What benefits do healthcare organisations receive from leadership and management development programmes? A systematic review of the evidence

Gabriel Seidman, Laurie Pascal, John McDonough

ABSTRACT

Introduction Leadership and management training/development programmes have gained increasing institutional attention in healthcare organisations, and they have a wide variety of formats and approaches. However, limited evidence exists about effects of these programmes for the organisations that sponsor them. A minority of healthcare systems in the USA measure the impact of these programmes on organisational metrics such as staff turnover or cost savings. This systematic review sought to answer the question, ‘What evidence exists that leadership and/or management development and training programs yield benefits for healthcare organizations?’ These benefits could include return on investment, improved productivity/cohesion/teaming, or increased use of specific management skills (eg, strategic planning) that would directly benefit the organisation.

Methods We followed Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines to conduct a systematic review of the relevant literature. We conducted two searches in PubMed and one in ABI/Inform, a business literature database. All articles included for the study were further categorised according to their relevance for answering the research questions, using predefined criteria based on their methodology and reported findings.

Results Our search included 2462 studies, of which 55 met criteria for inclusion. We identified four potential organisation-level benefits to leadership and management training programmes: benefits to other staff (besides those who participate in the programmes), improved patient safety and satisfaction, tangible benefits from projects that were part of the programme and improved ability/confidence using leadership-related skills by programme participants. However, the research base on this topic is limited.

Conclusion Although this research identified potential benefits of leadership and management programmes at the organisation level, additional research is needed to make definitive conclusions about their impact.

INTRODUCTION

The topic of leadership and management development in healthcare, both for clinical and non-clinical leaders, has gained increasing attention in recent decades as healthcare systems face new challenges and complexities.1 2 For example, between April 2014 and March 2015, over 35000 people had enrolled in one of four programmes offered by the UK’s National Health Service Leadership Academy.3 A survey in 2010 of 104 healthcare systems in the USA found that over 50% had some kind of executive leadership development programme.4 Leadership programmes for healthcare professionals can focus on a wide range of topics, including foundational knowledge (eg, healthcare economics, regulatory and compliance issues), execution of projects, managing people and transforming organisations.5 They can also take on a wide variety of formats, lengths and other design criteria. This breadth of topics and formats is unsurprising given the multiple levels of leadership needed in healthcare (team, organisational and national) and the different types of competencies and behaviours required for leadership.6

Evidence suggests that factors specific to an individual organisation, such as the management team (as opposed to industry and corporate parent effects), can account for up to one-third of the variation in its profitability.6 Further evidence also suggests that investment in human resource management more broadly can reduce turnover and improve profits.7

Therefore, as healthcare organisations invest in leadership and management development and training programmes, it is critical to understand the types of potential benefits from these programmes for the individual and for the sponsoring organisation.3 Healthcare organisations should have a clear understanding of the kinds of impact that they may expect to achieve from leadership and management development programmes in order to design them appropriately and assess their impact over time. Yet a minority of healthcare systems in the USA measure the impact of their programmes on organisational metrics such as turnover, cost savings or market share.4 Accordingly, this review aims to answer the research question: ‘What evidence exists that leadership and/or management development and training programs yield benefits for health care organizations?’

To date, at least one systematic review has addressed a similar topic. Frich et al9 examined the impact of leadership development programmes for physicians on four outcomes: reactions to the programme, knowledge, behaviour/expertise and system results/performance. Frich et al found that ‘physician leadership development programs are associated with increased self-assessed knowledge and expertise; however, few studies have examined outcomes at a system level’ (p 656).

Our systematic review builds on this important work by Frich et al and differs from it in two critical ways. First, our research looks at leadership and management development programmes across all
types of professionals working in healthcare, not just physicians. These could include nurse leaders, administrators, public health professionals and academics (ie, in academic medical centres). Second, our review aims to answer a more targeted question than Frich et al by specifically looking at the organisational benefits of these types of programmes. Given the investment required to undertake leadership development programmes and the importance of different types of professionals working in healthcare systems, this review can supplement the findings documented by Frich et al for healthcare administrators considering whether to undertake leadership or management development programmes.

METHODS
We conducted a systematic review consistent with Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines.10

Search process and criteria
This search relied on an internal protocol developed by GS in partnership with two librarians at Harvard University (one affiliated with Harvard Medical School and one affiliated with Harvard Business School). The protocol was not registered externally. We conducted two separate searches in PubMed and one in ABI/Inform, a business literature database, on 5 January 2016 and a third search in PubMed in response to reviewer comments on 28 August 2017. Any references from these searches published before this date were eligible for inclusion. The earliest article that was included in this search was published in 1969.11 The search terms for the primary search in PubMed were as follows:

We searched reference lists from literature reviews and other highly relevant papers identified during the database searches, including reference lists from all publications by one author (A McAlearney12 13) whose work was highly pertinent for this review. We also reviewed any paper included in the Frich et al systematic review which had as its evaluation objective knowledge, behaviour/expertise (subjective or objective), or system results/performance (subjective or objective).9 (Papers included in Frich et al only evaluating participants’ reactions to a leadership programme or subjective knowledge were excluded.) We also conducted consultations with managers focused on leadership development at three academic medical centres in Boston (Beth Israel Deaconess Medical Center, Brigham and Women’s Hospital and Massachusetts General Hospital) and searched the websites of three top executive search firms (Korn Ferry, Boyden and Egon Zehnder), four management consulting firms (McKinsey, BCG, Bain and Deloitte) and the National Center for Healthcare Leadership for published literature on this topic.

Study selection and eligibility criteria
After conducting our search, all titles were reviewed for relevance. After excluding irrelevant titles, we read all abstracts and, when appropriate, full articles to determine both the relevance of the article for our research question and the availability of relevant data for inclusion. To be included in the review, the reference had to:
- Analyse or document effects of a leadership or management development programme to an organisation, such as return on investment (ROI), improved productivity/cohesion/teaming, or increased use of specific management skills (eg, strategic planning) that would directly benefit the organisation.
- Report on a programme which trained executive, practitioner or management-level staff.
- Report on a programme which did not take place full-time at a college or university (ie, a degree programme); programmes which engaged professionals working full-time but which also culminated in them receiving a degree (eg, a leadership programme for residents that also resulted in the completion of an Masters of Public Health degree) were not excluded.
- Focus on the healthcare/public health sectors.
- Be original research with a full article in English available (as opposed to literature reviews, editorials, commentaries, interviews, research abstracts, and so on). In cases where only a research abstract was available but the corresponding full article was not available, the abstract was excluded from our review.

