DEVELOPMENT OF AN EVALUATION PLAN FOR THE LEADERSHIP INSTITUTE

by

A practicum report submitted to the School of Graduate Studies in partial fulfillment of the requirements for the degree of

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Abstract

Background: The Leadership Institute (LI) was established at Royal Columbian Hospital in order to bring together formal leadership to engage in leadership development activities and transformative culture work. The importance of evaluating the LI in order to understand the strengths, limitations, and outcomes of the program was identified.

Methods: A literature review was conducted. Consultations with key stakeholders were held. A document review was completed. The results of these activities were used to create a program theory, evaluation plan, and evaluation charter for the LI.

Results: The program theory, along with Kirkpatrick's (1979) evaluation framework, was used to develop an evaluation plan that assesses reaction, learning, behaviour, and results of the LI. The recommended measures are: 1) an evaluation questionnaire to assess the reaction, learning, and behaviour of participants, and identify the strengths and limitations of the LI, 2) the use of the Leadership Practices Inventory (LPI) tool to assess the learning and behaviour of participants that links to the LEADS Capabilities Framework, and 3) a project report form to identify results that demonstrate the effectiveness of LI project work.

Conclusions: A comprehensive evaluation plan is ready for implementation. The results the evaluation can be used to support the effectiveness of the LI, plan for future activities, and maintain ongoing stakeholder support for the program.

Keywords: leadership development program, evaluation

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Introduction

In 2012, the Leadership Institute (LI) was established at Royal Columbian Hospital (RCH). RCH is located in New Westminster, British Columbia (BC) and is a part of the Fraser Health Authority (FHA). The purpose of this program was to engage middle and higher level leadership to foster leadership development and cultural transformation across the campus. Knowing that the campus would be experiencing a multiyear redevelopment this was seen as an opportunity to inspire change and meaningful leadership. Leadership engagement is seen as being critical to ensuring the successful redevelopment of RCH.

The LI consists of monthly sessions, various workshops, and conferences in which topics including leadership, professional development, and culture are discussed. Many of the topics address the categories of the LEADS Capabilities Framework which is used as a guiding framework for leadership competencies in FHA (FHA, 2012). The LEADS categories are: Leads Self, Develops Coalitions, Achieve Results, Engage Others, and Systems Transformation (FHA, 2012). Additionally, participants work on group projects within the LI related to various topics and issues impacting the campus. This program is facilitated by the Redevelopment team leadership and a representative from the FHA Organizational Development (OD) team. At times speakers from outside organizational performance companies (e.g., the Vanto Group) facilitate LI activities. Managers, Directors, and others in formal leadership positions, such as supervisors and educators, participate in the LI for the tenure of their positions. Front line leadership,

including Patient Care Coordinators (PCCs), and other staff are invited to participate in larger LI conferences.

Leadership development programs (LDPs) within health care have positive impacts on individuals, organizations, and patient care. It is important to be able to articulate the effectiveness of these programs to leadership and stakeholders. This will help contribute to the sustainment of such programs and allow for future planning. Evaluation is a process through which the strengths, limitations, and outcomes of LDPs can be understood.

A significant amount of resources and financial investments have been invested to operate the LI. The positive benefits that have come from the LI can be seen across the RCH campus; however, a formal evaluation of the LI had not occurred. The purpose of this Master of Nursing degree practicum project was to develop a comprehensive evaluation plan for the LI that could be implemented by FHA in order understand the strengths, limitations, and outcomes of the LI. The information obtained from an evaluation of the LI can be used to support the effectiveness of the program, plan for future activities, and maintain ongoing stakeholder support to sustain the program.

Practicum Objectives

The overall goal of this practicum project was to develop a comprehensive evaluation plan that could be implemented to assess the strengths, limitations, and outcomes of the LI. The specific practicum objectives were to:

1. Identify factors that should be considered when evaluating a leadership program.

2. Develop an evaluation plan to assess the activities of and articulate the strengths and limitations of the LI.
3. Demonstrate advanced nursing practice competencies.

Overview of Methods

Several methods were used to fulfill the objectives of this practicum project. First, an integrated literature review exploring the methods and tools used to evaluate other LDPs was completed. A copy of the literature review can be found in Appendix A. Next, consultations were held with decision makers, planners, and participants of the LI. Existing documentation about the LI was then reviewed. The consultation and document review report is included in Appendix B. The results of the literature review, consultations, and document review informed the development of a program theory for the LI. This included developing a logic model which identified key outputs and outcomes of the LI that could be evaluated. An evaluation plan for the LI was then written following the FHA (2009) Research and Evaluation Department's evaluation process guidelines. As a part of this evaluation plan, an evaluation questionnaire and project report form were developed. A limited pilot test of the evaluation questionnaire and project report was completed. The program theory and evaluation plan can be found in Appendix C. Finally, an evaluation charter was written to support the evaluation process. The evaluation charter is included in Appendix D.

Summary of Literature Review

An integrated literature review was first completed with the main objective being to understand what methods and measures have been used to assess leadership

development programs within healthcare. I commenced the literature review by searching the CINAHL and PubMed databases. Multiple combinations of the following key words were searched for: nursing leadership program, healthcare leadership program, leadership development program, leadership institute, leadership program, health care, evaluation, evaluation framework, nursing leadership training evaluation. Inclusion criteria were that articles were written in the English language and available in full text. No limitations on date were placed on the literature search.

I read the abstracts of the articles to determine if they were relevant to the focus of the literature review. In order to be considered relevant, articles needed to discuss the evaluation of a health care related LDP. The full text of articles that were deemed to be relevant were retrieved. The reference lists of relevant articles were reviewed to find additional applicable articles. As appropriate, the Public Health Agency of Canada's (PHAC) (2014) C*ritical Appraisal Toolkit* was used to critically appraise relevant literature. I also conducted a search using the Google search engine to locate other applicable unpublished literature. In addition, I searched the FHA intranet to determine if any materials related to evaluating programs within the health authority existed. The full results of the literature review are included in Appendix A.

The first important finding of the literature review was that results reported in the literature supported that LDPs are effective in increasing leadership competencies and behaviours (Abraham, 2011; Duygulu & Kublay, 2011; Leggat, Balding, & Schiftan, 2015; Martin, McCormack, Fitzsimons, & Spirig, 2012; Paterson, Henderson, & Burmeister, 2015; Patton et al., 2013; Titzer, Shirey, & Hauck, 2014). This supported

planning an evaluation of the LI in order to discover supporting evidence of the effectiveness of the program.

Second, the literature supported that the evaluation of a program should be planned when initially designing the program in order to ensure that outputs and outcomes of a program are measurable (FHA, 2009; Hannum & Martineau, 2008; Throgmorton, Mitchell, Morley, & Snyder, 2016). Additionally, it was acknowledged that when measuring changes in leadership behaviours, ideally participants' behaviours should be assessed prior to and after the intervention (Abraham, 2011; Cleary, Freeman, & Sharrock, 2005; Duygulu & Kublay, 2011; Kirkpatrick, 1979; Martin et al., 2012; Leggat et al., 2015; Paterson et al., 2015; McAlearney, Fisher, Heiser, Robbins, & Kelleher, 2005; Throgmorton et al., 2016; Titzer et al., 2014). As an evaluation plan was not created when the LI was established, the evaluation plan written for this practicum project was a retrospective evaluation. The evaluation plan includes the recommendation that the methods and measures identified in this practicum project be taken forward to evaluate the program on an ongoing basis. If major changes to content and format of the LI occur, an evaluation plan should be adapted from the one written for this practicum project.

Third, the literature review supported that evaluation process guidelines should be used to plan the evaluation of a LDP in order to ensure that an evaluation that is feasible to conduct is designed (FHA, 2009; Hannum & Martineau, 2008). Additionally, following evaluation process guidelines ensure that a comprehensive evaluation plan that includes stakeholder engagement is developed. Evaluation process guidelines by

Hannum and Martineau (2008) and FHA (2009) were reviewed in detail as part of the literature review. Both sets of guidelines provided similar recommendations regarding how to plan, design, conduct, and disseminate the findings of an evaluation. As the evaluation process guidelines by FHA (2009) would be familiar to an evaluator within FHA and included provisions for addressing approval processes as required by the health authority, they were chosen to be followed to write the evaluation plan for this practicum project.

The following are select examples of the recommendations given in the FHA (2009) evaluation process guidelines. In the planning phase, it was highlighted that an evaluation of a program could be conducted for planning or decision making purposes (FHA, 2009). Additionally, it was emphasized that stakeholders should be involved early in the evaluation process as they will influence decisions regarding what data needs to be collected and how the findings of the evaluation will be used (FHA, 2009). In the design phase of the guidelines, it was discussed that a program may impact individuals, groups, and communities, and this must be taken into consideration when deciding what outcomes of a program to evaluate. In the phase related to conducting the evaluation, FHA (2009) recommended conducting an evaluability assessment to confirm that the appropriate resources needed to carry out the evaluation as designed are available. Finally, in the dissemination phase FHA (2009) suggested that recommendations from evaluation findings should be specific, simple, targeted, realistic, timely, and defensible. The use of the FHA (2009) evaluation process guidelines were chosen to ensure that a comprehensive evaluation plan was developed for this practicum project.

Fourth, it was identified from the literature review that evaluation frameworks should be used to focus evaluations and determine what methods and measures should be evaluated. This ensures that a comprehensive evaluation is planned that will give stakeholders useful and valuable information. Kirkpatrick's (1979) Evaluation Framework and the EvaluLEAD framework by Grove, Kibel, and Haas (2005) were reviewed in detail in the literature review. Kirkpatrick (1979) suggests that four categories should be considered when evaluating a LDP: reaction, learning, behavior, and results. Reaction measures the immediate feelings of participants related to items such as the format and content of the program (Kirkpatrick, 1979). The strengths and limitations of a program can be identified by measuring reaction. Learning is measured by examining the knowledge, skills, and attitudes of participants (Kirkpatrick, 1979). Behaviour, examines the degree of change in behaviour that participants have demonstrated once completing a program and returning to their jobs (Kirkpatrick, 1996). Finally, results signify those items that are measured at a higher organizational level such as productivity, quality, workplace place satisfaction, morale, retention rates, and costs (Kirkpatrick, 1996).

Grove et al. (2005) suggest that the evaluation of a LDP should be framed by looking at three result types (episodic, developmental, and transformative), within three domains (individual, organizational, and societal or community), and using two types of inquiry (evidential inquiry and evocative inquiry) which results in 18 components of a program that are evaluated. Kirkpatrick's (1979) evaluation framework was chosen to base an evaluation of the LI upon due to its clear language that could be used in

conversation with stakeholders and because of its applicability to each component of the LI.

Finally, methods that could be applied to evaluate various components of the LI were identified from the literature review. Several tools or questionnaires that have been used to evaluate leadership characteristics of participants of LDPs were identified including: The Leadership Practices Inventory (LPI) (Posner & Kouzes, 1988), the Leadership Capability Instrument (LCI) (Paterson et al., 2015), the Nurse Manager Skills Inventory (NMSI) (The American Association of Nurse Executives [AANE] and American Association of Critical Care-Nurses [AACCN], 2006), and the Nursing Activity Scale (NAS) (Abraham, 2011). These tools measure leadership competencies, behaviours, skills, and relationships. In many studies, these tools were used to conduct pre and post assessments and included self and observer assessments of leadership characteristics. The Leadership Practices Inventory (LPI) (Posner & Kouzes, 1988) was chosen as the tool that could be used to measure the learning and behaviour of LI participants as it allows for the assessment of leaders from multidisciplinary backgrounds and its questions link to the FHA (2012) LEADS Capabilities Framework.

Other methods identified within the literature review that could be used to evaluate the LI included: interviews, focus groups, journaling, self-reflection, and skills tests. Additionally, metrics, or quantitative data related to organizational performance, that could be assessed in relation to LDPs were identified from the literature. Examples of these metrics include retention rates and staff and patient satisfaction scores.

Summary of Consultations & Document Review

As part of this practicum project, consultations and a document review were conducted. The purpose of conducting the consultations was to obtain the perspectives from consultees about the purpose, strengths, and limitations of the LI. The purpose of conducting a document review was to determine if documentation existed that described the purpose and outcomes of the program. An additional purpose of the document review was to identify potential measures that could be used to assess the effectiveness of the program. Participants agreed to participate in a consultation either verbally or through email. Responses to consultation questions were coded in order to protect consultees' identity. Data were stored in a locked filing cabinet in my office. The full consultation and document review report is included in Appendix B.

Consultations

A letter explaining the consultations and the consultation questions was initially emailed to potential consultees. Three decision makers responsible for the LI were contacted: the VP of FHA, the Executive Director (ED) of RCH, and the Chief Project Officer (CPO) for the redevelopment project at RCH. Planners who were contacted were the former Director, the current Director, the Organizational Development (OD) consultant, and the Project Coordinator who are all responsible for the LI. Additionally, two participants of the LI were contacted to participate in a consultation. In total, two consultees participated by telephone, one consultee participated in an in-person interview, and four consultees returned their responses by email. When an interview was conducted an interview script was followed and additional questions asked as appropriate based

upon the conversation. Responses were either typed into a Microsoft word document or handwritten and then transcribed. Content analysis was used to analyse participants' responses.

The first group of questions asked consultees to reflect upon the purpose and outcomes of the LI. Consultees suggested that the purpose of creating the LI was to bring together formal leadership at RCH to engage in leadership development activities and transformative culture work. They acknowledged that this work is important as the campus is set to undergo a major redevelopment; however, they did state the importance of engaging leadership in this type of work regardless of whether a redevelopment was being planned or not. Some of the short term objectives of the LI that consultees suggested were: to develop and improve personal leadership skills, to align leadership in the shared vision that is documented in the RCH declaration, to increase abilities to engagement in collaborative relationships with colleagues and staff, and to take ownership of and address current challenges within the campus. Some of the long term objectives of the LI that consultees suggested were the transformation of the culture of the site and the fulfillment of the RCH declaration.

Consultees were also asked to provide their perceptions about the strengths and limitations of the LI. Strengths of the program that were identified by consultees included: the opportunity for networking, the focus on personal leadership development, the focus on current issues on the campus through project work, support from executive leadership, and being given dedicated time to gather together on a regular basis to focus on issues other than daily operations. Some of the limitations of the LI that were

identified by the consultees were: scheduling conflicts, the use of curriculum and language that not all may understand, and the fact that all participants may not have the same understanding of the concepts of the program due to the turnover of participants and participants entering the program at different points in time.

The second group of questions asked consultees to provide their perceptions about conducting an evaluation of the LI. All consultees suggested that it would be beneficial to conduct an evaluation of the LI. Consultees felt that an evaluation of the LI should occur in order to obtain both qualitative and quantitative data to articulate the impact of the program and justify to stakeholders the value of investing financially in the program. Consultees suggested that leadership skills, the impact of the program on relationships between colleagues and departments, and metrics that could be associated with the work of the LI should be assessed in an evaluation.

Document Review

Documents about the LI that were reviewed were a White Paper written about the program, a poster that was presented at the 2016 British Columbia Patient Safety and Quality Council (BCPSQC) Quality Forum, a Wayfinding Project Update, a PowerPoint presentation, the LEADS Capabilities Framework, and survey results from various LI conferences (FHA, n.d., p. 3; FHA 2012; FHA, 2015; Mack, Stowe, Welch, & Wrigley, 2016; Survey Results February, 2016; Survey Results June, 2016). The findings of the document review supported the results of the consultations. The document review confirmed that the overall purpose of the LI is to engage leadership in leadership development activities and transformative culture work. Examples of projects that have

been completed in the LI were included in the documentation about the LI. From these project descriptions, examples of metrics that could be used to assess the effectiveness of the leadership such as patient satisfaction scores and staff morale were identified.

Summary of the Evaluation Plan Developed

The main deliverables developed for this practicum project were a program theory, evaluation plan, and evaluation charter. Each of these documents were created based upon information from the literature review, consultations, and document review. The literature review identified the evaluation process guidelines and evaluation framework that would be used for the evaluation plan. The consultations and document review identified outcomes of the LI that could be measured in an evaluation. The program theory and evaluation plan are included in Appendix C. The evaluation charter can be found in Appendix D.

Program Theory

A program theory for the LI was written based upon information received from the stakeholders' consultations and the document review. The program theory describes the inputs, outputs, and outcomes of the LI. The program theory is summarized in a logic model that is shown in Figure 1. Some of the inputs of the LI include: executive support, a budget to support the program, dedicated time for participants to attend, and the commitment of participants to the program. The outputs of the LI are: monthly sessions, workshops, conferences, and project work. Select short term outcomes of the LI include: the development of or increase in LEADS Capabilities, engagement of leadership in the current and future state of the campus, the alignment of leadership in a common vision,

an increase in collaborative relationships, and the transformation of current issues on the campus. Select long term outcomes of the LI include: the readiness and ability to work and lead others through changes associated with redevelopment, the realization of a common vision for the future, the transformation of the culture of the campus, and the improvement in associated metrics. The full program theory and logic model are included in Appendix C.

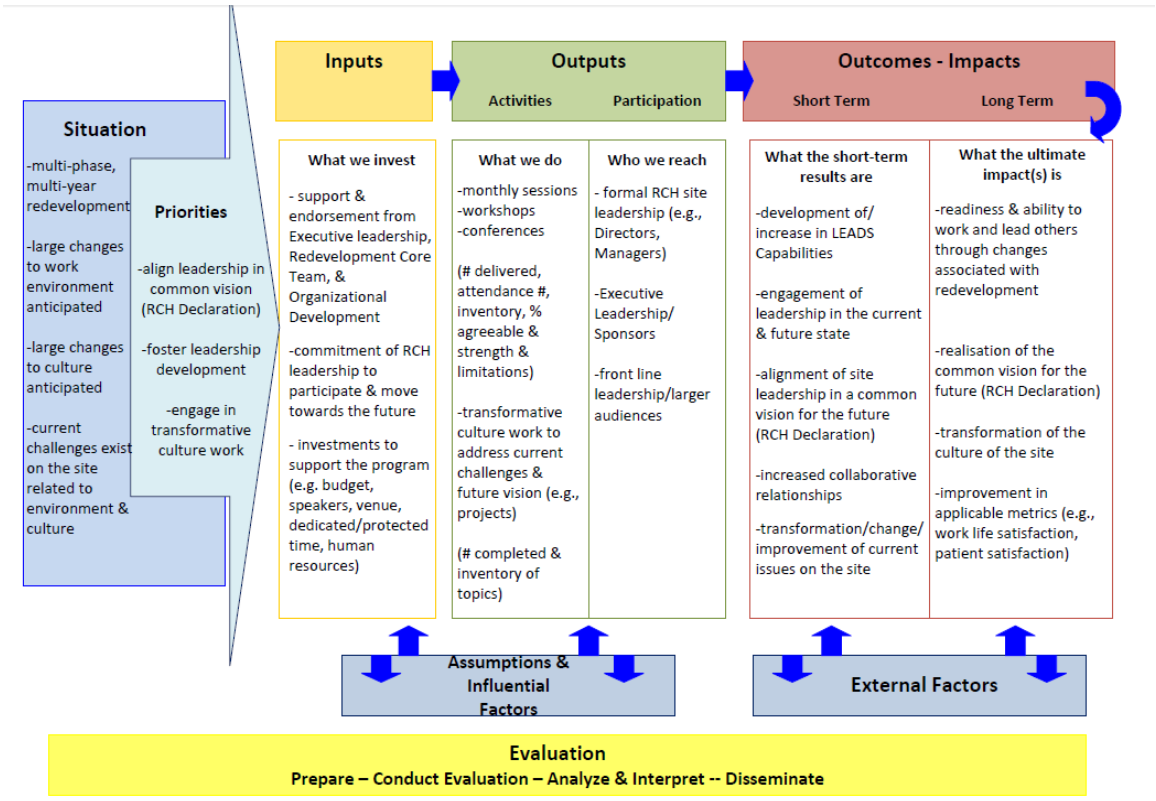

Figure 1. Leadership Institute Logic Model

Evaluation Plan

An evaluation plan that could be implemented to assess the effectiveness, strengths, and limitations of the content and format of the LI was written based upon the program theory, the findings of the literature review, stakeholder consultations, and document reviewed that occurred. This evaluation plan was written following the guidelines included in the FHA (2009) A Guide to Planning and Conducting Program Evaluation. The evaluation questions of the evaluation plan are:

1. Does the LI lead to engagement of participants in the current and future state?
2. Does the LI contribute to the development of or increase participants' LEADS Capabilities?
3. Do LI participants feel ready and able to work and lead others through changes associated with redevelopment?
4. What strengths of the LI do participants perceive?
5. What limitations of the LI do participants perceive?
6. What impacts did LI projects have on RCH?

While conducting this practicum project, it was learned that a review of the LI was going to occur to determine if changes should be made to the content and format of the program. Due to project timelines, it was decided to continue to write an evaluation plan for the current content and format of the program. The evaluation plan written was a retrospective descriptive evaluation using a mixed-methods approach to collect quantitative and qualitative evaluation data.

Evaluation methods and measures were chosen specifically in order to answer the evaluation questions. Proposed evaluation methods were chosen based upon the outputs and outcomes articulated in the program theory logic model and aim to evaluate each level of Kirkpatrick's (1979) evaluation framework in relation to the LI. Four measures were recommended to evaluate the LI. First, to evaluate the outputs of the LI, it was suggested to compile an inventory of the number of monthly sessions, workshops, and conferences held and the topics discussed at each. This information relates to reaction in Kirkpatrick's (1979) evaluation framework. It would be the responsibility of the evaluation coordinator to gather this information from course materials and attendance records.

Second, an evaluation questionnaire was developed. The questions in the evaluation questionnaire directly link to the outputs and outcomes described in the program theory. The evaluation questionnaire will measure the reaction, learning, and behaviour of participants. The strengths and limitations of the program, from the participants' perspectives, will also be identified in the evaluation questionnaire. A limited pilot test of the questionnaire was conducted as part of this practicum project. A link to the online survey would be sent to the LI distribution list by the evaluation coordinator. Summary statistics would be used to analyze the Likert responses from the evaluation questionnaire. Content analysis would be used to review the information obtained from qualitative questions on the evaluation questionnaire.

Third, it was suggested in the evaluation plan to use the Leadership Practices Inventory (LPI) self-assessment tool which measures leadership behaviours and practices

in five categories: challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart (Posner & Kouzes, 1988). These categories align with the FHA (2012) LEADS Capabilities categories: Leads Self, Develops Coalitions, Achieve Results, Engage Others, and Systems Transformation. The use of a tool such as the LPI measures learning and behaviour as outlined by Kirkpatrick (1979). A link to complete the online LPI would be sent to participants by the evaluation coordinator. Data obtained through the LPI would be analyzed using the data analysis tools within the online administration platform.

