-frame perspective?
3. How does the perception of training benefits align with leadership development goals and multi-frame perspective?
4. What effect does training in competencies such as, problem solving, conflict management, and effective communication have on leaders in healthcare?

Two sub-questions were used to help enhance the main research questions:

1. What aspects of Leadership training were most influential in meeting the desired goals for the healthcare professionals?
2. What feature(s), if any, should leadership development consider in future design, delivery and assessment of training and development programs to better determine their success and organizational impact?

Population for Study

As a nationally and globally renowned non-profit health care facility with stakeholders in more than 130 countries, the organization seeks to provide their customers with the best care, investigate any problems that may arise, and continue to enhance/professionally develop their workforce. They strive to be the world leader in health care, patient experience, education and research. The health facility is known as

one of the most respected in the US. As of 2015, there were; 3,432 physicians and scientists; 14, 107 nurses and 49, 166 employees nationally at this not-for-profit facility.

For this study, the researcher used one of the facility's branches located in South Florida as the means for recruiting participants with the assistance of a gatekeeper. The leadership program modules are one of the main leadership training programs used by Hospital "X" and comprises of four major leadership components: knowledge, experience, competencies, and personal attributes in which they use to focus their training efforts. Knowledge examines the material needed to successfully perform on the job. Experience looks at the educational and work-related achievements that are used on the job. Competencies focus on the behaviors of the participants on the job. Finally, personal attributes looks at the motivations that relate to how job satisfaction or success is attained.

Sample Selection. The potential participants for this study were recruited from one of the locations in South Florida who went through a leadership training and development training program within the last two to three years. The researcher worked with a representative from the program development department of the organization – a gatekeeper - who provided a list of potential participants for the study. This process of sample selection is known as purposive sampling as the researcher is selecting participants from a specific pool that fits their criteria (Cooper & Rice, 2014; Smith et al., 2009).

The organizational chart (Figure 5), illustrates the sample for trainees that fit the selection criteria for the study; the purple levels in the diagram signify the positions that were nominated to partake in the training programs.

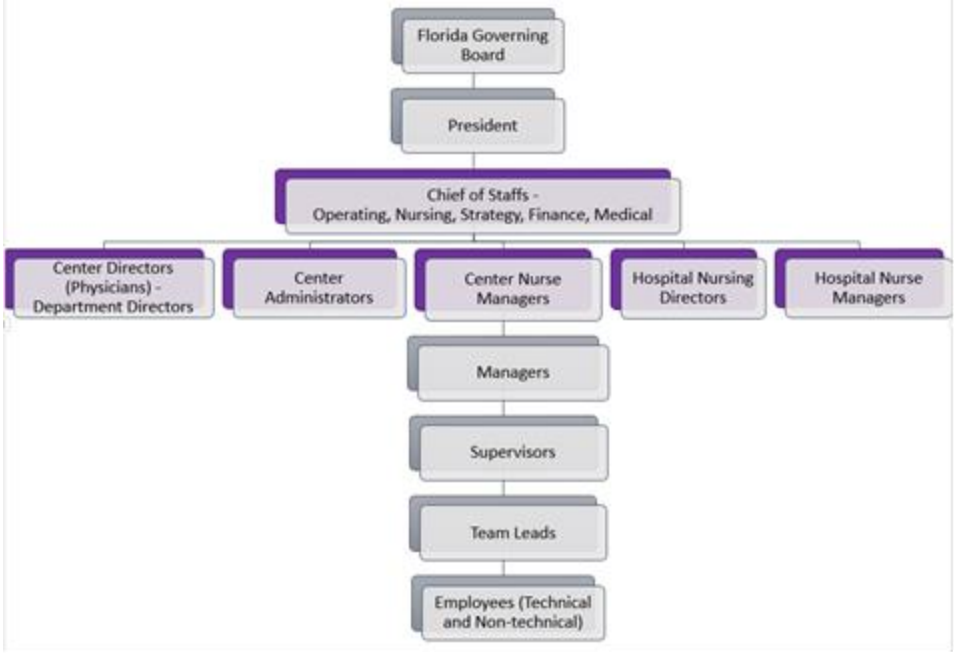

Figure 5. Organizational Chart of Hospital "X"

The leaders represent an integral part of the organization as they embody the head of their respective departments whose goal is to ensure that effective patient care is achieved, which is the mission of Hospital "X".

With the convergent mixed-method approach, unequal sample sizes may be evident given the use of qualitative and quantitative data. One way to circumvent this threat to validating the findings of the study, the researcher used similar concepts and variables between the two methods. For this study, the researcher conducted semi-structured one-on-one interviews with 11 willing participants, had a focus group with four willing participants, and issued a small survey to the trainees who were nominated for the training over the last two to three years. Additionally, to capture the perspective or goals of Leadership Development within the organization, the researcher sought to interview two willing program development managers within the organization. The researcher reached out to the potential participants via the gatekeeper and provided a brief synopsis of the study in person. This allowed the researcher to explain to the

participants why they were being contacted and reiterated that the study was voluntary and all information collected would be held confidential.

Participants met some basic conditions to be included in the study:

A. For Program Development Managers (Sample 1):

- Expressed willingness to participate in the study.
- Worked in the Leadership Development department at the organization for at least the last two to three years as a trainer/program manager
- Must read/speak in English

B. For Trainees (Sample 2):

- Expressed willingness to participate in the study.
- Participants of past "Leadership" training programs within the last three years and who are currently working at Hospital "X"
- Must read/speak in English

For the quantitative portion of the study, Hospital "X" currently has approximately 2600 employees, out of which 76 categorized as Leaders. Within the last three years there has been 45 leaders that participated in the leadership trainings. The CheckMarket sample size tool was used to determine how many was needed as the potential sample size for the study. Given a margin of error of 2% at a 95% confidence level, the tool suggested 38 leaders would be a significant number to complete the surveys. The tool suggested that the estimated response rate for a sample of 38 should be about 80% of the 45 leaders that took the trainings within the last three years. CheckMarket is a company that specializes in enterprise survey solutions and provides a web-based survey tool that offers extensive functionality, security and stability to its

customers (CheckMarket, 2017). The CheckMarket calculator calculates the number of respondents that researchers need in a survey in order to have statistically significant results (CheckMarket, 2017).

The information gathered from using this sample of participants helped to visualize the percentage for transfer of training into the job by the participants, as well as the effectiveness of training assessment and reinforcement methods on training.

Data Collection

During this phase of the study, the researcher collected both qualitative and quantitative data concurrently. To assist with the qualitative portion of the study, the researcher asked one-on-one interview questions to the program development team and trainees. The quantitative portion of the study were administered a brief survey. There are two samples identified in this study: The Program Development team (sample 1) and the Trainees (sample 2).

Due to the nature of the facility used for this research, the researcher had to undergo a series of steps to gain access to conduct their research within the hospital environment with the assistance of a gatekeeper. A preliminary inquiry letter was sent out with the purpose and justification of the study to gain permission to maintain a level of confidentiality and access. Given that the research was centered on training and development and non-experimental, the researcher did not have to go through the hospital's Institutional Review Board. Once the approval was attained from the hospital, the researcher received consent from their university's Institutional Review Board. Informed consent forms were sent out to prospective participants with the help of the gatekeeper which made the interviewing and survey distribution process easier and

smoother for researcher. The gatekeeper scheduled interview times with willing participants after they reviewed, signed and returned the informed consent forms.

Qualitative. This process in a qualitative research usually involves conducting one-on-one interviews, having focus groups, reviewing past data or doing observations, to name a few. This is an important part in any research because it provides the data that relays the meaning and experiences of the participants in the study. The researcher sought participants who had undergone Leadership training within the last two to three years within Hospital "X" to conduct one-on-one interviews, and one focus group, as well as interview representative(s) from the training and development department of the organization to capture the experience of setting goals within training to ensure a desired amount of transfer into the job by participants is achieved. Interview questions can be reviewed in Appendix B and D respectively, for both samples.

The researcher used an audio-recorder and took additional notes to assist in data collection while conducting semi-structured interviews. Semi-structured interviews usually involve using open-ended questions to help generate responses, as well as probing or follow-up questions to allow for more thorough data. The interviews ranged from 45 minutes to an hour. Questions used in this portion of the data collection phase were prepared prior to meeting with the participants and were reviewed by the researcher's dissertation committee and the hospital's leadership development department to ensure no ethical lines were being crossed and the information would lend to answering the research questions posed in the study. The data collected from the interviews were analyzed thematically to the contextual data needed for the findings of the research. All the interviews were conducted on the hospital grounds, either in

secluded offices or conference rooms, within a two-week time frame. The program development team (sample 1) were interviewed on the same day within one week, and the trainees (sample 2) were interviewed within another week over a span of four days.

To ensure the responses from the interviews – both one-on-one and focus group – were kept private and confidential, and the gatekeeper had a key role in garnering participants for the process, unisex pseudonyms were used for all participants in the qualitative portion of the study. Additionally, the recordings and transcriptions of the interviews are being kept in a locked compartment of the researcher's dwelling place for a period of three years, upon which all information will be deleted and shredded once the time-frame has passed.

Quantitative. To attain the data for this portion of the study, the researcher administered a brief survey – 22 questions (located in Appendix F) – with both closed and open-ended questions - to those who participated in the leadership training sessions (sample 2). A preliminary inquiry letter was also sent out to gain permission from willing participants. The questions used in the survey were reviewed by the researcher's dissertation committee members and the hospital's leadership development team to ensure all aspects would be covered in the study to help answer the research questions, as well as remain ethical to the standings of the hospital. The survey was distributed using the hospital's internal, anonymous survey tool, which is usually used to gather feedback from employees. Participants were given a two-week time frame to complete the surveys. Once completed, the gatekeeper downloaded and forwarded the anonymous responses via electronic mail for analysis purposes to the researcher.

Data Analysis

Qualitative. As one of the most important aspects of any research, data analysis allows the researcher to present their data as it relates to their research questions. As with most qualitative research where interviews are conducted, the researcher transcribed the interviews and used additional notes to conduct the analysis process. In addition to the analysis steps provided by the IPA guidelines, the researcher employed the *In Vivo* coding method technique (Saldana, 2013), to deliver a more detailed and richer analysis of the data collected for both samples. The In Vivo would be the first coding technique used to help capture the participants' exact words, identified using inverted commas. The codes are phrases or words the researcher considered to be significant in adding value to the formulation of the overall themes. Saldana (2013) reiterates that the codes will help to maintain the participants' viewpoints on the phenomenon.

For IPA, there is a six-step process to data analysis and interpretation. First the researcher read and reread the transcriptions and notes taken during the interview process, then made initial note regarding what she discovered. Thirdly, she developed emerging themes from the transcriptions. Once the themes were created for the first participant, the researcher looked for connections across all themes for that participant. This process was done for all participants. Finally, the researcher looked for any patterns across all individual cases, common meaning, to generate a general theme that helped answer the research questions. These six steps allowed the researcher to identify exploratory comments from the data – descriptive comments which are phrases that would describe and reflect what the participant is trying to convey about the phenomenon/experience; linguistic comments which tend to identify particular language

elements in the transcript and usually highlights tone, repetition, pauses, laughter, pronoun usage; and, conceptual comments which are the researcher's interpretation of the what the participant disclosed about the experience (Smith et al., 2009).

The researcher first analyzed and interpreted the data from sample 1 – the program development team, then conducted the analysis for sample 2 – the trainees. The researcher utilized Microsoft Word and Excel to help during this phase to identify both the In Vivo codes and Emergent themes for both samples. Once the In Vivo codes were identified, the researcher then applied the IPA six-step analysis process for each participant, within each sample. The researcher ensured that everything that was expressed by the participants was captured as they reflected on the phenomenon. This process resulted in common themes for both samples which will be discussed in the findings section.

Quantitative. Descriptive statistics is used to make meaning or present logic of information or data gathered from the research. According to McHugh (2003), descriptive statistics assist a researcher in understanding the possible range of values in which the data is distributed, as well as if the participants tend to focus on one particular aspect that was highlighted in the study. Two criteria's for selecting this medium includes; the level of measurement – nominal, ordinal, interval and ratio scales - of the variables within the study need to match the measurement of the statistic the researcher will use, and the statistics should be able to provide the information the researcher is seeking to present to their audience (McHugh, 2003).

The data is usually presented graphically in the form of tables or graphs, or by using statistics like average or mean figures. Thus, descriptive Statistics can be measured

by using measures of central tendency – mean, median, mode- or by measures of dispersion or variation – range, variance and standard deviation. Nominal measurements are usually attached to variables as labels and represents no mathematical function; ordinal measurements often represent categories and is usually represented by the use of Likert scale type questions; interval measures do not have an absolute zero value; and ratio scales on the other hand has absolute zero (McHugh, 2003).

An advantage of this form of representation is that it allows the researcher to clarify findings found in the qualitative portion of the study being conducted.

To analyze the survey questions the researcher used the (SPSS) 23 version, which is a statistical computer program developed to produce frequency and contingency tables that would generate the research findings. This software allowed the researcher to manage, analyze and display the data using charts to paint a clearer picture of the results.

After the analysis was completed, the researcher sought to offer interpretations of the data by saying what they learned after conducting the study and bringing further meaning to the codes and themes they identified through analysis of the data. At this point, the researcher provided thorough explanations about her research process, showed any limitations that may have surfaced and drew her conclusions about the study.

Ethical Considerations

It is essential to highlight the ethical considerations when conducting research as it will involve dealing with human subjects within an organization in the private sector. There are codes of ethics which are developed to protect individuals by keeping their identity and locations private and confidential to safeguard against exposure when

conducting the research (Denzin & Lincoln, 2008). Ethics is important because it acts as an evaluation tool that aids the researcher in being true or honest in their research, as well as with the participants of the study. This would further ensure that proper checks and balances are in place since the well-being of the participants must be taken into consideration by the researcher.

To ensure trust, confidentiality and reliability of the research, the researcher will ensure they maintain a code of ethics that meets the needs of the organization and university policies. Approval was sought from the Institutional Review Board (IRB) of Nova Southeastern University and from the Research department of Hospital "X" in South Florida before collecting data. The Institutional Review Board (IRB) has a set of rules which must be followed before the researcher can conduct research with human subjects (Lichtman, 2006). Once garnered, the researcher collected and stored the information in a secured file drawer, upon which they will be deleted from audio file and transcriptions and notes will be shredded after three years. Participants in the study will be given Informed Consent Forms – for interviews and surveys (Appendices A, C and E) - depicting the nature and purpose of the study, stressing the level of confidentiality with the data collected and stressing the process as being voluntary.

Potential Researcher Bias

The researcher has assisted in many leadership and communication trainings, one of which was the location used for this research. The potential bias is the researcher's optimism and belief that leadership training, once delivered effectively, can affect the thinking and action/behavior of participants in the long-run. Additionally, the researcher subdued her bias on what she thought would make a good leader, along with the view on

the use of conflict management techniques within the healthcare industry, as most within the field are painted negatively as having poor conflict management skills. The researcher understands that in most cases, not all, trainees come to training sessions with the notion that consultants try to force their ideologies on them with hopes of changing their and other people's thinking or behavior, without understanding the costs and benefits of planning and executing training to enhance the overall performance of the organization. Since the researcher has developed and maintained a working relationship with the gatekeeper of the organization, she will seek to ask questions that will aim in providing answers to the research questions, suppressing the need to paint the gatekeeper's role in a positive light, but true to the results as they would be beneficial to the organization in the long-run when trying to plan and implement training programs.

Chapter 4: Research Findings

Introduction

This study explored whether goals, training objectives, and assessments that are identified, used and distinguished by program development managers in trainings are broad enough to reflect a multi-frame perspective on the impact of Leadership training. Additionally, the study considered whether participant feedback articulates benefits encompassing the goals and training objectives while considering a multiple frames lens. A mixed-methods triangulation convergence design model was used to help identify the impact and outcome of the leadership training within a certain Hospital in South Florida. The methodology used by the researcher consisted of collecting data qualitatively using one-on-one interviews and a focus group – which entailed 10 questions for the Program development team and 11 questions for the Leadership trainees (found in Appendix B and D); and quantitatively using a survey – with 22 questions, guided by the interview questions used in the qualitative portion of the study. The survey questions are included in (Appendix F).