It is worth noting that leadership is critical for supporting quality improvement (QI) initiatives, and leadership and management development programmes often include a component specifically focused on QI.14 That being said, not all QI strategies specifically require leadership or management development/training. For example, some strategies, such as provider reminder systems, involve more task or process-oriented changes to the organisation, rather than leadership or management training.15 Therefore, to maintain an appropriate scope which addressed our research question, we did not include a broader review of all types of QI initiatives.

Data collection process
To extract the data for this review, we piloted an Excel-based data collection tool that was used to capture the results, including the author, title, year, journal, abstract, training programme type, relevant outcome metric, outcome result and quality of article data for answering our research question. We categorised articles based on their relevance for answering our research question based on a combination of methodological approach, methodological quality and findings, using the following five categories and corresponding definitions:
- Articles with quantitative results
  - High relevance: Articles which tested for statistical significance against a control group to evaluate effects on or benefits to the organisation. Effects/benefits were quantified using some methodology other than self-report (eg, peer review, third-party observer, cost savings, and so on).
  - Medium relevance: Articles which used quantitative methods to identify effects on or benefits to the organisation but did not include measure of statistical significance against a control group. Benefits to the organisation quantified using some methodology other than self-report (eg, peer review, third-party observer, cost savings, and so on).
  - Low relevance: Articles which used quantitative methods based on self-report, with or without statistical significance against a control group, to determine effects on/
benefits to the organisation, OR article focused only on reports of increased skills which could be construed as
benefitting the organisation (eg, managers’ direct reports
stating that their employees used conflict resolution skills
more frequently) but which were not a direct measure of
the organisation’s performance.

- Null results: Articles whose methodology qualified as
high or medium but found null results for benefits to the
organisation.

- Articles with qualitative results: Articles which explicitly
sought to identify benefits beyond those that accrued to
programme participants, and which included interviews
with individuals other than participants in the development
programme, were included in this review. In other words,
articles using a qualitative methodology with self-report only
were excluded. Descriptive studies of programmes without
a summary of benefits for the organisation were (eg, case
studies) excluded.

Preliminary results were first presented at a workshop with
representatives from leading healthcare institutions including
Harvard T H Chan School of Public Health, Harvard Medical
School, three affiliated academic medical centres and KPMG.
Presenting these preliminary results in this forum allowed us to
validate our findings and identify research articles that we had
missed during the initial review.

Risk of bias
As with any systematic review, this research has the potential for
several forms of bias. First, there is a risk that organisations are
more likely to publish results that reflect well on their organisa-
tions or programmes, and they are unlikely to publish informa-
tion with negative results. Organisations are unlikely to publish
proprietary financial data relating to their programmes. In addi-
tion, evaluations that rely on self-report, which are common for
collecting participants’ feedback on training programmes, will
have self-report bias. Accordingly, although studies with self-
report are important for understanding the total evidence base
on this topic, they are considered low relevance for making final
conclusions about the impact of leadership and management
training programmes, as described earlier.

RESULTS

Study selection and study characteristics
Our search strategy identified 2462 articles for review. Of these, we
excluded 2063 based on initial title/abstract review and included
399 for detailed review. Of these 399, we ultimately included 55
articles that met inclusion criteria. We excluded two articles that
focused on leadership training but whose programmes also had
a significant focus on clinical skills, which made disaggregating
the impacts of the leadership training from the clinical training
impossible.16–17 Of these 55 articles, 5 had high relevance, 12 had
medium relevance, 30 had low relevance, 2 with null results and 6 articles used qualitative methods relevant
for answering our research question. Of the articles with high
relevance or null results, only two used a randomised controlled trial
design.18 19 See figure 1 for the flow chart of study selection for
inclusion in the systematic review, and table 1 for the full list of
studies included in the systematic review.

Of the 21 articles included in Frich et al, 12 met inclusion
criteria for our study. Of the nine included in Frich et al that we
excluded, four were excluded because the outcomes measured
were not applicable to our research question (eg, programme
participants’ ratings of programme quality), and five were
excluded because we were unable to find full copies of the arti-
cles after searching two academic libraries.20–22 The fact that
only 12 of the 55 articles in our review were also included by
Frich et al indicates that our search strategy achieved its goal of
reviewing studies for a broader group of participants (eg, nurses
and non-clinical managers).

Synthesis of results
The review found a wide range of types of programmes for
leadership and management development and training, which
included, among others: programmes specifically associated
with QIs18 21; programmes focused on training women in leader-
ship positions23 24; trainings for professionals working in specific
clinical specialties26 27 or public health programmes28; and
programmes focused on multidisciplinary teams and cross-team
communication.29 These programme types were not necessarily
mutually exclusive, and many programmes had multiple training
components or multiple intended outcomes.

A limited number of high-relevance articles have attempted to
determine the benefits of leadership and management training
programmes for organisations. Low-relevance articles tended
to use self-report by individuals who participated in training
programmes on their changes in leadership-related skills or
competencies. While these self-reported improvements in lead-
ership behaviours could translate into other benefits for the
organisation (such as increased profits or improved retention of
staff), it would be premature to draw any conclusions of this sort
from the available literature.

Of the four high-relevance studies, two found statistically
significant evidence of improved workplace communication and
team ing,30 one found higher retention rates for women who
participated in a career development programme30 and one found
improved performance of workshop participants on management
skills that impacted their teams (eg, assigning roles).31 Across all
studies included in our review, four key areas emerged as poten-
tial benefits that an organisation might receive from a leadership/
management development or training programme. All findings
reported below are from studies deemed to have high or medium-
quality evidence unless otherwise specified. We also report here
several miscellaneous positive effects and several null results.

1. Benefits to other staff in the organisation, such as increased
staff support by leaders/managers or more effective teaming.
This set of benefits had the greatest amount of evidence in
the literature reviewed. Benefits to other staff took many
different forms, which are not mutually exclusive and
which may actually reinforce each other. For example, after