Finally, it was suggested that participants complete a project report form to summarize the goals, activities, and outcomes of the LI projects that they participated in. The questions in the project report directly link to the outputs and outcomes as described in the logic model. Results, or metrics, that can be measured at a higher organizational level will be identified through the project reports. Results relate to the final level of Kirkpatrick's (1979) evaluation framework. The evaluation coordinator would identify project team members from a list of LI projects that currently exists and email a fillable PDF template of the project report form to each team to ask for a representative of that team to complete the project report. Content analysis would be used to review the information obtained from qualitative questions on the evaluation questionnaire and project report.

Evaluation Charter

An evaluation charter, using the standard FHA format, was written to describe the objectives and resources required to implement the evaluation plan that was written for

this practicum project. The evaluation charter included a description of roles and responsibilities, a timeline, and budget.

Discussion of Advanced Nursing Practice (ANP) Competencies

The Canadian Nurses Association (CNA) (2008) defines advanced nursing practice (ANP) as "an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities, and populations" (p. 10). The advanced nursing practice competency categories are: clinical, research, leadership, and consultation and collaboration (CNA, 2008). The focus of my practicum project was on the research and leadership competencies.

The research competencies of ANP call for the Advanced Practice Nurse (APN) to be able to identify areas within the health care system that could be improved upon through the use of research evidence (CNA, 2008). Additionally, the research competencies outline that the APN be capable of critiquing information, collecting data, and evaluating health care system outcomes (CNA, 2008). As well, the research competencies explain that the APN should disseminate knowledge learned from research and evaluation.

Through this practicum project, I identified the importance of and the need to gather evidence about the effectiveness of the LI. I researched frameworks, methods, and measures that have been used to evaluate other health care leadership development programs. I provided a critical analysis of articles applicable to evaluating leadership development programs. I researched potential metrics that could be used to assess the

effectiveness of the LI. I utilized research methods throughout this practicum project. This included conducting interviews, managing data, and using descriptive analysis techniques. Additionally, I adhered to ethical standards while conducting this practicum project. Finally, I wrote provisions for a dissemination plan into the evaluation charter for evaluation of the LI as well as shared the findings of this practicum project with FHA leadership.

The leadership competencies call for the APN to identify the learning needs of health care team members and develop programs that address their needs (CNA, 2008). Additionally, the APN should advocate for professional development and collaboration between health care team members within the organization (CNA, 2008). The purpose of conducting this practicum project was to provide FHA with recommendations for evaluating the LI in order to identify the strengths and limitations of the program. This would contribute to an understanding of the learning needs of participants. The focus of the LI is on professional development and collaboration and it was hoped that by conducting this practicum project that evidence about the effectiveness of the program could be provided to stakeholders in order to contribute to the sustainment of the program.

Next Steps

An executive summary of this practicum project and the evaluation questionnaire were submitted to my Director in November of 2016. A copy of the Executive Summary is in Appendix E. Knowing that the content and format of the LI are likely to change in the very near future, it is not anticipated that the entire evaluation plan written for this

practicum project will be implemented before these changes take place. However, recommendations were made in the executive summary including that a program theory and evaluation plan should be developed for new version of the program. Additionally, it was recommended the frameworks, methods, and measures identified in this practicum project be applied to an evaluation plan for the new version of the LI.

On November 8th, 2016, I gave a brief presentation about this practicum project at a LI monthly session. The purpose of this monthly session was to have participants reflect upon their experiences to date and to bring the current content and format of the LI to a close prior to the introduction of a new version of the program. At this session, the leadership responsible for the LI committed to participants that the evaluation questionnaire that I developed for this practicum project will be send to them through email at a later date. The evaluation questionnaire must first be submitted to the FHA Privacy Office for assessment. Once approval is received, I will set up the evaluation questionnaire using an appropriate online survey tool. The evaluation coordinator will email the link to the questionnaire to the participants on the LI distribution list. Data analysis will occur as was described in the evaluation plan.

A presentation will be given, at a mutually arranged time in December 2016, to the decision makers and planners of the LI. The purpose of this presentation will be to give a brief overview of my practicum project and give recommendations for planning an evaluation for the new version of the LI.

Conclusion

LDPs have positive impacts on not only individual leaders, but on organizations and patients as well. It is imperative that the effectiveness of these programs is articulated to stakeholders so that ongoing support for them is maintained. The purpose of this practicum project was to develop an evaluation plan that could be implemented in order to understand the strengths, limitations, and outcomes of the LI. Through this practicum project, frameworks, methods, and measures used to assess other health care LDPs were examined in a literature review. Consultations with key stakeholders of the LI were held. Additionally, a document review was completed. The findings of each of these activities were applied to develop a comprehensive program theory, evaluation plan, and evaluation charter for the LI. As a part of developing these documents, a logic model for the LI was created. As well, questionnaires and a project report were developed and pilot tested. Collectively, the activities of this practicum project and documents produced have set the foundation for a robust evaluation of the LI to be carried out.

Whether the recommendations made in this practicum project are fully implemented, or adapted for future versions of the LI, it is imperative that the importance of evaluation in relation to the sustainment of the program is appreciated. The RCH leadership speak highly of the positive impacts that the LI has had on their personal development, relationships with their colleagues, and patient experiences, and it is critical to be able to articulate these impacts to stakeholders through evaluation.

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Appendix A: Literature Review

Evaluating Leadership Development Programs: Integrated Literature Review

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Evaluating Leadership Development Programs: Integrated Literature Review

Leadership development programs (LPDs) within health care have positive impacts on individuals, organizations, and patient care. It is important to be able to articulate the effectiveness of these programs to leadership and stakeholders. This will help contribute to the sustainment of such programs and allow for future planning. Evaluation is a process through which the strengths, limitations, and outcomes of LDPs can be understood.

In 2012, the Leadership Institute (LI) was established at Royal Columbian Hospital (RCH). RCH is located in New Westminster, British Columbia and is a part of the Fraser Health Authority (FHA). The purpose of this program is to bring together middle and higher-level management to foster engagement and cultural transformation across the campus. Knowing that the campus would be experiencing a multiyear redevelopment, this was seen as an opportunity to inspire meaningful leadership and cultural change. The LI is an ongoing program that is comprised of various workshops, conferences, and project work. Topics discussed at the LI include leadership, professional development, and culture. Managers and Directors of all departments within RCH participate in the LI for the tenure of their positions. While positive outcomes and changes across the campus can be said to be attributed to the LI, a formal evaluation of this program has not occurred.

The purpose of conducting this literature review is to assess how other healthcare LDPs have been evaluated. The intent is to garner knowledge that can be used to create an evaluation plan for the LI. In this literature review, I discuss guidelines that outline

the evaluation process that should be followed when conducting the evaluation of a LDP. I identify frameworks that can be used by evaluators to help determine what measures can be evaluated to assess the effectiveness of LDPs. Data collection methods and tools used to evaluate leadership behaviours and practices are reviewed. To conclude, I discuss considerations that must be taken into account when developing an evaluation plan for the LI.

Methods

I commenced this literature review by searching the CINAHL and PubMed databases. Multiple combinations of the following key words were searched for: nursing leadership program, healthcare leadership program, leadership development program, leadership institute, leadership program, health care, evaluation, evaluation framework, nursing leadership training evaluation. Inclusion criteria were that articles were written in the English language and available in full text. I read the abstracts of the articles to determine if they were relevant to the focus of the literature review. In order to be considered relevant, articles needed to discuss the evaluation of a health care related LDP. The full text of articles that were deemed to be relevant were retrieved. The reference lists of relevant articles were reviewed to find additional applicable articles. As appropriate, the Public Health Agency of Canada's (PHAC) (2014) C*ritical Appraisal Toolkit* was used to critically appraise relevant literature. I also conducted a search using the Google search engine to locate other applicable unpublished literature. In addition, I searched the FHA intranet to determine if any materials related to evaluating programs within the health authority existed.

A discussion of relevant articles follows in this literature review. Detailed information for select studies is included in the literature summary tables in Appendix A. The last name of the first author of any article that can be found in the literature summary tables is bolded throughout this literature review. A summary of the findings of this literature review, including evaluation guidelines, frameworks, and measures, is included in Appendix B.

Evaluation Process Guidelines

In order to be able to articulate the strengths, limitations, and outcomes of a LDP, a thorough evaluation should be conducted. The evaluation of a LDP and its impacts is complex and complicated. The literature includes guidelines that describe the process that should be followed when conducting an evaluation. Hannum and Martineau (2008) and FHA (2009) defended that it is advantageous to use guidelines to plan the steps of an evaluation as guidelines provide a systematic and logical approach to organize the multiple required components. The use of evaluation process guidelines contribute to designing an evaluation that is both feasible to conduct and will elicit the desired information (FHA, 2009).

The most commonly cited evaluation process guidelines in the literature used to plan the steps of an evaluation of a LDP were found to be those by Hannum and Martineau (2008). Three authors cited using guidelines by Hannum and Martineau to plan evaluations (Blaney, 2012; Mutwiri, Denysek, & Halferdahl, 2016; Throgmorton, Mitchell, Morley, & Snyder, 2016). One author referenced using evaluation guidelines created by the Ontario Ministry of Health, which are similar to those of Hannum and

Martineau (Havaei & MacPhee, 2015). Some authors did not specify using guidelines to plan their evaluations; however, the details in their reports would suggest that they followed some logical approach when conducting their evaluations (**Duygulu** & Kublay, 2011; Ford, Wynne, Rice, & Grogan, 2008; Martin, McCormack, Fitzsimons, & Spirig, 2012; **Paterson**, Henderson, & Burmeister, 2015; **Umble**, Baker, & Woltring, 2011). Within FHA, guidelines exist that describe the process that should be followed when conducting an evaluation within the health authority. These guidelines are found in an internal document titled *A Guide to Planning and Conducting Evaluation* (FHA, 2009).

Within the literature, the process of program evaluation is described as occurring in four major steps: planning or preparing for the evaluation, designing the evaluation, conducting the evaluation, and disseminating evaluation findings. Overall, there were slight variations in the naming and placement of specific activities within various guidelines; however, the details of the processes that they described were essentially the same. For example, Hannum and Martineau referred to the first step in the evaluation process as *focusing the evaluation* while FHA referred to this step as *preparing for evaluation*. Evaluation process guidelines by Hannum and Martineau and FHA (2009) will be discussed in detail in this literature review.

Planning for the Evaluation

The first step in the evaluation process, planning the evaluation, is the most critical step. It is in this step that stakeholders are identified and engaged. This engagement is an opportunity to confirm that stakeholders have an understanding of and agree with the objectives of both the LDP and the evaluation itself (Hannum &

Martineau, 2008). It was emphasized that stakeholders should be involved early in the evaluation process as they will influence decisions regarding what data needs to be collected and how the findings of the evaluation will be used (FHA, 2009). It is imperative to ensure that the evaluation will produce information that is applicable and valuable to stakeholders (FHA, 2009; Hannum & Martineau, 2008). In an evaluation of the British Columbia Nursing Leadership Institute (BCNLI), Havaei and MacPhee (2015) concluded that not engaging stakeholders early in the evaluation process was a direct contributing factor to the funding for the program not being renewed. This was due to the fact that there was no agreement from stakeholders on what the outcomes of the program were nor how they would be measured in the organization as a Return on Investment (ROI). This example demonstrates the critical importance of engaging stakeholders throughout the evaluation process.

During consultation with stakeholders, the type and amount of impact that they expect to see from the LDP is clarified. Hannum and Martineau (2008) suggested various types of impact that could be considered when planning the evaluation of a LDP. This includes impact on individuals, teams, organizations, communities, and society. Similarly, FHA (2009) suggested that a program may impact individuals, groups, and communities.

Hannum and Martineau suggested that the amount of impact seen can be measured in terms of short-term, mid-range, and long-term impacts (Hannum & Martineau, 2008). Short-term impacts are immediate impacts, whereas mid-range impacts are those that are noted from between three to six months after program

completion (Hannum & Martineau, 2008). Long-term impacts are those impacts that occur one year or more after the completion of a LDP. FHA (2009) utilized a different frame of reference describing outcomes to be immediate, intermediate, or final. Immediate outcomes are those that occur one to two years after the completion a program (FHA, 2009). As these outcomes occur relatively close to the completion of a program, FHA suggested that immediate outcomes could be considered to have occurred as a direct result of the program. Intermediate outcomes occur three to four years after a program's completion (FHA, 2009). Final outcomes are those who impacts are seen beyond five years after a program has concluded (FHA, 2009). FHA suggested that most likely many factors contribute to the achievement of final outcomes and there is less of a direct link to the specific program. Overall, FHA looked at outcomes on a longer-term organizational level than Hannum and Martineau.

The LI focuses on both individual leadership development and change within the wider organization. Participants are expected to use knowledge gained in the workshops when they return to work. This is just one example of an impact that could occur immediately after participating in a LDP. The FHA evaluation guidelines do not prompt the evaluator to capture impacts that occur during or immediately after a program, which potentially leaves out a significant amount of data. Because of this, impacts, as described by Hannum and Maritneau, should be used when developing an evaluation plan for the LI.

Hannum and Martineau (2008) suggested that a logic model should be used to document the objectives and outcomes of a LDP. The development of a logic model will

assist the evaluator to develop appropriate evaluation questions and choose appropriate measures in subsequent steps of the evaluation process. This document can be used to facilitate conversations with stakeholders while planning the steps of the evaluation. FHA (2009) also recommended that a logic model is used; however, did not discuss the use of a logic model until the second step of the evaluation process. Due to the fact that an evaluation was not designed when the LI was established, it would be important to engage stakeholders and develop a logic model as early in the evaluation process as possible in order to confirm the objectives and intended outcomes of the LI.

Other activities that comprise this step of the evaluation process include identifying available resources and tools, such as existing questionnaires. This helps to determine the feasibility of conducting the evaluation (Hannum & Martineau, 2008). Additionally, FHA (2009) requires that an evaluation charter be created. An evaluation charter describes the purpose and objectives of the evaluation in addition to outlining the responsibilities of the members of the evaluation team (FHA, 2009). The evaluation charter is required to seek approval from the health authority to conduct an evaluation.

Designing the Evaluation

The second step of the evaluation process is to design the evaluation. In this step, an evaluation plan outlining the purpose of the evaluation, evaluation questions, and data collection methodologies is created. FHA (2009) suggested that there are two purposes for conducting an evaluation. These purposes are either "for learning and to improve the program" or "to judge the overall value and to inform major decision-making" (FHA, 2009, p. 34). Hannum and Martineau (2008) and FHA provided general guiding

questions that can be used to help establish the specific purpose of the evaluation and the associated evaluation questions. The purpose for evaluating the LI needs to be confirmed with stakeholders.

Hannum and Martineau (2008) and FHA (2009) provided general guidance about how to design an evaluation. It was recommended that a mixed-methods approach be used to capture both quantitative and qualitative data related to the various impacts of a program. The results of stakeholder engagement from the first step and the logic model that was created are used to inform the design of the evaluation. Specific measures that could be considered for the evaluation of the LI are discussed in the subsequent evaluation framework section. An analysis of methodologies and tools used in the literature to evaluate LDPs are described in the subsequent evaluation methodology and tool section.

Hannum and Martineau (2008) suggested that the most accurate way to measure the effectiveness of a LDP is to use a comparison group. The reason for doing so is to attempt to account for any influences outside of the LDP that may have contributed to changes in leadership practices. However, they acknowledged that the use of a control group is not possible in most cases. The lack of the use of control groups in the literature is discussed in the subsequent evaluation methodology and tools section. As the LI is an ongoing program that involves all of the middle and higher-level management at RCH, I do not believe that it would be possible to create a control group from within the site for the evaluation of the LI. A control group from outside of RCH would also not be desirable as the organization and culture of each hospital in the health authority varies

greatly. It would not be accurate to compare the effectiveness of the LI activities against another hospital.

In situations when the use of a control group is not possible, Hannum and Martineau (2008) recommended that a pilot study be conducted. The purpose of conducting a pilot study is to test data collection methodologies and tools to determine if data are being collected as intended. As part of this practicum, select data collection tools will be pilot tested. If necessary, a larger pilot study will be incorporated into the evaluation plan for the LI.

Conduct the Evaluation

The third step in the evaluation process is to conduct the evaluation. Hannum and Martineau (2008) combined designing the evaluation and conducting the evaluation into their second step, while FHA (2009) considered conducting the evaluation and disseminating the evaluation findings to be their third step. While the authors named the steps differently, the components and suggested order of activities are similar.

Hannum and Martineau (2008) did not provide specific recommendations regarding how to actually carry out an evaluation. FHA (2009) suggested that an evaluability assessment be completed prior to conducting the formal evaluation of a program. The purpose of an evaluability assessment is to confirm that the appropriate resources needed to carry out the evaluation as designed are available. In addition, an evaluability assessment helps to identify any potential limitations that will impede the evaluation. FHA suggested that an evaluability assessment should be conducted prior to starting an evaluation especially when a lengthy amount of time has passed since the

evaluation was designed. Potentially, a significant amount of time could pass from when the LI evaluation is designed as a part of this practicum to when the actual evaluation is conducted. With large-scale projects, such as the redevelopment of a hospital, available resources are constantly changing; therefore, it would be prudent to conduct an evaluability assessment before starting the evaluation of the LI.

Disseminate Evaluation Findings

The final step of the evaluation process is to disseminate the findings. The purpose of dissemination is to use and share the findings of the evaluation (FHA, 2009; Hannum & Martineau, 2008). FHA (2009) described two types of use for evaluation findings: conceptual and instrumental. Conceptual use refers to evaluation findings that inform changes that are made to a program, whereas instrumental use refers to evaluation findings that are used to make decisions about a program (FHA, 2009). FHA (2009) suggested that evaluation findings should be used to make recommendations about a program and gave specific criteria for doing so. FHA (2009) suggested that when creating recommendations from evaluation findings that they should be specific, simple, targeted, realistic, timely, and defensible. The findings from the evaluation of the LI potentially could be used for both conceptual and instrumental purposes.

Hannum and Martineau (2008) advocated for sharing relevant information with stakeholders in appropriate formats. Some of the suggested formats for sharing evaluation findings included written reports, executive summaries, and presentations (Hannum & Martineau, 2008). Additionally, evaluation findings could be shared with a

larger audience at conferences and through research articles. All of these formats could be considered for sharing the findings of the evaluation of the LI.

After disseminating evaluation findings, Hannum and Martineau (2008) recommended that an action plan should be created with stakeholders. The purpose of doing so is to ensure that action is taken based upon the findings of the evaluation. They acknowledged that it may not be the evaluator who implements the action plan; however, that it is an important part of the evaluation process to identify who will be responsible for implementing changes after the evaluation is complete. While the purpose of evaluation is to collect useful information that can translate into change, no authors reported that action plans were implemented as a part of their evaluation process.

It is highly recommend that the evaluation of a program be designed concurrently when the initial program is developed; however, it must be acknowledged that this does not always happen (FHA, 2009; Hannum & Martineau, 2008; Throgmorton et al., 2016). The LI is an example of a program in which an evaluation plan was not created when the program was developed. Following evaluation process guidelines, such as those by Hannum and Martineau (2008) and FHA (2009), is especially advantageous in these situations because the guidelines force both the evaluator and stakeholders to confirm program objectives and desired outcomes, which are essential components needed to plan an evaluation. Overall, Hannum and Martineau's and FHA's guidelines can assist the evaluator to create a comprehensive evaluation.

While both sets of evaluation process guidelines, those by Hannum and Martineau (2008) and FHA (2009), provided a strong basis for planning a robust evaluation of a

LDP, it would be astute to use FHA guidelines for conducting the evaluation of the LI. This is not because Hannum and Martineau did not provide comprehensive guidelines to follow, but because of the fact that steps specific to FHA, such as the development of an evaluation charter, would be missed. Because the evaluation of the LI falls within FHA, it would be politically correct to use these guidelines. Alternatively, for evaluations outside of the health authority it could be acceptable to use Hannum and Martineau's evaluation process guidelines and incorporate any approval processes required by the specific institution.

While it is appropriate to use the FHA (2009) to conduct an evaluation of the LI, it should be noted, as discussed in the planning for evaluation section, that the FHA (2009) evaluation process guidelines focus on outcomes beginning one year after the completion of a program. Hannum and Martineau's (2008) guidelines include outcomes occurring immediately after the completion of a program through to outcomes that occur a year after the completion of a program. To ensure a range of outcomes overtime are captured by an evaluation a combination of the time frames as described by FHA and Hannum and Martineau should be used when conducting an evaluation of the LI.

Evaluation Frameworks

Preceding was a discussion about evaluation process guidelines that described how to plan the steps of an evaluation. However, these guidelines provided limited direction to the evaluator regarding how to decide what elements of a LDP specifically to evaluate. Frameworks exist in the literature that explicitly define items that can be evaluated to assess leadership behaviours, practices, and competencies representing the

effectiveness of LDPs. The most commonly cited framework in the literature that discussed how to assess the effectiveness of an LDP was Kirkpatrick's (1979) Evaluation Framework. This framework, as well as the EvaluLEAD framework for conducting evaluations, is discussed in detail in this literature review.

Throughout the literature, various terms were used by authors to describe what they were measuring or evaluating to establish the effectiveness of a LDP. These terms include: results, impacts, outcomes, and changes. For consistency, the term *measures* is used throughout this literature review to refer to these various items that authors described evaluating. Examples of measures include, but are not limited to, the satisfaction of participants, the level of knowledge gained by a participant, and changes in behaviour exhibited by participants after the completion of an LDP. These and other measures will be elaborated upon in this literature review. A summary of measures identified in this literature review is included in Appendix B.

Kirkpatrick's Evaluation Framework

Kirkpatrick's (1979) framework for evaluation was used in two studies to categorize the measures that were used to assess the effectiveness of LDPs (Mutwiri et al., 2016; Throgmorton et al., 2016). There are four levels of measures in this evaluation framework: reaction, learning, behaviour, and results. Kirkpatrick (2006) recommended that all four levels be assessed starting with the first level, reaction, and progressing to the last level, results. Following is a discussion of the different levels of measures as described by Kirkpatrick (1979).