A data treatment table for this research is presented below:

Table 2

Data Treatment Table

Research Questions	**Type**	**Instruments used**	**Data treatment**
What potential benefits do leadership development staff who select, design, and evaluate training, articulate; and do they capture a multi-frame perspective?	Qualitative	Interview Questions	Code and Theme interview transcripts from sample 1 - Trainers
How do the goals of the program development managers align with the assessment of evaluation instruments, and do the assessment reflect a multi-frame perspective?	Qualitative	Interview Questions	Code and Theme interview transcripts from sample 1
How does the perception of training benefits align with leadership development goals and multi-frame perspective?	Mixed Methods	Survey with open-ended questions, and Interview questions	Self-made Survey using Descriptive Statistics; and coding and theming interview transcripts from sample 2
What effect does training in competencies such as, problem solving, conflict management, and effective communication have on leaders in healthcare?	Mixed Methods	Survey with open-ended questions, and Interview questions	Self-made Survey using Descriptive Statistics; and Coding and Theme interview transcripts from sample 2 Coding and Theme interview transcripts from sample 1
SQ 1. What aspect of Leadership training were most influential in meeting the desired goals for the healthcare professionals?	Qualitative	Interview questions	Code and Theme interview transcripts from sample 2
SQ 2. What feature(s), if any, should leadership development consider in future design, delivery and assessment of training and development programs to better determine their success and organizational impact?	Mixed Methods	Survey with open-ended question, and Interview questions	Self-made Survey using Descriptive Statistics; Coding and Theming of interview transcript from sample 1 and 2. Comparing and contrasting results.

Description of the Sample

Qualitative

Program development managers – Sample 1. Two willing program development managers agreed to participate in the study. They are the key personnel that plan, design and implement the training programs within the facility. They will be identified as Caden and Chris. Unisex pseudonyms were used for confidentiality purposes. Both participants have approximately over 60 years of experience in professional development collectively, with about 35 years of that being committed to leadership development at Hospital "X". This sample was interviewed first by the researcher, who spent roughly 45 to 60 minutes with each participant.

Trainees – Sample 2. Eleven willing participants agreed to participate in one-on-one semi-structured interviews, and four willing participants agreed to do the focus group. The researcher understands that having large sample sizes for Interpretative Phenomenology Analysis (IPA) is not common, but can be used, as it can highlight the saturation of information gathered, in which authors Smith et al., (2009) highlight in their work on IPA. The participants will be identified, in no certain order of interview, by unisex pseudonyms for confidentiality purposes. The eleven one-on-one participants will be known as: Carey, Eden, Alex, Hali, Jamie, Jessie, Bailey, Carmen, Skylar, Drew and Teal, in random order. The four focus group participants will be known as: Logan, Terry, Morgan and Riley, again, listed in random order. The participants hold position titles that encompasses: Directors, Administrators, Physicians, Nurse Managers and Chief of Staffs, to name a few. The least amount of years a participant has worked at the facility is one year and five months, and the most seventeen (17) years.

Quantitative

The sample was collected from a group of Leaders (sample 2) within Hospital "X" who had undergone Leadership training. Out of 75 leaders, approximately 45 were either nominated or selected to partake in the Leadership training initiative. Informed consent was sent to the 45 participants. Out of the 45, 26 leaders (57.77%) filled out the survey over a two-week time frame that was set by the researcher. The researcher used the CheckMarket sample size tool to determine the estimated responses that would be needed as a significant number to complete the survey – 38 leaders with a margin of error of 2% at a confidence level of 95%. The 38 represents 80% of the sample size 45.

It is important for the researcher to note that a couple of the participants skipped questions in the survey, but the lack of responses does not likely have a significant impact on the results generated in the descriptive statistics as it is used to help supplement the responses generated from the one-on-one semi-structured interviews of participants in sample 2.

Participant Gender. There were 26 individual leader respondents out of the 45 leaders that were nominated to partake in the leadership training program, which occurred in the last three years. Out of those that responded, 50% identified as female and 42.3% as male. Two respondents failed to indicate their responses in this section. This information is highlighted in the table and figure below (see Table 3 and Figure 6).

Table 3

Gender Demographics

Demographics - Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	11	42.3	45.8	45.8
	Female	13	50.0	54.2	100.0
	Total	24	92.3	100.0	
Missing	System	2	7.7		
Total		26	100.0		

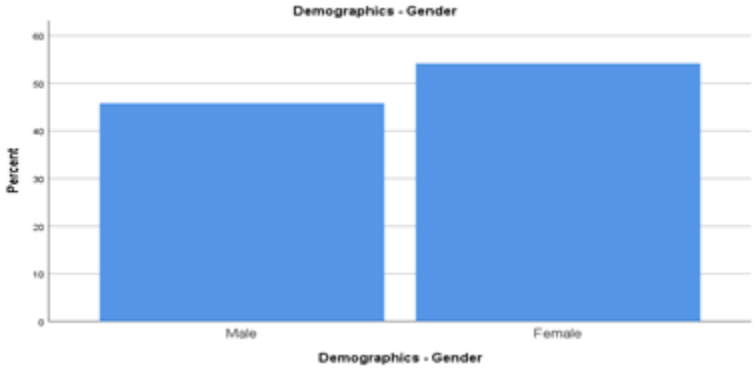

Figure 6. Sample of Population by Gender

Participant Age. Of the 26 participants that responded to the survey, the largest representation was between the age group of 45-54 years – 11 respondents (42.3%). This was followed by the 35-44 age group – 7 respondents (26.9%); then 55-64 age group – 5 respondents (19.2%); and there was one respondent in the age group of 25-34 years (3.8%). Two respondents also failed to fill out this portion of the survey. The data is displayed in the table and figure below (see Table 4 and Figure 7).

Table 4

Age Demographics

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25-34 years	1	3.8	4.2	4.2
	35-44 years	7	26.9	29.2	33.3
	45-54 years	11	42.3	45.8	79.2
	55-64 years	5	19.2	20.8	100.0
	Total	24	92.3	100.0	
Missing	System	2	7.7		
Total		26	100.0		

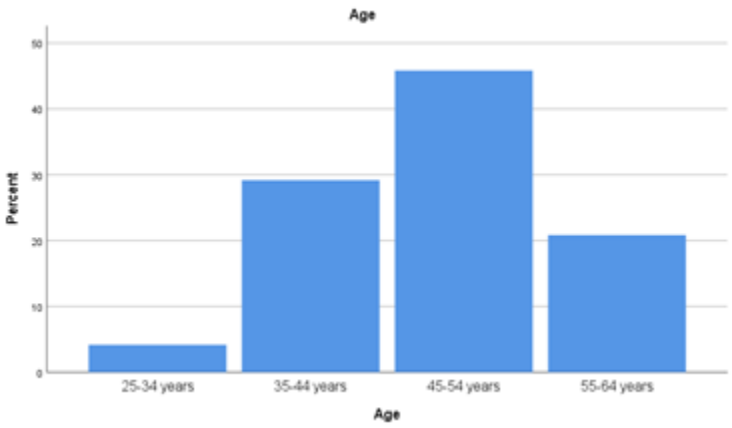

Figure 7. Sample of Population by Age

Participant Length of Employment. To answer the question, "Length of Employment at the Facility?" The majority response was 11 or more years – 12 respondents (46.2%). The least was 1-5 years – 4 respondents (15.4%). Two participants also failed to respond to this question on the survey. This could be depicted in the table and figure below (See Table 5 and Figure 8).

Table 5

Length of Employment

Length of Employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5 years	4	15.4	16.7	16.7
	6-10 years	8	30.8	33.3	50.0
	11 or more years	12	46.2	50.0	100.0
	Total	24	92.3	100.0	
Missing	System	2	7.7		
Total		26	100.0		

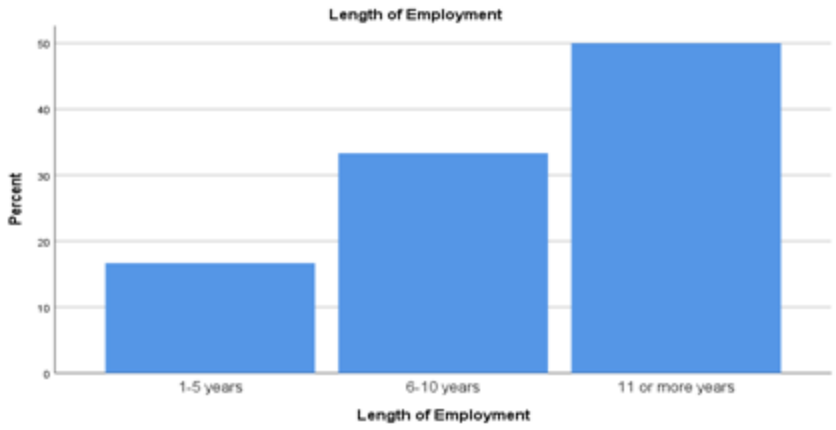

Figure 8. Sample of Population by Length of Employment

Participant Job Title/Role. To determine their level of leadership responsibility, the respondents were asked to indicate their job title/role within Hospital "X". Options for this question were: Administrator, Nurse Leader, Professional Staff (MD, DO, PhD) and "Other". Out of the 26 respondents, 24 made an indication. The majority response was Professional Staff – 9 (34.6%), then Administrator which was close behind with 8 respondents (30.8%). Four respondents (15.4%) identified with being Nurse Leaders, and three respondents (11.5%) identified the "Other" category in which they indicated

they were Directors. The data could be depicted in the table and figure below (See Table 6 and figure 9).

Table 6

Job Title/Role

Job Title/Role

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Administrator	8	30.8	33.3	33.3
	Nurse Leader	4	15.4	16.7	50.0
	Professional Staff (MD, DO, PhD)	9	34.6	37.5	87.5
	Other	3	11.5	12.5	100.0
	Total	24	92.3	100.0	
Missing	System	2	7.7		
Total		26	100.0		

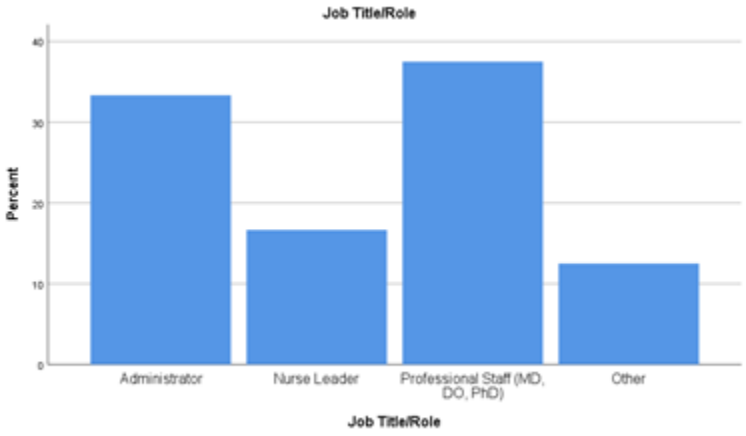

Figure 9. Sample of Population by Job Title/Role

Results for Research Questions

Research Question 1

To answer research question one: "What potential benefits do leadership development staff who select, design, and evaluate training, articulate; and do they capture a multi-frame perspective?" the researcher, as indicated in the *Data Treatment*

Table (Table 2), applied qualitative analysis on participants in sample 1 – the program development managers.

As aforementioned in the literature review of the manuscript, the Multi-frame or Four Frame perspective considers four frames that can be used in training. Marx and Hamilton (1991), used as a point of reference the Bolman and Deal's Four Frame Model where they identified: *skills building/structural* – considers organization roles and goals and focuses on overall skills building; *team building/human resource* – looks at those interpersonal relationships between employees and considering how their skills match their need; *career or mobility/networking political* – seeks to work on enhancing coalitions and creating powerful relationships within the organization aiding in career advancement; and *maintaining a strong value and culture system in an organization/symbolic* – which considers things the organization does to highlight the culture and value system of the overall organization as means of working towards improving the workforce.

Theme 1: Creating opportunities for building effective teams. Based on the responses shared during the interview with the program development managers, Caden and Chris both expressed their excitement and commitment to the organization, with the level of experience they both possess in professional development, especially within the healthcare industry. The analysis of the data indicates that both participants identify ***being that link to building effective teams*** as one potential benefit when they plan, select the right concepts, design the training modules and evaluate the effectiveness of the training program. This benefit is important for the continued success of the organization.

The participants' mention that bringing people together and creating effective teams, will help build the organization.

The data shows that the program development managers understand the importance of having effective teams within the hospital system, and the added advantage of bringing leaders of different departments together for the overall success of the organization. The interview process also allowed Chris and Caden to be open about the importance of creating an effective training program and its effects on the overall organization. This study allowed the managers to showcase the effort and expectations they hope to attain from those selected to participate in the leadership trainings. Some evidence of this is extracted from the transcripts, which is indicated in the table (See Table 7).

Table 7

Data Excerpts for Theme 1 – RQ1

Participant	In Vivo Code	Data Excerpts
Caden	"team-building is critical to success here"	Team-building is critical to the organization and the success at the organization.
Chris	"bringing people together" "they have been trained to be solo practitioners" "teams are incredibly important in the day to day while dealing with life or death situations"	The social aspect, the networking in the last three or four years in this organization, has been connecting with others and bringing people together. Physicians, because of their schedules, may have little opportunity to learn how to lead a team when they have been trained to be solo practitioners for their career.

Theme 2: Being a support mechanism for the leaders within the organization.

The analysis also identified ***being a support mechanism for the trainees*** as another potential benefit to planning, selecting and designing training modules. Being a support mechanism to the leaders plays a major factor in how receptive they would be to the trainings that are being introduced. This benefit is important for the continued success of the organization. For instance, Caden understands how important their role is to the organization *"providing opportunities to allow for the organization to flow and flourish"*. As part of the program development team they see their role as *"rewarding to be able to offer the training and support needed".* With support comes trust, creating opportunities for the leaders to feel comfortable to discuss issues they may have with development team, for example, Chris highlights *developing a relationship with them that encourages trust" ... "where people feel safe".* Some evidence of this is highlighted in the table (See Table 8).

Table 8

Data Excerpts for Theme 2 – RQ1

Participant	In Vivo Code	Data Excerpts
Caden	"my role is supporting the physicians"	The importance of continuing to provide the tools and resources to the physicians It is rewarding to be able to offer the training and support when needed The leadership department has to provide the opportunities to allow for the organization to flow and flourish that's the importance and value of this office is to provide that type of council um, to them, and help them work through some of these complicated situations

Chris	"help them build the organization" "be in a fashion where people feel safe" "develop a relationship with them that encourages trust" "ability to be really transparent"	The organization is huge on supporting the development of its leaders

The concept of the Four Frames model is new to the facility, as both participants, Caden and Chris mentions *"not being familiar with the terminology"* and *"having further explanation of the concept"* respectively. However, based on the themes identified by participants in sample 1, program development are indeed articulating what they hope to achieve from the training process with some aspects of a multi-frame lens by considering enhancing team-building within the organization and being a support mechanism to the leaders – the human resource frame.

Even though these are desired benefits of training from the perspective of the program development managers, one must also keep in mind that the facility is a hierarchical system. This is evidenced when Caden mentions that "*the Chief of Staff guides us on what they want us to be focused on, and guides and directs us as to what to engage in with the training programs for our leaders"* before executing and implementing. Participant Chris's mention of "*the physicians having little opportunity to learn how to lead a team*" is evidence that the program development team is working on ensuring effective team-building is not only a benefit to the trainees, but to the overall organizational work flow.

Research Question 2

Research question two (2) asks, "How do the goals of the program development managers align with the assessment of evaluation instruments, and do the assessment

reflect a multi-frame perspective" To answer this question, the researcher again applied qualitative analysis to sample 1 – the program development managers. Some of the evaluation instruments that are used by Leadership development are performance reviews and the Kirkpatrick Model of Training Evaluation – level 1 (reaction), level 2 (learning), level 3 (behavior change) and level 4 (organizational performance). The assessment of evaluation instruments allows for program development managers to get an idea of how the training has impacted the trainees, as well as areas that need to be improved upon for future trainings. They provide an avenue for the trainers to get an overview of how the trainees reflected on the process and areas in which the training has either helped or hindered their growth and transfer of concepts to their day-to-day duties. The multi-frame or four frame perspective of training considers skills building or the structural lens, team-building or networking or the human resource lens, career mobility or coalition building or the political lens, and maintaining strong organizational value and culture or the symbolic lens. The goals of the program development managers for the training program, based on the interviews, were identified as follows; ***to help leaders grow, to anticipate transfer of training to their jobs,*** and ***to provide and review feedback to determine impact and effectiveness of the training***. The goals highlight what the program development managers hope to achieve from implementing the overall training program to their leaders.