Figure 1 Flow chart of studies included in this review.
<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Year</th>
<th>Journal</th>
<th>Relevance</th>
<th>Programme type</th>
<th>Outcome metric</th>
<th>Outcome result</th>
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<tbody>
<tr>
<td><strong>High relevance</strong></td>
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<tr>
<td>Boyle and Kochinda29</td>
<td>Enhancing collaborative communication of nurse and physician leadership in two intensive care units</td>
<td>2004</td>
<td>J Nurs Adm</td>
<td>High</td>
<td>Intervention to enhance collaborative communication among nurse and physician leaders in two diverse ICUs.</td>
<td>Changes in unit staff perceptions on collaborative communication before and after interventions; changes in unit staff perceptions of ICU outcomes.</td>
<td>Staff perceived improvement on 5 dimensions of collaborative communication measured, with statistically significant improvement (p&lt;0.05) for problem solving between groups and nursing leadership; staff perceived improvements on ICU outcomes that were not statistically significant.</td>
</tr>
<tr>
<td>Chang et al30</td>
<td>Retaining faculty in academic medicine: the impact of career development programs for women</td>
<td>2016</td>
<td>J Womens Health</td>
<td>High</td>
<td>Evaluation of three Career Development Programs (CDP) aiming to support women faculty at academic medical centres, including by preparing them for leadership roles.</td>
<td>Retention rates of CDP women compared with non-CDP women and CDP men.</td>
<td>Higher retention rates for CDP women compared with non-CDP women and men (p&lt;0.001).</td>
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<tr>
<td>Gilfoyle et al31</td>
<td>Development of a leadership skills workshop in paediatric advanced resuscitation</td>
<td>2007</td>
<td>Med Teach</td>
<td>High</td>
<td>Workshop designed to train residents in leadership specifically relevant to patient resuscitation.</td>
<td>Performance on a 20-item checklist that evaluated specific leadership skills (assigning roles, limitations of team, communication and overall team atmosphere); self-assessment of confidence in leadership role.</td>
<td>Workshop participants scored significantly better on checklists 6 months after workshop compared with controls (p&lt;0.01); participants self-reported statistically significant increases in their competencies.</td>
</tr>
<tr>
<td>Jeon et al18</td>
<td>Cluster randomized controlled trial of an aged care specific leadership and management program to improve work environment, staff turnover, and care quality</td>
<td>2015</td>
<td>J Am Med Dir Assoc</td>
<td>High</td>
<td>Evaluation of the Clinical Leadership in Aged Care (CLiAC) programme in Australian aged care services.</td>
<td>Measures of workplace environment behaviours using the Work Environment Scale-R (WES-R) and the Multifactor Leadership Questionnaire (MLQ) Rater Form</td>
<td>Statistically significant improvement on transformational leadership, reduction in transactional leadership and passive avoidant behaviour, and improved outcomes of leadership (extra effort, effectiveness and satisfaction).</td>
</tr>
<tr>
<td>Shirazi et al19</td>
<td>The effects of intervention based on supportive leadership behaviour on Iranian nursing leadership performance: a randomized controlled trial</td>
<td>2016</td>
<td>J Nurs Manag</td>
<td>High</td>
<td>Workshop on supportive leadership behaviour for head nurses.</td>
<td>Demonstration of supportive leadership behaviours, as reported by head nurses’ subordinates.</td>
<td>Statistically significant increase in supportive leadership behaviours (p&lt;0.0001) among workshop participants compared with control group.</td>
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<tr>
<td><strong>Medium relevance</strong></td>
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<tr>
<td>Anonymous40</td>
<td>Assessment tool helps hospital conquer challenges</td>
<td>2006</td>
<td>T+D</td>
<td>Medium</td>
<td>Three-pronged approach to improving leadership in a hospital, including top-down dissemination of training, annual leadership forums and the use of personality-type tests to enhance communication.</td>
<td>Improvement on patient satisfaction scores across 7 metrics, such as ‘nurses took time to listen’ and ‘doctor’s concern for comfort’.</td>
<td>Per cent of patients reporting positive experience in ceased 4.5%–9.0% across seven different metrics.</td>
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<th>Author</th>
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<tr>
<td>Dannels et al.</td>
<td>Medical school deans’ perceptions of organizational climate: useful indicators for advancement of women faculty and evaluation of a leadership program’s impact</td>
<td>2009</td>
<td>Acad Med</td>
<td>Medium</td>
<td>Survey of medical school deans’ perceptions of ELAM and its impacts.</td>
<td>Perceptions of ELAM programme, including agreement with the statement, ‘I am confident that our ELAM alumnae are more likely to stay at our institution than other women faculty here.’平均得分为5.11 on Likert scale of 7 (with 7 indicating ‘strongly agree’).</td>
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<tr>
<td>Foster et al.</td>
<td>Residency education, preventive medicine, and population health care improvement: the Dartmouth-Hitchcock leadership preventive medicine approach</td>
<td>2008</td>
<td>Acad Med</td>
<td>Medium</td>
<td>Leadership Preventive Medicine residency, which focuses on leadership of small systems in healthcare, measurement of illness burden in individuals and populations, measurement of the outcomes of health service interventions, leadership of change for improvement of quality, value and safety of healthcare of individuals and populations, and reflection on personal professional practice enabling personal and professional development.</td>
<td>Results of the participant-led practicum projects.</td>
<td>Of the 12 graduates of the programme, the article reports on 8 which achieved positive results (other 4 not reported on).</td>
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<tr>
<td>Green and Plsek</td>
<td>Coaching and leadership for the diffusion of innovation in health care: a different type of multi-organization improvement collaborative</td>
<td>2002</td>
<td>Journal on Quality Improvement</td>
<td>Medium</td>
<td>Coaching and leadership initiative to develop new methods of collaborating for organisational learning of best practices, with a focus on generalisable change and deliberate leadership support for deployment, diffusion and sustainability.</td>
<td>Improvement on management indicators for various topics (eg, reduction time from abnormal mammogram findings to definitive diagnosis, reduce patient registration time, improvement in patient experience/ self-reported pain, and so on).</td>
<td>Improvement across multiple management and performance indicators.</td>
</tr>
<tr>
<td>Haseman et al.</td>
<td>Practising inspired leadership: the use of applied theatre ‘prophetic’ in the executive Leadership Development Program for Queensland Health</td>
<td>2009</td>
<td>Aust Health Rev</td>
<td>Medium</td>
<td>Leadership Program including residential workshop for executives, non-residential workshop for managers and supervisors, 360° feedback, executive coaching, web-based support and online learning modules.</td>
<td>Changes in formal grievances, consumer complaints, absenteeism, retention of staff and other metrics.</td>
<td>56% reduction in formal grievances; 28% reduction in consumer complaints; 14% improvement in absenteeism; 17% improvement in retention.</td>
</tr>
<tr>
<td>Hultman et al.</td>
<td>Sometimes you can’t make it on your own: the impact of a professionalism curriculum on the attitudes, knowledge, and behaviors of an academic plastic surgery practice</td>
<td>2013</td>
<td>J Surg Res</td>
<td>Medium</td>
<td>Course on professionalism in plastic surgery for professionals of all levels (faculty, residents, nurses and medical students).</td>
<td>Number of unprofessional behaviours requiring involvement by senior administrators during the 6 months before and after the course.</td>
<td>Number of events reduced from 12 to 3.</td>
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<th>Author</th>
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<tr>
<td>Levine et al</td>
<td>Chief resident immersion training in the care of older adults: an innovative interspecialty education and leadership intervention</td>
<td>2008</td>
<td>J Am Geriat Soc</td>
<td>Medium</td>
<td>Two-day Chief Resident Immersion Training programme formally preparing chief residents for their role; programme required chief residents to develop an action project focused on the management of complex older patients over the following year.</td>
<td>Per cent of participants completing their action projects (paper also reports self-report data related to role performance; these data are not summarised here).</td>
<td>60% of chief residents had completed at least half of their action project, and 18% of chief residents had completed their entire project.</td>
</tr>
<tr>
<td>Mansour et al</td>
<td>Scaling up proven public health interventions through a locally owned and sustained leadership development programme in rural Upper Egypt</td>
<td>2010</td>
<td>Hum Resour Health</td>
<td>Medium</td>
<td>Leadership Development Program in three districts in Egypt aimed to improve health services by increasing managers’ ability to create high-performing teams and lead them to achieve results.</td>
<td>Achievement of teams’ intended population health goals.</td>
<td>Eight of the 10 health teams achieved 95% of more of their desired results, and family planning visits increased by 20%–68% in the three districts where the programme took place.</td>
</tr>
<tr>
<td>Orton et al</td>
<td>Management academy for public health: creating entrepreneurial managers</td>
<td>2007</td>
<td>Am J Public Health</td>
<td>Medium</td>
<td>Trainings for teams, often from local public health agencies, to conduct an action-learning project where teams develop a public health business plan for a sustainable new programme.</td>
<td>Per cent of plans fully implemented, implemented midway, or at initial stages of implementation; per cent of team generating revenue after 2 years.</td>
<td>22%, 17% and 15%, respectively; 38% generating revenue (28 teams generating a total of $4 million).</td>
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<tr>
