
THE LEADERSHIP CHALLENGE

research

THE MOST TRUSTED SOURCE ON BECOMING A BETTER LEADER

TITLE	Evaluation of a Leadership Development Intervention
RESEARCHER	Ann E. Tourangeau, Manon Lemonde, Marcia Luba, Diane Dakers, & Chris Alksnis <i>Canadian Journal of Nursing Leadership</i> 2003, Vol. 16, No 3, pp. 91-104
OBJECTIVE	The purpose of this study was to evaluate the effectiveness of a leadership development program for Canadian nurses.
METHODOLOGY	<p>In all, 73 nurses participated in the leadership development institute, representing 28 health care or related organizations, and 67 agreed to participate (93% response rate) at pretest and 58 participated at posttest. There were 30 established nurse leaders and 37 aspiring nurse leaders. At pre-test, 347 LPI-Observers were completed (61% response rate) and at posttest there were 245 LPI-O returned (43% response rate). Participants also completed the Maslach Burnout Inventory (Maslach, Jackson & Leitner, 1996). The typical respondent was female (98%), 44 years old, with a baccalaureate degree or higher (78%), an average of 3.3 years in their current position, 11.6 years in their current organization and 21.6 years as a RN.</p> <p>Internal reliabilities for the LPI-Self at pre-test and posttest were: Model (.46 vs. .74), Inspire (.83 vs. .89), Challenge (.80 vs. .86), Enable (.67 vs. .79) and Encourage (.84 vs. .88). On the LPI Observers, internal reliabilities for “dyad partners” ranged from .75 (Model) to .92 (Inspire) at pretest and from .79 (Model) to .95 (Inspire); for supervisors the range at pretest was .76 (Model)</p>

and Encourage) to .93 (Inspire) and at posttest from .74 (Model) to .91 (Inspire); and, for peers the range at pretest was from .88 (Challenge and Enable) to .94 (Encourage) and at posttest from .86 (Model and Enable) to .92 (Encourage).

KEY FINDINGS

No statistically significant increases in self-reports of leadership practices were found from pretest to posttest time periods (Model and Enable were not included because of weak internal reliability at pretest). However, established leaders assessed themselves higher at Time 2 (posttest) than did emerging leaders on Inspire, Challenge and Encourage. Dyad partners and supervisors reported significant increases in Inspire and Challenge from pretest to posttest while peers reported significant increases between the two time periods on all five leadership practices.

The authors conclude:

The results of this study indicate that a concentrated residential leadership development intervention can be effective in strengthening leadership behaviors performed by both established and aspiring nurse leaders. However, changes in leadership behaviors seem to be more evident through the eyes of observers rather than through self-reports.

Changes in how we view ourselves might take more time and may even require large changes (i.e., effect sizes) for us to alter how we see ourselves. The process of how others change how they see us may take less time. It is also possible that others may be able to detect smaller shifts in the behaviors

of those they observe.