Theme 1: Anticipating growth through education and training. The program development managers anticipate the leadership training will truly help their leaders grow within their respective departments once implemented. The goals that have been identified in the study are aligned with the overall goals of Hospital "X", which focuses

on education, patient care and research, which Caden reiterates *"goals tie into the mission of the organization which is education, patient care and research."* As the mission of Hospital "X" – to educate – is stressed a lot at the facility, the program development managers consider how they can stimulate learning when they plan and create their training programs, to ensure the leaders that are nominated have the necessary tools needed. Caden highlights the importance of this as they mention the need *"to provide them with the tools to help them navigate through their day-to-day operations."*

Through educating comes anticipated growth, and Chris points out in their response that the training is supposed to help the leaders learn and grow, and wonders through the experience, "*how many of them have been promoted."* Theme one identifies with the learning level (2) of the Kirkpatrick evaluation instrument used by the program development managers. The program development managers are able to determine and assess whether or not the leaders have gained additional information to assist in their day-to-day. This theme reemphasizes what the literature stresses regarding the apparent increase in the healthcare industry to focus on educating their leaders, especially physicians, nurse leads etc. on the aspects of leadership and development. Evidence of data excerpts are indicated in the table (See Table 9).

Table 9

Data Excerpts for Theme 1 – RQ2

Participant	In Vivo Code	Data Excerpts
Caden	"educate those who serve" "provide them with the tools and resources to help navigate and manage their day-to-day operations" "we are really preparing our people to be leaders"	Goals tie into the mission of the organization which is education, patient care and research A lot of emphasis on enhancing leadership skills/initiatives in physicians Mission (to educate) is stressed a lot, and ingrained in the fabric of the organization
Chris	"focus on education" "helping people to learn and grow" "how many of them have been promoted to another role"	The facility/system is big on education which is centered on the organizations goal. Physicians are being asked to be leaders, thus the increase in trainings in this capacity Tries to figure out from a leadership development point of view, who has been promoted or left the organization after the training sessions.

Theme 2: Anticipating transfer of training and behavior changes in leaders.

Anticipating transfer of training to the job and potential change in action and/or thinking post-training is the second goal identified by the participants in the study. Caden and Chris understand that through training and development, the leaders in Hospital "X" will be able to enhance their job performance. To determine true transfer of training and change in action and/or thinking, assessment of the training experience needs to be done by the program development managers to determine whether or not changes have occurred post-training – which would be level three of the Kirkpatrick model. Before the training is executed, Caden for example communicates to their Chief of Staff, who ultimately makes the final decisions on the direction of the programs, that *"I communicate how I think trainees will react and respond to the program topics"* and *"stresses the need to determine what is being transferred back into the job after the*

training is over". Chris also considers the impact the training will have on the trainees and expresses *"I want to ensure that when the trainings are designed and implemented, that they are connected to behavior changes in the participants".* Evidence to support their second goal when designing and implementing the training programs within the organization, are identified in the table (See Table 10).

Table 10

Data Excerpts for Theme 2 – RQ2

Participant	In Vivo Code	Data Excerpts
Caden	"Communicate how I think physicians will respond and react to the program" "determine pieces they can apply to everyday work"	Communicates how they think trainees will react and respond to the program topics Stresses the need to determine what is being transferred back into the job after the training is over Hopes their communication style, leadership style, management style, has improved The trainings provide a progressive way of keeping up to date with healthcare environment and remaining competitive while dealing with patient care.
Chris	"connected to changed behavior"	Want to ensure that when trainings are designed and implemented, that they are connected to behavior changes in the participants. Due to the uncertainty in transfer of training to job, they look at the manager before, during and after to share insights or articles with them

Theme 3: Providing and reviewing feedback to determine impact and effectiveness. The third goal that was identified by the program development managers (sample 1) was being able to provide effective feedback as well as review feedback on the training, to determine the overall impact and effectiveness. The program development managers recognize that their job is to offer feedback, whether good or bad,

to determine effect on the trainees and the organization over time. For instance, Caden stresses the importance of *"getting the feedback so that the Chief of Staff knows how to guide and direct future endeavors by the leadership development team for leader training".* The feedback on effectiveness and impact is important as it determines future programs that would be introduced to the leaders within the facility. It is important for the program development managers to assess the feedback that is given by the leader trainees, as this provides indication of when things are going well within the job post-training and when things are challenging, which Caden stresses *"when things are going well we hear about it"* and *"we hear things that are maybe some challenges, or things not going well".*

Chris highlights the use of the Kirkpatrick model as a means of assessing the impact on overall training, but acknowledges their failure in not utilizing the model to its full potential to determine overall organization performance (level 4) and behavior and/or thinking changes (level 3). For instance, Chris recalled in the interview that *"they focus mainly on Kirkpatrick's first 2 levels (Reaction and Learning) in the model of training and evaluation and is satisfied when participants rate a course 5 score, but questions how much of this information is being retained."* Additionally, Chris questions *"the efforts of training initiatives, and if they are working when have to continually bring people together to lay out expectations."* Excerpts of data for this theme is highlighted in the table (See Table 11).

Table 11

Data Excerpts for Theme 3 – RQ2

Participant	In Vivo Code	Data Excerpts
Caden	"use information to kind of tweak agendas" "we want to hear from them" "what I thought had the greatest impact on them" "things that didn't really come across the way we were intending it" "feedback guides and directs us"	Relies on evaluations at the end to determine what needs to be tweaked Evaluations at the end provide a great way of knowing what had the most impact and what didn't Looks forward to the feedback from the trainees
Chris	"employee engagement surveys" "constantly looking at how do I measure the goals of our organization" "look at what's the desired outcome" "evaluation piece is really important in the design phase" "their performance review being held accountable for making that happen"	Believes that over the last five years the team has looked at key things that would help them measure the training and its impact Questions the effectiveness of performance reviews Tries to assess the nature of training requests by leaders to determine what they really need and try to match training with their need/desires

From the data excerpts provided by Caden and Chris, one can determine that their collective goals are to ensure that their leaders are utilizing the training concepts and skills in their day-to-day performance. In employing the evaluation instruments, the program development team anticipates the results of the assessments demonstrates congruence with these goals. In this study, the goals of the managers allude to expecting growth and transfer of training to the job, which Chris points out in their response "*focusing mainly on the first two levels of Kirkpatrick's model (Reaction and Learning)*" by providing avenues for skills building through education. Caden and Chris expects that some change in behavior and mindsets would occur in their trainees, but the department

hasn't gone beyond level two of the Kirkpatrick evaluation model; to focus on and assess level three (3) - behavioral changes after time has passed post-training, and level four (4) - the overall organizational performance. Moreover, Chris questions whether the department's efforts with the training are efficient and effective enough to measure true impact, when emphasis is only placed on the first two levels of the Kirkpatrick's instrument. Additionally, Chris questions if the *"needs of the employees are being met with the training initiatives*". These findings suggest that the goals of the leadership team do align in some aspects (level 1 and 2) with the assessment of evaluations used in training.

While the first part of the research question addresses whether the goals of the leadership team align with the assessment of evaluation instruments used to measure impact, the second part of the question seeks to determine whether the assessment reflect a multi-frame perspective. Based on the data collected from sample 1 participants, and the instruments they have emphasized – performance reviews and the Kirkpatrick's model of evaluation - there is some association to the multi-frame perspective in regard to assessing skills building, and career mobility through transfer of training, which could result in promotion within the facility. However, the program development managers are not familiar with the multi-frame (four-frame) perspective model as aforementioned by the researcher, to suggest that they base their assessment around this concept.

Research Question 3

To help answer research question three, "How does the perception of training benefits align with leadership development goals and multi-frame perspective?" an analysis of both the one-on-one interviews and survey were used to present the results

from the responses provided by sample 2 – Leader trainees. The data was analyzed separately, then compared to provide interpretation/finding. To reiterate, the multi-frame/four frame perspective of training considers skills building or the structural lens, team-building or networking or the human resource lens, career mobility or coalition building or the political lens, and maintaining strong organizational value and culture or the symbolic lens.

Qualitative findings

Participants in sample 2, based on analysis, expressed the following as common benefits of the leadership training; ***strengthening teams through networking and relationship building, utilizing concepts to enhance daily functions,*** and ***having common terminologies across the board for leaders.***

Sub-theme 1: Making connections and strengthening teams. Most of the participants expressed that one of the main things they liked about the training program was the ability to network and build relationships. The participants emphasize the benefit of connecting with other leaders in differing departments post-training, and working on strengthening those relationships to ensure a cohesive working environment. Networking has allowed them to gain a better understanding of leaders from the other departments. For instance, Hali recounted *"there were different groups of people which opened up a way to build bonds/make connections with others within the hospital system."* Eden reflected *"over time during the training, the group became comfortable with each other, as a team, versus working as individuals in the organization"* and the fact that the training *"allowed us to know each other in the context of leadership where we also built relationships and rapport with each other".* Carmen, who isn't a physician mentions

"the course helped me to get to know some of the physicians and other leaders, understand them better and kind of know another side of them". For Jessie, the benefit of the training was *"one of the biggest thing was making connections and networking with some of the other leaders within the organization".* And Morgan, from the focus group says the training was *"really important to have teamwork and make sure we work as a team, so learning to better develop teams or strengthen a team".* Some evidence of this is further explained in the table (See Table 12)

Table 12

Data Excerpts for Sub-Theme 1 – RQ3

Participant	Data Excerpts	Participant	In Vivo Code
Eden	Created an environment where you learn and develop relationships	**Hali**	"we learned to bond" "actually make a connection with them"
Alex	The mixture of departments helped to break binds and create room for networking	**Jessie**	"an opportunity to interact with others in the organization" "network with them"
Drew	It was great opportunity not just because you're learning how to do different coping mechanisms, but getting the opportunity to meet with other leaders at the facility	**Drew**	"get the opportunity it meet with others who are in various different roles"
		Skylar	"people need to understand influence, networking"
		Eden	"one of the most valuable pieces of the session was interaction within the team"

Sub-theme 2: Utilizing concepts to enhance day-to-day functions. The second benefit to training as identified by the leader trainees was utilizing the concepts taught, to enhance their day-to-day functions at the facility. The participants felt like the training allowed them to become better leaders as it introduced, and in some cases enhanced,

some of the knowledge the concepts provided. For instance, Carmen suggested that the training helped them *"to find ways to organize time".* Jaime acknowledged that post training *"definitely think I am using some of the techniques and things that we learned in the course".* Even though the participants acknowledge use of some of the concepts post-training, they question *"how do they take some of the information back to their work areas and implement them"?* Not only has the training helped the participants in their job functions, two participants indicated applying the concepts outside of the workplace, which is a great benefit to them. For example, Bailey mentions *"What I have learned from the course can now be applied to my daily, not only at work, but my daily living",* and Carey mentions that *"I'm going to try and practice these as much as possible so even on the reflective listening, I went home on that same day I was trying, you know, to use it on my kids and my wife, and, and in the workplace, and with patients and, and staff that works".* Some additional data excerpts for sub-theme two are presented in the table (See Table 13).

Table 13

Data Excerpts for Sub-Theme 2 – RQ3

Participant	Data Excerpts	Participant	In Vivo Code
Eden	The leadership training helps leaders to build upon their existing skills and information, and is a means of synthesizing information	**Terry (Focus)**	"it helped me recognize where my deficiencies lie"
Hali	Training has helped them to polish the concepts that are applicable to their duties	**Carey**	"being armed with tools that make you more confident
Carmen	Actually knowing which concepts plays into our day to day to give a sense of who you are and your leadership style	**Alex**	"taught me some specific tools to use when you're in certain situations"
Bailey	The training program has helped me in the way I do my job now and I think it has made it better for me	**Eden**	"apply immediately into your work day-to-day
Teal	The training has provided a ton of tools and different techniques or tactics that I could use	**Bailey**	"things I learned in the course I can apply that in my daily"
Logan (focus group)	We're all trying to solve the same thing which is patient care, so I think a lot of these skills help us	**Teal**	"a ton of different technique, tactics to use" "it's like a ton of tools in the tool box"

Sub-theme 3: Having common terminology across the facility for leaders. The third benefit as expressed by the leaders from being exposed to the training is having common knowledge of the concepts among all leaders at the facility. Common knowledge of terms or concepts would ensure that everyone is on the same page with the skill set when dealing with each other and working on establishing effective patient care, which the facility is aiming towards. For instance, Morgan from the focus group mentions *"although each story is different, we all have learned the same or similar skills"* which would allow the leaders to contribute to the overall success of the

organization. The researcher has included some excerpts from some of the sample 2 participants in the table (See Table 14).

Table 14

Data Excerpts for Sub-Theme 3 – RQ3

Participant	Data Excerpts	Participant	In Vivo Code
Carey	Based on the training there should be a corporate policy on the important skills that all managers should follow throughout the organization, thus having everyone on the same page	**Bailey**	"everybody could have the knowledge of emotional intelligence"
Eden	When everyone is on the same page, there will be no hidden agendas within the organization and everyone is striving for the same goal where everyone understands the context in which they are working	**Morgan (Focus Group)**	"putting all of the leaders through the course helps with some standardization and consistency"
Bailey	Offering some sort of introductory course to those aspiring to become leaders, so they have some of the same knowledge It will be beneficial if there was a uniformed way to train people in the concepts where they can work better with each other		
Drew	Molding everyone to kind of get on the same page where we're constantly evolving and making healthcare the best that it can be		

As indicated with the findings of research question two, the goals of the program development managers were; ***to help leaders grow, to anticipate transfer of training to jobs,*** and ***provide and review feedback to determine impact and effectiveness of the training***. The perceived benefits of the training from the perspectives of the trainees are; ***strengthening teams through networking and relationship building, concepts enhancing daily functions***, and ***having common terminologies across the board for leaders***. The findings suggest, there is some alignment of trainee benefits to the

anticipated goals set by the program development team. Specifically, the transfer of training to jobs and how the concepts have enhanced the daily functions of the trainees. The trainees believe that they have been successful at applying some of the skills and knowledge to their day-to-day duties post-training.

Regarding alignment to a multi-frame perspective, the benefits of the trainees do show some indication of representing a multi-frame lens, in particular: team-building or the human resource lens, "*the group became comfortable with each other, as a team"*; maintaining a strong organizational culture or the symbolic lens, *"way to build bonds" … "molding everyone to kind of get on the same page"*; and skills building or the structural lens, *"build upon their existing skills*" as evidence of this alignment. All participants in sample 2 – leader trainees – had no prior knowledge of the multi-frame perspective model, as was evidenced with responses like "*no, not that I am familiar with that, I don't think so, no idea"* to name a few.

Quantitative findings

The researcher also used survey responses from the leader trainees which helped to supplement the findings for research question three. Survey questions two (2), four (4) and ten (10) were used to help explain the findings for the research question. A copy of the research survey is attached in (Appendix F).

Question two (2) asked the respondents "how would you describe your experience in the training program?" All 26 respondents answered this question. Based on the responses provided from this open-ended question, the overall consensus indicated ***team-building*** as a main benefit which is indicated in the figure below (See Figure 10).

Figure 10. Training Experience of Leader Trainees

Over 30% of the respondents indicated that the training was an avenue for them to be *"collaborative, encourage team building, form new relationships and develop existing ones, learning together, relationship building, enjoyed learning more about myself and others, and being a networking opportunity"*. Approximately 29% acknowledged that the training being a great opportunity to *"develop tools for future and current leaders, and overall provided a great opportunity"*, and approximately 25% acknowledged that the training was very informative *"educational, very informative, and a wealth of knowledge."*

Question four (4) asked the participants to rank the concepts that had the most impact on them: "Potentially, training in organizations can have multiple benefits. Please evaluate the following impact of the program to you in terms of its benefits as a leader at the facility" on a scale of 1 – 5 with five being very important. All 26 respondents answered this question. Based on the responses, 22 participants listed ***team-building or human resource*** as having the most impact – very important - in terms of benefits to them as leaders within the facility, with ***enhancing of knowledge and skills or skills building*** closely behind at 20 as having high impact. The lowest ranked concept for having the most impact was ***strengthening commitment to organizational value and***

culture or symbolic at 17 respondents. This is further depicted in the figure (See Figure 11).