Level one refers to the reaction of participants. Kirkpatrick (1979) proposed that the overall feelings of participants in relation to items such as the schedule, topics, and speakers of the program should be examined (Kirkpatrick, 1996). Reaction is usually assessed using a feedback form or questionnaire at the end of each session or workshop, as was done in studies by Mutwiri et al. (2016) and Throgmorton et al. (2016). Additionally, interviews can be used to elicit information about the reaction of participants (Throgmorton et al., 2016). Measures related to reaction should be able to be quickly and easily tabulated so that prompt changes to be made to a program (Kirkpatrick, 1979). For example, during a multiday workshop, facilitators could adjust the format of each session based upon the participants' feedback from the previous day. Some authors refer to this continuous type of feedback as formative evaluation (O'Connor & Walker, 2003). At some LI workshops, evaluation forms have been given to participants at the end of the day. As part of the document review for this practicum, I will ask organizers to share any evaluations forms previously used.

Level two refers to learning. Level one of the framework, reaction, is related to level two, as participants' reactions influence their motivation to learn and participate in a program (Kirkpatrick, 1979). Kirkpatrick (1996) suggested that learning can be measured by examining the knowledge, skills, and attitudes of participants. Kirkpatrick (1979) suggested that in order to accurately assess learning a pre-post-test design should be used. The purpose of doing so is so that participants knowledge, skills, and attitudes can be assessed prior to and after participating in a LDP. Often a written skills test is used to measure learning (Kirkpatrick, 1979). Demonstration is a technique that can also

be used to assess learning in which participants teach back to a group or evaluator what they have learned (Kirkpatrick, 1979). In a study by Cleary, Freeman, and Sharrock (2005), participants submitted a portfolio of their work to demonstrate to evaluators what they had learned.

Kirkpatrick (1979) suggested that when evaluating learning a control group should be used when feasible. The rationale for doing so is to determine if behaviour changes were in fact a result of participating in the program (Kirkpatrick, 2006). For example, if there were behaviour changes in both the participants and the control group, one would need to determine if it was in fact the LDP that caused behaviour changes or if other factors outside of the program contributed to changes in behaviour. However, only one study was found to have attempted to use a control group when evaluating a LDP (**MacPhee et al**., 2014; **Dahinten et al**., 2014). This suggests that in the majority of cases the feasibility of including a control group in the evaluation of LDP is low. As previously discussed, it will most likely not be feasible to use a control group when evaluating the LI.

Level three of the evaluation framework refers to behaviour and is also known as the transfer of training (Kirkpatrick, 1979). This level examines the degree of change in behaviour that participants have demonstrated once completing the program and returning to their jobs (Kirkpatrick, 1996). Kirkpatrick (1979) suggested that in order to accurately determine the degree of change in behaviour, assessment should occur prior to and after completing the program. In the majority of studies in the literature, a pre-post-test design was employed with a questionnaire being administered as the data collection

tool (Abraham, 2011; Cleary, et al., 2005; **Duygulu** & Kublay, 2011; Martin et al., 2012; Leggat, Balding, & Schiftan, 2015; **Paterson** et al., 2015; McAlearney, Fisher, Heiser, Robbins, & Kelleher, 2005; Throgmorton et al., 2016; Titzer, Shirey, & Hauck, 2014). Specific questionnaires that were used in the literature are discussed in the subsequent evaluation methodology and tools section. As well, the results from several studies that measured changes leadership competencies are included in the literature summary tables in the Appendix A.

Kirkpatrick (1979) proposed that behaviour changes are best measured not only by self-assessment, but also by assessment from observers who could be the participants' superiors, subordinates, or colleagues. All studies measuring the effectiveness of LDPs found within the literature contained a written self-assessment component; however, only four studies included written observer assessments (**Duygulu** & Kublay, 2011; Martin et al., 2012; Taylor-Ford & Abell, 2015; Patton et al., 2013). Blaney (2012) discussed that physical observation of participants in their roles could also be a valuable mechanism to evaluate behaviour changes; however, the feasibility of doing this is challenging. No studies found in the literature attempted to use direct observation.

Examples of level three measures that could be applicable to the LI were found in the literature. Ford et al. (2008) found that participants reported an increased ability to influence within their organization. The ability to influence could be a desired skill in situations in which leaders need to advocate for patient care. The increased ability to work in and lead teams was identified as a positive outcome by McAlearney et al. (2005). All participants of the LI are responsible for various teams at RCH. It would be

beneficial to understand if and how their participation in the LI has an impact upon the teams that they are responsible for.

The final level of Kirkpatrick's (1979) evaluation framework refers to results. Results signify those items that are measured at a higher organizational level (Kirkpatrick, 1996). Examples of these type of measures include productivity, quality, retention rates, and costs (Kirkpatrick, 1996). Kirkpatrick acknowledged that in most cases it is either not possible to measure these factors nor attribute them solely to the effectiveness of a single program. Several authors echoed these limitations in their studies acknowledging that factors other than a LDP may influence the results that are seen intrapersonally, interpersonally, and within organizations (Martin, McCormack et al., 2012; **Umble** et al., 2011). For example, in their study **Duygulu** and Kublay (2011) discussed that activities related to hospital accreditation could have also been influencing changes in individual leadership competencies and organizational results. As well, they acknowledged that individual learning occurs ordinarily on an everyday basis; therefore, it is impossible to credit all changes in individual leadership competencies solely to a LDP.

Examples of level four measures that could potentially be assessed for the LI were found in the literature. While many authors collected demographic information regarding participants' education levels, it would be fascinating to investigate whether participation in a LDP influenced an individual's subsequent decision to enroll in post-graduate studies. This could be an interesting measure to evaluate as engagement in post-graduate activities could have further benefits to both the individual and the organization.

As well, Abraham (2011) suggested that increases in committee and workgroup involvement and the involvement in research could also be used as indicators of the effectiveness of a LDP. **Umble** et al. (2011) reported *trained leadership years* to represent the number of years that participants remained working in their respective sectors after completing the LDP. This provides information related to retention in the organization. Other authors assessed if participants received internal promotions after participating in a LDP (Abraham, 2011; Titzer et al., 2014). Potentially, the number of participants who receive external promotions after participating in a LDP could be assessed if an organization retains such data. Overall, within the literature several measures were identified that could be considered for evaluating the effectiveness of the LI.

A major discussion point in the literature was that items related to organizational results and change are traditionally termed *Return on Investment* (ROI). Kirkpatrick and Kirkpatrick (2016) argued that the term *Return on Expectations* (ROE) should instead be used. The purpose of using the term ROE is to acknowledge all expectations from stakeholders as opposed to focusing solely on financial values that are often associated with the term ROI. Peters, Baum, and Stephens (2011) also resonated these ideas suggesting that it is not always possible to precisely measure the financial impacts of an initiative and that a wider evaluation must be considered. For example, Throgmorton et al. (2016) argued that qualitative data can provide stakeholders with rich descriptions of a program's benefits and should be included in the evaluation of a LDP.

Avolio, Avey, and Quisenberry (2010) did defend that it is possible to calculate the financial costs and ROI of administering a LDP using specific methodologies. Throgmorton et al. (2016) did support that some frameworks may allow some financial ROI measures to be calculated; however, they suggested that these measures should be established when developing the program to ensure that the stakeholders expressed needs can be met. The application of such methodologies for an evaluation within FHA would require the support of Health Business Analytic (HBA) team members.

Overall, Kirkpatrick's (1979) evaluation framework clearly defines for the evaluator measures that could be considered when assessing the effectiveness of LDPs. The language used to describe the steps of Kirkpatrick's framework is simple and concise. The framework could be easily used to engage stakeholders in conversations about evaluating an LDP. Because Kirkpatrick's framework does not provide specific details about how to plan all components of an evaluation, it should be used in conjunction with evaluation process guidelines such as those by Hannum and Martineau (2008) or FHA (2009).

EvaluLEAD Framework for Evaluation

A second framework for evaluating LDPs identified within the literature was the EvaluLEAD framework by Grove, Kibel, and Haas (2005). While the EvaluLEAD framework was only discussed in two studies, its use is also recommended by Hannum and Martineau (2008) (Paton et al., 2013; Umble et al., 2011). A review of the components of the EvaluLEAD framework follows.

The EvaluLEAD framework helps the evaluator decide what measures to focus on in order to determine the effectiveness of a LDP. Grove et al. (2005) suggested that multiple measures should be considered when assessing an LDP. They referred to the different components of evaluation as lenses. The lenses that are examined are three result types, within three domains, using two types of inquiry (Grove et al., 2005). This results in 18 components that are evaluated. Result types are episodic, developmental, and transformative. Episodic results are those that relate to cause-and-effect in which there are expected results due to an intervention (Grove et al., 2005). An example of episodic results is the knowledge gained by participants. Episodic results are similar to the measures of reaction and learning as described by Kirkpatrick (1979). Developmental results are those that occur over time and are not necessarily predictable (Grove et al., 2005). For example, individual behaviour changes or the implementation of a new operational strategy within an organization are considered to be developmental results. Development results are similar to the measures of behaviour as defined by Kirkpatrick. The final types of results are transformative. Grove et al. described transformative results as large scale unexpected changes within an individual, organization, or society. Changes in values are an example of transformative results. Transformative results are similar to Kirkpatrick's final level of measures of results.

The three domains in the EvaluLEAD Framework are the individual, organizational, and the societal or community domains. The premise of the EvaluLEAD framework is that evaluation must occur from an open-systems viewpoint (Grove et al., 2005). This acknowledges the interconnectedness of individuals, organizations, and

society, recognizing that each domain receives influences from and contributes influences to each of the other domains (Grove et al., 2005). This is important for the evaluator to note when designing an evaluation to ensure that they consider that an LDP could have impact in multiple domains as this could influence the evaluation activities and measures that they choose. As the LI consists of both individual professional development activities and activities focused on improving the culture of the campus, multiple evaluation activities and measures will need to be considered when designing the evaluation.

The two types of inquiry that may be used to evaluate the various result types and domains within the EvaluLEAD model are evidential inquiry and evocative inquiry. The purpose of conducting evidential inquiry is to find evidence to demonstrate the impact that a LDP has (Grove et al., 2005). Both quantitative and qualitative methods can be used with evidential inquiry. Evidence can include numeric values, physical proof, and descriptive accounts of the impacts of a LDP (Grove et al., 2005). On the other hand, the purpose of conducting evocative inquiry is to gather rich narratives about the impacts that a LDP had. It is acknowledged in the literature that qualitative data can enhance overall research findings (Polit & Tatano Beck, 2012). In the case of the evaluation of an LDP, qualitative data can provide stakeholders with relevant narrative descriptions of the benefits of LDPs from the perspectives of participants (Throgmorton et al., 2016). Each of the lenses of results, domains, and forms of inquiry can be combined with one another to yield 18 different components that can be used to evaluate the effectiveness of a LDP.

Overall, Grove et al.'s (2005) framework for evaluation is very comprehensive in that it acknowledges that interactions between individuals, organizations, and society exist. The framework also encourages evaluators to recognize that an LDP will have multiple measures that potentially could be assessed. However, the language used in the EvaluLEAD framework is complex and the lenses through which evaluation is viewed are intricate. In order to be able to engage stakeholders using simple and easy to understand language, I would choose to use Kirkpatrick's (1979) framework. Using a combination of evaluation process guidelines and evaluation frameworks specific to measuring the effectiveness of LDPs, a thorough evaluation is highly probable.

Evaluation Methodology and Tools

Within the literature, the most commonly used evaluation design to assess the effectiveness of LDPs was the pre-post-test design. Survey methods were used to collect data from participants. Survey methods most often included the administration of a questionnaire as the data collection tool and the use of interviews or focus groups. A discussion of the strengths and limitations of questionnaires, interviews, and focus groups follows.

The Leadership Practice Inventory (LPI), developed by Posner and Kouzes (1988), was used in six studies to evaluate changes in leadership behaviours and practices as a result of participating in a LDP (Abraham, 2011; **Duygulu** & Kublay, 2011; Leggat et al., 2015; **Martin** et al., 2012; Patton et al., 2013; Titzer et al., 2014). The LPI measures leadership behaviours and practices in five categories: challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the

heart (Posner & Kouzes, 1988). Participants respond to statements about their leadership behaviours using a 5-point Likert scale (Posner & Kouzes, 1988). Participants answer five statements in each of the categories. Three authors used both the self-assessment LPI and observer LPI to elicit data. Observers can be the superiors, subordinates, or colleagues of participants (**Duygulu** et al., 2011; **Martin** et al., 2012; Patton et al. 2013). The statements in the observer LPI are the same as in the self-assessment LPI; however, responses are given from the perspective of someone observing the participant's behaviour. Overall, those who used the LPI found a statistically significant increase in leadership behaviours and practices after participating in a LDP. These findings suggest that the specific programs evaluated were effective in changing leadership behaviours. However, more importantly these findings collectively demonstrate the ability of the LPI to detect changes in leadership behaviours. The LPI is a valid and reliable tool that could be considered for use when evaluating the LI.

In other studies, authors used different tools including the Leadership Capability Instrument (LCI), Nurse Manager Skills Inventory (NMSI), and Nursing Activity Scale (NAS) to measure leadership behaviours and practices (Abraham, 2011; **Paterson** et al., 2015; Titzer et al., 2014). These tools also found increases in leadership behaviours and practices after participation in a LDP.

The LCI is a self-assessment tool that measures leaders' perceptions of their intrapersonal, interpersonal, professional, & transformational leadership abilities (**Paterson** et al., 2015). The LCI was created by **Paterson** et al. (2015) combining components of the Global Transformational Leadership Scale (GTLS) and a previously

developed questionnaire. Responses are given on a 5-point Likert scale. Cronbach's alpha for internal consistency is reported for each subscale of the questionnaire and values range from 0.82 to 0.92. The LCI could be an appropriate tool to use to evaluate the LI as it focuses on both personal and transformational leadership abilities.

The NMSI is a self-assessment tool that measures nurse manger's skills in three categories: managing the business, leading the people, and creating the leader in you (The American Association of Nurse Executives [AANE] and American Association of Critical Care-Nurses [AACCN], 2006). The focus of the NMSI is on career succession. Nurses indicate if they are a novice, competent, or expert in each category. Content validity of the NMSI can be assumed as it was created by the AANE and the AACCN (2006); however, no measures of internal consistency were found to be reported in the literature. As the NMSI was designed specifically for nurse managers, it may not be the most appropriate tool to use to evaluate the LI as participants come from multidisciplinary backgrounds and not all are managers.

The NAS is a self-assessment tool that measures the autonomy, judgement, and professional behaviours of nurses (Abraham, 2011; Kelly, 2001). Actions related to various nursing situations are given on the questionnaire and respondents indicate if they would engage in those activities (Kelly, 2001). Responses are given on a 4-point Likert scale. Cronbach's alpha for internal consistency for this tool was reported to be 0.92 (Abraham, 2011). As the NAS was designed specifically for nurses and the statements in the questionnaire are mainly related to clinical situations, it may not be the most

appropriate tool to use when evaluating the LI as participants come from multidisciplinary backgrounds and the majority are in non-clinical positions.

While questionnaires were a commonly used evaluation tool, limitations regarding their use exist. One limitation that can occur when using a questionnaire is a low response rate, as was discussed in some studies. Self-selection is a concern when there is a low response rate. Perhaps those who responded to the questionnaire were the participants either who learned the most or who gained the least from the program. Both situations could give inaccurate data regarding the program. In order to ensure that data is comprehensive and representative of all views a higher response rate is preferred. There was a lower response rate for questionnaires that were sent to participants after the completion of a program than for questionnaires that were completed in person at a workshop (Leggat et al., 2015; **Paterson et al., 2015; Throgmorton et al., 2016; Umble et al., 2011**).

A second limitation that was cited in the literature in relation to the survey design was the reliance of self-reporting. Authors acknowledged that a participant's assessment of his/her own knowledge and skills cannot be guaranteed to be completely objective and unbiased (Blaney, 2012; **Paterson** et al., 2015; Titzer et al, 2015; **Umble** et al., 2011). As previously discussed, the inclusion of observer assessments is a technique that can be used to overcome this limitation.

Interviews and focus groups were also used in several studies as part of the survey design to gather qualitative responses from participants (Miskelly & Duncan, 2013; Patton et al., 2013; Throgmorton et al., 2016; **Umble** et al., 2011). Interviews and focus

groups are more costly to coordinate in that they require trained personnel and time to conduct them; however, they offer the opportunity to collect rich qualitative data that can greatly enhance the evaluation findings (Polit & Tatano Beck, 2012). As previously discussed in the evaluation process guidelines section, qualitative data that is obtained from interviews and focus groups can be used augment and enhance quantitative data that stakeholders traditionally ask for.

Other methods were used in various studies to collect data about LDP related activities including project reports, and self-reflection or journaling (Blaney, 2012; Cleary et al., 2005; MacPhee & Suryaprakash, 2011; Patton et al., 2013; Throgmorton et al., 2016). Participants of the BCNLI filled out forms describing the purpose and goals of the leadership projects that they undertook (MacPhee & Suryaprakash, 2011). At six months and one-year post completion of the program, they provided status updates about their projects electronically. The authors described using content analysis to review the project reports in order to categorize the type of projects and project goals stated by the participants (MacPhee & Suryaprakash, 2011). As multiple projects have been undertaken as part of the LI, it could be beneficial to employ a tool such as a project report in order to be able to summarize the goals and outcomes of each project for stakeholders.

Authors provided limited descriptions about self-reflection and journaling activities in their research articles. One author did state that self-reflection can be used by participants to consider what advancements have been made towards their goals (Blaney; 2012). The limitations of using self-reported data were previously stated in this

literature review**;** however, the benefits of using narratives to provide stakeholders with rich descriptions were also discussed. The use of journaling activities in the LI could be an advantageous method to assess participants self-perceived leadership development and advancements made toward their personal goals.

Conclusion

Many conclusions can be drawn from this review of the literature. The first important finding is that results reported in the literature supported that LDPs are effective in increasing leadership competencies. This supports conducting an evaluation of the LI in order to find supporting evidence of the effectiveness of the program. It is essential to conduct an evaluation of the LI to gather evidence to demonstrate that the program is meeting participant and stakeholder needs. This should contribute to arguments to help sustain the program as well as contribute to future planning of the program.

Due to the complexity of evaluating a LDP, it was highly recommended that evaluation process guidelines be used to plan the steps of an evaluation. For the purposes of conducting an evaluation within FHA, it would be astute to use the FHA (2009) guidelines for evaluation as these guidelines capture the specific approval requirements for conducting an evaluation within the health authority. As previously mentioned, to ensure a range of outcomes overtime are captured by an evaluation, a combination of the time frames as described by FHA and Hannum and Martineau (2008) will be used in the evaluation plan.

Additionally, an evaluation plan was not created when the LI was designed. The use of evaluation process guidelines will assist the evaluator to capture critical information needed to appropriately design the evaluation. It will be imperative to confirm the objectives and expected outcomes of the program. Obtaining consensus about the objectives and indented outcomes of the LI will ensure that the most appropriate measures are chosen to assess the effectiveness of the program.

While evaluation process guidelines described how to conduct an evaluation, evaluation frameworks helped evaluators determine what measures to assess. Although measures were named or classified differently between various studies, they sought to evaluate similar information. Based upon preliminary analysis, I would use the FHA (2009) evaluation process guidelines combined with Kirkpatrick's (1979) evaluation framework to assess the effectiveness of the LI. The use of Kirkpatrick's evaluation framework will help to organize the established measures and provide a common language for discussing the evaluation of the LI with stakeholders. Appendix B includes a summary of the findings this literature review, including a summary of the components of the evaluation frameworks.

Due to the complex nature of the LI, multiple data collection methods will need to be employed. The use of measurement tools that have been proven to be valid and reliable should be considered to capture changes in leadership behaviours and practices. In addition, qualitative methods to enhance the richness of responses should be considered. Due to the nature of project based worked within the LI, a method for evaluating the effectiveness of group projects should be established. Once the objectives

of the LI have been confirmed with stakeholders, appropriate evaluation tools can be chosen.

The LI is a continuous program in that there is not a set start or end date. This creates challenges when considering how to evaluate the program. First, Managers and Directors are participants of the LI for as long as they hold their positions. Each participant may have entered the program at a different date. Consequently, turnover of participants occurs throughout the program as Managers and Directors change positions. Second, participants will all have experienced different components of the program based upon when the entered program and how many of the LI sessions they attend, as not all participants attend every workshop. None of the studies found in this literature review assessed or discussed how to evaluate a continuous program.

Techniques for overcoming the challenges of evaluating a continuous program will need to be considered. For example, evaluating only a specific duration of the program may need to be considered. Each year there is usually a three-day workshop that introduces new participants to the theories that form the basis of the program curriculum. Perhaps, these orientation workshops could be used as an artificial starting date and the evaluation conducted for one year from this date. Tactics such as this could be utilized in the evaluation of the LI to address the ongoing nature of the program.

The principles of monitoring could also be applied to address the challenges of evaluating an ongoing program. Ongoing monitoring of a program typically assesses short-term outcomes, whereas evaluation provides data related to long term overall outcomes of a program (International Federation of Red Cross and Red Crescent

Societies [IFRCRCS], 2011). While the purpose of this practicum is to develop a plan to evaluate the overall outcomes of the LI, future research of monitoring techniques could lend some suggestions as to how to evaluate the LI.

Overall, a comprehensive evaluation of the LI will allow assessment of the strengths, limitations, and outcomes of the program to occur. In order to ensure a thorough evaluation of the LI, a detailed approach encompassing a review of program objectives and stakeholder engagement will be required. The purpose of this practicum will be to develop a robust evaluation plan that can later be applied to evaluate the effectiveness of the LI.

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Appendix A: Literature Summary Tables

Critical Appraisal Definitions

Definitions taken from Table 1 Page 6 of the Public Health Agency of Canada's (2014) Critical Appraisal Toolkit.