<td>Terzic-Supic et al</td>
<td>Training hospital managers for strategic planning and management: a prospective study</td>
<td>2015</td>
<td>BMC Med Educ</td>
<td>Medium</td>
<td>Training sessions for multidisciplinary teams in Serbia on basic health management, hospital management, health information management and total quality management.</td>
<td>Third-party experts’ evaluations of SWOT analyses before and after the training programme.</td>
<td>Statistically significant (p&lt;0.001) improvement on all 16 components of the SWOT analysis.</td>
</tr>
<tr>
<td>Tumerman and Carlson</td>
<td>Increasing medical team cohesion and leadership behaviors using a 360 degree evaluation process</td>
<td>2012</td>
<td>WMJ</td>
<td>Medium</td>
<td>360° evaluation process.</td>
<td>Per cent of staff seeing changes for the better in physician behaviours in connection to the process (willingness to change, respect, quality of care, support of team members, compassion, efficiency, teamwork).</td>
<td>Per cent of staff seeing improvements ranged from 17% for quality of care to 63% for respect and teamwork.</td>
</tr>
<tr>
<td>West et al</td>
<td>Evaluation of a clinical leadership initiative</td>
<td>2004</td>
<td>Nurs Stand</td>
<td>Medium</td>
<td>System of mentorship, education and training to address issues with treating mental health issues and care of older people.</td>
<td>Multiple measures by participants' colleagues, including changes in direct care management, decision-making, communication processes, clinical nursing care, reporting and evaluation, and support strategies and processes.</td>
<td>Majority of results suggested that all skills improved.</td>
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Low relevance
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<th>Author</th>
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<tr>
<td>Anderson and Lavoie-Tremblay65</td>
<td>Evaluation of the Executive Training for Research Application (EXTRA) program: design and early findings</td>
<td>2008</td>
<td>Healthc Policy</td>
<td>Low</td>
<td>Programme ‘to support evidence-informed decision-making in the organization, management and delivery of health services through funding research, building capacity and transferring knowledge’ for health service professionals in senior management positions.</td>
<td>Per cent of participants who believed their knowledge of change management was ‘very good’ or ‘excellent’.</td>
<td>Increase from 37% before the programme to 95% 2 years into the programme.</td>
</tr>
<tr>
<td>Bowles and Bowles46</td>
<td>A comparative study of transformational leadership in nursing development units and conventional clinical settings</td>
<td>2000</td>
<td>J Nurs Manag</td>
<td>Low</td>
<td>Nursing development units (NDU) to serve as centres of nursing excellence, innovation and leadership development.</td>
<td>Total leadership score on Leadership Practice Inventory (LPI) by observers.</td>
<td>8% higher score on LPI among NDU nurses than non-NDU nurses.</td>
</tr>
<tr>
<td>Brandon and Mullan49</td>
<td>Teaching medical management and operations engineering for systems-based practice to radiology</td>
<td>2013</td>
<td>Acad Radiol</td>
<td>Low</td>
<td>Programme to enhance resident’s knowledge and ability to apply concepts from medical management and industrial/operations engineering to radiology practice.</td>
<td>Knowledge of seven domains taught in the programme.</td>
<td>Participants showed statistically significant improvement on all seven domains tested.</td>
</tr>
<tr>
<td>Brinkert50</td>
<td>Conflict coaching training for nurse managers: a case study of a two-hospital health system</td>
<td>2011</td>
<td>J Nurs Manag</td>
<td>Low</td>
<td>Training of nurse managers as conflict coaches to improve conflict understanding, interaction strategies and/or interaction skills.</td>
<td>Response to question: To what degree have your goals for the conflict coaching training programme been met?</td>
<td>95% reporting high or moderately high at 3 and 6 months’ follow-up.</td>
</tr>
<tr>
<td>Burns and Papa51</td>
<td>Self-reported changes in nurse manager proficiency resulting from participation in the Rising Star Leadership Program</td>
<td>2008</td>
<td>Pa Nurse</td>
<td>Low</td>
<td>Three-day programme to assist nurses to improve the quality of their individual work environments and units, advocate for health employee lifestyles, become vigilant about patient safety and develop oneself and develop others.</td>
<td>Per cent of nurse managers rating training as useful for their work 3 and 6 months after the training (response of ‘high’ or ‘moderately high’).</td>
<td>95% at 3 and 6 months.</td>
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<tr>
<td>Cooper66</td>
<td>An evaluation of the Leading an Empowered Organisation programme</td>
<td>2003</td>
<td>Nurs Stand</td>
<td>Low</td>
<td>NHS leadership development programme Leading an Empowered Organisation (LEO).</td>
<td>Change in self-rating of performance on five leadership behaviours (articulating the goal, maintaining organisational objectives, exhibiting trust, presenting challenging opportunities and getting outside support) before and after the programme.</td>
<td>P&lt;0.05 for four out of five behaviours, and p=0.052 for exhibiting trust.</td>
</tr>
<tr>
<td>Crites and Schuster26</td>
<td>A preliminary report of an educational intervention in practice management</td>
<td>2004</td>
<td>BMC Medical Education</td>
<td>Low</td>
<td>Exploratory study on a practice management curriculum for primary care residents.</td>
<td>Practice knowledge on 12 management topics, including revenue management, dynamics of group practice and risk management.</td>
<td>Mean correct score on the practice knowledge test increased from 71% before participating in the curriculum to 91% after the curriculum.</td>
</tr>
<tr>
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<tr>
<td>Dannels et al</td>
<td>Evaluating a leadership program: a comparative, longitudinal study to assess the impact of the Executive Leadership in Academic Medicine (ELAM) program for women</td>
<td>2008</td>
<td>Acad Med</td>
<td>Low</td>
<td>Executive Leadership in Academic Medicine (ELAM)—yearlong development programme for senior women faculty in US and Canadian medical schools.</td>
<td>Comparison of self-reported leadership competencies between ELAM participants and controls: knowledge of theory, environmental scanning, financial management, communication skills, conflict management, diversity competence, tolerance for demands of leadership and leadership positioning.</td>
<td>ELAM participants self-reported higher scores for all competencies, with p&lt;0.001 for all except for conflict management (p&lt;0.05) and diversity competence (not statistically significant).</td>
</tr>
<tr>
<td>Day et al</td>
<td>Effectiveness of the AAOS leadership fellows program for orthopaedic surgeons</td>
<td>2010</td>
<td>The Journal of Bone &amp; Joint Surgery</td>
<td>Low</td>
<td>One-year programme designed to train young orthopaedic surgeons to become future leaders in orthopaedics.</td>
<td>Comparison of self-reported confidence on knowledge of theory, environmental scanning, financial management, communication skills, conflict management, diversity competence, tolerance for demands of leadership and leadership positioning between programme participants and rejected applicants.</td>
<td>Higher confidence by programme participants on all dimensions except financial management, with statistically significant differences (p&lt;0.05) for knowledge of theory, tolerance for demands of leadership and leadership positioning.</td>
</tr>
<tr>
<td>Duygulu and Kublay</td>
<td>Transformational leadership training programme for charge nurses</td>
<td>2011</td>
<td>J Adv Nurs</td>
<td>Low</td>
<td>Transformational leadership training programme on unit charge nurses’ leadership practices.</td>
<td>Scores on LPI for five traits (model the way, inspire a shared vision, challenge the process, enabling others to act and encourage the heart) over the course of four evaluations by observers (colleagues).</td>
<td>Nurses showed statistically significant improvement (p=0.001) for all five traits.</td>
</tr>
<tr>
<td>Edler et al</td>
<td>Leadership lessons from military education for postgraduate medical curricular improvement</td>
<td>2010</td>
<td>The Clinical Teacher</td>
<td>Low</td>
<td>Leadership Education and Development Program for paediatric anaesthesia residents.</td>
<td>‘Leadership evaluation’ of residents by faculty (scored from 1 to 9).</td>
<td>Preintervention score 6.8; postintervention score 7.6 (p&lt;0.05).</td>
</tr>
<tr>
<td>Fiset et al</td>
<td>Clinical nursing leadership education in long-term care: intervention design and evaluation</td>
<td>2017</td>
<td>J Gerontol Nurs</td>
<td>Low</td>
<td>Targeted intervention on leadership education for RNs, registered practical nurses and nursing administrators.</td>
<td>Self-reported perceptions of improvement on various competencies, such as ‘self-awareness and personal insight’ and ‘ability to give feedback to others’ in survey 3 months after intervention.</td>
<td>All nurses agreed that they had improved along all dimensions measured.</td>
</tr>
<tr>
<td>Group Health Research Institute</td>
<td>NLAPH cohort 2 evaluation report: executive summary</td>
<td>2014</td>
<td></td>
<td>Low</td>
<td>Team-based applied leadership programmes that use real-world community health improvement projects to provide opportunities for participants to apply new leadership skills and approaches in a multisector operating environment.</td>
<td>Self-reported scores on five domains: individual leadership mastery, effectively work across sectors, application of continuous QI, appropriately use data and public health perspective.</td>
<td>Participants reported improvement on all five domains.</td>
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<td>Table 1 Continued</td>
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<tr>
<td>Hanna et al⁴⁴</td>
<td>Training future surgeons for management roles: the resident-surgeon-manager conference</td>
<td>2012</td>
<td>Arch Surg</td>
<td>Low</td>
<td>1-day management seminar for senior surgical residents.</td>
<td>Self-report of competence levels for nine managerial skills required for efficient management of a surgical service or practice (% rating themselves 'Good' or 'Excellent').</td>
<td>Statistically significant improvement on 7 of 9 skills.</td>
</tr>
<tr>
<td>Hartley and Garrett⁶⁰</td>