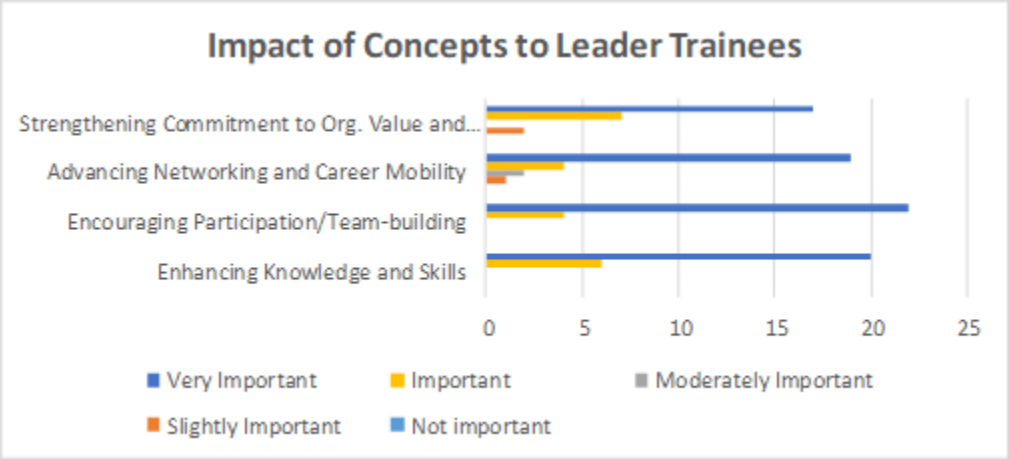

Figure 11. Impact of Concepts to Leader Trainees

Question ten (10) asked "What was the most important "take away" did you have from the training program?" All 26 respondents completed this question. The participants indicated ***working with teams*** as one of the main "take-away" from the training. This is depicted in the figure (See Figure 12).

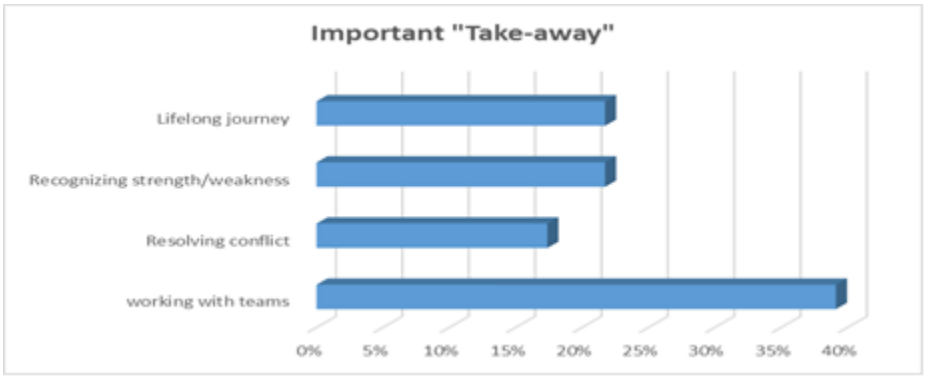

Figure 12. Important "Take-Away" from Training

The respondents identified the ability to ***work with teams*** with close to 40% of the responses indicating *"appreciating the fantastic group of people I am working with, team-building, working together as a team, building and supporting a team,*

understanding what everyone brings to the table and networking". While approximately 22% of the respondents indicated ***training as a lifelong journey*** and ***being able to recognize their strengths and weaknesses*** as being some important take-away.

Integration of data. The quantitative data findings suggest that *team-building* and *training being a great opportunity to enhance their job* as some of the potential benefits of the leadership training. These findings do corroborate with the qualitative findings of sample 2 participants that were interviewed in the one-on-one and focus groups. Thus, overall one can determine that *strengthening teams* and *enhancing job functions* as themes for research question three (3). The participants believe the training allows for better opportunities for leaders within the facility to work together as teams instead of as individual units, as most were taught in the healthcare profession.

The Multi-frame perspective identifies four frames; Structural – skill building, Human Resource – team building, Political – career mobility/advancing networking, and Symbolic – strengthening organization culture and value. The results presented for research question three (3) suggests that the program development team incorporate aspects of training that would satisfy mostly the Human Resource, Structural and Political lens of the Multi-frame model; that is, **team-building** is highly identified in both methods of analysis by sample one and two, **enhancing job functions** to grow as leaders, and **networking** between the differing departments to help strengthen team building. The other lens (Symbolic) is present in the organization, but ranked low when reflecting on the impact of the training experience.

Research Question 4

For research question four (4), the researcher asked, "what effect does training in competencies such as, problem solving, conflict management, and effective communication have on leaders in healthcare?" To analyze, the researcher will use the Qualitative responses of sample 1 program development managers, and mixed-method analysis to present responses from participants in sample 2 – leader trainees to present the findings. The researcher believed that the perspective from the trainers and trainees would reflect the overall potential of these concepts to the healthcare industry.

Qualitative Findings

Sub-Theme 1: Lack of awareness of core competencies in healthcare. From the perspective of the program development managers, the researcher found that concepts like conflict management, effective communication, emotional intelligence, negotiation tactics, and problem solving are ***lacking in awareness or not addressed*** within the healthcare industry. In reviewing the transcripts of the program development managers, the researcher gathered that Chris understands the importance of introducing these concepts comes about because of the nature of the organization and dealing with patients on a day-to-day. Caden prioritizes the willingness and unwillingness of physicians to have awareness of the concepts due to the complicated and complex healthcare environment. For instance, Caden believes introducing these concepts to leaders in healthcare will *"avoid a lot of issues down the road"* since it provides them with the necessary tools or resources to handle difficult situations. Because of the shift in leadership requirements in healthcare as the literature points out, Hospital "X" has been trying to work with their leaders over the last five years *"five years ago, we really had*

nothing" ... "it really was not, not addressed" which Caden discussed during the interview process. Chris believes *"being trained in conflict management, problem-solving, emotional intelligence and negotiation tactics is one of the most important things to do in the facility."* The data supports and ties into their goal of *"helping their leaders grow"*. Data excerpts from sample 1 - program development managers - are identified in the table (See Table 15).

Table 15

Data Excerpts for Sub-Theme 1 – Sample 1 – RQ4

Participant	In Vivo Code	Data Excerpts
Caden	"it's never brought up" "something that we are just trying to incorporate" "been no training for it"	There is a lack of awareness by physicians on topics like conflict management, emotional intelligence and negotiation tactics since they are all medicine and their prior training is all clinical When undertaking leadership roles, physicians have not had training in these concepts Participant understands the downfall of having these new areas being introduced while trying to maintain a busy schedule However, the participant believes the trainees are open to the training and wanting to learn how to handle different
Chris	"they are very black and white thinking"	Stresses the importance of introducing these concepts to the physicians as they are dealing with life or death situations on a day-to-day and working, often in teams

Part of the problem in trying to implement training in these concepts is, as Caden suggests, *"understanding there is a downfall in having these new concepts being introduced when the physicians have to maintain a busy schedule in order to learn it."* Given the issue of time, the program development managers do believe *"the trainees are open to the training and wanting to learn how to handle different circumstances."*

From the perspective of the trainees – sample 2 – the participants felt like these concepts were somewhat; ***new to the healthcare industry, assists in understanding perceptions, increases emotional intelligence and cognizance of impact on others, provides techniques to deal with difficult situations,*** and ***improves communication skills.***

Sub-theme 1b: Core concepts new to the healthcare industry (trainees' perspective). The researcher also sought insight from the trainees on their perspective on introducing conflict management, emotional intelligence and communication skills to healthcare leaders. Like the program development managers in sample 1, the trainees also expressed the concepts as being relatively new to their facility and within the healthcare industry. Most of the trainees understand the importance of introducing these concepts to assist in their daily functions at Hospital "X". A physician for example, as the literature points out, is usually trained in clinical and in skills pertaining to their specialization. These concepts are newly being introduced into the curriculum of healthcare organizations.

For instance, Carey mentions that *"the concepts are new to physicians, so the skills are not there because it is not practiced."* Eden believes there is an assumption out there that leaders already possess these skills, *"would like a level of awareness to take place to dispel the assumptions surrounding leaders as already possessing those skills, and the need for leaders to understand where they lie in regard to the knowledge and insights they have on leadership."* Jaime believes that being taught these concepts will assist the leaders since *"the facility has a high expectation for quality and customer service, so we must be the best, especially in the way we treat the patients."* Jessie also

expresses that *"the concepts are not something that's necessarily reviewed in the curriculum and something that's probably breezed over".* Bailey expresses *"I am happy that these concepts are getting the importance they deserve within the healthcare industry."* Skylar suggests that *"the concepts are needed because good leadership is needed and most healthcare workers don't learn that in their healthcare leader skill set".* Additional evidence of this can be found through the following data excerpts in the table (See Table 16).

Table 16

Data Excerpts for Sub-Theme 1b – Sample 2 – RQ4

Participant	Data Excerpts	Participant	In Vivo Code
Carey	Describes healthcare as not having much group work and being more of an individual pursuit	**Carey**	"a lot of this is new to a physician" "skills we don't have because you've never practiced"
Alex	The importance of educating on these subject matters is to ensure there is a smooth workflow between leaders in their departments	**Hali**	"it's not learned in school until you take courses that are directly related to leadership"
Hali	Concepts like conflict management, emotional intelligence and negotiation tactics is not something everyone will learn and is often not taught in healthcare settings	**Jessie**	"it's not something that's necessarily reviewed in the curriculum necessarily"
Jaime	Presents a point of view that whether a person is clinical or non-clinical, what they do every day is extremely important to the patient and their family; thus, a ripple effect if things are not going well	**Skylar**	"most healthcare workers don't learn that in their healthcare skill set" "within healthcare there's probably a good void"
Jessie	Believes the concepts should be taught because some of 'us' are not very good at it	**Terry (Focus Group)**	"having the skills to deal with issues that are outside the norm is very important"
Bailey	Suggests that introducing the concepts makes more effective workers and	**Logan (Focus**	"I think the healthcare industry is unique"

	leaders	**Group)**	
Skylar	That teaching is not taught in school or even necessarily in the trade one is learning I have never learned emotional intelligence, team-building or conflict management or how to influence other people; none of that was ever taught. So, within healthcare there is probably a good void of that across the board.		
Drew	Because healthcare is ever evolving, we want to engage one another to learn		

Sub-Theme 2: Enhanced respect for understanding multiple perspectives.

The responses from the trainees also indicated a benefit of introducing the concepts to leaders within healthcare, is gaining respect by understanding the different perspectives of leader roles. The leaders expressed that the training allowed them to not only network with others from different departments, but it gave them the opportunity to view leadership through differing views and conceptualize how each leader would handle different situations – clinical and non-clinical leadership roles. For instance, Alex mentions that *"the course gave different perspectives on the way leadership is viewed by different people and what it means to them, leaving a lasting impact on me" … "with the changes that are occurring in healthcare industry, leaders in healthcare should try to view it from a different lens – other than clinical"* and *"the mixture of departments also lent differing perspectives on leadership, especially for physicians who are only thinking about patient care".* Riley from the focus group stated, *"It's really about understanding others' perspectives and being able to rationalize and integrate those views and whatever the solution is without being bias to whatever your view is".* Data excerpts from the interviews to support the finding is displayed in the table (See Table 17).

Table 17

Data Excerpts for Sub-Theme 2 – Sample 2 – RQ4

Participant	Data Excerpts	Participant	In Vivo Code
Eden	The training has helped in looking at how I may be perceived by others and working on ways to change the perceptions	**Jessie**	"people have different perspectives on things"
Carmen	It helps physicians because they sometimes don't understand the big picture or needing more time, maybe they can become a little bit broader so they could not only understand how to be good physicians but also under the management side of it The course helped me to get to know some of the physicians and other leaders, understand them better and kind of know another side of them	**Eden**	"I don't think we sometimes stop to see how we as leaders are perceived"
Logan (Focus Group)	Working with people that we don't normally work with, learning about other people perspectives too I think, was powerful	**Logan (Focus Group)**	"we're all trying to solve the same thing, but we're all looking at it from different ways"

Sub-theme 3: Enhanced Emotional Intelligence. The third benefit to introducing the concepts to the training, was the positive way in which emotional intelligence has impacted their ability to lead their respective departments. Carmen voiced being inundated with the concept of emotional intelligence as they have had prior training and expressed *"felt like the concept is always taught in trainings"*. Given their feeling about emotional intelligence, they expressed that *"it was good to have a person teach the concept from a different perspective background".* Some evidence of acknowledging the importance of emotional intelligence within healthcare is listed below in the table (See Table 18).

Table 18

Data Excerpts for Sub-Theme 3 – Sample 2 – RQ4

Participant	Data Excerpts	Participant	In Vivo Code
Eden	Questions whether leaders are emotionally aware of how their emotions affect their ability to lead their respective departments	**Jessie**	"you're dealing with people and emotions on a day to day basis, so tempers can flair"
Carmen	Learning how to deal with situations, and taking oneself out of the situation emotionally- see how the person is being triggered to react this way for some reason whether personal or work related	**Eden**	"being able to raise awareness"
Jessie	In terms of emotional intelligence, you need to know how self-aware you are and be able to read other people, to kind of see where they are coming from		
Bailey	Introducing the concepts to others will give them a glimpse of things or decisions they must make on their end, especially the emotional intelligence part which would help them perform better in their daily living not just work		
Drew	It is interesting to see how the end of the day we all kind of impact one another's role		

Sub-Theme 4: Increases ability to handle difficult situations. The fourth benefit to introducing the concepts to the training in healthcare, was being able to handle difficult situations. Most of the participants from sample two acknowledged that post-training, dealing with their employees has improved and they have even stepped in and mediated when the opportunity arose. For instance, Eden mentions *"due to the training they are now able to assess situations differently" … "it is critical for leaders to know how to approach conflicting situations, which can help mitigate the negative image the is portrayed about leaders within the healthcare industry."* Carey believes since the training *"they are less conflict averse and have developed more confidence and become more direct when approaching certain situations."* Alex recounts how *"the conflict*

management assessment tool provided the necessary steps to help deal with difficult situations."

Hali says the impact of the training on their conflict management skills has *"helped them to mediate conflict between personnel on their team. They have also stepped in and assisted others when they mediated between parties."* Jaime anticipated learning new ways of dealing with conflict as something they sought after in the training. Carmen expressed that *"people think they know how they deal with conflict until they take the assessment tools that indicate something else"* and the course helped them to realize that about themselves. Bailey mentions, *"As a leader the concepts has helped a lot to manage my colleagues and how to deal with conflict, which is the hardest thing".* Riley from the focus group says *"the conflict management principles helped me to purse out how to categorize conflict and resolve it. It gave me different ways to go about doing it and trying to figure out how my personality is different from others".* Alex has mentioned that even though they have been able to handle conflict, they don't fully attribute it to the training, but to the experience itself *"handling conflicts has gotten better, but I don't know if I would attribute it to the actual training… think just from experience, that has helped."* Some more evidence of this is highlighted in the table (See Table 19).