Strength of study design

- **Strong**
  Meta-analysis > Randomized controlled trial (RCT) > non-randomized controlled trial (NRCT) = lab experiment > controlled before-after (CBA)*
- **Moderate**
  Cohort > case-control > interrupted time series with adequate data collection points > cohort with non-equivalent comparison group
- **Weak**
  Uncontrolled before-after (UCBA) > interrupted time series with inadequate data collection points > descriptive (cross-sectional > epidemiologic link > ecologic or correlational)

Quality of the study

- **High**
  No major threats to internal validity (bias, chance and confounding have been adequately controlled and ruled out as an alternate explanation for the results)
- **Medium**
  Minor threats to internal validity that do not seriously interfere with ability to draw a conclusion about the estimate of effect
- **Low**
  Major threat(s) to internal validity that interfere(s) with ability to draw a conclusion about the estimate of effect

Source	Components of Leadership Program Measured/Program Activities	Design/Methods/Tools/ Sample	Results	Conclusions/ Critical Appraisal
Duygulu & Kublay (2011)	**Measures of leadership activities & behaviours**: Transformational Leadership competencies from the perspective of charge nurses (self-assessment) and from perspective of observers (staff nurses) **Program activities**: Theoretical study (14 hours) and individual study (14 hours), developed action plans **Program duration**: 28 hours	**Design:** one group pre-post-test **Tools:** Leadership Practices Inventory • self-assessment • observer-assessment • Cronbach's alpha for internal consistency for the self-assessment was high (0.92) • Cronbach's alpha for internal consistency for the observer-assessment is high (0.97) **Methods & Sample:** 30 charge nurses completed self-assessments & 151 staff nurses (who had worked with their charge nurse for at least 6 months) completed observer-assessments	-Total mean score for self-perceived leadership practices increased from 123.87 (T1) to 128.64 (T2) to 129.43 (T3) to 134.33 (T4) (p=.009) • Subscale scores all increased at each time interval except for Enabling others to act (26.86 at T2 to 26.80 at T3) and Encourage the Heart (27.23 at T2 to 26.87 at T3) -Total mean score for observer leadership practices increased from 111.85 (T1) to 123.78 (T2), decreased to 123.21 (T3), and	**-Strength of study design: weak** **-Quality of study: medium** -No control group -Nurse leaders contacted the observers to complete the observer assessments. It is not stated if they chose specific observers or if all of their subordinates were offered the chance to participate. Nurse leaders potentially could have chosen subordinates who would give them a favorable evaluation. -The study uses, but does not rely on, self-assessment as the only

Source	Components of Leadership Program Measured/Program Activities	Design/Methods/Tools/ Sample	Results	Conclusions/ Critical Appraisal
		• Pre-test 15 days pre-program (T1) • End of program (T2) • 3 months post-test (T3) • 9 months post-test (T4)	increased to 129.56 (T4) (p=.001) • All subscale scores increased at each time interval except for Model the Way, Inspire a Shared Vision, Enabling Others to Act, & Encourage the Heart which all decreased at T3	source of data. Observer assessments are included in the study.
Martin, McCormack, Fitzsimons, & Spirig (2012)	**Measures of leadership activities & behaviours**: Transformational Leadership competencies from the perspective of nurse leaders/managers (self-assessment) and from perspective of observers (direct reports, supervisors, & colleagues)	**Design:** one group pre-post-test **Tool:** Leadership Practices Inventory • self-assessment • observer-assessment • Cronbach's alpha for internal consistency is high (0.95)	-Self-assessment scores for different subscales ranges: • 36.07-47.43 (T1) • 40.71-49.07 (T2) • 42.07-49.36 (T3) -Observer-assessment scores for different subscale ranges:	**-Strength of study design: weak** **-Quality of study: medium** -No control group -Observer assessment scores were averaged to account for any bias that existed because leaders chose who completed their observer assessments

Source	Components of Leadership Program Measured/Program Activities	Design/Methods/Tools/ Sample	Results	Conclusions/ Critical Appraisal
	Program activities: lectures, 1-1 coaching, action learning, workshops **Program duration**: 147 hours (~18 days), over 12 months	**Methods & Sample:** Graduates of program (nurse leaders/managers) completed self-assessments & asked 10 observers (direct reports, supervisors, & colleagues) to complete observer assessments of the graduates' practices at three time periods • Pre-test (T1) • Post-test (T2) • 6 months post-test (T3) -Self-assessment: Response Rate 100% • 14 leaders sampled 3 times (n=42) -Observer-assessment: Response Rate 96% • (n=406)	• 38.08-47.47 (T1) • 41.66-48.88 (T2) • 42.16-48.96 (T3) -For each subscale measure there was an increase at each time period -Greatest increases in leadership practices occurred between T1 and T2 -Multivariate analysis showed statistically significant increases over time for the sub scales inspiring a shared vision and challenging the process -There were minor differences between self-assessment and observer-assessment values for each subscale	-The response rate for observer questionnaires was high (96%). Concern that they may have felt pressure to complete questionnaire for their superior -Pre-assessment results high; therefore, substantial changes not possible

Source	Components of Leadership Program Measured/Program Activities	Design/Methods/Tools/ Sample	Results	Conclusions/ Critical Appraisal
Paterson, Henderson, & Burmeister (2015)	**Measures of leadership activities & behaviours**: Self-perceived leadership capability (intrapersonal, interpersonal, professional) and Transformational Leadership behaviours **Program activities:** workshops, self-directed activities (reflection & application) **Program duration**: three 1-day workshops over a 3 month period	**Design:** one group pre-post-test **Tools:** -Survey using the Leadership Capability Instrument • measures intrapersonal, interpersonal, professional, & transformational leadership • Cronbach's alpha for internal consistency is high for each subscale ranging from 0.82 to 0.92 -Descriptive accounts • exploring the themes of self-awareness, interactions with other people, & making a difference **Method & Sample:** -124 participants were initially registered in program, only 66	-Total mean score for self-perceived leadership capabilities increased from 3.62 at T1 to 4.03 at T2 to 4.16 at T3 • Difference significant between T1 and T2, and between T1 and T3 ($p<.001$) -Subscale scores all increased at each time period with ranges of 3.46-3.75 at T1, 3,79-4.22 at T2, and 4.05-4.30 at T3 -In descriptive accounts participants reported that their behaviour changed during & after the program • Increased self-awareness • Attempt to resolve conflict	**-Strength of study design: weak** **-Quality of study: medium** -No control group -Concern of loss to follow up -Study relies on self-reports

Source	Components of Leadership Program Measured/Program Activities	Design/Methods/Tools/ Sample	Results	Conclusions/ Critical Appraisal
		attended all three workshops -Participants completed questionnaires at completion of each workshop • Survey #1 (T1) n=79 • Survey #2 (T2) n=28 Survey #3 (T3) (6 months post) n =31	and problems • More aware of staff members' feelings and try to provide support • Follow up on requests they have made to staff • Work to create a healthy work environment	
Umble, Baker, & Woltring (2011)	**Measures of leadership activities & behaviours**: The influence/contribution that the program had on: understanding, skills, self-awareness, sense of belonging/network/importance, Interests in leadership involvement, confidence/courage, commitment to public	**Design:** Cross-sectional **Methods & Tools:** online survey of graduates (21 questions using a 5-point Likert scale, plus 4 open ended), interviews -Survey developed by evaluation staff from North Carolina Institute of Public Health (NCIPH, 2007) **Sample:** First 15 cohorts	-Overall 79% of graduates reported that the program had a large or moderate influence on their leadership long term for the subscales development, understanding, skills, values, & self-awareness -The ranges of mean responses for program's impact on	**-Strength of study design: weak** **-Quality of study: medium** -No control group -Study relies on self-reports -Concern for recall bias -Validity & reliability of survey not specifically addressed.

Source	Components of Leadership Program Measured/Program Activities	Design/Methods/Tools/ Sample	Results	Conclusions/ Critical Appraisal
	health, voluntary leadership roles **Program activities:** readings, webinars, conference calls, assessment, coaching, feedback, retreats, action learning projects **Program duration**: one year	(2006-2011) of graduates from the Public Health Leadership Institute (various government, academia, & healthcare sector roles) -Online survey: Response rate 61% (n=393) -Interviews: n=35 (34 graduates & 1 key informant)	the different subscales: • Understanding: 3.7-4.1 • Skills: 3.9-4.0 • Self-awareness: 4.2 • Sense of Belonging: 3.6-4.1 • Interests in Leadership Involvement: 3.5-4.1 • Confidence & Courage: 4.0 • Commitment to Public Health: 3.8 • understanding -Statistically significant increases ($p<.001$) in all measures of frequency of voluntary leadership roles post program -In descriptive accounts	Validity can be assumed as experts created the tool. -Authors acknowledged that a program can only "contribute" to leadership development and that external factors may influence participants -Reported "trained leader-years" by asking participants the number of years that they worked in specific sectors after completing the program

Source	Components of Leadership Program Measured/Program Activities	Design/Methods/Tools/ Sample	Results	Conclusions/ Critical Appraisal
			participants reported that participating in the program: • Connected them to a "team" and "support system" • Gave them a "deeper sense of belonging" • "Validated" their roles as leaders • They felt an increased "obligation" to act as a leader • Developed an understanding of the "bigger picture"	

MacPhee et al. (2014) Study part 1/2-Leader Outcomes	**Measures of leadership activities & behaviours**: Nursing leaders use of empowerment behaviours (leader empowering behaviour, structural empowerment, psychological empowerment) were measured during and after participating in the LDP **Program duration and activities**: 4-day residency workshop, participation in a year-long project, access to online networking community	**Design:** Controlled Before-After Design **Tools:** -Conditions of Work Effectiveness (II) Scale • 19-items, 5-point Likert response scale • Cronbach's alpha for internal consistency is high (intervention group: 0.85; control group: 0.91) -Psychological Empowerment Scale • 12 items, 5-point Likert response scale • Cronbach's alpha for internal consistency is high (intervention group: 0.84; control group: 0.78) -Leader Empowering Behaviours Scale • 27 items, 7-point Likert response scale • Cronbach's alpha for internal consistency is	-Intervention group mean scores for empowerment behaviours ranged from 3.89 to 5.13 at T1 and from 3.49 to 5.62 at T2 ($p<.05$) -Control group mean scores for empowerment behaviours ranged from 3.39 to 5.53 at T1 and from 3.29 to 5.48 at T2 ($p<.05$) - Overall, the intervention groups' scores were lower than the control group at T1, but surpassed the control group by T2 -There were no significant changes in the Intervention groups scores between T1 & T2 • Authors conclude that the intervention group learned empowering behaviours, but	**-Strength of study design: moderate** **-Quality of study: medium** -Study relies on self reports -Intervention group and control group differed in education and leadership years -Loss to follow up a concern -Cronbach's alpha for internal consistency between the intervention group and control group questionnaires were slightly different; however, this is not a concern as it was not a large difference

		high (intervention & control group: 0.95) **Methods & Sample:** -Intervention group: 110 (49%) nurse leaders who participated in the BC Nursing Leadership Institute (NLI) between 2007-2010 -Control group: 18 (67%) leaders who did not apply to NLI or did apply & were not accepted • Survey #1 During Workshop (T1) • Survey #2 1 year post program (T2)	that the NLI could not be said to have contributed to empowerment at a wider organizational level -Used regression analyses to assess for mediation • Psychological empowerment was found to be a mediator between structural empowerment and leader empowering behaviours	
Dahinten et al. (2014) Study part 2/2-Staff Outcomes	**Measures of leadership activities & behaviours**: Staff nurses' perceptions of support and commitment by the organization was measured during and after their superiors had (intervention group) or had not (control group)	**Design:** Controlled Before-After Design **Tools:** -Conditions of Work Effectiveness (II) Scale • 19-items, 5-point Likert response scale • Cronbach's alpha for internal consistency is	-Intervention group mean scores for subscales ranged from 3.20 to 4.89 at T1 and from 3.32 to 5.07 at T2 ($p<.01$) -Control group mean scores for subscales ranged from 3.43 to 5.01 at T1 and from	**-Strength of study design: moderate** **-Quality of study: medium** -Study relies on self reports -Loss to follow up a concern

	participated in a LDP **Program duration & activities:** 4-day residency workshop, participation in a year-long project, access to online networking community	high (intervention group: 0.88; control group: 0.90) -Psychological Empowerment Scale • 12 items, 5-point Likert response scale • Cronbach's alpha for internal consistency is high (intervention & control group: 0.85) -Leader Empowering Behaviours Scale • 27 items, 7-point Likert response scale • Cronbach's alpha for internal consistency is high (intervention & control group: 0.98) -Perceived Organisational Support Scale • 8 items, 7-point Likert response scale • Cronbach's alpha for internal consistency is high (intervention & control group: 0.90)	3.26 to 4.93 at T2 ($p<.01$) -Increased organizational commitment was found at T2 by those nurses who leaders had participated in the NLI, but only if the staff nurse had some commitment at T1 -There was an association between organizational commitment and leader empowering behaviours and structural empowerment	

		-Organizational Commitment Questionnaire • Cronbach's alpha for internal consistency is high (intervention group: 0.84; control group: 0.82) **Methods & Sample:** -Intervention group: 99 (11%) staff nurses whose nurse leaders had participated in the NLI -Control group: 30 (23%) staff nurses whose nurse leaders had not participated in the NLI • Survey #1 During Workshop (T1 • Survey #2 1 year post program (T2)		

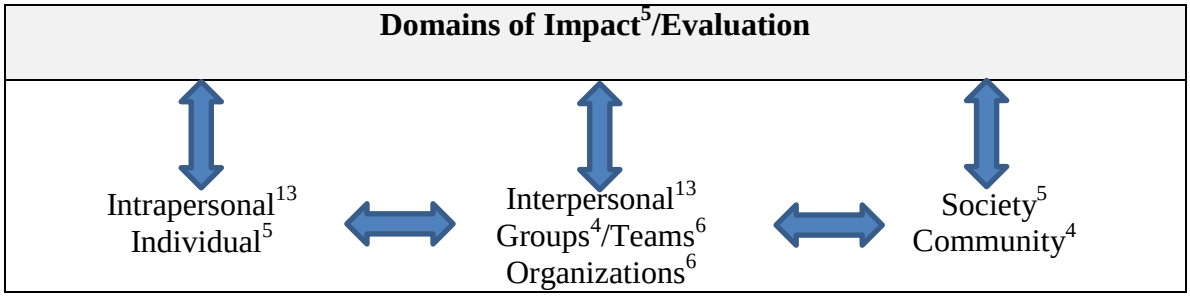
Appendix B: Summary of Evaluation Process Guidelines and Evaluation Frameworks

Evaluation Process Guidelines			
Evaluation Steps	**Key Components of Each Step**	**Hannum & Martineau (2008)**	**Fraser Health Authority (2009)**
1. Planning the Evaluation	• Engage stakeholders to determine if they understand and agree upon the purpose of both the program and the evaluation	☑	☑
	• Develop a logic model to document the purpose and outcomes of the program	☑	☑
	• Identify available resources and tools for conducting the evaluation	☑	☑
	• Write an evaluation charter to outline the purpose of the evaluation, outline team member responsibilities , & seek approval from the Health Authority		☑
2. Designing the Evaluation	• Determine evaluation questions	☑	☑
	• Determine data collection methods	☑	☑
	• Write an evaluation plan to document the various components of the proposed evaluation	☑	☑
3. Conducting the Evaluation	• Conduct the evaluation following the evaluation plan	☑	☑
	• Prior to commencing the evaluation, conduct an evaluability assessment especially if a long		☑

Evaluation Process Guidelines			
Evaluation Steps	**Key Components of Each Step**	**Hannum & Martineau (2008)**	**Fraser Health Authority (2009)**
	period of time has lapsed between writing the evaluation plan and conducting the evaluation. The purpose of an evaluability assessment is to confirm that required resources are still available.		
4. Disseminating the Evaluation Findings	• Disseminate the findings of the evaluation (e.g., presentation, executive summary) • Make recommendations based up on the evaluation findings • Create an action plan to enact and monitor changes based upon the evaluation findings	☑ ☑ ☑	☑ ☑

Evaluation Framework				
Levels of Evaluation[8]	**Result Types[5]**	**Type of Impact[6]**	**Measures of Leadership Behaviours, Practices, & Competencies[8]**	**Evaluation Tools**
Reaction	Episodic (cause and effect results expected from an intervention)	Immediate (short term, immediately following a program) -Continuous Feedback[11] -Monitoring[7]	• Feelings (e.g., re: schedule, topics, speakers)	• Feedback Form • Questionnaire • End of Workshop Evaluation • End of Program Evaluation • Interviews[15] • Focus Groups[15]
Learning	Episodic (cause and effect results expected from an intervention)	Immediate (short term, immediately following a program)	• Knowledge • Skills • Attitudes • Understanding[16] • Self-awareness[16] • Sense of belonging/ network[16] • Confidence/ Courage[16]	• Pre/post skills Test • Teach back/ • Observation • Interviews/ • Focus Groups
Behaviour	Developmental (results that are not predictable and occur over time)	Mid-range (3-6 months post program)	• Behaviour changes (self-assessment & observer assessment) • Transformational Leadership Competencies[2] • Transactional Leadership Competencies[2] • Self-perceived leadership capabilities (intrapersonal,	• Self-assessment • Observer Assessment • Questionnaires (e.g. LPI) • 360˚ assessments[14] • Interviews • Focus Groups • Observation

Evaluation Framework				
Levels of Evaluation[8]	**Result Types[5]**	**Type of Impact[6]**	**Measures of Leadership Behaviours, Practices, & Competencies[8]**	**Evaluation Tools**
			interpersonal, & professional)[12] • Ability to influence[3] • Ability to work in & lead teams[3] • Use of empowering behaviours[10]	
Results	Transformative (large scale, unexpected changes in an individual, organization, or society)	Long-term (1 year+ post program) FHA Types of Outcomes[4] -Immediate (1-2 years post program) -Intermediate (3-4 years post program) -Final (5 years+ post program)	• ROI/ROE[9] • Organizational impacts o productivity o quality o retention rates o sick time o costs o trained leadership years[16] o internal promotions[1] o external promotions o participant participation in post-graduate studies o participation on committees o participation in research studies	• Statistical data available from the organization • Project Reports • Culture Surveys


Domains of Impact[5]/Evaluation
Intrapersonal[13]
Individual[5]
Interpersonal[13]
Groups[4]/Teams[6]
Organizations[6]
Society[5]
Community[4]

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Appendix B: Consultation Report

Evaluating the Leadership Institute: Consultation Report

August 8, 2016

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Memorial University of Newfoundland

Table of Contents

Evaluating the Leadership Institute: Consultation Report

Overview of Practicum Project & Rationale for Consultations

Leadership development programs (LDPs) within health care have positive impacts on individuals, organizations, and patient care. It is important to be able to articulate the effectiveness of these programs to leadership and stakeholders. This will help contribute to the sustainment of such programs and allow for future planning. Evaluation is a process through which the strengths, limitations, and outcomes of LDPs can be understood.

In 2012, the Leadership Institute (LI) was established at Royal Columbian Hospital (RCH). RCH is located in New Westminster, British Columbia and is a part of the Fraser Health Authority (FHA). Knowing that the campus would be experiencing a multiyear redevelopment, this was seen as an opportunity to engage leadership and foster cultural change. The LI is an ongoing leadership development program that is comprised of various workshops, conferences, and project work. Topics discussed at the LI include leadership development and the transformation of the culture of the site. Managers and Directors of all departments within RCH participate in the LI for the tenure of their positions. While positive outcomes and changes across the campus can be said to be attributed to the LI, a formal evaluation of the program has not occurred. The purpose of this practicum project is to develop an evaluation plan that can be later applied to evaluate the strengths, limitations, and outcomes of the LI.

In order to develop an evaluation plan for the LI, consultations, including a document review, were deemed to be necessary in order to gather pertinent information

about the program from key decision makers, planners, and participants. The specific objectives of the consultations were to:

1. Confirm the purpose, outcomes, and impacts of the LI
2. Determine what type of information consultees need from an evaluation of the LI and what they will do with that information
3. Establish suggested measures that could be used assess the effectiveness of the LI

In this consultation report, I describe who the consultees were, methods used to collect data, data management and analysis strategies, and ethical considerations. This is followed by a discussion of the results of the consultations and document review and conclusions drawn.

Setting and Sample

A selection of decision makers, planners, and participants of the LI were consulted. Three decision makers were contacted: the Vice President (VP) of FHA, the Executive Director (ED) of RCH, and the Chief Project Officer (CPO) for the redevelopment project at RCH. The VP provides overall executive support for the LI and gave approval for this project to be conducted. The ED provides campus support for the LI. The CPO provides overall support from the redevelopment project, including financial support, for the LI to operate. One decision maker was able to participate in the consultations. Planners who were consulted were the former Director, the current Director, the Organizational Development (OD) consultant, and the Project Coordinator who are all responsible for the LI. Two participants were also consulted. In order to find participants for the consultations, I conferred with the Project Coordinator who provided

me with a list of names of participants who partake most frequently in LI events. The final sample consisted of four planners and two participants.

Data Collection

Initial Contact

Initial letters explaining the purpose of the project and the consultations were emailed directly to each consultee. These letters included the questions that were going to be asked during the consultations. The purpose of sending the questions to consultees ahead of time was so that they had the opportunity to think about their responses in advance, if they preferred to do so. Additional information about this practicum project was included in the participants' letter, as unlike the decision makers and planners, this was the first time that participants were learning about this practicum project. The letter and consultation questions for decision makers and planners are attached in Appendices A and B respectively. The letter and consultation questions for participants are attached in Appendices C and D respectively.

Interviews and Questionnaires

Consultees were asked to participate in 30-minute telephone interviews. Alternatively, the option was given to return their responses in email or have an in-person interview. Two consultees chose to participate in telephone interviews. One consultee chose to participate in an in-person interview. Four consultees chose to return their responses to the consultation questions through email. Mutually convenient appointment times for telephone and in-person interviews were arranged directly with consultees or

with their assistants, as appropriate. My practicum supervisor was kept informed about the progress of the consultations through email and by telephone.

When consultations were conducted by telephone or in-person, I followed the interview script that is included in Appendix E. This included obtaining verbal agreement to participate in the consultation. As appropriate, I answered consultees' questions about my practicum project prior to starting the interviews. When interviews were conducted by telephone, consultees' responses were typed into a Microsoft Word document. When consultations were conducted in-person, consultees' responses were hand written and then transcribed into a Microsoft Word document. Agreement to participate in a telephone or in-person interview was received in email and assumed for those consultees who chose to return their responses by email. Responses received through email were edited for confidentiality purposes and for format for ease of reading.

Interview and Questionnaire Questions

As previously stated, the consultation questions are included in Appendices B and D. Stakeholders were asked to confirm the purpose, outcomes, and intended impacts of the LI as these items will directly inform the evaluation questions and measures assessed. Additionally, stakeholders were asked to provide background information and documents about the history of the program. The intention of this was to review if the purpose, outcomes, and intended impacts of the LI had previously been officially documented. As well, if any previous evaluations of the LI had been conducted, their results potentially could inform the methods used in this evaluation.

Each consultee was asked what type of information they need to receive from an evaluation of the LI and what they will do with that information. It was thought that each consultee may have varying needs for data that are obtained from an evaluation depending upon their role. For example, some consultees may need information for decision-making purposes while others will need the information for planning purposes. Additionally, some consultees may expect quantitative data while others may prefer qualitative data, or a combination of both. As the consultees are the stakeholders who will use the information that is obtained from an evaluation of the LI, it was critical to understand their needs.