<td>Impact of a management assessment centre in developing proficient health managers</td>
<td>1997</td>
<td>Aust Health Rev</td>
<td>Low</td>
<td>Australian Management Competencies Assessment Centre, which assesses participants on 10 leadership/management dimensions and allows them practice skills in those dimensions.</td>
<td>Self-report by programme participants on management competencies, use of a professional development plan and use of continuing professional education, compared with non-programme participants.</td>
<td>Programme participants self-rated high on four dimensions: leadership, achievement, strategic planning and innovation (p&lt;0.05), completed more work using their personal development plan (p&lt;0.05), and accessed more continuing education resources (p&lt;0.05). Select results: 98% of participants agreed or strongly agreed that the academy increased their commitment to and support of the vision and strategies of WHSC; 96% of participants strongly agreed, agreed, or slightly agreed that participation in the academy made the more likely to stay at WHSC.</td>
</tr>
<tr>
<td>Korschun et al⁶⁸</td>
<td>Realizing the vision of leadership development in an academic health center: the Woodruff Leadership Academy</td>
<td>2007</td>
<td>Academic Medicine</td>
<td>Low</td>
<td>Leadership academy including physicians, PhD faculty, academic administrators and other staff focused on developing leadership skills relevant to the Woodruff Health Sciences Center (WHSC).</td>
<td>Self-report in response to various questions about the impact of the leadership academy.</td>
<td>Select results: 98% of participants agreed or strongly agreed that the academy increased their commitment to and support of the vision and strategies of WHSC; 96% of participants strongly agreed, agreed, or slightly agreed that participation in the academy made the more likely to stay at WHSC.</td>
</tr>
<tr>
<td>Krejci and Malin⁵⁵</td>
<td>Impact of leadership development on competencies</td>
<td>1997</td>
<td>Nurs Econ</td>
<td>Low</td>
<td>Leadership programme designed to train nurse managers to improve outcomes in a cost-effective manner.</td>
<td>Self-reported ability on 12 competencies, including change, communication and systems thinking.</td>
<td>Statistically significant (p&lt;0.01) improvement on self-report ability for all 12 competencies.</td>
</tr>
<tr>
<td>Leslie et al⁶¹</td>
<td>Training young paediatricians as leaders for the 21st century</td>
<td>2005</td>
<td>Pediatrics</td>
<td>Low</td>
<td>Training programme for young paediatricians focused on self-management skills, systems management skills and leadership competencies within the context of a team.</td>
<td>Self-reported competencies on taught domains and achievement of personal goals in one or more of the domains.</td>
<td>Statistically significant increase in self-rated performance on all 20 competencies measured; 87% of respondents reported that they had at least partially achieved their goal.</td>
</tr>
<tr>
<td>LoPresti et al⁷⁰</td>
<td>Using a simulated practice to improve practice management learning</td>
<td>2009</td>
<td>Family Medicine</td>
<td>Low</td>
<td>‘Simulated practice’ with 20 modules on specific practice management tasks for residents.</td>
<td>Pretest/post-test comparison (between-group compared with control and within-group analysis) on a practice management examination.</td>
<td>Programme participants showed better performance on examination compared with controls (p=0.006) and in within-group pretest/post-test analysis (p=0.0060).</td>
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<tr>
<td>Martin et al</td>
<td>Evaluation of a clinical leadership programme for nurse leaders</td>
<td>2012</td>
<td>J Nurs Manag</td>
<td>Low</td>
<td>Clinical leadership programme focused on leadership competencies for nurse leaders in Switzerland.</td>
<td>Observer-reported scores on five leadership competencies over time: model the way, inspire a shared vision, challenge the process, enable others to act and encourage the heart.</td>
<td>Statistically significant improvement on observer-reported scores for Inspire a Shared Vision and Challenge the Process.</td>
</tr>
<tr>
<td>McAleerney et al</td>
<td>Developing effective physician leaders: changing cultures and transforming organizations</td>
<td>2005</td>
<td>Hospital Topics</td>
<td>Low</td>
<td>Medical leadership development programme for academic and community physicians at a hospital in Ohio.</td>
<td>Self-report by participants on their current leadership, their ability to lead teams, their ability to work in teams and several other dimensions, before and after the programme.</td>
<td>Increases in self-report on all dimensions.</td>
</tr>
<tr>
<td>McDade et al</td>
<td>Effects of participation in the Executive Leadership in Academic Medicine (ELAM) program on women faculty’s perceived leadership capabilities</td>
<td>2004</td>
<td>Academic Medicine</td>
<td>Low</td>
<td>Leadership skill development, mentoring and networking for women faculty members in medical and dental schools.</td>
<td>Changes in self-report on 10 constructs/skills related to leadership.</td>
<td>Statistically significant improvement (p&lt;0.001) on all 10 constructs.</td>
</tr>
<tr>
<td>Omar et al</td>
<td>Training evaluation: a case study of training Iranian health managers</td>
<td>2009</td>
<td>Hum Resour Health</td>
<td>Low</td>
<td>Trainings for lower level managers given new roles and responsibilities in a newly decentralised health system in Iran.</td>
<td>Self-report of participants stating that knowledge was used ‘often’ for 12 skills.</td>
<td>Respondents saying they used knowledge often ranged from ~25% for ‘leadership role’ to ~77% for ‘work effectively in a group’.</td>
</tr>
<tr>
<td>Patel et al</td>
<td>Building the pipeline: the creation of a residency training for future physician leaders in health care quality</td>
<td>2015</td>
<td>Acad Med</td>
<td>Low</td>
<td>Healthcare Leadership in Quality (HLQ) programme that included integration into an interprofessional healthcare leadership team.</td>
<td>Knowledge of the Quality Improvement Knowledge Assessment Tool before and after training.</td>
<td>Statistically significant increase (p&lt;0.05) in knowledge as assessed by this tool.</td>
</tr>
<tr>
<td>Pollitt</td>
<td>Guinness Northern Counties begins to build a coaching culture</td>
<td>2012</td>
<td>Training &amp; Management Development Methods</td>
<td>Low</td>
<td>Training for middle managers on modern leadership, team branding, value for money, influencing, team development and management change.</td>
<td>Cost savings identified during training of middle managers.</td>
<td>£900 000 (compared with £108 000 investment in training programme).</td>
</tr>
<tr>
<td>Porter et al</td>
<td>The management academy for public health: a new paradigm for public health management development</td>
<td>2002</td>
<td>J Public Health Manag Pract</td>
<td>Low</td>
<td>Curriculum designed to train teams of managers on skills such as managing money, people and data.</td>
<td>Self-reported skill levels for 10 competencies, such as managing and executing strategies, managing people and communication.</td>
<td>Statistically significant improvement (p&lt;0.0001) on all 10 competencies.</td>
</tr>
<tr>
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<tr>
<td>Richman et al.</td>
<td>Advancing women and closing the leadership gap: the Executive Leadership in Academic Medicine (ELAM) program experience</td>
<td>2001</td>
<td>Journal of Women's Health and Gender-Based Medicine</td>
<td>Low</td>
<td>Evaluation of ELAM across participating schools.</td>
<td>Self-report of performance on six curricular areas from the first three ELAM classes (financial management, career advancement, personal leadership, converging paradigms of academic and corporate leadership, emerging issues and strategic planning).</td>
<td>Increase in self-reported performance on all six curricular areas (p&lt;0.0001).</td>
</tr>
<tr>
<td>Richter et al.</td>
<td>Evaluation results of the CDC/ASPH Institute for HIV Prevention Leadership: a capacity-building educational program for HIV prevention program managers</td>
<td>2007</td>
<td>J Public Health Manag Pract</td>
<td>Low</td>
<td>Capacity-building programme for HIV prevention programme managers in minority-based, community-based organisations.</td>
<td>Self-reported frequency of and confidence performing 11 relevant public health prevention and strategic planning activities, such as community assessments, advocacy and creating a learning environment.</td>
<td>Statistically significant increase in self-reported frequency and confidence on all activities.</td>
</tr>
<tr>
<td>Saleh et al.</td>
<td>Evaluating the effectiveness of public health leadership training: the NEPHLI experience</td>
<td>2004</td>
<td>American Journal of Public Health</td>
<td>Low</td>
<td>Yearlong experiential programme aimed at building and improving the leadership skills of current and future public health practitioners.</td>
<td>Self-reported competency levels and frequency of use of 15 leadership practices, including 'cope with and lead changes in public health practice’ and ‘mobilize resources in the community needed to increase access to public health services’.</td>
<td>Statistically significant (p&lt;0.05) increase on self-reported competence for all practices and on self-reported frequency of use for four practices (cope with and lead changes in public health practice; deal with cultural and ethnic diversity in the context of access to health services; understand the administrative, social and political implications of alternative policy options; use visual representation of data to identify public health problems).</td>
</tr>
<tr>
<td>Talbot et al.</td>
<td>Five Weekend National Family Medicine Fellowship Program for faculty development</td>
<td>1997</td>
<td>Can Fam Physician</td>
<td>Low</td>
<td>Five Weekend National Family Medicine Fellowship which focuses on the essentials of education, management, communication, critical appraisal skills and the principles of family medicine to develop leadership and team-building skills for faculty and community-based physicians.</td>
<td>Results of projects completed as part of the programme.</td>
<td>&gt;20 presentations at College of Family Physicians of Canada (CFPC), &gt;10 publications being developed and various other applications of projects (out of a total 34 projects).</td>
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Null effect