Table 19

Data Excerpts for Sub-Theme 4 – Sample 2 – RQ4

Participant	Data Excerpts	Participant	In Vivo Code
Alex	The training has opened their eyes to different ways in dealing with conflict and knowing that there are different types of personalities and leadership styles	**Hali**	"actually helped when I've mediated conflict between other people" "gives us more options depending on the situation – to mediate"
Carmen	The training met their needs, especially in how they deal with conflict Sometimes they go to others to intervene on their behalf in conflicts if it is not directly in their department – example with physicians they would ask for help	**Carey**	"less conflict averse"
Jessie	We're dealing with people and emotions on a day-to-day basis, so tempers can flare When you are removed from the situation you're just basically there as a mediator, it's always much easier to deal with people in certain situations	**Drew**	"my shortfall has always been how do I go ahead and how do I approach difficult situations"
Terry (Focus Group)	The conflict session has taught us how to recognize where your employee is along the learning continuum and how you should respond to get the best benefit from the conversation Being able to handle the situation without losing your cool and getting everyone to a reasonable solution is highly needed	**Riley**	"the MUSH principles helped me kind of parse out how to categorize conflict"
Morgan (Focus Group)	Each person's story is different but we all learned the same or similar skills that can be used when we encounter those challenging situations	**Eden**	"managing conflict"
Teal	When conflict arises, usually call someone took the training with and ask for advice on how to approach the situation		

Sub-Theme 5: Improves communication skills. The last benefit to having the concepts introduced was improvements in the way they communicated post-training. Along with communicating, the leaders indicated that their presentation skills have improved at meetings. Because of the complexity of the hospital system, it is essential for leaders to be efficient in the way they communicate with each other, patients, and patients' family. Carey, for example, recounts that *"out of all the tools introduced, they believed their communication skills improved a bit, especially in public speaking and one-on-one conversations."* Carmen says *"I am more conscious of what I say and the tone I use when dealing with others. I interject more and prepare myself before heading into a meeting."* Riley from the focus group says, *"I'm more calculated in my responses, but only because I am more conscious".* Data excerpts to help support the findings is listed in the table (See Table 20).

Table 20

Data Excerpts for Sub-Theme 5 – Sample 2 – RQ4

Participant	Data Excerpts	Participant	In Vivo Code
Alex	I have been able to communicate with others better and identify the strengths of each participant on my team	**Alex**	"Effective communication is necessary in leadership"
Bailey	From the training I have learned how to relate better to my coworkers and how to improve the performance of my coworkers based on the concepts I learned from the course	**Bailey**	"much better at communicating and leading better too"
Riley (Focus Group)	I have become a little more cognizant of what I'm going to say, how I'm going to say it, when I'm going to say it	**Carey**	"think I've improved my communication a bit"
		Alex	"not necessarily communicate better, but approach different situations differently"

The themes identified from the responses of the leader trainees all highlight the effect and benefit of introducing concepts like conflict management, emotional intelligence, problem solving, negotiation tactics and effective communication practices to leaders within the healthcare industry through their perspectives and experiences of the training, and the impact the training had on their learning and application. The trainees highlight the need for the concepts to be incorporated and implemented to be efficient in their jobs when dealing with patient care. To further answer this question, the researcher also used open-ended survey questions to help validate what the trainees expressed in their interview responses. The survey results are presented below.

Quantitative results

Survey questions three (3), five (5), and twelve (12) were used to explain the findings. Question three (3) asked the participants "Please rate the effectiveness of each session – emotional intelligence, building teams, situational leadership, effective communication, conflict management, negotiation tactics, and presentation skills and effective presence – to your job function on a scale of 1 – 5 (5 being the highest)?" All 26 respondents answered this question. Based on the responses, 20 participants ranked *Emotional Intelligence* as being the most effective, with *Situational Leadership and Effective Communication* vying for second at 17 respondents saying the content was effective. The participants also identified *Building teams* as being very effective to their job function, in which 16 respondents rated it as being excellent. The lowest valued course content was *Negotiation tactics*, in which 12 participants identified this as being most effective to them. This is further depicted in the figure (See Figure 13).

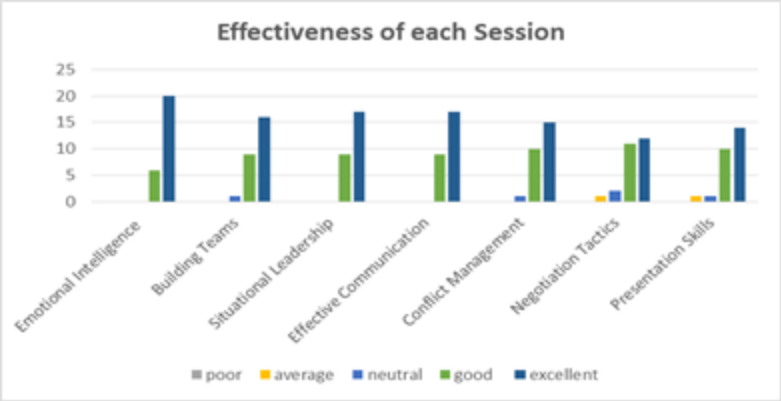

Figure 13. Effectiveness of each Training Session

Question five (5) asked the respondents "What have you done differently on the job since the training program?" All 26 respondents answered this open-ended question. The responses indicated that approximately 36% felt ***enhanced communication*** was something that had improved since training. For instance; *"have effective conversations, communicate differently, build upon my skills with communication, I interact with the folks that were on my team in a different and more meaningful way, I have tailored how I approach my staff, I am more deliberate of the tone and context of my messages, and I changed my communication"*. Of the 26 that responded, approximately 28% indicated enhancing and becoming an ***effective listener*** with their staff. Examples of this are as follows; *"more effective listener, I listen better, improved listening skills, and better listener"*. The third aspect that has had an impact on the leaders is ***conflict management*** where approximately 24% indicated *"assessing how they handle conflict, using the skills every day in conflict management with my peers, I have learned how to react to different situations, I dealt with conflict better, and more strategic in picking my battles"*. Lastly, approximately 12% indicated that they have become more ***emotionally aware,*** which is evidenced by *"assess how I approach situations, whether it be my emotional awareness;*

and I have learned how to use emotional intelligence in dealing with care givers and direct reports". This is further depicted in the figure (See Figure 14).

Figure 14. Most Used Competencies Post-Training

Question twelve (12) asked the participants "What is the MOST valuable skill or strategy you learned from the program that you have applied or plan to apply to the workplace? Specific example". For this open-ended question, 24 of the 26 respondents provided a response from which the majority indicated that ***conflict resolution*** was the most valuable skill or strategy they learned and have applied or plan to apply to their day-to-day. Another skill or strategy that was valuable to the participants was being introduced to ***situational leadership***, in which they indicated *"my team has very diverse projects and I use this method to help adapt and motivate them towards success, and I utilize the information to assess and change leadership styles to adapt a caregiver's needs".* ***Communication skills*** and ***team-building*** were also mentioned as being valuable to the participants, where they stated, *"I am a better communicator, I present and exude more confidence, and I use the elements of team work in creating and building my own team".* This can further be depicted in figure (See Figure 15).

Figure 15. Most Valuable Skill or Strategy

The quantitative results for research question four (4) suggest that the effect on leaders in healthcare in competencies such as, problem solving, conflict management, emotional intelligence, effective communication and negotiation tactics, all point to ***emotional intelligence, effective communication and conflict management*** as having the most effect on the leaders and what they hope to apply or have applied to their day-to-day post-training.

Integration of Data. All participants mention the lack of awareness of the concepts in healthcare. However, given the exposure to the concepts in the leadership training, the researcher compared the findings to determine the overall themes presented by both samples to answer research question four (4). Overall, when looking at the qualitative responses offered by the participants in the one-on-one and focus group interviews and the quantitative survey questions, one can stipulate that the main effect on leaders in healthcare, when introduced to concepts like conflict management, problem solving, emotional intelligence, effective communication and negotiation tactics, are enhanced emotional intelligence, better conflict management, and improved communication skills.

Sub-Question 1

The first sub-question asked by the researcher was, "what aspects of leadership training were most influential in meeting the desired goals for the healthcare professionals?" Qualitative semi-structured interview responses for sample 2 – leader trainees - was used to answer this question. In analyzing the transcripts of the participants, the researcher identified the following common themes among sample 2 participants as being most influential in meeting their goals: ***synthesizing prior knowledge to enhance skills-building, and being nominated to participate in the program.***

Theme 1: Synthesizing prior knowledge to enhance skills-building (Content). Most of the participants indicated in the interview that they had some prior knowledge of leadership concepts, whether through attaining a Master degree or attending other leadership courses throughout their career. Having the concepts reintroduced was beneficial because it helped to reinforce the technical skills needed to function in their differing leadership roles. For instance, Eden says *"the leadership training helps leaders build upon their existing skills and information."* For Jessie, even though they had a leadership course in the past, *"it was good to take some of the different assessments to learn more about myself."* Having some level of background knowledge on leadership, was influential to some of the participants, especially within the healthcare setting. For some, the concepts were entirely new, as Bailey pointes out *"many of them were new concepts."* Jaime, who had a health administration background, says *"the concepts have enhanced what they already knew."* Data excerpts are highlighted in the table (See Table 21)

Table 21

Data Excerpts for Theme 1 – SQ1

Participant	Data Excerpts	Participant	In Vivo Code
Carmen	Some of the concepts I knew already from past courses, especially emotional intelligence It was nice to see newer concepts on the agenda	**Eden**	"synthesizing information you already have and putting it into a context of leadership"
Jaime	Having had prior knowledge in healthcare administration, I thought I would be given newer information to add on to what I already learned There were several courses that really enhanced what I already knew; like emotional intelligence, situational leadership, conflict resolution and presentation skills	**Skylar**	"it reemphasized" "was taught in different ways"
Skylar	A lot of the things I had already seen or learned before taking the training, but it helped me to reemphasize the concepts in different ways		

Theme 2: Being nominated provided incentive to learn. The leaders that participated in the training program at Hospital "X" were all nominated as showing great potential for leadership roles, or were already leaders within their respective departments. This aspect was influential in meeting their goal because it provided the leaders with the opportunity to be a part of a chosen few to undergo the training and learn concepts that would potentially enhance their day-to-day functions or jobs. For instance, for Eden *"I was very, actually honored to be a part of the first group that went through…. I felt valued, it was a great opportunity to be a part of the first group".* For Alex, *"being nominated felt good because of the position I was in and having little or very minimal experience in leadership before I actually started in the class."* Jaime mentions being relatively new to the organization, *"they were glad to participate as it exposed them to*

other specialties and people". Bailey was actually excited to be nominated as they had heard good reviews from the previous cohort, *"I feel it was an honor to have a chance to do that…. I really wanted to take it myself because of all the great things that were said about it".*

Sub-Question 2

Sub-Question two asked the participants "what feature(s), if any, should leadership development consider in future design, delivery and assessment of training and development programs to better determine their success and organizational impact?" Mixed-method data collection was used to answer this question. The researcher sought the responses from both samples one and two. The responses from the qualitative data was analyzed first, then the quantitative; upon which the researcher compared and provided their interpretation of the data.

Qualitative findings

From the perspective of the trainers and the program development managers Caden and Chris, the researcher found that special consideration with respect to future trainings, should be focused on ***providing mentoring and coaching opportunities to the leaders, and addressing the challenge of time and/or availability*** to be able to sharpen skills or promote education and create avenues for growth within the facility.

Sub-Theme 1: Providing mentoring and coaching opportunities to the leaders. This finding is in line with the benefit of planning and designing training programs, which was identified in the results for Research question one – being support mechanisms for their leaders. To ensure their future training programs align with their

expectations, Caden and Chris believe supporting the leaders will ensure the training needs are met. Some aspects from the transcripts are included in the table (See Table 22).

Table 22

Data Excerpts for Sub-Theme 1 – Sample 1 – SQ2

Participant	In Vivo Code	Data Excerpts
Chris	"having a coaching component" "to create peer mentoring"	Having mentoring circles of four to six people to help each other through the training experience post-training The idea of creating opportunities for trainees to have more than two sessions with their personal coaches, but because of cost, it may be impossible
Caden		To coach them on how to handle specific situations. That's something we do on a regular basis everyday here.

Sub-Theme 2: Addressing the challenge of time/availability. The hospital system is extremely demanding and it is often challenging for program development managers to incorporate training sessions that would fit into the busy schedules of their physician leaders. Both Caden and Chris understand these challenges, but know they should find a way to work around the time and/or availability of the leaders to ensure they are able to keep up to date with the latest leadership concepts for healthcare leaders. Evidence of this was extracted from the data and is presented in the table (See Table 23).

Table 23

Data Excerpts for Sub-Theme 2 – Sample 1 – SQ2

Participant	In Vivo Code	Data Excerpts
Caden	"we do our best in providing them with the time" "most challenging for physicians because of issues with their time" "don't have an opportunity a lot of times"	The idea of physicians knowing that the leadership department is constantly working on finding ways to help navigate their daily functions Stressing the challenges of physicians and the time factor regarding trainings and fitting it into their schedules Finding ways to make it work for trainees to get the time to partake in the trainings
Chris	"people are busy"	Time seems to be a big issue for the physicians to get away from their busy schedules

To get the overall findings, sample 2 participants also presented some considerations that program development team should consider when designing future trainings. These findings were analyzed qualitatively and quantitatively. The themes generated from the one-on-one interviews suggest that trainers should contemplate the following: ***have continuation of the program or concepts, allow more time to grasp concepts*** (more than one day for concepts that have high interests), ***and follow-ups to determine potential change.*** Evidence of this is presented with the following data excerpts from the transcripts.

Sub-Theme 3: Continuation of program or concepts. Majority of the leader trainees indicated that consideration should be made into having continuations of the concepts or program within the hospital. Having a continuation will provide the added refreshers on key concepts. The participants felt that after they have learned the skill or concept, if it is not practiced, then it will go to the back burner and they will tend to forget to utilize the skillset consistently. For instance, Alex thinks that *"follow-up*

courses should be offered on like a different level, as reinforcements of how to strategize in teams and foster and motivate those that are under you." Jessie mentions *"maybe having roundtable discussions that would help participants keep front and center the concepts that we learned during the sessions."* Data excerpts are displayed in the table (See Table 24).

Table 24

Data Excerpts for Sub-Theme 3 – Sample 2 – SQ2

Participant	Data Excerpts	Participant	In Vivo Code
Alex	The training sessions should be something that is offered continually and not just end with this leadership training to care to the ever-changing healthcare arena	**Carey**	"maintaining a course like this is good" "the important thing is consistency"
Eden	It would be nice to get a redo of the assessments like conflict management and emotional intelligence again to see if there have truly been any changes, probably a year after, to get the true impact	**Alex**	"something offered continually" "there should be follow-up courses" "you consistently need to be trying to view leadership in healthcare from a different lens"
Jessie	Believes a lot of the time you go through the training and then it's done and over with and people kind of move on; thus, the need follow-up sessions or maybe somebody to touch bases with to see how things are going	**Drew**	"maybe just have a continuation"
Carmen	Suggests maybe having follow-ups or shorter programs allowing leaders to delve deeper into the topics	**Teal**	"Refreshers would be nice. I really loved the program."
Drew	I hope the training just continue because it was a good experience		

Sub-Theme 4: More time/exposure to concepts. Being pressed for time during the training and having busy schedules is an area expressed as challenging when planning training programs. Some of the participants felt the time allotted for some concepts were

too short, and having only one day out of a month to learn a concept was also challenging. Not only should there be more time with the concepts, but participants voiced more time with their coaches. For instance, Terry mentions *"also the coaches maybe, if anyone want to follow-up with them after the two sessions have been completed. Leave the door open that would be beneficial".* Excerpts are displayed below in the table (See Table 25).

Table 25

Data Excerpts for Sub-Theme 4 – Sample 2 – SQ2

Participant	Data Excerpts	Participant	In Vivo Code
Bailey	Having more opportunities created to allow us to work on perhaps our public speaking/presentation skills Wishes there was more time for some of the segments to get more practice in	**Carmen**	"sometimes we wanted a little bit more of something" "a little bit more time with specific courses or subject helps"
Carmen	The time frame for the course were one day, once a month. For courses that really grabbed attention and you wanted more, could have been covered in a whole week instead of one day	**Jamie**	"you know everybody's busy here"
Drew	Unfortunately, we were pressed for time, so the program was kind of condensed I know it was rushed and there is so much more that we could dive into	**Jessie**	"a lot of times you go through the training and then it's done and it's over with"

Sub-Theme 5: Provide follow-ups and assess evaluations. All the participants mentioned having no follow-ups post-training from the program development team. Participating in this research was the most formal means they had of sharing about the training experience and how the training had impacted their day-to-day functions at the hospital. Teal expresses how they felt regarding the lack of follow-up "*not much, which is where I felt it fell off, not fell off, just have follow-ups to determine if we need*

refreshers." Eden mentions that, *"outside of the research interview, nothing formal has been done by leadership development team to see the impact of the trainings."* Jessie, who seems to talk to one of the training managers, also mentions *"there hasn't been anything formalized. I can't remember anything formalized even though I have talked to one of the leadership development personnel on different occasions."* Additional data excerpts are identified in the table (See Table 26).