Decision makers, planners, and participants were asked to suggest measures that they would like to see assessed as a part of an evaluation of the LI. This was done as it is important to understand if there are any specific measures that they are expecting to be incorporated into an evaluation. Participants were asked to describe the impacts that they have experienced as a result of participating in the LI. The purpose of doing this was that participants potentially could identify impacts and measures that decision makers and planners had not considered.

One of the consultation questions asked of decision makers and planners was if any documentation exists regarding the LI. Two consultees submitted documents pertaining to the LI through email for my review. These documents are discussed in the document review section.

Data Management & Analysis

As previously described, notes were either typed during interviews or handwritten and then transcribed. Responses received by email were edited for confidentiality and format. Participants were given an ID code. For example, responses received from the first decision maker were labelled "Decision Maker A." The responses to each question were then collated with one another. For example, all consultees' responses to question one were grouped together.

Content analysis is "the process of organizing and integrating material from documents . . . according to key concepts and themes" (Polit & Beck, 2012, p. 273). Content analysis was used to answer the specific consultation objectives. For example, one consultation question asked participants to identify specific measures that they would like to see included in an evaluation of the LI. By reading through the content of participants' responses, I was able to identify these suggested specific measures or key concepts. Afterwards, overall themes from the participants' responses were identified. For example, as will be discussed in the results of consultations section, comparing all participants' responses together brought forth the theme of collaborative relationships. This information will contribute to informing specific methods and measures for the evaluation plan. The responses received from consultees were shared and discussed with my practicum supervisor.

Ethical Considerations

Prior to engaging in consultations, the Health Research Ethics Review Board (HRERB) screening tool was completed. The completed tool can be found in Appendix

F. According to the results of the screening, this project does not require ethics approval by the HRERB as the most likely purpose of this project is evaluation and quality improvement. Additionally, according to the FHA (2014) policy *The Ethical Conduct of Research and Other Studies Involving Human*, projects that are "normally excluded from ethical review" include: "projects normally administered in the ordinary course of the operation of FHA and that are undertaken exclusively for assessment/planning, management or improvement purposes, such as quality assurance, quality improvement or program evaluation activities" (p. 7). As the purpose of this project is evaluation and quality improvement, ethics approval was not required to be obtained from FHA. Approval was previously given by the VP of FHA to complete this practicum project. The briefing note that was previously provided to decision makers and planners provided background information about this project indicated that it would be necessary to conduct consultations.

Consultees were informed in the initial email that their participation in this project is voluntary. As well, they were informed that they may withdraw their agreement to participate at any time without any repercussions. As previously discussed, consultees' agreement verbally or through email was considered agreement to participate in this project.

Due to the nature of this practicum and the fact that all of those responsible for the LI work together, consultees were informed that their participation in the project may not be anonymous; however, confidentiality of data will be maintained. To maintain confidentiality, consultees were assigned a unique ID code. For example, the responses

from the first planner who participated in a consultation were labeled as "Planner A." Consultees were informed that due to the nature of this project and because that several people are involved in the planning of the LI, their responses may be used and shared with other consultees for the purposes of developing the evaluation plan.

When the consultations were completed, all notes were electronically and securely stored on my locked laptop. Original copies of handwritten were stored in a locked filing cabinet in my home when not in use. Notes were shared with my practicum supervisor only for learning and data analysis purposes. When I returned to work in September 2016, electronic data was transferred to my secure work laptop and handwritten notes were kept in my locked filing cabinet at work. On November 18, 2016 the electronic and handwritten notes for this practicum project were destroyed.

Results of Consultations

The first step of designing the evaluation of a program is to engage stakeholders (FHA, 2009). This engagement is an opportunity to confirm that stakeholders have an understanding of and agree with the objectives of both the LDP and the evaluation itself (Hannum & Martineau, 2008). As a starting point for engaging stakeholders in the development of an evaluation plan for the LI, two groups of questions were asked of consultees. The first group of questions asked consultees to reflect upon the purpose and outcomes of the LI. The second group of questions asked consultees to provide information regarding their specific needs for an evaluation of the LI. As previously, stated the specific consultation questions can be found in Appendices B and D. As part of the consultations, documents provided by consultees were also reviewed. Applicable

information from those documents is provided in the document review section. The following is a report of the responses received from consultees and a review of applicable documents. A table summarizing key points can be found in Appendix G.

Interview/Questionnaire Questions: Leadership Institute Specific Questions

Program Purpose.

The first consultation questions asked consultees to identify the purpose of the LI. Consultees suggested that the purpose of creating the LI was to bring together formal leadership at RCH to engage in leadership development activities and transformative culture work. They described these activities as being important to the site as it prepares to undergo a long-term redevelopment project. Consultees did however acknowledge the importance of engaging in leadership development activities and transformative culture work at the site regardless of whether a redevelopment was being planned or not. A formal definition of transformative culture work was not given by consultees or found in the document review. However, it is implied that transformative culture work refers to the activities aimed at transforming the overall culture of the site.

Consultees described the LI to be a forum for middle and higher-level leadership to address both the current state of the site and focus on the future. Participants stated that the purpose of the LI is to prepare them for changes that will occur on the site as a result of redevelopment activities. Overall, all consultees felt that the purpose of the program is to equip leadership with the skills needed to work in complex and changing systems.

Program Outcomes.

A variety of outcomes that stem from the LI were identified by consultees. Short term outcomes identified related to both personal leadership development and the transformation of the culture of the site as a whole. Planners stated that a short-term outcome of the program and the basis of the transformative culture work is to align leadership in a shared vision and enable them to work together towards new possibilities for the site. This shared vision is documented in the RCH declaration. The RCH declaration is a group of statements that describes possibilities and commitments of leadership to patient care, the hospital environment, and innovative practice. The RCH declaration is shared at all LI meetings and conferences and guides the work that is conducted as a part of the LI. Projects conducted as part of the LI were categorized into groups based upon statements in the RCH declaration. For example, certain projects were said to address uncompromising patient care while others addressed remarkable patient experiences (FHA, n.d.).

The development of and improvement in personal leadership skills in general was stated to be a short term outcome of the LI. Few consultees elaborated on specific leadership skills that they felt have improved because of the LI. Two consultees did acknowledge the role that the LI plays in encouraging personal reflection about leadership practices. Three consultees did report an increased ability to engage in collaborative relationships with colleagues to be a short-term outcome of the program. One consultee described an increased ability to engage his or her staff as being an

outcome of participating in the LI. As well, one consultee cited an increase in collaboration between departments on the site as being an outcome of the LI.

Another short-term outcome identified was that the LI enables leadership to take ownership of current challenges within the site and empowers them to address those challenges. Examples of projects that have been conducted within the site because of participation in the LI were given by consultees. Additionally, participants identified that a short-term outcome of the LI has been an excellent opportunity to network with their peers. Planners acknowledged that while networking was not one of the original intended outcomes of the LI, they too recognize that the LI has allowed networking to occur and the positive impacts that this has had. Consultees stated that networking has allowed for improved collaborative relationships and the opportunity to work together to address current challenges within the site.

Fewer specific long-term anticipated outcomes of the LI were suggested by the consultees. Overall, a long-term outcome of the LI was said to be the transformation of the culture of the site as the redevelopment of the hospital occurs. One consultee suggested that the LI will influence new ways of being that will bring forth different ways of doing things and this transformation will ultimately lead to better care for patients. Additionally, the fulfillment of the RCH declaration was stated to be a long-term outcome. Two consultees suggested that a short-term outcome of the LI is to determine what actions are needed to move towards fulfilling the statements in the declaration.

Strengths and Limitations of the LI.

Consultees were asked to provide feedback about the strengths of the LI. The purpose of doing so was to discover possible areas for exploration as part of an evaluation of the LI. Overall, a strength of the LI that was expressed was the fact that the program brings together and engages leadership in both activities of personal leadership development and activities to make improvements that impact the larger site. It was suggested that the LI encourages alignment of leadership throughout the site to work collaboratively towards fulfilling the common declaration for RCH. It was discussed that the LI provides a forum in which participants feel empowered and receive support from higher-level management. It was acknowledged that the LI is the only forum in which leadership gathers together on a regular basis to focus on leadership development and the future of the site.

Strengths of the LI in relation to the larger health authority were also identified. Consultees suggested that the format of the LI and the work that is undertaken as a result of the program could set an example and provide a template for other sites within the health authority to follow. This could contribute to a larger cultural transformation across the health authority. It was acknowledged that RCH plays a significant role being the Level One Trauma and Tertiary referral center for FHA. Consultees felt that if a site as large and complex as RCH can adopt a program such as the LI, that smaller sites may be able to do the same.

Consultees were also asked to identify limitations of the LI. Consultees identified both limitations of the program itself and challenges related to evaluating the program.

While all consultees acknowledged that there is a commitment to the LI by participants, some suggested that it is challenging at times to participate in the program due to time constraints and scheduling conflicts. As well, one consultee suggested that while the approaches and language used in the program may encourage some to think differently and bring about positive changes, the format of the program may hinder others from understanding the core concepts of the program. This brings to attention the fact that within a large group of leadership there will be many different learning styles. Finally, consultees acknowledged that challenges exist in obtaining sustained financial commitment, not only for the LI, but for LDPs in general.

The turnover of participants was also acknowledged by two consultees to be a limitation that impacts the LI. It was offered that it must be considered how to bring new participants on board with the LI, while at the same time not repeating the same information to current participants. The turnover in participants was identified in the literature review as a challenge that would need to be addressed when designing the evaluation of the LI. Two consultees also identified that the turnover of leadership supporting the LI can greatly impact the work that occurs in the program. As with new participants, new leaders may not have the same background information about the LI and potentially may not hold the same significance for the program. Along with changes in leadership, it was stated that changes to the structure of the health authority can impact programs such as the LI. It was identified that it is difficult to sustain the work of such a program when new structures and processes are introduced and leadership and participants' focus is shifted.

Consultees identified a challenge to evaluating the LI in general. It was noted that multiple influences outside of the LI could inhibit the ability of an evaluator to determine if the LI directly caused a specific outcome. For example, leadership may partake in other leadership development courses. Consultees identified that it could be difficult to differentiate if the new behaviours that a participant exhibits are a result of their participation in the LI or the other leadership course. The challenge of evaluating specific outcomes related to the LI, due to multiple other external influences, was identified as a challenge to evaluation in the literature review.

Interview/Questionnaire Questions: Evaluation Specific Questions

Benefits of Conducting an Evaluation.

In the second group of questions, consultees were asked about their specific needs related to an evaluation of the LI. All consultees suggested that it would be beneficial to conduct an evaluation of the LI. Four consultees suggested that an evaluation of the LI would help to justify to stakeholders the value of investing financially in the program. It was suggested that both qualitative and quantitative data could provide support for the program. Three consultees spoke of the importance of garnering information about the value of the program from the participants' perspectives. It was suggested that in addition to asking evaluation questions about the perceived value of the program, questions should be asked to be able to articulate to stakeholders what the impact would be if the program did not exist. In addition to seeking data from participants, one consultee suggested that it would be valuable to ask those who do not regularly

participate in the program what inhibits their participation or why they chose not to participate.

Use of Evaluation Data.

Consultees stated that the information obtained from an evaluation of the LI would be used for purposes of decision-making, program planning, and budgetary purposes. For example, one consultee suggested that evaluation findings could be used to decide whether or not to continue with the current design of the program. One consultee suggested that evaluation findings could be used to decide what content to include in LI sessions. One consultee suggested that evaluation findings could help to secure future financial investments for the program. Additionally, two consultees identified that the information obtained from an evaluation could be used for educational purposes to describe the value of the program to new participants and leadership. As well, they felt that the data from an evaluation of the LI could be used to share information about the benefits of the structure of the program and value of the program with a wider audience. Participants of the LI identified that they would want to see the results of an evaluation shared along with an action plan of how any concerns regarding the program would be addressed.

Evaluation Measures.

Consultees were asked if there are specific measures that they would want to see assessed as part of an evaluation of the LI. The majority of suggestions for evaluation measures given by consultees were general themes as opposed to specific measures. For example, consultees stated that improvement in leadership skills should be assessed, but

did not specify which leadership skills should be measured. Three consultees suggested that the feelings of participants in relation to the speakers, topics, and schedule of the program should be evaluated. Consultees identified that these measures have been periodically assessed through questionnaires administered at previous larger LI conferences. However, the need to re-assess these measures was identified.

Consultees suggested that the LI has had a positive impact on individual and personal leadership skills; however, they did not provide examples as to what specific skills have been improved. Additionally, consultees stated that the LI has positively impacted participants' awareness as leaders and sense of belonging to a network. Two consultees suggested the evaluation assess the influence that the LI has had on participants' abilities to be effective leaders in their roles. Consultees spoke of the positive impact that the LI has had upon relationships between participants and the relationships between various departments within the site.

Consultees suggested some specific metrics that they would want examined in order to determine if the LI had any impact on improving these values. These included the number of grievances filed and the amount of sick time taken. It was also suggested that the retention of participants within the organization could be an indicator of the positive effects of the LI.

Consultees referenced various projects that have been undertaken as part of project work within the LI. For example, a project that was conducted as a part of the LI was a project to improve wayfinding within the site. As part of this project, staff were asked if there was a decrease the number of times that they were interrupted for

directions on a daily basis once improved signage had been installed around the site. Measurements such as this could be considered to assess productivity.

One consultee suggested that it would be useful to link measurements of the effectiveness of the LI to the RCH declaration to determine if participants are in fact fulfilling this declaration. For example, the declaration calls for remarkable patient experiences to occur. It was suggested that it should be determined how to actually measure if the patient experience has improved over time.

Document Review

A review of documents related to the LI was completed as a part of the consultations. Consultees were asked to forward by email any documents regarding the LI that they were allowed to share. Seven documents were submitted by consultees for review. The objectives of reviewing the documents were to:

1. Confirm the overall purpose of the LI
2. Confirm the outcomes of the LI
3. Establish potential measures that could be used assess the effectiveness of the LI

In the following, the type of document, author, context, and main findings of each document are discussed.

White Paper: Royal Columbian Hospital Leadership Institute.

A white paper about the LI was reviewed (FHA, 2015). This paper was written by two planners in April of 2015. This document was presented to FHA Executives in order to describe the impacts of the program and attempt to secure continued funding.

This document supports that the purpose of the LI is to focus on leadership development and transforming the culture of the site. The main themes in the document were building relationships and networking. The document cited several impacts that the LI has had and suggested that the impacts of the program align with FHA strategic priorities and LEADs Competency Framework (FHA, 2012). For example, FHA (2015) stated that 36 outcomes that occurred as a result of LI projects can be linked to the FHA strategic priorities. As well, FHA (2015) stated that a financial return on investment (ROI) can be estimated from LI initiatives.

Leadership Institute Conference Poster.

A storyboard poster that was used to share the purpose and outcomes of the LI to attendees at the 2016 British Columbia Patient Safety and Quality Council (BCPSQC) Quality Forum was shared as part of the document review (Mack, Stowe, Welch, & Wrigley, 2016). This poster describes the purpose of the LI supporting that the focus of the LI is on leadership development and transformative culture changes within the site. Examples of outcomes that have been achieved within the site as a result of the program are provided on the poster. For example, the poster gives examples of multidisciplinary projects that have been conducted on the site such as a wayfinding improvement project and infection control improvement project. Suggestions for specific measures that could be used to evaluate the effectiveness of the LI can be taken from these example projects. For example, changes in infection control rates as a result of the LI project are a potential measure that could form part of an evaluation.

Wayfinding Project Update.

A project report about the Wayfinding Project that was conducted as a part of the LI was reviewed. This report was written by the project group in January of 2016. It describes the purpose of conducting the project as well as the pre and post methods that were used to measure the impact of the project. Specifically, this project report provides an example of how improvements in productivity can be measured as part of a project. As part of this project, the number of interruptions that staff in the main foyer experienced on a daily basis from people asking for directions was measured before and after new signage was installed.

Evaluation Questionnaires.

The results of questionnaires that were administered at two larger LI conferences were reviewed. The first questionnaire results were from a three-day onboarding session for the LI and the second questionnaire results were from a larger visioning conference (Survey Results February, 2016; Survey Results June, 2016). Front line staff was present at both of these conferences and their responses are included in the data. These questionnaires results provide examples of the type of quantitative and qualitative data that has been previously collected about the LI such as participants' reactions to the speakers and topics of the program. The main themes found in participants' written responses relate to networking and the opportunity to build relationships.

Leadership Institute Review PowerPoint.

A PowerPoint presentation that provides an overview of the LI was reviewed. The PowerPoint was created in 2015 and was written by a Planner. The context of the

PowerPoint is unknown, but it is assumed that the presentation was used to provide an overview of the program to stakeholders. The PowerPoint presentation includes the objectives of the program, the RCH declaration, a review of attendance from the year 2014, an example of an email update about the LI that is sent to participants on a regular basis, and a list of projects the were conducted in the LI in 2014/2015. The objectives of the LI stated in the presentation include: "enhancing leadership skills," "strengthening cohesion and collaboration," and "increasing capacity to lead in a complex, adaptive system" (FHA, n.d., p. 3). These objectives align with the major purposes of the LI to enhance leadership development and focus on the transformation of the culture of the site. Additionally, the objectives align with the main themes of networking and collaboration from the other documents.

LEADs Capabilities Framework.

One consultee suggested that the LI objectives could be linked to the FHA LEADs Capabilities Framework (FHA, 2012). This framework describes leadership behaviours and skills that leaders within FHA should strive towards. This document was included in the document review. The main competency categories that align with the purpose of the LI are the *Develops Coalitions* and *Systems Transformations* categories.

Conclusion

As previously stated, an integration of the findings from the interviews and document review can be found in Appendix G. The overall purpose of the LI was similar as understood by the consultees and presented in the documentation. The overall purpose of the LI is to engage leadership in leadership development activities and transformative

culture work. The consultations supported that the LI is forum for leadership to focus on not only the future state of the site as a result of redevelopment, but also on the current state. The intent of the LI is to increase the ability of leadership to work and lead others in a complex changing system. Specific outcomes of the LI identified and potential measures that could be used in an evaluation are summarized in Appendix G.

In the discussions regarding the outcomes of the LI and potential measures that could be used to assess the effectiveness of the program, several themes were identified. First, the theme of improving leadership skills was mentioned by several consultees to be both an outcome of the LI and a potential measure. Additionally, all consultees acknowledged the theme of networking stating that while not originally intended, a very positive outcome of the LI has been the opportunity for networking. Consultees acknowledged that participating in the LI has allowed for relationship building and collaboration between individual leaders and departments within the site. The final theme spoken frequently about during the consultations was that of the projects that have been conducted as a part of the LI. It is clear that consultees feel that these projects have a large value and the benefits of these projects can be seen across the site.

Next Steps

To conclude N6660, I will write an interim report. This report will integrate the findings of the consultations and documentation review with the findings of the literature review. In the interim report I will provide an outline for an evaluation plan. In this outline I will suggest methods and measures that could be used to assess the effectiveness of the LI. I will review this outline with the FHA Research and Evaluation Department

(RED) in late August or early September. The purpose of this consultation is to ask for feedback and suggestions about my outline for the evaluation plan for the LI. Specifically, I want to ask for recommendations about what methods and tools would be most appropriate to use to evaluate the measures identified in consultations. Once I have consulted with the RED, I will decide how to most appropriately incorporate the feedback that they provide into the evaluation plan for the LI.

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Appendix A: Email to Decision Makers and Planners

Hello,

Thank you for your support with my practicum project: The Development of an Evaluation Plan for the Leadership Institute (LI). I have completed the first stage of the practicum which was a literature review to assess the methods and measures used to evaluate other leadership programs.

The next stage of the practicum is to complete consultations with the decision makers, planners/organizers, and participants of the LI. The purpose of these consultations is to confirm the objectives of the LI, learn what type of information you are seeking from an evaluation, and determine potential measures that could be used to assess the LI.

I have attached a set of questions to this email that will be asked during the consultations. Your responses to these questions will significantly contribute to the development of the evaluation plan for the LI. Please let me know if you would be able to participate in a telephone interview of approximately 30 minutes, at a mutually convenient time, to discuss your responses to these questions. Alternatively, if you prefer your responses can be returned in email or an in-person interview can be arranged.

Participating in the consultations for this practicum is voluntary. You may choose to answer some or all of the questions. You may withdraw your agreement to participate at any time without repercussion. Confidentiality of data will be maintained. However, due the nature of this practicum and the fact that we are all involved in planning, hosting, or participating in the LI, the responses only (not names) to consultation questions may be shared with your colleagues for the sole purpose of designing this evaluation. As the activities of this project relate to evaluation/quality assurance, ethics approval is not required according FHA policies.

It would be appreciated if you could respond by **July 15th** to indicate if you are able to either participate in an interview or submit your responses by email. If possible, it would be appreciated if the interview could be completed or your responses received in email by **July 22nd**. After the consultations are complete I may contact you again through email for any necessary follow up. In the fall, I may contact you again to participate in subsequent consultations as the project progresses.

If you have any questions at all please do not hesitate to contact me.

Thank you for your support,

Jessica Kromhoff, RN BSN
email: xxxxxxxxxx
cell phone: xxxxxxxxxx

Appendix B: Consultation Questions – Decision Makers & Planners

Thank you for agreeing to provide your input as a decision maker or planner for the LI. Your responses to the following questions will be taken into consideration when developing an evaluation plan for the LI. If you have chosen to participate in an interview, these questions are being sent ahead of time in case you would like time to think about your responses. Otherwise, if you have chosen to respond in email, please type your responses below each question and return this document to: xxxxxxxxxx

Leadership Institute

1. Why was the LI established?
2. What is the overall purpose of the LI?
3. What are the intended short term outcomes of the LI?
4. What are the intended long term outcomes of the LI?
5. Are you aware of any unintended outcomes that have resulted because of the LI?
6. What are the strengths of the LI?
7. What are the benefits of the LI to RCH?
8. What are the benefits of the LI to FHA?
9. What limitations or barriers are associated with the LI?
10. Are you aware of any supporting background documents for the LI (e.g., business cases)? If yes, are you able to share these?

Evaluation

1. Have you ever been involved in any previous evaluation activities for the LI? If yes, what were the activities and what were the results?
2. Have you ever been involved in any previous evaluation activities for other leadership programs? If yes, what were the activities and what were the results?
3. Why would it be beneficial to conduct an evaluation of the LI?
4. What kind of information do you need from an evaluation of the LI (e.g., Do you need qualitative narratives from participants to demonstrate the value of the LI? Do you need quantitate data to support the LI in your budget?)
5. Are there specific measures that you would like to see assessed as part of an evaluation?
6. What would you do with the information that you obtain from an evaluation of the LI (e.g., decision making, planning)?