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<tbody>
<tr>
<td>Cummings et al[^64^]</td>
<td>Worklife improvement and leadership development study: a learning experience in leadership development and ‘Planned’ organizational change</td>
<td>2013</td>
<td><em>Health Care Management Review</em></td>
<td>Null effect</td>
<td>Leadership Development Initiative to facilitate organisational learning among healthcare managers at the Alberta Cancer Board.</td>
<td>Six subscales on the Areas of Worklife Survey: workload, control, reward, community, fairness and values.</td>
<td>No statistically significant changes in self-reported worklife by initiative participants.</td>
</tr>
<tr>
<td>Wallen et al[^63^]</td>
<td>Implementing evidence-based practice: effectiveness of a structured multifaceted mentorship programme</td>
<td>2010</td>
<td><em>J Adv Nurs</em></td>
<td>Null effect</td>
<td>Structured multifaceted mentorship programme designed to implement evidence-based practice (EBP).</td>
<td>Comparison of Mentorship Program Group and Comparison Group on EBP beliefs, organisational culture and readiness, EBP implementation, job satisfaction, group cohesion, nurse retention index and intent to leave.</td>
<td>No statistically significant differences between control and intervention groups except for an improvement on EBP beliefs in the intervention group.</td>
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**Qualitative study**

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<tr>
<td>Boomer and McCormack[^34^]</td>
<td>Creating the conditions for growth: a collaborative practice development programme for clinical nurse leaders</td>
<td>2010</td>
<td><em>J Nurs Manag</em></td>
<td>Qualitative</td>
<td>Leadership practice development using work-based and action learning.</td>
<td>N/A</td>
<td>Reports indicated progress towards various leadership skills, including becoming reflexive, becoming proactive, valuing teamwork, becoming a facilitator and nursing processes.</td>
</tr>
<tr>
<td>Champagne et al[^16^]</td>
<td>Organizational impact of evidence-informed decision making training initiatives: a case study comparison of two approaches</td>
<td>2014</td>
<td><em>Implement Sci</em></td>
<td>Qualitative</td>
<td>Impact of two programmes on evidence-informed decision-making (EIDM).</td>
<td>N/A</td>
<td>Training programmes can improve attitudes towards EIDM and, to a lesser extent, conversion of these attitudes into skills.</td>
</tr>
<tr>
<td>Dierckx de Casterle et al[^8^]</td>
<td>Impact of clinical leadership development on the clinical leader, nursing team and care-giving process: a case study</td>
<td>2008</td>
<td><em>J Nurs Manag</em></td>
<td>Qualitative</td>
<td>Clinical leadership programme (CLP) for nurses in a large academic hospital.</td>
<td>N/A</td>
<td>Leadership learning seen as iterative, ongoing process which can increase personal effectiveness, self-awareness, communication skills and other relevant skills.</td>
</tr>
<tr>
<td>Enterkin et al[^73^]</td>
<td>Clinical leadership for high-quality care: developing future ward leaders</td>
<td>2013</td>
<td><em>J Nurs Manag</em></td>
<td>Qualitative</td>
<td>Series of workshops for improving personal influencing skills, high-impact communication, creating a positive ward environment, leading service and practice innovation, managing change, quality improvement and managing staff among ward leaders (nurses).</td>
<td>N/A</td>
<td>Participants reported increased political, organisational and self-awareness, increased confidence, feelings of empowerment and the ability to empower others.</td>
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the implementation of the programme in one of the high-relevance articles mentioned earlier, staff reported a statistically significant increase in support from their supervisors and in transformational (as opposed to transactional) leadership behaviours among programme participants, while also reporting a statistically significant decrease in ‘passive avoid-ant’ and ‘laissez-faire’ management styles. Similar benefits found in other studies included improved problem solving between groups and nursing leadership; a reduction in the number of unprofessional behaviours that required intervention by the chair of a medical department or someone of similar stature; increased practice of teamwork/collaboration; increased respect or caring for staff; increased availability and support to employees; increased clarity of communication to staff; increased demonstration of supportive leadership behaviours towards subordinates; and increased general workplace culture and morale. The majority of these studies did not test for statistical significance, and several used qualitative, rather than quantitative, research methodologies.