Table 26

Data Excerpts for Sub-Theme 5 – Sample 2 – SQ2

Participant	Data Excerpts	Participant	In Vivo Code
Alex	Haven't received any formal feedback sessions with leadership development other than current interview	**Jessie**	"maybe somebody to touch base with"
Hali	Haven't had many follow-ups with leadership development department after taking the course or from my direct report/supervisor	**Carmen**	"have a boss that would be more interested in my development"
Teal	Not much, which is where I felt it fell off, not fell off, just have follow-ups to determine if we need refreshers	**Logan (focus group)**	"we had a little debrief at our last class"
Skylar	Don't recall anything and it's been about a year, but there was a post-assessment where we were able to give feedback	**Skylar**	"not outside of the current research"

Sub-Theme 5b: Assessing evaluations to help gauge progress. The participants felt like evaluations play a big part in determining what was beneficial in the overall training program. Feedback, whether good or bad is important and essential to ensure the trainees and trainers know the impact of training on an individual. Eden voiced that they *"sought out feedback six months after the training*" but mentions having had no reinforcements since that time has passed. Alex, even though he/she believes in feedback as being effective, thinks that evaluation feedback is not always a true representation of

potential impact of training, *"evaluations are 50/50, good/bad, because people are not always forthright with their feedback right after a training …. and may not always be meaningful and true about the experience".* Hali also believes that *"the positive reinforcements/praise is beneficial in the organization."* Some additional data chunks/evidence of this is depicted in the table (See Table 27).

Table 27

Data Excerpts for Sub-Theme 5b – Sample 2 – SQ2

Participant	Data Excerpts	Participant	In Vivo Code
Alex	The positive feedback they received, has helped gauge their progress in regard to doing things a bit different post-training	**Hali**	"from a trainee perspective, sometimes you wonder if you're heard"
Bailey	They observed themselves becoming more confident, more effective in their leadership	**Jessie**	"the coach gave me feedback"
Logan (Focus Group)	Maybe having extended feedback on what was found to be valuable to us. What we are going through may look different a year from now		

The themes identified through the interviews highlight an apparent miss in communication between trainers and trainees. One of the goals of the trainers and what they would like to see going forward with trainings is *to be a support mechanism for their leaders*, however, based on the interviews, the trainees haven't had any formal follow-ups or refreshers to determine if there has been any change in action or behavior post-training, to determine overall organizational performance and effectiveness of training. Furthermore, evaluation is needed to determine which programs were most beneficial to the trainees and is needed for future training sessions.

The quantitative findings for sub-question 2, suggest that the trainees believe leadership development should consider; ***follow-ups, having continual courses,***

providing more time with coaches, and regrouping of trainees to discuss growth. Questions 15 and 18 in the survey were analyzed for this research question. Question 15 asked "has there been any follow-up on the training programs to determine the overall value/impact of the training sessions?" Out of the 26 participants, 24 responded and indicated with a 75% response of "*no".*

Question 18 asked "Can you think of anything that we should consider when we design, deliver, evaluate future training and development programs within our organization?" Out of the 26 participants, 23 leaders responded to this question. Evidence of the codes as expressed by the participants were *"more coaching and practicing, and less lecturing; department chairs needs as leaders are unique, so having further streamlined training focused on specific needed skillsets would be extremely useful, could be short ½ day seminars or even off-time sessions; brokering an agreement with coaches for attendees to continue the relationship after the program is completed would be most beneficial for continued development of the leader; follow-up, quick burst refreshers; follow-up sessions including future and past classes would be great; and perhaps a one year anniversary regroup session with leadership class to discuss success and challenges".*

Integration of Data. The themes generated from the analysis for sub-question 2 are: ***follow-ups to determine potential change in action and behavior, addressing the challenges of time with concepts and coaches, and providing continual courses to ensure growth of leaders.*** These three themes address what the trainers and trainees hope to consider when future training programs are being designed and implemented within the facility. Having follow-ups with the trainees on the challenges faced and

things they have improved over time will help address one of the goals outlined in the findings for research question two of the study, being a support mechanism for the trainees. Due to the nature of the organization the participants have mentioned the issue of time not only to attend the training programs, but time regarding exposure to the content that is being introduced. In this instance, the leader trainees have mentioned that the duration of the training (months long) with one day per month for a concept, is not feasible for them to grasp the skillset with the expectation of transferring the knowledge back to the job or daily duties. To tie in to the second theme identified, having continual courses or refreshers is something the participant feel will help them to attain the skills or knowledge needed for continued growth within the facility.

Summary

Chapter four (4) presented an overview of the purpose of the study, a data treatment table that highlighted the data collection process undertaken by the researcher and demographic make-up of the participants for the study, qualitatively and quantitatively. Unisex pseudonyms were used for all willing participants to protect their identity as they were selected through the aid of a gatekeeper at Hospital "X". The chapter included an interpretation and analysis of the themes identified in the study. Due to the nature of the research and research questions asked, the researcher identified themes and sub-themes. Chapter Five will present interpretations of the findings, any implications and limitations of the study, and recommendations for future research regarding the phenomenon of analyzing the impact of training and evaluation through a multi-frame and conflict practitioner lens or perspective.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose and objective of this study was to explore whether goals, training objectives, and assessments that are used and implemented by program development managers for trainings within Hospital "X", are broad enough to reflect a multi-frame perspective on the impact of leadership training among the leaders within their facility. While past research has looked at the use of the Bolman and Deal's multi-frame model (structural, human resource, political and symbolic) pertaining to matching appropriate leadership style(s) to leaders within the healthcare industry (Downtown, 1997; Sasnett & Ross, 2007; Sasnett & Clay, 2008; McGowan et al., 2017), none has touched on the application of the model within healthcare when considering the planning and development of training programs that are geared towards improving leadership performance. Conflict resolution and organizational development specialists that focus on organizational conflict, and are practitioners offering their expertise through training and development, may find the benefits of this study useful when assisting corporations in developing effective training programs that matches the needs of their leaders.

The study considered the multi-frame framework to determine, through the perceptions of program development managers and leader trainees within a healthcare facility located in South Florida - Hospital "X", how leadership training has impacted their day-to-day performance and whether goals set by both samples were reflected in the training to allow for effective assessment. Exploring this concept may be beneficial not only to healthcare facilities, but to any industry where training and development occurs. The research involved analyzing and answering four main research questions, with two

sub-questions to address the purpose and objective of the study. A mixed-method research design was applied. The researcher interviewed program development managers within a leadership development team working within the hospital, along with top leaders within differing departments who had undergone leadership training, within the last three years; as well as administered an in-house survey to the top leaders within the facility. Two program development managers, eleven leaders participated in the one-on-one, and four leaders participated in the focus group for the semi-structured interviews. From the 45 leaders that were nominated to partake in the training, the CheckMarket sample size tool indicated that 38 would be a sufficient amount to represent a significant amount for the study, however, 26 participants filled out the survey to which descriptive statistics was utilized during the analysis phase.

This chapter will present a summary, discussion of the results, conclusions based on the results, implications for practice, limitations of the research, and suggest recommendations for future studies.

Summary of the Results

The intent of the researcher for this study was to determine whether the goals that were identified by the program development managers were sufficiently broad to align with the training outcomes through a multi-frame perspective; and how those results can assist leadership development teams in assessing their training programs effectively to match the needs of their trainees while considering a multi-frame perspective. The researcher identified themes for each research question which is summarized in table 28, below. The themes helped to address the objective of the study and showed how the goals

of the program development managers within this hospital, do to some extent, seek to align their goals to expected training outcomes.

Table 28

Themes Identified to Support Findings

Research Questions	Identified Themes
What potential benefits do leadership development staff who select, design, and evaluate training, articulate; and do they capture a multi-frame perspective?	**Theme 1** – Creating opportunities for building effective teams **Theme 2** – Being a support mechanism for their leaders within the organization
How do the goals of the program development managers align with the assessment of evaluation instruments, and do the assessment reflect a multi-frame perspective?	**Theme 1** – Anticipating growth through education and training **Theme 2** – Anticipating transfer of training and behavior changes in leaders **Theme 3** – Providing and Reviewing feedback to determine impact and effectiveness`
How does the perception of training benefits align with leadership development goals and multi-frame perspective?	**Main Theme 1** – Making connections and strengthening teams **Main Theme 2** – Utilizing concepts to enhance day-to-day functions
What effect does training in competencies such as, problem solving, conflict management, and effective communication have on leaders in healthcare?	**Main Theme 1** – Enhanced Emotional intelligence **Main Theme 2** – Increased ability to handle difficult situations **Main Theme 3** – Improves communication skills
SQ 1. What aspect of Leadership training were most influential in meeting the desired goals for the healthcare professionals?	**Theme 1** – Synthesizing prior knowledge to enhance skills-building (content) **Theme 2** – Being nominated provided incentives to learn
SQ 2. What feature(s), if any, should leadership development consider in future design, delivery and assessment of training and development programs to better determine their success and organizational impact?	**Main Theme 1** – Follow-ups to determine potential change in action and behavior **Main Theme 2** – Addressing the challenges of time and exposure to core concepts during training **Main Theme 3** – Providing continual courses to ensure growth of leaders

Both samples that participated in this research have cited the importance of leadership training as a means of fostering growth and enhancing an environment to

allow for effective team building and efficiency in core competencies that were introduced during the training. Even though the participants had no prior knowledge of the multi-frame or four-frame perspective, the results indicate that they do replicate some aspects of the model in their training programs.

Discussion of the Results

Research Question 1

The research question asked, *"What potential benefits do leadership development staff who select, design, and evaluate training, articulate; and do they capture a multi-frame perspective?"* Respondents from sample 1 – program development managers – provided insights to this question by highlighting the potential benefits to creating the training programs or courses for their leaders as ***creating opportunities for building effective teams*** and ***being a support mechanism for the leaders*** to help create an environment that fosters growth. The findings do suggest that there is some alignment to the multi-frame perspective – team-building or human resource frame – even though the program development managers, who represented the leadership development team had no prior knowledge of the four-frame concept and the potential benefit to aligning the training objectives using this model.

As highlighted in the literature of the study, the four-frame perspective when applied to trainings can help managers when they assess the value and behavior or actions of the trainees within the organization. Utilizing the concept in the developmental stages of the training process can allow managers to view the differing lenses of leadership, thus providing an overall approach to enhancing and creating effective leaders within Hospital "X". The literature also points out that most organizations evaluate the impact of success

on the training by focusing on the structural frame without considering the other frames. This study shows that the leadership development team of Hospital "X" appears to be placing much of their focus on the human resource frame which is highlighted in the benefits and goals they expressed when planning and designing the trainings for their leaders, with little emphasis on the impact the other frames could have on the overall performance of the organization.

While some of the trainees within the study indicated the training helped them with team-building, for example, Hali *"differing groups of people which opened a way to build bonds/make connections with others within the hospital system",* others like Teal mentioned *"it provided a ton of tools and different techniques or tactics that I could use"* – highlighting skills building or the structural frame. Eden suggested a value of the training to reflect getting everyone on the same page *"when everyone is on the same page, there will be no hidden agendas within the organization and everyone is striving for the same goal where everyone understands the context in which they are working"* – suggesting the organization maintains a strong organizational value and culture or symbolic frame, and participant Jessie mentioned, *"based on my career, I consider career mobility factor to be important, especially in a leadership position"* – suggesting the political frame. Although the program development managers viewed the potential benefit to training under the human resource lens, the trainees, in sharing their experiences and expectations for training programs, expressed the structural, team-building, political and symbolic frames as important, based on their current need in their career path.

The researcher provided an overview of the model to all participants and asked them to rank level of importance. The program development managers both selected the human resource frame as being most important from a trainer's perspective, which the findings highlighted – ***creating opportunities for building teams***. Sasnett and Ross (2007) reviewed past studies on leadership training within the healthcare industry and found that program directors usually identify with the human resource frame which this study also recognized. When the researcher asked the leaders to identify order of importance of the frames to their training needs, the trainees identified a mixture of frames: one participant felt the structural frame was most important, six participants selected the human resource frame or teambuilding, six participants selected the political frame or career mobility because of their age or the level of interest in opportunities that would help advance their career, and two participants highlighted the symbolic frame or organizational values and culture. The participants suggested that being at this level – leadership - they already have acquired most of their skills and stresses the need for cohesiveness with everyone in the organization to be on the same page. The quantitative data also points to 22 out of the 26 participants selecting team-building or human resource frame as most important, but 20 out of the 26 listed enhancing knowledge and skills or the structural frame as being the second most impactful to them as trainees. This highlights a slight contradiction in the data, which creates more opportunities for the frames to be further explored within the facility when looking at training impact.

The results for question one emphasizes what Bolman and Deal stress when using this model; that managers and organizations should consider more than one frame or lens to ensure a truly effective leader (McGowan et al., 2017). My findings suggest that

Hospital "X" leadership development might choose to become more knowledgeable to the multi-frame or four-frame concept and the benefits of aligning the frames to the leaders' training or career needs.

Research Question 2

Research question two asked *"How do the goals of the program development managers align with the assessment of evaluation instruments, and do the assessment reflect a multi-frame perspective?"* The findings indicate that program development managers – sample 1 – identify their goals for implementing trainings as follows, ***to anticipate growth through education and training, to anticipate transfer of training and/or behavior changes in leaders,*** and ***to provide and review feedback to determine impact and effectiveness of the training***. The planning and designing stage allows the program development managers to determine what would be important to introduce in training programs at the facility. For instance, when Caden says they *"determine pieces they (leaders) can apply to everyday work" and "I communicate how I think physicians will respond and react to the program"* and Chris *"when trainings are designed and implemented I want to ensure they are connected to behavior changes in the participants".* The participants both highlight the consideration that goes into the planning process of the trainings being offered to the leaders and consider performance reviews and the Kirkpatrick model as being sufficient in assessing the impact of the trainings.

Even though the Kirkpatrick evaluation model is used, Chris points out that they *"focus mainly on Kirkpatrick's first two levels (reaction and learning) in the model of training and evaluation and is satisfied when participants rate a course 5 score, but I*

question how much of this information is being retained". Like most of the research conducted since the inception of the Kirkpatrick model, Hospital "X" also places focus on the first two levels, reaction and learning. The Kirkpatrick evaluation model, used to assess behavior changes post-training, helps leadership development departments to determine the overall effectiveness of their training programs and whether there was transfer of training to the job, which would suggest a return on investment for the organization. Although the trainees have evaluated the course or topics with high ratings as indicated by Chris – scores of 5 - they question whether the information shared is being transferred back into the leaders' day-to-day functions.

In limiting assessment to reaction towards the overall training, and establishing whether the leaders have gained additional information to help them become better leaders, leadership development have failed to assess the true changes in behavior and/or action in their leaders post-training. The study conducted by the researcher allowed for some insights into the other levels of the assessment model, where the researcher gathered preliminary data to assess whether changes occurred (level 3) and what overall effect the changes had on the overall organization (level 4). For example, most of the trainees highlighted that *"outside of the interview, they have had no formal follow-up by the leadership development team"* and Carey even mentioned that they *"would love to have a boss that was more interested in their development and ask about how the training has helped them".* Additionally, when the researcher enquired about any significant changes the leaders may have noted in themselves and others post-training, Eden points out, "*I have asked others who had participated to give me feedback on my performance, especially presenting probably within the first 6 months after the training"*. From this

response, the researcher inferred that Eden saw the benefit in reaching out to others to see how the training had impacted them, but because there was lack of or no reinforcements by leadership development, the efforts they put forward after being exposed to the concepts were not sustained once the time (six months) had passed.

While the leaders voiced having little to no reinforcements, they did specify changes in the way they go about their day-to-day functions. Most of them stated being *"more confident and being more cognizant of how they approach situations within the organization and among their respective departments."*

The program development managers have aligned the objectives or goals of the training program to the assessment instruments they use in terms of the outcomes they are trying to assess, but, in failing to follow through with the trainees, they did not fully gauge the overall success of the trainings they offer, outside of this study.

The second part of the question asked whether the assessments reflected a multi-frame perspective. The use of performance reviews and the Kirkpatrick evaluation model to assess impact, do, through the goals identified, reflect two aspects of the multi-frame lens – structural or skills building, and career mobility or the political frame when looking at the transfer of training. The program development managers have indicated having limited knowledge of the multi-frame model and how it could be applied to trainings, thus, no connections were made to the four-frame model when they did their after-training assessments on the surveys they had the leaders complete.