Appendix C: Email to Participants

Hello,
As part of the requirements to obtain my master's degree in Nursing, I am conducting a project to develop an evaluation plan for the Leadership Institute (LI).

Leadership development and activities are imperative to ensuring a culture that fosters positive patient experiences. It is important to understand and be able to articulate to leadership and stakeholders the positive impacts that leadership programs have within organizations. This will help contribute to the sustainment of such programs and plan for future activities. The purpose of evaluating the LI is to understand the benefits, strengths, and limitations of the program.

I have completed the first stage of the practicum which was a literature review to assess how other leadership programs have been evaluated. The next stage of the practicum is to complete consultations with the decision makers, planners/organizers, and participants of the LI. The purpose of these consultations is to gather information that will inform the development of the evaluation plan.

I am asking if you would be willing, as a participant of the LI, to answer some questions about the program. I have attached the questions to this email. Your responses to these questions will significantly contribute to the development of the evaluation plan for the LI. Please let me know if you would be able to participate in a telephone interview of approximately 30 minutes, at a mutually convenient time, to discuss your responses to these questions. Alternatively, if you prefer your responses can be returned in email or an in-person interview can be arranged.

Participating in the consultations for this practicum is voluntary. You may choose to answer some or all of the questions. You may withdraw your agreement to participate at any time without repercussion. Confidentiality of data will be maintained. However, due the nature of this practicum and the fact that we are all involved in planning, hosting, or participating in the LI, the responses only (not names) to consultation questions may be shared with your colleagues for the sole purpose of designing this evaluation. As the activities of this project relate to evaluation/quality assurance, ethics approval is not required according FHA policies.

It would be appreciated if you could respond by **July 15th** to indicate if you are able to either participate in an interview or submit your responses by email. If possible, it would

be appreciated if the interview could be completed or your responses received in email by **July 22nd**. After the consultations are complete I may contact you again through email for any necessary follow up. In the fall, I may contact you again to participate in subsequent consultations as the project progresses.

If you have any questions at all please do not hesitate to contact me.

Thank you for your support,
Jessica Kromhoff, RN BSN
email: xxxxxxxxxx
cell phone: xxxxxxxxxx

Appendix D: Consultation Questions – Participants

Thank you for agreeing to provide your input as a participant of the LI. Your responses to the following questions will be taken into consideration when developing an evaluation plan for the LI. If you have chosen to participate in an interview, these questions are being sent ahead of time in case you would like time to think about your responses. Otherwise, if you have chosen to respond in email, please type your responses below each question and return this document to: xxxxxxxxxx

Leadership Institute

1. What is the overall purpose of the LI?
2. What short term outcomes have you experienced as result of participating in the LI?
3. What long term outcomes have you experienced or do you anticipate having as result of participating in the LI?
4. What are the strengths of the LI?
5. What are the benefits of the LI to RCH?
6. What are the benefits of the LI to FHA?
7. What are the limitations of the LI?
8. Are there any barriers to your participation in the LI?

Evaluation

1. Have you ever been involved in any previous evaluation activities for the LI? If yes, what were the evaluation activities that you engaged in?
2. Have you ever been involved in any previous evaluation activities for other leadership programs? If yes, what were the activities and what were the results?
3. Why would it be beneficial to conduct an evaluation of the LI?
4. As a participant, what kind of information would you like to see come from an evaluation of the LI?
5. Are there specific measures that you would like to see assessed as part of an evaluation of the LI?

Appendix E: Interview Script

Hello,

Thank you for agreeing to participate in this interview. This interview should take approximately 20-30 minutes. Your participation in this consultation will greatly contribute to the development of an evaluation plan for the LI.

Before we start this interview, I would like to remind you that your participation is voluntary. You may choose to answer some or all of the questions. You may withdraw your agreement to participate at any time without repercussion. I will be taking notes during our conversation on a lap top. Confidentiality of data will be maintained. However, due the nature of this practicum and the fact that we are all involved in planning, hosting, or participating in the LI, the responses only to consultation questions may be shared with your colleagues for the sole purpose of designing this evaluation. As the activities of this project relate to evaluation/quality assurance, ethics approval is not required according FHA policies.

Now that I have explained the consultation process to you, are you still willing to participate?

Yes: Thank you for agreeing to participate. I will now ask you the consultation questions.

No: Thank you for considering participating in this interview. If you decide at a later time that you are able to participate please let me know.

Appendix F: Health Research Ethics Authority Screening Tool

	Question	Yes	No
1.	Is the project funded by, or being submitted to, a research funding agency for a research grant or award that requires research ethics review	❒	☒
2.	Are there any local policies which require this project to undergo review by a Research Ethics Board?	❒	☒
	IF YES to either of the above, the project should be submitted to a Research Ethics Board. **IF NO** to both questions, continue to complete the checklist.	❒	❒
3.	Is the primary purpose of the project to contribute to the growing body of knowledge regarding health and/or health systems that are generally accessible through academic literature?	❒	☒
4.	Is the project designed to answer a specific research question or to test an explicit hypothesis?	❒	☒
5.	Does the project involve a comparison of multiple sites, control sites, and/or control groups?	❒	☒
6.	Is the project design and methodology adequate to support generalizations that go beyond the particular population the sample is being drawn from?	❒	☒
7.	Does the project impose any additional burdens on participants beyond what would be expected through a typically expected course of care or role expectations?	❒	☒
LINE A: SUBTOTAL Questions 3 through 7 = (Count the # of Yes responses)		**0**	
8.	Are many of the participants in the project also likely to be among those who might potentially benefit from the result of the project as it proceeds?	☒	❒
9.	Is the project intended to define a best practice within your organization or practice?	❒	☒
10.	Would the project still be done at your site, even if there were no opportunity to publish the results or if the results might not be applicable anywhere else?	☒	❒
11.	Does the statement of purpose of the project refer explicitly to the features of a particular program, Organization, or region, rather than using more general terminology such as rural vs. urban populations?	☒	❒

12.	Is the current project part of a continuous process of gathering or monitoring data within an organization?		☒
LINE B: SUBTOTAL Questions 8 through 12 = (Count the # of Yes responses)		**3**	
	SUMMARY **See Interpretation Below**	**B>A**	

Interpretation:

- If the sum of Line A is greater than Line B, the most probable purpose is **research**. The project should be submitted to an REB.

- If the sum of Line B is greater than Line A, the most probable purpose is **quality/evaluation**. Proceed with locally relevant process for ethics review (may not necessarily involve an REB).

- If the sums are equal, seek a second opinion to further explore whether the project should be classified as Research or as Quality and Evaluation.

These guidelines are used at Memorial University of Newfoundland and were adapted from ALBERTA RESEARCH ETHICS COMMUNITY CONSENSUS INITIATIVE (ARECCI). Further information can be found at: http://www.hrea.ca/Ethics-Review-Required.aspx

Appendix G: Summary of Consultee Responses & Document Review

	Summary of Consultee Responses & Document Review	
	Participants	**Document Review**
Purpose of the LI	• Bring together formal leadership (middle & higher-level) • Leadership development activities • Engage in transformative culture change • Focus on the current state • Focus on the future state • Prepare for change • Learn skills to deal with change	• Leadership development activities • Transformative culture work
Outcomes (Intended & Unexpected)	Short Term • Align leadership with shared vision (RCH declaration) • Develop/improve personal leadership skills • Increase in collaborative relationships • Increased ability to engage staff • Increased collaboration between departments • Leadership takes ownership of current challenges • Empowers leadership to address challenges • Networking with peers Long Term • Transformation of the culture of the site • Fulfill the RCH declaration	• Relationships • Networking • Fulfillment of the RCH Declaration From *Leadership Institute Review* (FHA, n.d., p.3) • Identifying leadership development priorities • Developing clear statements of vision and possibilities for RCH Redevelopment • Enhancing leadership skills • Strengthening cohesion and collaboration • Including Staff, Physicians and other stakeholders' vision for the future of RCH • Enhancing leadership capacity for resilience, endurance and effectiveness through and in change • Increasing capacity to lead in a complex, adaptive system
Strengths	• Program brings together and engages staff • Focus on personal leadership	• Multidisciplinary • Collaboration • Team work

	Summary of Consultee Responses & Document Review	
	Participants	**Document Review**
	development as well as improvement that impact the larger site • Alignment of leadership throughout the site to work collaboratively towards fulfilling the RCH declaration • Empowerment of leadership • Leadership feel supported • Only forum that brings leadership together on a regular basis to focus on leadership development and the future of the site • Sets an example for other sites in the health authority • Participants are committed to the program	
Limitations	Program Limitations • Time constraints to attend • Scheduling conflicts • Challenge to sustain funding for LDPs in general, not just the LI • Turnover of participants • Turnover of leadership • Changes in health authority structure Evaluation Limitations • Multiple outside influences	
Benefits of Conducting an Evaluation	• Justify to stakeholders the value of investing financially in the program • Understand the value of the program from participants' perspectives • Opportunity to understand why some do not attend • Opportunity to articulate the impact if the program did not exist	• Understand the feelings of the program from participants' perspectives

	Summary of Consultee Responses & Document Review	
	Participants	**Document Review**
Use of Data	• Decision Making • Planning • Budgetary purposes • Educational purposes (onboarding new participants and leadership) • Share structure of the LI and activities with a wider audience • Share the results of the evaluation along with an action plan of how concerns will be addressed	
Measures	• Topics • Effectiveness of speakers • Organization of the program • Schedule (day of week & time of day) • Attendance (at LI & other redevelopment activities) • Value of program (e.g., what was valuable/not valuable, why did participants attend/not attend) • Link LI to FHA strategic objectives • Link LI to LEADs competency framework • Self-awareness of leadership practices (e.g., "Rackets") • Networking/Sense of belonging • Preparation & skills to deal with change • Ability to work during periods of change • Collaborative relationships • Cooperative Alliances • LI contribution to being effective in their role • Pre & Post measures • Participant morale • Staff morale • Staff feelings (e.g., do they feel	• Link LI to FHA strategic objectives • Link LI to LEADs competency framework • Productivity • Reaction to speakers & topics • Infection control rates • Patient experience/satisfaction scores • Knowledge & skills learned at LI workshops & conferences

	Summary of Consultee Responses & Document Review	
	Participants	**Document Review**
	more involved) • Productivity of staff (e.g., impacts from wayfinding project) • RCH financial status • Expenditures of program (e.g., food) • Grievances • Sick Time • Staff turnover • ROI • Retention in participants' roles at FHA • Transformation of relationships and experiences • Perceived value from participants'/leaders' perspectives • Impact of not having the LI • Impact on patient experience (and other statements from the RCH declaration) (e.g., Patient satisfaction post C-section project) • Impact on RCH Report Card scores	

Appendix C: Program Theory & Evaluation Plan

Leadership Institute
Program Profile & Evaluation Plan

Prepared by: Jessica Kromhoff, RN BSN

Date: November 18, 2016

Table of Contents

Program Profile

The program profile describes the rationale for the program, the context, main goals, and the evaluation stakeholders and primary intended users and program recipients (target population).

Terminology

- Leadership Institute (LI)
- Leadership Development Program (LDP)
- Royal Columbian Hospital (RCH)
- Fraser Health Authority (FHA)
- Organization Development (OD)
- Research and Evaluation Department (RED)

Background

(i.e. include research evidence/data that justifies need for program)

LDPs have positive impacts on individuals, organizations, and patient care. In 2012, the LI was established at RCH. The purpose of this LDP is to bring together middle and higher-level leadership, including Directors and Managers, to foster engagement and cultural transformation across the campus. Knowing that the campus would be experiencing a multiyear redevelopment, this was seen as an opportunity to inspire meaningful leadership and cultural change.

The LI is an ongoing program that is comprised of various workshops, conferences, and project work. Topics discussed at the LI include personal leadership development and cultural transformation. Managers and Directors of all departments within RCH participate in the LI for the tenure of their positions. The LI is the only ongoing forum at RCH that provides leadership with the opportunity to focus on leadership development and the overall culture of the campus.

While positive outcomes and changes across the campus have been said to be attributed to the LI, a formal evaluation of this program has not occurred. It is important to be able to articulate the effectiveness of LDPs to leadership and stakeholders. This will help contribute to the sustainment of such programs and allow for future planning. Within my LI project group we had discussed possible ways that we could share the work of the LI with a larger audience to show the effectiveness of the program. As well, I had conversations with various other colleagues about how the positive impacts that the LI

has had could be captured and shared with stakeholders. They all supported conducting an evaluation of the LI in order to understand the effectiveness, strengths, and limitations of the program.

As part of the requirements to complete my Master of Nursing degree, in the summer of 2016 I undertook the first stages required to plan an evaluation of the LI. As part of my practicum courses, I completed a literature review to examine frameworks and techniques used to evaluate other healthcare LDPs. I then held consultations with key decision makers, planners, and participants of the LI. I also completed a review of documentation that existed for the LI. I now present this suggested program profile and evaluation plan.

All documents for this evaluation, including the program profile, program theory and evaluation plan, were written based upon the current format of the LI and the findings of the literature review and consultations with key stakeholders, as well as the document review. The purpose of this evaluation plan is to provide recommendations for a retrospective evaluation of the current format of the LI.

The decision makers and planners of the LI are currently in discussions regarding the future content and format of the LI. It is imperative to complete a retrospective evaluation of the LI now to understand the effectiveness, strengths, and limitations of the current program. The findings of this evaluation can be applied to both determine key components that should be continued in the program and to inform any changes to the content and format of the program.

Program Purpose

(i.e. Why is this program being done? What does it hope to achieve? The purpose should link to the outcomes that will be measured as indicators of success)

The purpose of the LI was determined from the information received from stakeholders during consultations and the document review. The overall purpose of the LI is to bring together middle and higher-level management to foster engagement and cultural transformation across the campus. The information received from the stakeholders during consultations supported that the LI is a forum for leadership to focus on not only the future state of the campus as a result of redevelopment, but also on the current state.

Program Objectives

Ongoing participation by RCH leadership in the LI will lead to:

- Development of or increase in LEADS Capabilities

- increased engagement at the site, both now and in the future
- increased ability to work and lead others in a complex changing system

Target Population

The LI was created to foster engagement amongst middle and higher-level leadership at RCH. This includes Managers and Directors of all services at the site. As well, some Supervisors and Clinical Practice Leads (CPLs) participate in the LI. Leaders participate in the LI on an ongoing basis during the tenure of their positions. Front line leadership, including Patient Care Coordinators (PCCs) and Educators, have been invited to be involved in the LI at larger group workshops and conferences. The LI is the only ongoing forum at RCH that provides leadership with the opportunity to focus on leadership development and the overall culture of the campus.

Program Theory/Philosophy

The program's theory describes how the program works by describing the relationships and assumptions about planned work (inputs and activities) and intended results (outputs and outcomes) and once agreed upon, can be articulated as a logic model.

The program theory of the LI is depicted in a logic model on page 9. This logic model can be used for planning and evaluation purposes.

The program theory of the LI was not originally articulated in a narrative form or in a logic model prior to the start of the program. This program theory and logic model for the LI were written based upon information received from the stakeholders' consultations and the document review.

Program Resources (Inputs)

(i.e. Inputs – what is needed in order to implement the program/should be in place BEFORE program begins)

Inputs that are required in order to accomplish the activities of the LI are:

- Overall support from executives is essential to demonstrate to participants that the executive leadership have a vested interest in them and the RCH campus as a whole. Having executive leadership encourage participation in the program demonstrates the importance of the program to participants.

- A budget for the LI is required to fund the venue (e.g., conference room, parking, meals) and human resources (e.g., planners and guest speakers) required to make the program occur.
- Dedicated and protected time for participants to attend the program is essential. Leadership must be given time away from their daily operational duties in order to be able to attend the LI and be focused on the program activities.
- Participants must be committed to attending the program and putting energy into completing program activities and projects. Participants need to be invested in the RCH campus and its cultural transformation.

Program Components (Activities & Outputs)

(i.e. Activities –Demonstration of activities being completed is measured as 'outputs'. Remember the 'if then' statement that should link activity to activity and activity to output)

The activities that the planners of the LI engage in are listed below along with measures that can be used to evaluate them.

- Delivering monthly sessions that involve lectures and open discussions about a variety of leadership development and change management topics. LI projects completed by participants are also worked on and reported on at these sessions. Sometimes these sessions are facilitated by OD and other times are facilitated by an outside group (e.g., Vanto).
    - measures: the number of monthly sessions delivered, the number in attendance at each session, an inventory of the topics, participants' perceptions about the strengths and limitations of each session

- Delivering biannual workshops that involve lectures and open discussions about a variety of leadership development and change management topics. Sometimes these sessions are facilitated by OD and other times are facilitated by an outside group (e.g., Vanto, Dick Axelrod).
    - measures: the number of workshops delivered, the number in attendance at each workshop, an inventory of the topics, participants' perceptions about the strengths and limitations of each workshop

- Delivering biannual conferences, which sometimes include front line staff. At these conferences the RCH declaration is introduced to front line staff. As well various leadership and change management topics are presented.

    - measures: the number of conferences delivered, the number in attendance at each conference, an inventory of the topics, participants' perceptions about the strengths and limitations of each conference

- Facilitating the completion of projects that address current state issues at RCH. Consultees identified that the original intention of the LI did not include addressing current state issues through project work; however, as the LI evolved, collaboration and networking became a main focus of the LI. Through collaborating, networking, and the demonstration of leadership skills, participants have completed various improvement projects at RCH since the conception of the program.
    - measures: the number of projects completed, an inventory of project topics

Program Outcomes (Short term & Long Term Impact)

Short Term Outcomes

Short term outcomes that can be expected from conducting the identified activities of the LI are listed below along with the measures that can be used to evaluate them.

- development of/increase in LEADS capabilities
    - measures: leadership behaviour questionnaire (e.g., Leadership Practices Inventory [LPI]), questionnaire
- engagement of RCH leadership in the current and future state of the campus
    - measures: questionnaire and project reports
- alignment of RCH leadership in a common vision for the future (e.g., RCH Declaration)
    - measure: questionnaire
- increased collaborative relationships amongst RCH leadership
    - measure: questionnaire
- transformation/change/improvement of current issues on the site
    - measures: questionnaire, project reports, & associated metrics

Long Term Impacts

Long term impacts that can be expected from conducting the identified activities of the LI are listed below along with the measures that can be used to evaluate them.

- readiness and ability to work and lead others through changes on the campus associated with redevelopment
    - measure: questionnaire
- realization of the common vision for the future (RCH declaration)
    - measure: questionnaire
- transformation of the culture of the campus
    - measure: quality of work life (for LI participants and front line leadership and staff), tool: work satisfaction scores (e.g., Galup survey)
    - measure: increased patient satisfaction, tool: patient satisfaction scores
- improvement in other metrics (to be identified through the completion of project reports)
    - measure: applicable Health Business Analytics (HBA) reports, questionnaires

Program Context

(i.e. Scope - factors outside of the program's control can be addressed here as well)
In the program theory, assumptions, influential factors, and external factors that may influence the outputs and outcomes of the program are identified.

Assumptions & Influential Factors

Assumptions and influential factors that underlie the LI are:

- RCH leadership is invested in expanding or improving upon their LEADS capabilities
- RCH leadership values improving the current state of the campus
- RCH leadership is invested in the future of the campus
- Executive leadership value the leadership capabilities of RCH leadership
- Executive leadership are invested in the current state of the campus
- Executive leadership are invested in the future state of the campus

External Factors

External factors that may influence the outcomes of the LI are listed below along with potential strategies to assess the impact of the external factor on the Leadership Institute outcomes.

- It is acknowledged that influences outside of the LI may also impact the outcomes and impacts achieved. Leadership may have concurrently participated in other LDPs contributing to an improvement in their LEADS Capabilities.

    - In an evaluation of the LI, participants should be asked if they have participated in any other leadership development programs concurrently. Participants should be asked to comment about the influence that the LI and other leadership development programs have had on their professional development. This information should be included in the analysis and interpretation of evaluation data.
- Other initiatives and projects at RCH or throughout the region may contribute to changes and improvements at the campus. While these external factors cannot be controlled for or their precise impact on LI outcomes an impacts assessed, they should be acknowledged when reporting on the results and achievements of the LI.
    - In an evaluation of LI projects, participants should be asked if they are aware of any concurrent projects occurring at RCH or in the region that would have impacted the intended outcomes of their project. This information should be included in the analysis and interpretation of evaluation data.

Design Considerations

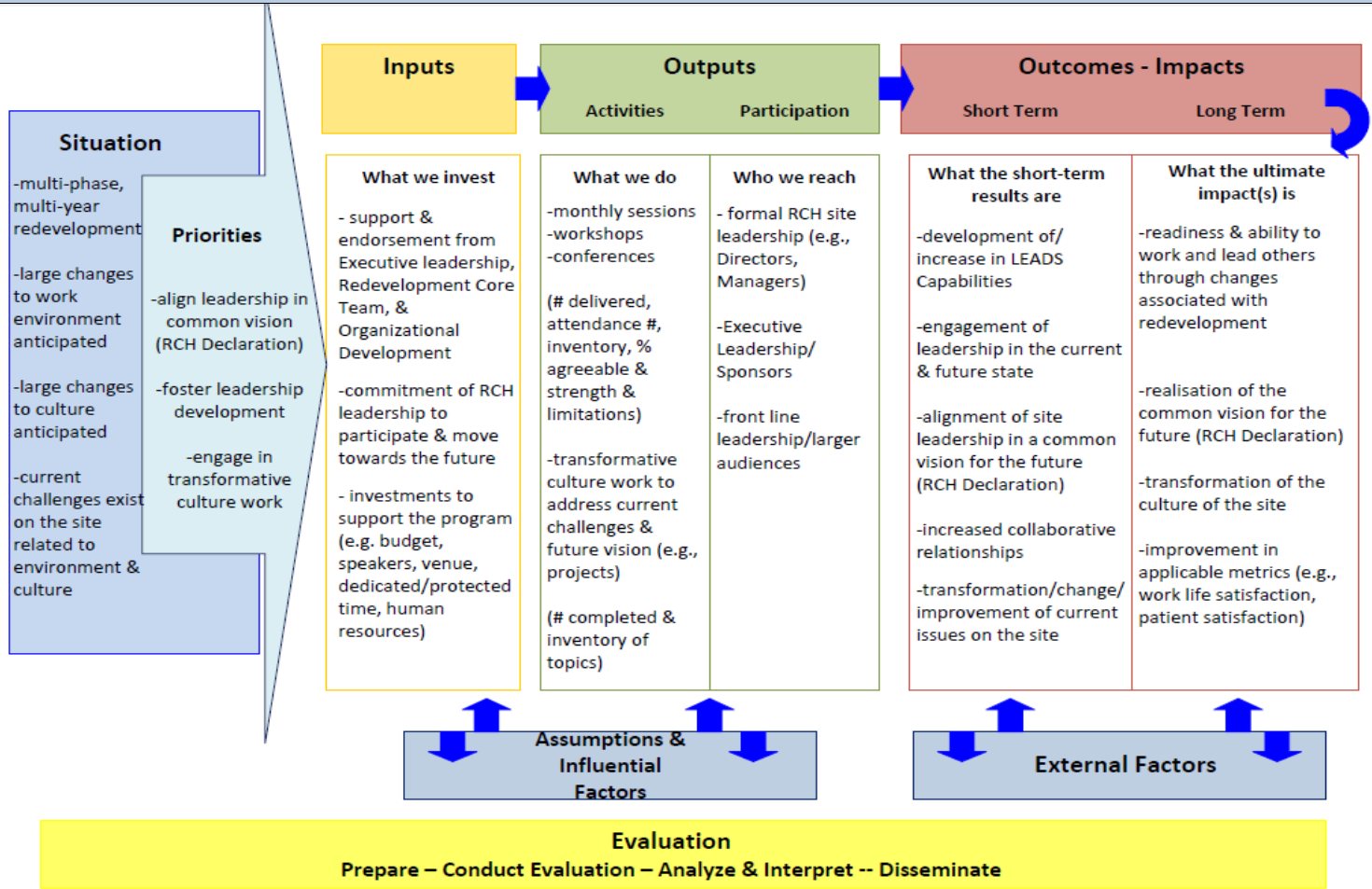
Design considerations and operation constraints that impact evaluation design.