2. **Improvements in patient satisfaction or other patient-related metrics.** Several studies found improved patient satisfaction scores on Press Ganey surveys, with improved metrics including ‘how well pain was controlled’, “nurses took time to listen”, and general satisfaction with services. Studies also found that various programmes were associated with a reduction in patient complaints; improved communication between staff and patients; and improved continuity of care. None of these studies tested for statistical significance and some used qualitative research methodologies.

3. **Achievement of a specific tangible benefit to the organisation associated with a project in the programme.** Several development or training programmes included specific projects, and the success of these projects could directly benefit the sponsoring organisation. In one programme that focused on creating revenue-generating projects, 38% of all teams had generated revenue from their projects within 5 years after the training programme (for a total £4 million across all projects), and another programme focused on training middle managers helped identify £900 000 in cost savings (compared with £108 000 investment in the training programme). Several programmes focused on improving management indicators for various clinical topics (eg, reduction in time in abnormal mammogram findings to definitive diagnosis, reduction in patient registration time, improvement in patient satisfaction or other patient-related metrics).

4. **Increased confidence/use of leadership and management skills by programme participants.** Although the demonstration of and/or confidence in leadership/management competencies are not necessarily tangible benefits to an organisation, an improvement on these dimensions after training programmes could lead directly or indirectly to more tangible benefits. For example, one study identified a statistically significant improvement in the ability of managers to use a specific management tool (strengths, weaknesses, opportunities and threats analysis) after training. Similarly, other studies found managers increasingly being proactive in leadership roles, acting as a facilitator after their training, and increasing general workplace culture and morale. The majority of these studies did not test for statistical significance, and several used qualitative, rather than quantitative, research methodologies.