Research Question 3

The researcher used mixed-method analysis to answer research question three (3): "*how does the perception of training benefits align with leadership development goals*

and multi-frame perspective?" The research identified ***making connections and strengthening teams*** and ***utilizing concepts to enhance day-to-day functions*** as the potential benefits of the trainees that align with the leadership goal of *transfer of training and/or behavior changes in leaders*. These benefits do suggest evidence of a multi-frame perspective. The leaders believe the training has allowed them to use some of the information presented in their day-to-day functions, which has impacted and enhanced their duties. Being able to work better in teams when the need arises has increased, for example *"forming new relationships and developing existing ones, it allowed us to know each other in the context of leadership where we also built relationships and rapport with each other, and the course helped me to get to know some of the physicians and other leaders, understand them better and kind of know another side of them".*

The elements of the multi-frame perspective that were reflected in the outcomes of the training and identified by the researcher, were the Human Resource lens – team-building, the Structural lens – enhancing the job functions of the leaders to allow them to grow, and Political lens – networking between the differing departments to help strengthen team building. The researcher recognized aspects of the multi-frame that are deemed beneficial and impactful to the leaders, but without follow-up or knowledge of the multi-frame model, the program development team was not able to determine what was most impactful or how the frame model could be used to enhance their training programs to adjust to the needs of the leader trainees.

Research Question 4

The researcher also used mixed-method analysis to answer research question four (4): *"what effect does training in competencies such as, problem solving, conflict*

management, and effective communication have on leaders in healthcare"? Data collected from both samples assisted the researcher in their findings. The data suggested the main effects of introducing these concepts to leaders in healthcare are ***enhanced emotional intelligence, increased ability to handle difficult situations*** and ***improved communication skills*** when applied effectively on the job. All participants expressed some level of limited awareness or concepts not being addressed within the healthcare facility. Having these concepts introduced has been rewarding, especially in the way they deal with their staff and with other leaders within the facility.

For instance, program manager Caden mentioned *"the lack of awareness by physicians on these concepts since they are all medicine and their prior training is all clinical."* And Chris, highlighted *"the importance of introducing these concepts to the physicians as they are dealing with life or death situations on a day-to-day and working often in teams".* Some of the leaders also expressed these sentiments, Carey mentioned *"the concepts are new to physicians, so the skills are not there because it is not practiced"* and Alex, *"the importance of educating on these subject matters is to ensure there is a smooth workflow between leaders in their departments".* One of the major causes for medical errors has been identified as poor communication within the healthcare industry (Cochran et al., 2018). Carragher and Gormley (2016), emphasized in their study the need for ongoing education and training as part of professional development in healthcare, as both Emotional Intelligence and leadership skills wane over time. The ongoing education of emotional intelligence, for instance, will enhance the individual's interpersonal, social and leadership skills in the workplace (Carragher & Gormley, 2016). With the rise in negative impacts on patient care in recent studies in

healthcare, many major hospitals are seeking to increase the number of trainings in negotiation, conflict management skills and communication (Cochran et al., 2018)

The leaders stress that the concepts have allowed them to become *"more understanding of other leaders throughout the hospital"* and *"able to assess situations differently.*" Question 13 in the survey asked, "How likely they would be to use the skills they gained from the training?" Sixty-two percent (62%) indicated that they would *very likely* use the skills in their department or circles of influence. It is imperative that healthcare leaders learn the necessary tools for dealing with conflicting situations to avoid decrease in efficiency and mitigate areas that can arise from patient-care. Gerardi (2003) highlights in her article the importance of the field of dispute resolution within the healthcare industry as the system or environment is often plagued with hot tempers, avoidance tactics depending on the situation, high levels of competition – to be recognized in their respective concentrations/fields, and hopelessness.

Sub-Question 1

Sub-question one asked *"what aspect of leadership training were most influential in meeting the desired goals for the healthcare professionals?"* The findings indicated that sample 2 – trainees felt that ***synthesizing prior knowledge to enhance skills-building*** and ***being nominated to participate in the program*** were most influential in meeting their desired goals of the training. Having prior knowledge in some of the concepts was beneficial to the leaders as it helped to reiterate and reinforce the tools or resources needed to foster their growth. The concepts helped to enhance what they already knew, thus creating avenues for them to become better leaders.

Being nominated to participate in the leadership training elevated a sense of pride and motivated the leaders. The fact that the organization invested in their learning and someone believed they deserved to be recognized as an aspiring leader made the trainees appreciate the opportunity, which contributed to their learning. The notion of nominating leaders also lends into the political frame of the multi-frame or four-frame perspective. Hospital "X" is investing in their employees who they deem as aspiring leaders, which provides opportunities for advancing their careers. For example, one of the participants said, *"I started off from very, very, very humble beginnings and I am in a Director position now*." Because the four-frame is new to the participants, this connection was not made when they discussed the potential benefit to designing the training programs. Additionally, having a mixture of departments over the three-year time span has allowed for opportunities to network and work towards strengthening their respective teams, which adds to the overall organizational performance.

Sub-Question 2

Sub-question two asked *"what feature(s), if any, should leadership development consider in future design, delivery and assessment of training and evaluation of training and development programs to better determine their success and organizational impact?"* The findings indicated that all participants, based on the analysis, felt that ***follow-ups to determine potential change in action and behavior, addressing the challenges of time and exposure to core concepts during training,*** and ***providing continual courses to ensure growth of leaders*** are key features to consider in future design of training programs within Hospital "X". While the program development managers indicated creating opportunities for providing mentoring and coaching

opportunities to assist their leaders, trainees felt that follow-ups by the leadership development team would give a true sense of the impact on the experience they had. The follow-ups would determine areas that have improved, and needs to be improved or require refreshers to ensure they perform on the job. Because the leadership development team failed to do formalized follow-ups, the leaders expressed that was where it fell off in terms of reinforcing and understanding if they truly adapted the concepts they were taught, months or years after their training.

Time is a factor at the facility as the schedules of physicians, nurse leads, and administrators etc. are hectic, and trainings are planned and scheduled around availabilities. Chris mentioned that they sometimes get frustrated when "*the leaders don't take into consideration the time and effort it takes to put together training sessions when they only consider their time and willingness to do a course in short periods of time."* Trainees indicate the training felt rushed or condensed given the time frame for the cohorts lasted months, and each concept was taught one day in a month. The participants felt like certain sessions should have delved deeper to allow room to grasp the concepts and practice the skills taught. This shows a contradiction in the way the program development managers and trainees think about the efforts of planning and implementing training programs. This aspect ties into the third main theme of seeking for continual courses to be offered as refreshers, given the time factor.

Conclusions Based on the Results

Overall, the present findings suggest that assessment of training impact within Hospital "X", based on the experiences shared on the phenomenon – leadership training, does show rudimentary alignment to the multi-frame model of training. The program

development managers have unknowingly based or aligned their expectations of the training on the human resource frame – strengthening teams within the organization through the training opportunity, and the political frame – through the nominations of their leaders to the leadership training. The organization has elements in place in which they could incorporate all aspects of the four-frame model into the design of their training programs going forward, which would not only benefit the leaders or employees, but the overall organization. It is important for program development managers to also understand the training needs of their leaders when assigning or inviting them to trainings; in doing so, they avoid having leaders who are inundated with material they have been introduced to before.

Sharma (2016) mentions in their study that limited information is derived on how to improve or adjust the gap in learning or change, and focus is usually placed on the overall organization results rather than participants reaction to the training. This research looked at the participants' reaction to the overall training experience and ways in which it helped individual participants and could help the overall organization performance. If management were to consider their needs as leaders from differing departments, and what is needed to allow them to progress or succeed, they believe the trainings would be most beneficial and helpful as they collectively work on ensuring excellent patient-care.

Implications of the Study

Theoretical

Social Cognitive Theory. The five circumstances that relate to how a person performs, when looking at Bandura's Social Cognitive Theory – forethought, symbolization, self-regulation, self-reflection, and vicarious learning – does support the

finding of this study (Ponton & Rhea, 2006). How the trainee thinks, feels and believes (Pajares, 2002) about the concepts they are being introduced to, will affect how they transfer and apply the resources to their daily functions post-training. One participant mentioned *"it is up to the leaders in the organization to either practice the skills, and reinforce them."* If they don't believe the concept will benefit them, given their busy schedules and finding the time to practice the concepts, transfer of training will not occur. Thus, the need for effective assessment of the training program to determine ways in which all three areas of the theory – personal, environmental, and behavior factors contributes to the learning experience of the trainees.

Human Needs Theory. It is important for leadership development to know and understand the needs of their leaders to be able to match them to the training concepts that would allow them to perform and grow within the organization, which the participants have highlighted in their responses to be influential as leaders within Hospital "X". Everyone goes into the training needing different outcomes, and it is important for leadership development to determine this on the onset in the planning stages of the training programs. Most organizations tend to follow the current trends of other hospital training programs, without fully considering the needs or frames in which their leaders lie within the four-frame model. The participants all have, based on their age or career levels, differing needs when it comes to training expectations, which leadership development should consider. While some participants seek the need for safety – securing resources and employment; others seek belongingness – in terms of looking for ways to strengthen teams or network with other leaders within the facility and build friendships or relationships; and others seek self-esteem – by referencing being

understood in how they are perceived by others. The needs highlighted by the trainees provide examples of how leaders could be matched to their desired need when leadership development designs training programs as a way of encouraging or promoting increased levels of performance through professional development.

Potential breakdown in the system. Having the concepts introduced to a selected few could create conflict among the staff, especially in such a competitive environment. Diminution in morale, and an increase in jealousy, and resentment towards others who were allotted the opportunity could present itself within the organization. Chris even mentions *"we have egos, egos, egos" ... "very important for us to realize that and in order to become the best in the world we have many people here that are internationally known. It's tough, and they are very competitive, that's part of their nature."* Understanding this about leaders when planning training programs is essential. Bailey for example believes that *"subordinates should have some introduction to the training as well"* to allow for common language or knowledge of the concepts. Additionally, Carey suggests *"have a corporate philosophy on what the important skills are so that all managers on every level use the same tools and skills."* Restricting the information from aspiring leaders could cause a ripple effect affecting morale negatively within the organization.

Organizational Implications

Although research using the multi-frame or four-frame model studied how the frames can be applied to leaders' styles of leadership; none has specifically looked at the use of the model in a training aspect and its implications for the healthcare industry, as well as practitioners or those aspiring to be practitioners within the conflict resolution

field that have an interest in training, assessment, evaluation and development of leaders. The findings of this study could assist other healthcare institutions on the benefits of utilizing the multi-frame model in the development and assessment of their training programs and the effects it can have on the overall organizational performance. The experiences garnered from this study and subsequent studies may enhance the literature for leadership training within the healthcare industry from a multi-frame perspective and from the approach of a conflict resolution practitioner.

According to Carragher and Gormley (2016), implementing leadership training is not only important, but essential, as patient care is considerably linked to the quality of service rendered by healthcare professionals. Introducing concepts like emotional intelligence, conflict management, problem solving and effective communication into the hospital setting is key to maintaining organizational effectiveness and efficiency; given the complexity and demands of healthcare professionals to ensure effective patient care. The challenge is allocation of time and patience for leaders and aspiring leaders to adapt to change from clinical terms to the incorporation of non-clinical functions in their daily functions. Leaders that are unable to manage their emotions, deal with conflicts and communicate effectively could be damaging to any service-oriented organization.

Investing in education and training can also be risky for organizations as budgets and costs must be considered in the planning phase and the eventual return of investment – in terms of transfer of training and anticipated changes in behavior and/or action. For Hospital “X”, the hierarchical decision-making flow for designing and implementing training programs is evident with the data collected for this study. Without the approval by the Chief of Staff, the leadership development team would not be able to cater to the

needs of the leaders, while trying to keep abreast of growing trends within the industry for improving not only patient care, but effective employees and increased organizational performance.

Implications for Conflict Resolution Practitioners

With the increase in conflict issues in healthcare, conflict resolution practitioners can play a fundamental role in extending their services to the healthcare industry to ensure the essence of the concepts and skills are explained and delivered to the intended audience, highlighting the benefits of these non-technical skills to leaders in complex environments. Cochran et al., (2018) discuss how improving conflict management within healthcare has attracted contributions from numerous disciplines – ranging from psychology, economics, sociology, international relations, law, and business –each emphasizing how the skills and insights relate closely to their areas of focus.

Cooper (1997), in his article highlighted how emotions that are not managed properly, can lead to distrust and disloyalty, which can affect morale and productivity within an organization and how people handle inter-and intrapersonal relationships. Thus, conflict resolution practitioners can work with organizations to provide avenues in which employees become self-aware of their emotions to be able to manage their relationships and deal with conflicts.

Limitations of the Research

The research is not a comprehensive depiction of the overall population targeted for the study. This study looks at the impact on the leadership experience by those who were nominated for leadership training and is limited to one branch of a major Hospital "X" located in South Florida. However, the results could be used as an example for other

healthcare facilities or other locations of this non-profit organization when looking at training, assessment and attainable goals of the training and development department to align with the overall objectives of the organization. Another possible limitation for the study could be based on the willingness of individuals to participate in the study due to their busy schedules – for instance, two confirmed participants reneged on their agreement to partake in the study an hour before the scheduled time. Moreover, another limitation is the perceptions and understanding that behavior changes were only gathered from the viewpoint from those who have undergone the Leadership training; opening the sample to the opinions of their subordinates to assess their managers' behavior could provide for richer data on whether improvements have indeed occurred within the respective departments. The researcher did enquire from the trainees if they reached out to anyone to see if they noticed changes in their behavior/way of doing things on the job; in which they responded, *"no, or, I hadn't thought of doing that."*

Having a gatekeeper was beneficial in gathering potential participants for the study as it allowed the researcher to secure times for interviews with the physicians, directors, nurse leads etc. However, because the gatekeeper was instrumental in the purposeful sampling, the researcher had to be extremely cautious to ensure confidentiality of things shared, thus the use of unisex pseudonyms throughout the study. The researcher wondered at times if the participants were trying to hold back from saying things about leadership development team, especially when they were asked about having follow-ups. Most of the participants were cautious in their responses. The leaders seem to have a good working relationship with the leadership development team.

Recommendations for Future Research

The findings of this study revealed some differences in assessment outcomes, expectations and benefits of leadership training between leadership development and trainees within a hospital facility when considering a multi-frame perspective. Future research could consider expanding the exploration of the significance and benefits of the multi-frame perspective to training and leaders' needs when planning and developing training programs for leaders in the healthcare industry. This exploration could uncover similar or dissimilar results generated in this study.

Researchers should also look at leadership training programs within the healthcare industry where leaders are not nominated, to determine the level of motivation or commitment to the training or concepts that are being offered to enhance job functions and the level of impact this would have on their behavior and/or actions.

Another area to consider for future research would be exploring the methods of assessing training outcomes with consideration to the multi-frame/four-frame model while employing level three and four of the Kirkpatrick model to determine effectiveness of the enduring impact of the training programs. Most organizations shy away from the last two levels and focus on the reaction and learning levels. Additionally, it would be beneficial to see the results of a hospital whose leadership development team applies the multi-frame perspective in recognizing their leaders' strengths to see if the results would be similar. Possible future research would be to also interview those who are in direct contact with or work under the leaders to determine richer accounts of behavior changes post-training. This would also assist in gathering significant data on impact/change.

Lastly, the researcher suggests looking at how age, gender or the number of years invested in a hospital setting affects the level of motivation to learn leadership concepts and the potential effect this could have workplace relations.

Conclusion

The goal of the study was to address how the Leadership Development department sought to align their desired goals of training and development to the anticipated results of the trainees by exploring experiences and ideas shared with the researcher, and to ascertain how deliberate they were in considering a multi-frame lens. The researcher used a mixed methods approach employing Interpretative Phenomenological Analysis (IPA) – to explore the impact of the leadership training on the leaders within Hospital "X", and Descriptive statistics – to supplement the IPA findings. The findings indicate that all participants, although mostly unfamiliar with the multi-frame concept, partially understood and recognized the importance of the critical elements of the structural and human resource frames and minimally considered the political and symbolic frames when designing and assessing the impact of their training program. The research suggests that leadership development training effectiveness could be enhanced by more deliberate attention to the multi-frame approach in all phases of the design, delivery and assessment. Overall, the study adds to the literature on leadership development training programs within the healthcare industry.