Factors that must be taken into consideration when designing an evaluation of the LI are listed below along with strategies for how to address them.

- The LI is an ongoing or continuous program. There is no set intake and end date for the program.
    - Evaluation strategy: An arbitrary start and end date, or specific period of time (e.g., one year) could be chosen to evaluate the activities of the LI within. If onboarding or orientation sessions are used for the program, cohorts of participants could be used to define an evaluation.
    - As the LI is a program that is already in place, the evaluation that is proposed in subsequent sections is a retrospective evaluation. As it would be difficult to retrospectively define cohorts, current and past participants will form the sample for the evaluation. This will yield information for the years 2012-2016.
- There is a turnover in participation in the LI. Participants are involved in the LI for the tenure of their positions and may enter and leave the program at various points in time.

    - Evaluation strategy: A pre assessment of leadership behaviours should occur when leadership become members of the LI. A post assessment of leadership behaviours could occur when a participant leaves the program. This could contribute to an understanding of how participating in the program influenced a leader's leadership capabilities.
    - As the LI is a program that is already in place, is not possible to complete pre assessments for current participants. However, in the evaluation questionnaire that is proposed in subsequent sections, current participants are asked to reflect on the contributions that the LI has made to their leadership development. Additionally, the use of a behaviour assessment tool is suggested which could be used now to evaluate the baseline leadership behaviours of current participants. Participants could again complete the behaviour assessment tool at a later point in time and the results compared.
- Participation in the LI varies between each individual. Participants may not necessarily partake in the same curriculum depending upon the point in time in which they entered the program. As well, participants may or may not partake in the entire curriculum of the program depending upon which sessions and workshops they chose to attend.
    - Evaluation strategies: The LI could be evaluated over a specific period of time (e.g., one year). A cohort of participants of the LI, who participate in the majority of the curriculum, could be followed.
    - As the LI is a program that is already in place and due to the lack of documentation that exists about the curriculum that has been taught, it would be difficult at this time to differentiate who has completed which pieces of the curriculum. Going forward, it is suggested that an inventory of monthly sessions, workshops, and conferences is kept along with attendance numbers. This information could be applied to future evaluations of the program.

Program Logic Model



Program Evaluation Plan

Introduction

The following is a suggested evaluation plan to assess the effectiveness, strengths, and limitations of the current content and format of the LI. This evaluation plan was written based the previously introduced program theory which was based upon the findings of a literature review, stakeholder consultations, and document reviewed that occurred. This evaluation plan was written following the guidelines included in the Fraser Health Authority (2009) A Guide to Planning and Conducting Program Evaluation.

First, stakeholder needs that will inform the evaluation plan are identified. Kirkpatrick's (1979) framework for evaluating leadership development programs is then introduced. The evaluation design and methods are then described. This includes the use of a leadership behaviour assessment tool and evaluation questionnaire. Additionally, the use of a project report to assess the outcomes of LI projects is suggested.
Suggestions for analysis and dissemination of evaluation results are stated. To conclude, recommendations regarding this and future evaluations of the LI are given.

Stakeholder Needs

The stakeholders of this evaluation are the decision makers, planners, and participants of the LI. The primary intended users of the evaluation findings are the decision makers and planners of the LI. This evaluation will provide information and data that is useful for both planning and decision making purposes. The findings of this evaluation will provide decision makers and planners information that can be used to inform the content and format of the program, as well as provide evidence about the effectiveness and value of the LI.

Evaluation Framework

This evaluation plan is based upon Kirkpatrick's (1979) evaluation framework which was found in a literature review to be a tool widely used to assess health care leadership development programs. The evaluation framework guides what should be evaluated and ensures that a comprehensive evaluation addressing all of the components of a program is planned. There are four levels of measures in this evaluation framework: reaction, learning, behaviour, and results. Each level of the evaluation framework is linked to the outputs and outcomes described in the logic model of the LI program theory. Each level

of Kirkpatrick's (1979) evaluation framework is listed below with an example of an output or outcome that can be measured that was presented in the logic model in the program theory. Refer to Appendix A to see the link of each level of Kirkpatrick's (1979) framework to the outputs and outcomes that were identified in the logic model.

Reaction

Reaction measures the immediate feelings of participants in relation to items such as the format, content, speakers, and schedule of the program (Kirkpatrick, 1979). The strengths and limitations of a program can be identified by assessing the reaction of participants.

- example measure: overall strengths & limitations of the program

Learning

Level two of Kirkpatrick's (1979) evaluation framework, refers to learning. Learning is measured by examining the knowledge, skills, and attitudes of participants.

- example measure: percent or number of participants who have achieved LEADS capabilities

Behaviour

Level three of the evaluation framework refers to behaviour and is also known as the transfer of training (Kirkpatrick, 1979). This level examines the degree of change in behaviour that participants have demonstrated once completing the program and returning to their jobs (Kirkpatrick, 1996).

Both the learning and behaviours of participants can be linked to the Fraser Health LEADS capabilities.

- example measure: percent of participants who state increase in collaboration

Results

The final level of Kirkpatrick's (1979) evaluation framework refers to results. Results signify those items that are measured at a higher organizational level (Kirkpatrick, 1996). Examples of these types of measures include productivity, quality, retention rates, and costs (Kirkpatrick, 1996).

- example measure: % improvement in metrics associated with projects

Evaluation Questions

The evaluation questions proposed for the evaluation of the LI are directly linked to Kirkpatrick's (1979) evaluation framework and the outputs and outcomes of the logic model from the program theory. Additionally, they capture the key points related to the evaluation of LDPs that were identified in the literature review and suggested by the consultees. Appendix A shows the links between evaluation levels, specific outputs and outcomes, and the evaluation questions.

The questions that will be sought to be answered during this evaluation are:

1. Does the LI lead to engagement of participants in the current and future state?
2. Does the LI contribute to the development of or increase participants' LEADS Capabilities?
3. Do LI participants feed ready and able to work and lead others through changes associated with redevelopment?
4. What strengths of the LI do participants perceive?
5. What limitations of the LI do participants perceive?
6. What impacts did LI projects have on RCH?

Evaluation Design

Evaluation Plan

The evaluation plan for the LI has been developed based upon the literature review, stakeholder consultations, the document review, and the information contained in the program theory, including the identified outputs and key short-term and long-term outcomes from the logic model. Refer to Appendix A for the evaluation plan chart for the specific performance indicators for each of the expected outcomes, as well as the data collection method, source and person responsible.

Evaluation Design

This is a descriptive evaluation that will use a mixed-methods approach to collect quantitative and qualitative evaluation data. As an evaluation plan has never been written for the LI and a formal evaluation of the program has not been conducted of the program

to date, this is a retrospective evaluation of the outputs and outcomes of the program to date.

Sample

The target population for this retrospective evaluation is current and past LI participants. The current distribution list for the LI will be used to obtain a purposive sample for this evaluation. There are approximately 135 names included on the current distribution list. As available, other past participants of the LI, whose names have been removed from the current distribution list, will also be contacted to participate in this evaluation. Using this sample will yield evaluation information about the program from 2012 to 2016, as some current participants were original members of the LI.

In the email instructions, participants will be asked to rate their current or past level of involvement with the LI:

- Actively involved (Attend(ed) approximately 75-100% of LI activities)
- Somewhat involved (Attend(ed) approximately 50-75% of LI activities)
- Limited Involvement (Attend(ed) approximately less than 50% of LI activities)
- New Participant (New to position within 6 months and attend(ed) approximately less than 25% of LI activities or have not yet participated in any LI event/activity)

Evaluation Methods

The proposed evaluation methods were chosen based upon the outputs and outcomes articulated in the program theory logic model and aim to evaluate each level of Kirkpatrick's (1979) evaluation framework in relation to the LI. Three main methods of data collection are suggested for this evaluation: administering an evaluation questionnaire, administering the LPI and the completion of project reports. The evaluation questionnaire will allow the reaction, learning, and behaviour of participants to be assessed. The strengths and limitations of the program from the participants' perspectives will be identified in the evaluation questionnaire. The purpose of administering the LPI is to assess the learning and behaviour of participants. Potential results that can be measured at a higher organizational level will be identified through project reports, completed by participants, which describe the purpose and impacts of the projects that they completed for the LI.

Additionally, it is suggested that other data be collected as part of this evaluation including information such as attendance numbers and an inventory of topics discussed at each session, workshop, and conference. The collection of this data provides additional

information related to the category of reaction. A full list of data to be collected as a part of this evaluation can be found in the evaluation plan table in Appendix A.

A timeline is outlined for this evaluation in the evaluation charter. Accounting for the fact that a literature review, consultations, and documentation review have already occurred as a part of my Master in Nursing degree practicum, it is estimated that it will take approximately 18 weeks to complete data collection and analysis activities.

Evaluation Questionnaire

Evaluation Questions:

- Does the LI lead to engagement of participants in the current and future state?
- What strengths of the LI do participants perceive?
- What limitations of the LI do participants perceive?

Tool and Purpose

The purpose of asking participants to complete the evaluation questionnaire is to answer the evaluation questions, as stated above. The evaluation questionnaire will provide data related to the reaction, learning, and behaviour levels of Kirkpatrick's (1979) evaluation framework. The strengths and limitations of the LI, as perceived by the participants will be identified in the evaluation questionnaire. The evaluation questionnaire address outputs and outcomes as identified in the logical model and listed in Appendix A. The information obtained from the evaluation questionnaire can be used by decision makers and planners to inform the content and format of the LI. This type of information that is specific to the LI itself would not be obtained from a tool such as the LPI and therefore, an additional questionnaire is required.

Questions for the evaluation questionnaire were developed based upon findings and suggestions from the literature review, consultations, and document review that were completed for this evaluation plan. A limited pilot test of the evaluation questionnaire occurred as part of the practicum project. Participants answer questions using a five-point Likert scale or provide a written response. See Appendix C, for the evaluation questionnaire.

Participants will be asked to complete the evaluation questionnaire online using Survey Monkey, or another similar online survey platform. The RCH Redevelopment team already owns a subscription to Survey Monkey; however, if

this account cannot be used a subscription to the service can be purchased from the Survey Monkey website. A gold subscription, which includes data reports and statistical analysis options, costs $29 CAD per month.

Administration

A link to evaluation questionnaire will be sent to the current LI distribution list by the evaluation coordinator. It is estimated that it will take approximately 10-20 minutes to complete the questionnaire. Participants will be asked to complete the questionnaire within two weeks of receiving the link.

Leadership Practices Inventory (LPI)

Evaluation Question: Does the LI enhance or increase participants' LEADS Capabilities?

Tool & Purpose

The Leadership Practices Inventory (LPI) self-assessment tool measures leadership behaviours and practices in five categories: challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart (Posner & Kouzes, 1988). These categories align with the FHA (2012) LEADS Capabilities categories: Leads Self, Develops Coalitions, Achieve Results, Engage Others, and Systems Transformation. A definition of these categories can be found in Appendix B. Participants respond to statements about their leadership behaviours using a 5-point Likert scale. Participants are asked to rate their leadership behaviour for six statements in each of the five categories, for a total of 30 responses. A sample report, including the questions asked in the LPI, can be found in Appendix D.

As identified in the literature review that was completed prior to writing this evaluation plan, the LPI is a valid and reliable tool that is widely used to assess leadership behaviours of participants of LDPs (Abraham, 2011; Duygulu & Kublay, 2011; Leggat, Balding, & Schifton, 2015; Martin, McCormack, Fitzsimons, & Spirig, 2012; Patton et al., 2013; Titzer, Shirey, & Hauck, 2014). The findings from multiple studies collectively demonstrate the ability of the LPI to detect changes in leadership behaviours. The use of the LPI will provide data related to the learning and behaviour level of Kirkpatrick's (1979) evaluation framework and address outcomes as identified in the logical model and listed in Appendix A.

The LPI self-assessment tool will be administered to past, current, and new participants of the LI to understand what leadership behaviours each of these groups currently exhibit. Kirkpatrick (1979) recommends that a pre and post assessment of leadership behaviours occurs. However, as this is a retrospective evaluation for a program that has already started, it is not possible at this time to evaluate differences in participants' leadership behaviours before and after participating in the program; however, the difference in leadership behaviours between those who are actively, somewhat, or not very involved or new members can be compared. Additionally, the information gained from obtaining a baseline assessment of leadership behaviours can be used to inform the future format and content of the program to achieve specified program objectives.

The LPI can be purchased online from the Leadership Challenge website (John Wiley & Sons, inc., 2016). When purchasing between 100-249 licenses, the cost of each license is $59.50 USD. Each license is valid for 12 months from the time of purchase. Paper copies of the facilitator's materials are available for purchase on the website for $230.00 USD.

Administration

Links to the LPI self-assessment online questionnaire will be sent to the current LI distribution list by the evaluation coordinator. As the LPI does not have customizable demographic fields, participants will be asked to create a code with their last name. They will be asked to add a capital letter to the start of their last name to indicate their level of participation in the LI. This is for data analysis purposes so that the responses of those who were actively and somewhat involved can be compared with those who were not very involved or who are new participants. Following is an example of the instructions that will be given to participants:

Level of Participation	Definition	Capital Letter to add to the start of your last name
Actively Involved	Attend(ed) approximately 75-100% of LI activities	**A**
Somewhat Involved	Attend(ed) approximately 50-75% of LI activities	**S**
Limited Involvement	Attend(ed) approximately less than 50% of LI activities	**L**
New to position	New to position within the last 6 months and have not yet participated in any LI event/activity	**N**

It is estimated that it will take participants approximately 10-15 minutes to complete the LPI tool. Participants will be asked to submit their responses within a two week time frame.

Project Report Form

Evaluation Question: What impacts did LI projects have on RCH?

Tool & Purpose

During the consultations for this evaluation, stakeholders acknowledged the positive impacts that the project component of the LI had on themselves and the larger RCH site. Stakeholders advocated for an evaluation method to capture these accomplishments and demonstrate the value that completing these projects had to RCH. The project report form was developed based upon findings and suggestions from the literature review, consultations, and document review that

were completed as a part of developing this evaluation plan. A limited pilot test of the project report form occurred as part of the practicum project. The questions in the project report directly link to the outputs and outcomes as described in the logic model. The information obtained from the project report form will summarize the goals, activities, and outcomes of each project. Results that can be measured at a higher organizational level will be identified through the project reports. The completion of project reports allows an assessment of the LI in relation to the results category of Kirkpatrick's (1979) evaluation framework to occur. See Appendix E for the project report template.

Administration

The Evaluation Coordinator will identify project team members from a list of LI projects that currently exists. The Project Coordinator will email a fillable PDF template of the project report form to each team and ask for a representative of that team to complete the project report. It is estimated that it will take approximately 20-30 minutes to complete the project report. Teams will be asked to complete and return the project report within four weeks of receiving the form.

Analysis

Various methods will be used to analyze the data obtained in the evaluation. Data obtained through the LPI will be analyzed using the report feature included with the purchase of each license. Summary statistics will be used to analyze the Likert responses from the evaluation questionnaire. Content analysis will be use to review the information obtained from qualitative questions on the evaluation questionnaire and project report.

Dissemination

Results of the evaluation will be made available to stakeholders in a written report and in a presentation given at completion of the evaluation. The evaluator will also investigate conferences at which it would be appropriate to share the process of conducting the evaluation and results.

Recommendations

1. It is recommended to complete the evaluation of the LI, as outlined in the evaluation plan. This is a retrospective evaluation of the current format and content of the LI. Specific to the program, this evaluation will provide valuable information about the effectiveness of the LI, as well as its strengths and limitations. This evaluation will

provide a baseline assessment of the leadership behaviours of LI participants. Additionally, the value of the projects that were completed as a part of the LI will be assessed through this evaluation. Collectively, the information obtained in this evaluation can be used to inform the future content and format of the LI.

2. If significant changes are made to the LI, a new program theory should be documented for the new format and content of the program.

3. If an evaluation is not completed before changes are made to the content and format of the LI, the information obtained from the literature review, consultations, and document review should be considered and used to inform decisions made about the program.

4. An evaluation plan should be developed concurrently when making decisions about the content and format of the LI going forward.
   4.1. Continuous feedback or ongoing monitoring should be incorporated into this evaluation plan in order measure the reaction of participants on an ongoing basis. The information obtained from ongoing monitoring can be used for planning purposes.
   4.2. Assessment of pre and post leadership behaviours should occur using an arbitrary start and end date. As the LI is a continuous ongoing program there is not a set start and end date; however, depending upon scheduled activities a period of 1 year could be considered as the intervals to assess pre and post leadership. The pre and post assessment of participants will demonstrate improvements and changes in leadership behaviours that could be attributed to the LI.
   4.3. Kirkpatrick (1979) recommends that a participant's leadership behaviours are also assessed by observers. This is typically a participant's colleagues and subordinates. Assessment of leadership behaviours should incorporate a pre and post observer component, in addition to self-assessment. The LPI offers the option to incorporate observer assessments. Pre and post assessments by observers will demonstrate improvements and changes in leadership behaviours that could be attributed to the LI.

5. The results of evaluations of the LI should be disseminated with stakeholders and larger audiences to share the effectiveness of and positive impacts that the LI has. We know that the Royal Columbian leadership speaks highly of the impacts that the program has had on their daily work lives and the site as a whole and this is a

wonderful opportunity to share both their efforts and the positive impacts that the program has had with a wider audience.

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Appendix A – Evaluation Plan Chart

Evaluation Plan						
Performance Dimensions (Objectives) Participation in the LI will lead to increased engagement of RCH leadership **Evaluation Questions**	**Expected Outputs/ Outcomes** Outputs = what gets done Outcome = results of intervention	**Measurement Plan**				
		Kirkpatrick Level of Evaluation	**Indicator** i.e. type of measure, #'s, %'s, rates, time, etc.	**Method** e.g. survey, focus group, chart audit, etc.	**Source** e.g. patient chart, patients, employees, etc.	**Responsibility**
Does the LI lead to engagement of participants in the current and future state?	Output: Leadership Institute	Reaction	# attendance	Count	LI Planning Documents	Evaluation Coordinator
What strengths of the LI do participants perceive?	Output: Leadership Institute	Reaction	%agreeable with topics, speakers, location, date/time	Survey	Participants: End of session questionnaires (at future LI sessions)	Evaluation Coordinator
What limitations of the LI do participants perceive?	Output: Leadership Institute	Reaction	Overall strengths & limitations of the program	Survey	Participants/ Evaluation Questionnaire	Evaluation Coordinator/ Evaluator
Does the LI lead to engagement of participants in the current and future state?	Output: Deliver monthly sessions	Reaction	# of monthly sessions delivered and inventory of topics	Count Written Inventory	LI Planning Documents	Evaluation Coordinator
Does the LI lead to engagement of participants in the current and future state?	Output: Deliver workshops	Reaction	# of workshops delivered and inventory of topics	Count Written Inventory	LI Planning Documents	Evaluation Coordinator
Does the LI lead to engagement of participants in the current and future state?	Output: Deliver conferences	Reaction	# of conferences attended and inventory of topics	Count Written Inventory	LI Planning Documents	Evaluation Coordinator
What impacts did LI projects have on RCH?	Output: Offer opportunities to engage in transformative culture work	Reaction	# of projects completed and inventory of topics	Count Survey	LI Planning Documents Project Reports	Evaluation Coordinator Evaluator

Evaluation Plan

Performance Dimensions (Objectives) Participation in the LI will lead to increased engagement of RCH leadership **Evaluation Questions**	**Expected Outputs/ Outcomes** Outputs = what gets done Outcome = results of intervention	**Measurement Plan**				
		Kirkpatrick Level of Evaluation	**Indicator** i.e. type of measure, #'s, %'s, rates, time, etc.	**Method** e.g. survey, focus group, chart audit, etc.	**Source** e.g. patient chart, patients, employees, etc.	**Responsibility**
	to address current challenges & future vision (e.g., projects)					
Does the LI enhance or increase participants' LEADS Capabilities?	Outcome: Development of or achievement of LEADS capabilities	Learning & Behaviour	#/% of leadership who have achieved capabilities	Survey	Participants/ Questionnaire - LPI	Evaluator
Do LI participants feed ready and able to work and lead others through changes associated with redevelopment?		Learning & Behaviour	% increase in capabilities	Survey	Participants/ Questionnaire - LPI	Evaluator
Does the LI lead to engagement of participants in the current and future state?	Outcome: engagement of leadership in the current & future state	Learning & Behaviour	% of leadership engaged	Survey	Participants/ Evaluation Questionnaire	Evaluator
Does the LI lead to engagement of participants in the current and future state?	Outcome: alignment of site leadership in a common vision for the future (RCH Declaration)	Learning & Behaviour	% of leadership aligned	Survey	Participants/ Evaluation Questionnaire	Evaluator
Do LI participants feed ready and able to work and lead others through changes associated with redevelopment?	Outcome: increased collaborative relationships	Learning & Behaviour	% of leadership who state increase in collaboration	Survey	Participants/ Evaluation Questionnaire	Evaluator
What impacts did LI projects have on RCH?	Outcome: transformation/	Results	% of leadership who state	Survey	Participants/ Evaluation Questionnaire	Evaluator

Evaluation Plan

Performance Dimensions (Objectives) Participation in the LI will lead to increased engagement of RCH leadership **Evaluation Questions**	**Expected Outputs/ Outcomes** Outputs = what gets done Outcome = results of intervention	**Measurement Plan**				
		Kirkpatrick Level of Evaluation	**Indicator** i.e. type of measure, #'s, %'s, rates, time, etc.	**Method** e.g. survey, focus group, chart audit, etc.	**Source** e.g. patient chart, patients, employees, etc.	**Responsibility**
	change/ improvement of current issues on the site		improvement in current issues % improvement in metrics identified from project reports	Count	Metrics/Reports	HBA
Do LI participants feed ready and able to work and lead others through changes associated with redevelopment?	Outcome: readiness & ability to work and lead others through change associated with redevelopment	Learning & Behaviour	% of leadership that indicate readiness	Survey	Participants/ Evaluation Questionnaire	Evaluator
Does the LI lead to engagement of participants in the current and future state?	Outcome: Realization of the common vision for the future (RCH Declaration)	Reaction, Learning, Behaviour, Results	Future evaluation of specific RCH Declaration statements, participants' % agreement	Survey	Participants/ Evaluation Questionnaire	Evaluator
Does the LI lead to engagement of participants in the current and future state?	Outcome: Transformation of the culture of the site	Reaction, Learning, Behaviour, Results	Future evaluation, participants' % agreement	Survey	Participants/ Evaluation Questionnaire	Evaluator
Does the LI lead to engagement of participants in the current and future state?	Outcome: Improvement in applicable metrics (e.g., work life satisfaction, patient	Results	Current baseline assessment of work life satisfaction scores and patient	Count	Metrics/Reports	HBA

Evaluation Plan

Performance Dimensions (Objectives) Participation in the LI will lead to increased engagement of RCH leadership **Evaluation Questions**	**Expected Outputs/ Outcomes** Outputs = what gets done Outcome = results of intervention	**Measurement Plan**				
		Kirkpatrick Level of Evaluation	**Indicator** i.e. type of measure, #'s, %'s, rates, time, etc.	**Method** e.g. survey, focus group, chart audit, etc.	**Source** e.g. patient chart, patients, employees, etc.	**Responsibility**
What impacts did LI projects have on RCH?	satisfaction)		satisfaction scores % improvement in metrics associated with projects	Count	Metrics/Reports	Evaluator

Appendix B – Fraser Health LEADS Capabilities Definitions

Leads Self

Self Awareness:
Is aware of own assumptions, values, principles, strengths and limitations.