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<tr>
<td>Singer et al</td>
<td>A case for safety leadership team training of hospital managers</td>
<td>2011</td>
<td>Health Care Management Review</td>
<td>Qualitative</td>
<td>Safety Leadership Team Training with modules on (1) introduction and appreciative inquiry, (2) theoretical framework and employee survey, (3) simulation exercise and debrief, (4) the ‘Game Plan’ project management exercise, and (5) a follow-up programme.</td>
<td>N/A</td>
<td>Respondents reported that the training increased behaviours such as ‘showing you really care’, ‘demonstrating a welcoming/nondefensive attitude’, ‘encouraging speaking up’, ‘facilitating teamwork and communication’, ‘taking action’, ‘mobilising information’ and ‘seeking input’.</td>
</tr>
<tr>
<td>Singer et al</td>
<td>Making time for learning-oriented leadership in multidisciplinary hospital management groups</td>
<td>2015</td>
<td>Health Care Management Review</td>
<td>Qualitative</td>
<td>Safety Leadership Team Training with modules on (1) introduction and appreciative inquiry, (2) theoretical framework and employee survey, (3) simulation exercise and debrief, (4) the ‘Game Plan’ project management exercise, and (5) a follow-up programme.</td>
<td>N/A</td>
<td>Learning-oriented leadership which promoted a mutually supportive environment and which specifically made time for learning facilitated achievement of these outcomes.</td>
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ICU, intensive care unit; N/A, not applicable; NHS, National Health Service; QI, quality improvement; RN, registered nurse; SWOT, strengths, weaknesses, opportunities, and threats.
fortable with the demands expected of a leader\textsuperscript{27} and having more concrete knowledge of management practice\textsuperscript{26} \textsuperscript{48} \textsuperscript{49} or QI techniques. One high-relevance study found statistically significant improvement in an objective measure of team leadership skills by paediatric residents participating in a leadership workshop.\textsuperscript{31} Various other studies using self-report to measure confidence or use of specific leadership/management skills also found improvements after a training programme.\textsuperscript{50} \textsuperscript{62} Note that all articles relying only on self-report were considered ‘low relevance’ for the purposes of answering the research question and should not be considered strong evidence of a benefit to the organisation.

5. Miscellaneous effects/benefits. In addition to the four themes mentioned above, several articles identified miscellaneous effects or benefits. These effects were not normally documented across multiple studies. One study found that participants in leadership development programmes were more likely to hold a role as the chair of a national committee (eg, committees associated with professional associations), which could benefit the organisation by increasing its prestige.\textsuperscript{25} One study found that deans of academic medical centres who were more confident than female faculty who had participated in a leadership development programme were more likely than other female faculty to stay at their institution, although this finding was strictly a perception and not an actual observed effect.\textsuperscript{23} One study found a statistically significant increase in staff retention among participants in the training programme.\textsuperscript{30}

6. Null results. Several studies found no statistically significant impact of leadership training on outcomes such as retention,\textsuperscript{18} \textsuperscript{61} job satisfaction,\textsuperscript{18} \textsuperscript{62} clinical outcomes\textsuperscript{18} or ‘work-life’ (ie, workload, control, fairness, and so on).\textsuperscript{94}

**DISCUSSION**

This research identified limited evidence of several benefits to organisations from leadership/management development and training programmes. However, there was not substantial, quantified evidence that such programmes have direct, tangible benefits for organisations in the form of ROI, reduced turnover or other potentially desired outcomes. This finding is consistent with the finding by Frich \textit{et al} that ‘the majority of studies [on this topic] relied on learner satisfaction scores and self-assessed knowledge or behavioral change’ (p 656).\textsuperscript{8} Nonetheless, the absence of evidence does not necessarily equate to the absence of an effect. Rather, this review suggests that further research and more robust evaluation methodologies are needed, since a low percentage of training programmes use organisational metrics to measure their impact,\textsuperscript{3} and since our review found a limited research base on this topic.

This review included a diverse array of programmes designed for a variety of executives and managers in many different types of organisations, with potentially different goals in mind. Given the broad range of types of programmes, it would be difficult to develop a cohesive framework that would effectively categorise all the different types of programmes. The findings suggest that no single programme format will provide a ‘silver bullet’ to address the needs of all executive leaders or managers in all organisations and that different training goals require different designs. In the absence of very clear evidence for a single way to deliver training programmes, programmes should consider various factors to help promote clarity in the design and evaluation process. These factors include organisational context in which the leaders/managers operate, the goals of the programme given that organisational context, the knowledge, skills and abilities that will most benefit the participants and the organisation in achieving these goals, the pedagogical modes (eg, didactic training, experiential exercise, simulation) that will best facilitate retention and application of the learning and the evaluation mechanisms to be used in measuring programme outcomes against stated goals.

**Limitations of this research and risk of bias**

As already noted, the ability to draw conclusions about the impact of leadership and management training programmes at the organisational level is limited by the restricted evidence base on this topic. In addition to the fact that the research base and associated methods are limited in general (with only two randomised controlled trials), there are several risks for bias in the literature. First, institutions, particularly for-profit companies, are unlikely to publish ROI analyses or other financial data about their programmes. Among the information that is published, institutions are more likely to publish findings with positive results that reflect well on themselves. Indeed, while we found two articles with null results, we found that negative results were rarely if ever reported. Self-report introduces considerable bias into the evaluation of programmes’ effectiveness, which is why all articles relying solely on self-report were considered low relevance for our study.

**Directions for future research**

More research is needed on the impact of leadership and management training programmes at the organisational level. Although research on the direct financial implications of programmes at private institutions may be difficult to conduct or report publicly, research on other benefits to the organisation which could indirectly have positive financial impacts would also be relevant for the literature. Possible outcomes of interest include patient satisfaction, patient safety and other outcomes, staff retention and performance on quality criteria. In addition, research efforts should continue to analyse the various factors which promote or impede the success of leadership and management training programmes, and how these factors have differential impact on different types of outcomes. Academic medical centres could be particularly well positioned to conduct further research on this topic. Finally, despite the complex nature of evaluating programmatic effectiveness in large organisations, it is important for researchers to use rigorous methods in assessing leadership/management development programmes, given only two high-relevance articles included in this review used a randomised controlled trial design.

**CONCLUSION**

Although leadership and management training programmes are widespread, the research on their tangible impacts at the organisational level, such as a ROI, is very limited right now. Our research identified at least four potential effects/benefits of these types of programmes at the organisational level: benefits to other staff in the organisation, improvements in patient satisfaction or safety, achievement of specific project-related goals and increased confidence using leadership-related skills by programme participants. However, given the limited evidence base on this topic, more research is needed to identify the institution-level benefits of investing in these types of programmes.

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Original research