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Appendix A: Informed Consent Forms – Management/Trainers

Consent Form for Participation in the Research Study Entitled:
Assessing Training Impact:
Exploring Perspectives on Leadership Training in Healthcare through a Multi-Frame and Conflict Practitioner Lens
Funding source: None
IRB protocol #:

Principal investigator(s)
Nekeisha Bascombe
Conflict Resolution Studies
ngbascombe@gmail.com

Co-investigator(s)
Dr. Neil Katz, Dissertation Chair
Department of Conflict Resolution Studies
3301 College Avenue
Davie, FL 33314
kneil@nova.edu

For questions and concerns about your research rights, contact:
Human Research Oversight Board (Institutional Review Board or IRB)
Nova Southeastern University
954-262-5368
IRB@nsu.nova.edu

What is the study about?
I am conducting a research study on "*Assessing Training Impact:*
Exploring Perspectives on Leadership Training in Healthcare through a Multi-Frame and Conflict Practitioner Lens". The aim of this research is to use a mixed-method research design to address how organizations seek to align their desired goals of training and development to the anticipated outcome/results of participants who have taken Leadership training.

What are you asking me?
Having developed and created training programs and assessment measures for the facility, at least within the last two years, the focus of the study was to address how the Leadership Development department sought to align their desired goals of training and development to the anticipated outcome/results of the trainees, by exploring experiences and ideas shared with the researcher through a multi-frame and conflict practitioner lens. Your participation will contribute to literature on training and evaluation in the healthcare industry. The researcher is seeking to conduct one-on-one interviews with two or up to two willing participants.

What will I be doing if I agree to be in the study?
If you agree to partake in the study, you will be invited to an interview process which is expected to last approximately 60 minutes. The study will be fully explained before the interview process begins. Pseudonyms will be used for your names on all written documents and neither will it be asked during recording. This is to ensure your identity is kept confidential and secure. Partaking in the interviews are voluntary. That is, you have the option to withdraw at any time during the study.

Is there any audio or video recording?
This research project will include audio recording of the interviews. This audio recording will be available to be heard by the researcher. The recording will be transcribed by the principal investigator, Nekeisha Bascombe. The recording will be kept securely in a locked drawer at the principal investigator's home, which is listed above. The recording will be kept for up to three years and destroyed after that time by securely deleting the audio file and burning all transcribed notes. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say (or do) on the recording cannot be guaranteed although the researcher will limit access to the tape as described in this paragraph.

Are there any dangers to me?
The procedures in this study may have unknown or unforeseeable risks as all studies are considered to have some potential risk. The researcher will take reasonable measures to minimize any potential risk identified while conducting the study. If you have any questions or concerns about the study, please contact Nekeisha Bascombe at ngbascombe@gmail.com. If you have any questions about your rights as a volunteer in this research, contact Co-Investigator Dr. Neil Katz at kneil@nova.edu and the IRB number listed above.

Are there any benefits for taking part in this research study?
There will be no direct benefit to you as a participant.

Will I get paid for being in the study? Will it cost me anything?
There will be no payments offered nor will the participants incur any cost for partaking in this study.

How will you keep my information private?
Pseudonyms will be used for your names on all written documents and neither will it be asked during recording to circumvent easy identification. The recording will be kept securely in a locked drawer at the principal investigator's home, which is listed above. The recording will be kept for up to three years and destroyed after that time by securely deleting the audio file and burning all transcribed notes. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say (or do) on the recording cannot be guaranteed although the researcher will limit access to the tape as described in this paragraph. The recording may be reviewed by the Co-investigator, Dr. Neil Katz (Dissertation Chair) and the IRB personnel.

What if I do not want to participate or I want to leave the study?
Participation is voluntary, and you have the right to leave at any time or refuse to partake in the study. If you choose to withdraw, any information collected about you before the date you leave the study will be kept in the research records for 36 months from the conclusion of the study. You may request that it can or cannot be used as a part of the research.

Other considerations
If significant new information for the study becomes available that is pertinent, this information will be provided to you by the investigators.

Voluntary Consent by Participant:
To acknowledge your understanding of this consent and to continue with the interview process, please indicate by signing below that:

- The study was explained to you
- You have read this document or the researcher has read it to you
- Questions about the research have been answered
- You have been told by the researcher that you may ask any study related questions in the future or contact them in the event of a research-related injury
- You have been told that you may ask the Institutional Review Board (IRB) personnel questions about your rights in the study
- You are entitled to a copy of this form after you have read and signed it
- You voluntarily agree to partake in the study entitled: "*Assessing Training Impact: Exploring Perspectives on Leadership Training in Healthcare through a Multi-Frame and Conflict Practitioner Lens"*

_____	_____
Participant's Signature	Date
_____	_____
Participant's Name	Date
_____	_____
Signature of Person Obtaining Consent	Date

Appendix B: Interview Questions – Program Development Managers

1. How long have you been involved in the training and development industry?
2. When considering to implement a training program at your facility, what are some of the key outcomes and components you consider when designing training modules?
3. Have you ever heard of the Bolman and Deal's Four-Frame or Multiple perspective model used in organizations?
4. Which would you say is most important in designing training programs for this facility: skills building, team building, career mobility/networking, or maintaining a strong organizational value/culture system to employees? Why or why not?
5. Describe your perception of the value of training and development to the organization?
6. How would you describe the benefits and value of using evaluations after training sessions?
7. What is most effective, providing evaluations before, after or both? Why?
8. Have you ever done any follow-up with employees post-training to determine the usefulness and value of the training that was offered? Why or Why not?
9. How do your goals for effective programs align with corporate strategy goals when planning, designing, implementing and evaluating training programs?
10. Is there any aspect of the training and development field that you would like to add to make an impact on the Healthcare industry?

Appendix C: Informed Consent Forms - Trainees

Consent Form for Participation in the Research Study Entitled:
Assessing Training Impact:
Exploring Perspectives on Leadership Training in Healthcare through a Multi-Frame and Conflict Practitioner Lens
Funding source: None
IRB protocol #:

Principal investigator(s)
Nekeisha Bascombe
Conflict Resolution Studies
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Co-investigator(s)
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For questions and concerns about your research rights, contact:
Human Research Oversight Board (Institutional Review Board or IRB)
Nova Southeastern University
954-262-5368
IRB@nsu.nova.edu

What is the study about?
I am conducting a research study on "*Assessing Training Impact:*
Exploring Perspectives on Leadership Training in Healthcare through a Multi-Frame and Conflict Practitioner Lens". The aim of this research is to use a mixed-method research design to address how organizations seek to align their desired goals of training and development to the anticipated outcome/results of participants who have taken Leadership training.

What are you asking me?
Having partook in Leadership training within the last two to three years at the facility, the focus of the study was to address how the Leadership Development department sought to align their desired goals of training and development to the anticipated outcome/results of the trainees, by exploring experiences and ideas shared with the researcher through a multi-frame and conflict practitioner lens.
Your participation will contribute to literature on training and evaluation in the healthcare industry. The researcher is seeking to conduct one-on-one interviews with 20 or up to 20 willing participants.

What will I be doing if I agree to be in the study?
If you agree to partake in the study, you will be invited to an interview process which is expected to last approximately 60 minutes. The study will be fully explained before the interview process begins. Pseudonyms will be used for your names on all written documents and neither will it be asked during recording. This is to ensure your identity is

kept confidential and secure. Partaking in the interviews are voluntary. That is, you have the option to withdraw at any time during the study.

Is there any audio or video recording?
This research project will include audio recording of the interviews. This audio recording will be available to be heard by the researcher. The recording will be transcribed by the principal investigator, Nekeisha Bascombe. The recording will be kept securely in a locked drawer at the principal investigator's home, which is listed above. The recording will be kept for up to three years and destroyed after that time by securely deleting the audio file and burning all transcribed notes. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say (or do) on the recording cannot be guaranteed although the researcher will limit access to the tape as described in this paragraph.

Are there any dangers to me?
The procedures in this study may have unknown or unforeseeable risks as all studies are considered to have some potential risk. The researcher will take reasonable measures to minimize any potential risk identified while conducting the study. If you have any questions or concerns about the study, please contact Nekeisha Bascombe at ngbascombe@gmail.com. If you have any questions about your rights as a volunteer in this research, contact Co-Investigator Dr. Neil Katz at kneil@nova.edu and the IRB number listed above.

Are there any benefits for taking part in this research study?
There will be no direct benefit to you as a participant.

Will I get paid for being in the study? Will it cost me anything?
There will be no payments offered nor will the participants incur any cost for partaking in this study.

How will you keep my information private?
Pseudonyms will be used for your names on all written documents and neither will it be asked during recording to circumvent easy identification. The recording will be kept securely in a locked drawer at the principal investigator's home, which is listed above. The recording will be kept for up to three years and destroyed after that time by securely deleting the audio file and burning all transcribed notes. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say (or do) on the recording cannot be guaranteed although the researcher will limit access to the tape as described in this paragraph. The recording may be reviewed by the Co-investigator, Dr. Neil Katz (Dissertation Chair) and the IRB personnel.

What if I do not want to participate or I want to leave the study?
Participation is voluntary, and you have the right to leave at any time or refuse to partake in the study. If you choose to withdraw, any information collected about you before the date you leave the study will be kept in the research records for 36 months from the

conclusion of the study. You may request that it can or cannot be used as a part of the research.

Other considerations
If significant new information for the study becomes available that is pertinent, this information will be provided to you by the investigators.

Voluntary Consent by Participant:
To acknowledge your understanding of this consent and to continue with the interview process, please indicate by signing below that:

- The study was explained to you
- You have read this document or the researcher has read it to you
- Questions about the research have been answered
- You have been told by the researcher that you may ask any study related questions in the future or contact them in the event of a research-related injury
- You have been told that you may ask the Institutional Review Board (IRB) personnel questions about your rights in the study
- You are entitled to a copy of this form after you have read and signed it
- You voluntarily agree to partake in the study entitled: "*Assessing Training Impact: Exploring Perspectives on Leadership Training in Healthcare through a Multi-Frame and Conflict Practitioner Lens"*

_____	_____
Participant's Signature	Date
_____	_____
Participant's Name	Date
_____	_____
Signature of Person Obtaining Consent	Date

Appendix D: Interview Questions - Trainees

1. How long have you been employed at this healthcare facility?
2. Do you consider leadership training beneficial to all employees or solely management? In what way?
3. How would you describe the Leadership training program to a fellow employee?
4. Were there any encouragements/reinforcements used by management to encourage attendance to the training?
5. If no reinforcements, what drove you to attend the training session provided by the facility?
6. Do you believe the leadership training program met your needs to enhance your job satisfaction/performance at the facility? Why or Why not?
7. Are there any skills/knowledge you have used on the job since the training session?
8. Why did these skills/knowledge affect you the most over the other concepts introduced in the training?
9. What would you say is most important when considering employee training – skills building, team building, career mobility/networking, or maintaining a strong organizational value/culture system within the organization? Why or Why not?
10. Would you recommend that other employees within the organization take the training? Why or why not?
11. Has management done any follow-up with you post-training to determine the usefulness of the training they offered? How does this make you feel?

Appendix E: Survey Cover Letter – Trainees

Survey Consent Form for Participation in the Research Study Entitled
Assessing Training Impact: Exploring Perspectives on Leadership Training in Healthcare through a Multi-Frame and Conflict Practitioner Lens

My name is Nekeisha Bascombe and I am a doctoral candidate from Nova Southeastern University in the College of Arts, Humanities and Social Sciences, in the department of Conflict Resolution Studies. I am conducting a research study on "*Assessing Training Impact: Exploring Perspectives on Leadership Training in Healthcare through a Multi-Frame and Conflict Practitioner Lens*". The Principal Investigator is Dr. Neil Katz (Dissertation Chair Committee Member) and the Co-Principal Investigator is Nekeisha Bascombe (Doctoral candidate).

The aim of this research is to use a mixed-method research design to address how organizations seek to align their desired goals of training and development to the anticipated outcome/results of participants who have taken Leadership training. The focus of the study was to address how the Leadership Development department sought to align their desired goals of training and development to the anticipated outcome/results of the trainees, by exploring experiences and ideas shared with the researcher through a multi-frame and conflict practitioner lens.

Having partook in Leadership training within the last two years at the facility, the researcher is seeking your participation to complete a brief survey on "training outcomes and perceived impact" which should take approximately 15 - 25 minutes to complete.

Participation in this study is completely voluntary and participation may be discontinued at any time without prejudice or penalty. The researcher will use a numbering system which acts as a means of protecting participants, as well as controlling the sample responses. The completed surveys will be kept securely in a locked drawer at the co-principal investigator's home and kept for up to three years and destroyed after that time by burning all surveys.

The researcher will take reasonable measures to minimize any potential risk identified while conducting the study. If you have any questions or concerns about the study, please contact Nekeisha Bascombe at ngbascombe@gmail.com. If you have any questions about your rights as a volunteer in this research, contact Principal Investigator (Dissertation Chair) Dr. Neil Katz at kneil@nova.edu and the IRB office at Nova Southeastern University at 954-262-5368 or IRB@nsu.nova.edu.

To acknowledge your understanding of this consent and to continue with the survey please indicate by highlighting whether you accept or decline below.

I Accept	I Decline

Appendix F: Survey Questions – Trainees

1. How would you rate your experience in the Leading Training Program?
    a. Poor b. Fair c. Good d. Excellent
2. How would you describe your experience in the Leadership training program?
3. Please rate the effectiveness of each session to your job function (5 is the highest rating)
    a. Emotional Intelligence
    b. Building Teams
    c. Situational Leadership
    d. Effective Communication
    e. Conflict Management
    f. Negotiation Tactics
    g. Presentation Skills & Executive Presence
4. Potentially, training in organizations can have multiple benefits. Please evaluate the following impact of the program to you in terms of its benefits as a Leader here at the facility:
    a. Enhancing knowledge and skills
    b. Encouraging participation, empowerment and team-building
    c. Advancing networking and career mobility
    d. Strengthening commitment to organizational value and culture
5. What have you done differently on the job since the Leadership training program?
6. During the program, you analyzed your strengths and areas of improvement using many different tools. Recall and reflect on those strengths and areas of improvement. What tool had the biggest impact on you?
    a. Emotional Intelligence
    b. Strength-based Leadership – identify your top 5 strengths
    c. Thomas-Kilman Conflict Style
    d. Other (please specify)
7. Emotional Intelligence – Coaching Experience – Who was your coach?
8. Effectiveness of Coaching Sessions (5 being the highest)
    a. Not effective
    b. Average
    c. Neutral
    d. Good
    e. Excellent
9. What did you find the most helpful in your coaching sessions?
10. What was the most important “take away” did you have from the Leadership training program?
11. How beneficial do you think it is to have “evaluations” for the programs you attend?
    a. Not important
    b. Moderately important
    c. Slightly important
    d. Important
    e. Highly important
    f. Please explain your reason for answer to this question

12. What is the MOST valuable skill or strategy you learned from the program that you have applied or plan to apply to the workplace? Please provide a specific example.
13. Why is this skill or strategy important to your role at the facility?
14. Given the skills you gained from the program, what is the likelihood you will be able to apply them in your department or circles of influence?
    a. Very unlikely
    b. Unlikely
    c. Uncertain
    d. Likely
    e. Unlikely
15. Has there been any follow-up on the training programs to determine the overall value/impact of the training sessions?
    a. Yes
    b. No
16. Has your perception of the concept of "leadership" changed during your participation in the leadership training coursework? Please provide an example of those.
17. Please identify barriers you may encounter (if any) when applying your new skills
18. Can you think of anything that we should consider when we design, deliver, and evaluate future training and development programs within our organization?
19. Job Title/Role
    a. Administrator
    b. Nurse leader
    c. Professional Staff (MD, DO, PhD)
    d. Other (please specify)
20. Length of employment at the Facility?
    a. Less than a year
    b. 1-5 years
    c. 6-10 years
    d. 11 or more years
21. Demographics
    a. Male
    b. Female
22. Age
    a. 25 – 34 years
    b. 35 – 44 years
    c. 45 – 54 years
    d. 55 – 64 years
    e. 65 years or older