



- TITLE** Impact of Leadership Development on Emotional Health in Healthcare Managers
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- OBJECTIVE** The purpose of this study was to examine the effects of a leadership development initiative on the emotional health and well-being among five levels of healthcare managers.

METHODOLOGY

The Alberta Cancer Board launched the Leadership Development Initiative (LDI) for all employees in formal leadership roles, and approximately 300 people participated over the years. The average age of healthcare managers was between 45 and 50, and the majority were employed full-time, had an average of 19-23 years working in healthcare, and 11 years of experience, on average, with this organization. Most were female (84%). A total of 179 completed the pre-LDI survey in March 2006 and post-LDI surveys were completed by 150 participants in June 2007. Data in this analysis were from 86 people who participated in both administrations, completing the Leadership Practices Inventory, Maslach Burnout Inventory (Tourangeau *et al.* 2003), and Areas of Worklife survey (Maslach & Leiter, 1999). Internal reliability coefficients for the LPI in this study at Time 1 were: .81 Model; .93 Inspire; .90 Challenge; .80 Enable; and .89 Encourage (and equivalent values were found at Time 2).

KEY FINDINGS

An increasing trend in all self-assessed leadership practices were found post-LDI, with Inspire increasing significantly (and Challenge nearly reaching statistical significance, $p < .06$). Regression results to assess the predictors of manager burnout using pre-LDI data showed that 30.5 percent of the variance in emotional exhaustion was explained by the “ability of manage workload,” with another 11.4 percent explained by “congruence between organizational and personal values,” and Enable accounted for 6.9 percent of the explained variance (all three of these were negatively related to emotional exhaustion). Post-LDI data, however, showed that none of the leadership practices were related to emotional exhaustion. Model was positive and significantly related to professional efficacy at both the pre- and post-LDI administrations. None of

the leadership practices explained any significant variance in cynicism in the pre-LDI assessment, while in the post-LDI assessment Inspire (negative) and Enable (positive) did account for significant variance.

The authors conclude: "Recommendations for organizations concerns about emotional health of their leaders include: first, organizational leaders should set a clear organizational vision, followed by role modeling principles accompany that vision to foster value congruence" (p. 1038).