Manages Self:
Takes responsibility for own performance and health.

Develops Self:
Actively seeks opportunities and challenges for personal learning, character building and growth.

Demonstrates Character:
Models qualities such as honesty, integrity, resilience and confidence.

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Better health.
Best in health care.

Engages Others

Fosters the Development of Others:
Supports and challenges others to achieve professional and personal goals.

Contributes to the Creation of a Healthy Organization:
Creates an engaging environment where others have meaningful opportunities and the resources to fulfill their expected responsibilities.

Communicates Effectively:
Listens well. Encourages open exchange of information and ideas using appropriate communication media.

Builds Effective Teams:
Facilitates an environment of collaboration and cooperation to achieve results.

Achieves Results

Sets Direction:
Inspires vision. Identifies, establishes and communicates clear and meaningful expectations and outcomes.

Strategically Aligns Decisions with Vision, Values and Evidence:
Integrates organizational mission, values and valid evidence to make decisions.

Takes Action to Implement Decisions:
Acts in a manner consistent with the organizational values to yield effective, efficient public-centered services. Demonstrates business acumen by efficiently and effectively identifying and managing human, capital, financial and information resources.

Assesses and Evaluates Results:
Measures and evaluates outcomes. Holds self and others accountable for results achieved against benchmarks. Corrects course as appropriate.

Develops Coalitions

Builds Partnerships and Networks to Create Results:
Creates connections, trust and shared meaning with individuals and groups.

Demonstrates a Commitment to Customers and Service:
Facilitates collaboration, cooperation and coalitions among diverse groups and perspectives to improve service.

Mobilizes Knowledge:
Employs methods to gather intelligence. Encourages open exchange of information. Uses quality evidence to influence action across the system.

Navigates Socio-Political Environment:
Is politically astute. Negotiates through conflict. Mobilizes support.

Systems Transformation

Demonstrates Systems/Critical Thinking:
Thinks analytically and conceptually; questions and challenges the status quo to identify issues, solve problems and design and implement effective processes across systems and stakeholders.

Encourages and Supports Innovation:
Creates a climate of continuous improvement and creativity aimed at systematic change.

Strategically Oriented to the Future:
Scans the environment for ideas, best practices and emerging trends that will shape the system.

Champions and Orchestrates Change:
Actively contributes to change processes that improve health service delivery.

Appendix C – Evaluation Questionnaire

The Fraser Health Leadership Institute Evaluation Questionnaire -
Consent for Collection, Use and Storage of Participant Information

As employees of Fraser Health, you have been invited to participate in a survey to be entered online, administered by the RCH Redevelopment department.

Your personal information collected by Fraser Health is subject to protections under the BC Freedom of Information and Protection of Privacy Act (FIPPA). To participate in this initiative as a survey respondent, you are being asked to consent to enter the following information for use by Fraser Health:

- *Personal views/opinions as expressed in the survey in the open ended questions. These views and opinions are considered personal information.*

Access to the entered information is limited to Fraser Health survey administrator and project coordinator. Participants will be invited to complete the survey at a Leadership Institute session and a link to the survey will be sent through email to the Leadership Institute distribution list. The survey administrator and project coordinator will maintain the survey, and run reports based on the survey results. These reports and analysis will be used to evaluate the Leadership Institute within Fraser Health Authority with a view to plan the future content and format of the program. The information reviewed may also contain personal information, such as opinions and views as noted above. The results of the evaluation, including anonymous open-ended responses may be used to describe or promote the program in print material, online, or through presentation format.

As a participant in this survey, the information you choose to provide will be stored by Survey Monkey, a service provider located in the United States (US) of America, and will therefore be subject to US law. Your information will only be accessed by the survey administrator and project coordinator and will be protected by Survey Monkey in compliance with their Privacy Policy and Terms of Use.

Participation in the Leadership Institute Evaluation Questionnaire is voluntary. There will be no consequences to you if you choose not to participate. You may choose to answer all or some of the questions. You may withdraw from this survey at any time by submitting a written request to xxxxxxxxxx@fraserhealth.ca or xxxxxxxxxx@fraserhealth.ca and in doing so your personal information will be deleted.

Questions about your information and this survey initiative may be directed to the Survey Administrator: xxxxxxxxxx@fraserhealth.ca or Project Coordinator: xxxxxxxxxx@fraserhealth.ca

Consent:
I have read and understand the Consent for Collection, Storage and Use of Participant Information.

I voluntarily consent to Fraser Health collecting, using and disclosing the information I provide as a participant in this survey.

1. **I consent** (proceed to survey)
2. **I do not consent** (exit application)

Leadership Institute (LI) Evaluation Questionnaire

You are invited to respond to the following questions about your participation in the Leadership Institute. It is estimated that it will take approximately 10-15 minutes to complete the questionnaire, depending upon the length of your responses. All questions are optional. You may respond to all, some, or none of the questions. The information that you provide is very valuable and will contribute to the evaluation of the Leadership Institute.

Role: ☐ Director ☐ Manager ☐ Other _____
Number of years in current role: _____
Number of years in a formal leadership position: ☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 5-10 years ☐ Greater than 10 years
Level of Education: ☐ Doctorate/PhD ☐ Master's Degree ☐ Bachelor's Degree ☐ Other, _____
Level of Involvement with the LI: ☐ Actively involved (Attend approximately 75-100% of LI activities) ☐ Somewhat involved (Attend approximately 50-75% of LI activities) ☐ Limited Involvement (Attend(ed) approximately less than 50% of LI activities) ☐ New Participant (New to position within 6 months and attend(ed) approximately less than 25% of LI activities or have not yet participated in any LI event/activity)

LI Evaluation Questions	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. Participating in the LI enhanced or improved my LEADS capabilities (Leads Self, Engages Others, Achieves Results, Develops Coalitions, Systems Transformation).	1	2	3	4	5
2. The LI provided me with the opportunity to network with my colleagues.	1	2	3	4	5
3. Participating in the LI increased my abilities to collaborate with my colleagues.	1	2	3	4	5
4. Participating in the LI increased my abilities to collaborate with my staff/subordinates.	1	2	3	4	5

LI Evaluation Questions	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
5. Participating in the LI increased my ability to communicate effectively with my staff/subordinates.	1	2	3	4	5
6. Participating in the LI contributes/contributed to me being an effective leader in my role.	1	2	3	4	5
7. Because I participated in the LI, I understand what the RCH declaration is.	1	2	3	4	5
8. I feel prepared to fulfill the RCH declaration.	1	2	3	4	5
9. The LI has prepared me to take on a higher leadership position/role.	1	2	3	4	5
10. I have been able to directly apply something that I have learned at the LI to my daily work.	1	2	3	4	5
11. I have shared what I have learned in the LI with my staff/subordinates.	1	2	3	4	5
12. The LI has prepared me to be able to work through changes that will occur at RCH as a result of redevelopment.	1	2	3	4	5

Leadership Institute Evaluation Questions	
13. What were your most valuable experiences in the LI?	
14. What were your least valuable experiences in the LI?	
15. What are the strengths of the LI?	

16. What are the limitations of the LI?	
17. Did anything inhibit your participation in the LI? If yes, please explain.	
18. Since you have been a participant in the LI, have you participated in any other Leadership Development programs or courses? If yes, please list them.	
19. If you answered yes to question 18, do you feel that the LI is more or less beneficial than these other programs. Please explain.	
20. What would you like to learn more about or do in the LI?	
21. Please share any other comments or feedback about the LI that you may have.	

Appendix D – Example LPI Report

Full Sample Report available from:
http://www.leadershipchallenge.com/professionals-section-lpi-sample-report.aspx

LPI | SELF
LEADERSHIP PRACTICES INVENTORY

Profile for Amanda Lopez
Company ABC
August 12, 2013

The Five Practices of Exemplary Leadership®

Created by James M. Kouzes and Barry Z. Posner in the early 1980s and first identified in their internationally best-selling book, *The Leadership Challenge*, The Five Practices of Exemplary Leadership approaches leadership as a measurable, learnable, and teachable set of behaviors. After conducting hundreds of interviews, reviewing thousands of case studies, and analyzing more than two million survey questionnaires to understand those times when leaders performed at their personal best, there emerged five practices common to making extraordinary things happen. The Five Practices are:

The Leadership Practices Inventory (LPI) instrument is an essential tool to help you gain perspective into how you see yourself as a leader and what actions you can take to improve your use of the Five Practices, which research has demonstrated, year after year, make for more effective leaders.

ABOUT YOUR LPI REPORT

The LPI measures the frequency of 30 specific leadership behaviors on a 10-point scale, with six behavioral statements for each of The Five Practices. You rated how frequently you engage in each of these important behaviors associated with The Five Practices. The response scale is:

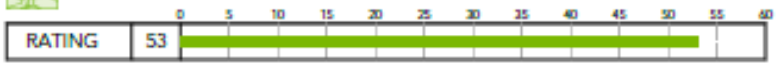
RESPONSE SCALE	1-Almost Never	3-Seldom	5-Occasionally	7-Fairly Often	9-Very Frequently
	2-Rarely	4-Once in a While	6-Sometimes	8-Usually	10-Almost always

In the following report pages, you'll see your responses presented in various manners.

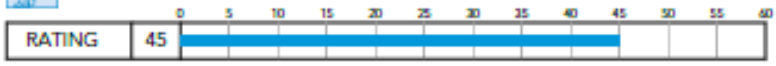
The Five Practices Bar Graphs

These bar graphs, one for each leadership Practice, provide a graphic representation of your total rating. Total responses can range from 6 to 60, which represents adding up the response score (from 1—Almost Never to 10—Almost Always) for each of the six behavioral statements related to the Practice.

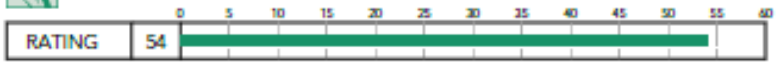
Model the Way



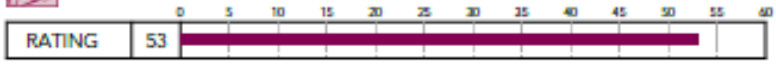
Inspire a Shared Vision



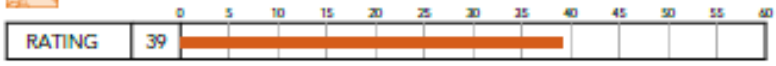
Challenge the Process



Enable Others to Act



Encourage the Heart



LPI | SELF
LEADERSHIP PRACTICES INVENTORY

Profile for Amanda Lopez
Company ABC
August 12, 2013

Leadership Behaviors Ranking

This page shows the ranking, from most frequent to least frequent, of all 30 leadership behaviors based on your self-rating. Horizontal lines separate the 10 most and the 10 least frequent behaviors from the middle 10. The response scale runs from 1—Almost Never to 10—Almost Always.

MOST FREQUENT		LEADERSHIP PRACTICE	RATING
1.	I set a personal example of what I expect of others	Model	10
2.	I talk about future trends that will influence how our work gets done	Inspire	10
3.	I seek out challenging opportunities that test my own skills and abilities	Challenge	10
11.	I follow through on the promises and commitments that I make	Model	10
14.	I treat others with dignity and respect	Enable	10
23.	I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on	Challenge	10
24.	I give people a great deal of freedom and choice in deciding how to do their work	Enable	10
6.	I spend time and energy making certain that the people I work with adhere to the principles and standards that we have agreed on	Model	9
8.	I challenge people to try out new and innovative ways to do their work	Challenge	9
9.	I actively listen to diverse points of view	Enable	9
10.	I make it a point to let people know about my confidence in their abilities	Encourage	9
12.	I appeal to others to share an exciting dream of the future	Inspire	9
21.	I build consensus around a common set of values for running our organization	Model	9
28.	I experiment and take risks, even when there is a chance of failure	Challenge	9
4.	I develop cooperative relationships among the people I work with	Enable	8
13.	I search outside the formal boundaries of my organization for innovative ways to improve what we do	Challenge	8
18.	I ask "What can we learn?" when things do not go as expected	Challenge	8
19.	I support the decisions that people make on their own	Enable	8
26.	I am clear about my philosophy of leadership	Model	8
29.	I ensure that people grow in their jobs by learning new skills and developing themselves	Enable	8
30.	I give the members of the team lots of appreciation and support for their contributions	Encourage	8
7.	I describe a compelling image of what our future could be like	Inspire	7
16.	I ask for feedback on how my actions affect other people's performance	Model	7
17.	I show others how their long-term interests can be realized by enlisting in a common vision	Inspire	7
5.	I praise people for a job well done	Encourage	6
22.	I paint the "big picture" of what we aspire to accomplish	Inspire	6
25.	I find ways to celebrate accomplishments	Encourage	6
27.	I speak with genuine conviction about the higher meaning and purpose of our work	Inspire	6
15.	I make sure that people are creatively rewarded for their contributions to the success of our projects	Encourage	5
20.	I publicly recognize people who exemplify commitment to shared values	Encourage	5

LEAST FREQUENT

RESPONSE SCALE					
	1-Almost Never	3-Seldom	5-Occasionally	7-Fairly Often	9-Very Frequently
	2-Rarely	4-Once in a While	6-Sometimes	8-Usually	10-Almost always

Appendix E – Project Report

The Fraser Health Leadership Institute Project Report -
Consent for Collection, Use and Storage of Participant Information

As employees of Fraser Health, you have been invited to participate in a survey to be entered online, administered by the RCH Redevelopment department.

Your personal information collected by Fraser Health is subject to protections under the BC Freedom of Information and Protection of Privacy Act (FIPPA). To participate in this initiative as a survey respondent, you are being asked to consent to enter the following information for use by Fraser Health:

- *Personal views/opinions as expressed in the survey in the open ended questions. These views and opinions are considered personal information.*

Access to the entered information is limited to Fraser Health survey administrator and project coordinator. Participants will be invited to complete the project report at a Leadership Institute session and a link to the project report form will be sent through email to the Leadership Institute distribution list. The survey administrator and project coordinator will maintain the survey, and run reports based on the survey results. These reports and analysis will be used to evaluate the Leadership Institute within Fraser Health Authority with a view to plan the future content and format of the program. The information reviewed may also contain personal information, such as opinions and views as noted above. The results of the evaluation, including anonymous open-ended responses may be used to describe or promote the program in print material, online, or through presentation format.

As a participant in this survey, the information you choose to provide will be stored on the secured Fraser Health Authority M Drive. Your information will only be accessed by the survey administrator and project coordinator.

Participation in the Leadership Institute Project Report is voluntary. There will be no consequences to you if you choose not to participate. You may choose to answer all or some of the questions. You may withdraw from this survey at any time by submitting a written request to xxxxxxxxxx@fraserhealth.ca or xxxxxxxxxx@fraserhealth.ca and in doing so your personal information will be deleted.

Questions about your information and this survey initiative may be directed to the Survey Administrator: xxxxxxxxxx@fraserhealth.ca or Project Coordinator: xxxxxxxxxx@fraserhealth.ca

Consent:
I have read and understand the Consent for Collection, Storage and Use of Participant Information.

I voluntarily consent to Fraser Health collecting, using and disclosing the information I provide as a participant in this survey.

1. **I consent** (proceed to survey)
2. **I do not consent** (exit application)

Leadership Institute (LI) Evaluation

Project Report

You are invited to complete this project report for the project that you completed as part of the LI. This project report can be completed individually or as a team. It will take approximately 20-30 minutes to complete the project report, depending upon the length of your responses. All questions are optional. You may respond to all, some, or none of the questions. The information that you provide is very valuable and will contribute to the evaluation of the LI.

1. Title of Project:
2. Team Members:
3. Primary Service or Department Project Conducted in:
4. How were other services/departments involved in planning, implementation, or impacted by this project?
5. Date/Timeframe Project Completed:
6. Overall Goal of Project:
7. Specific Objectives of Project:

8. Context/History/Background/Key Issues Related to Project:
9. Methods:
10. Impacts of your project to RCH:
11. Impacts of your project to FHA:
12. Specific Metrics related to your project: (e.g., patient satisfaction scores, infection control rates)
13. Overall Findings of Project:

Follow Up Questions Related to Project Reports	
14. Was your project successfully completed? Please explain why or why not.	
15. What were the successes in your project?	
16. What were the challenges/barriers to completing your project?	

17. Without the LI, would you have started this project? Please explain why or why not.	
18. Without the LI, would you have completed this project? Please explain why or why not.	
19. Did the LI provide you with the leadership skills necessary to conduct your project? Please explain.	
20. Are you aware of any other projects or initiatives that are currently taking place or previously occurred at RCH or regionally that may have impacted the results, impacts, or metrics associated with your project?	
21. Do you have any other comments about your project or the Leadership Institute?	

Appendix D: Evaluation Charter

Leadership Institute Evaluation Charter

Project: Leadership Institute Evaluation

Project Executive Sponsor: VP

Project Sponsor: Director, RCH Redevelopment

Project Manager: Project Manager

Date Submitted: November 18, 2016

Revision Log		
Revision Number	**Date**	**Revision Description**

Goal Statement **(broad statement that describes the desired state for the future – vision or end outcome)**

To conduct an evaluation of the Royal Columbian Hospital (RCH) Leadership Institute (LI) to assess the effectiveness, strengths, and limitations of the program.

Change Drivers **(why you are proceeding with this project now e.g. fiscal, patient care, efficiency, strategic)**

The LI is an ongoing leadership development program (LDP) that was established at RCH in 2012. The LI is comprised of various workshops, conferences, and project work. Topics discussed at the LI include personal leadership development and the transformation of the culture of the site. Knowing that the campus would be experiencing a multiyear redevelopment, this was seen as an opportunity to engage leadership and foster cultural change. Managers and Directors of all departments within RCH participate in the LI for the tenure of their positions.

While positive outcomes and changes across the campus can be said to be attributed to the LI, a formal evaluation of the program has not occurred. The purpose of conducting an evaluation of the LI is to:

- Understand and be able to articulate the effectiveness of the program;
- Determine the strengths and limitations of the program; and
- Gather information that can be used for both decision making and planning purposes.

This is a retrospective evaluation of the LI based upon the current format and content of the program. It is known that a review of the content and format of the LI is currently occurring. It is highly recommended that the findings of this evaluation be taken into consideration when making decisions about and planning for the future of the LI.

Principles (agreements or values that will guide the project as the work is carried out)

The principles of this evaluation are:

1. An evaluation plan was written in Fall 2016 as part of a Master of Nursing degree practicum project. This evaluation plan was written based upon the findings of the literature review, the results of stakeholder consultations, and a document review. The evaluation plan was written based upon the current format of the LI knowing that the program was undergoing a review and that the format and content of the program may change in the future.
2. A literature review that examined frameworks and techniques used to evaluate other LDPs was completed in Summer 2016, as part of a Master of Nursing degree practicum project.
3. Consultations with decision makers, planners, and participants of the LI were completed in Summer 2016 as part of a Master of Nursing practicum project. These stakeholders, and others, may be consulted again during the evaluation process.
4. A document review was completed in Summer 2016 as part of a Master of Nursing practicum project. In this review various presentations and reports written about the LI were reviewed. The purpose of reviewing these documents was to inform the writing of the LI program theory.
5. A consultation about this evaluation with the Fraser Health Authority (FHA) Research and Evaluation Department (RED) occurred in Summer 2016 as part of a Master of Nursing degree practicum project.

Project Objectives **(concrete steps to achieve identified goals – may be high level project milestones)**

The objectives of this evaluation project are:

- To conduct a survey of participants, using questionnaires and project reports, as described in the evaluation plan.
- To disseminate the results of the evaluation as outlined in the evaluation plan.

Stakeholders

The stakeholders of the evaluation include the decision makers, planners, and participants of the LI. The primary intended users of the results of the evaluation are the decision makers and planners of the LI.

Desired Outcomes **(intended result or impact of the initiative/project - ideally in measurable terms; can be patient or project focused)**

The desired outcomes of the evaluation are that:

- The effectiveness of the LI is articulated;
- Strengths and limitations of the LI are identified;
- Quantitative and qualitative data is obtained;
- Information that can be used for planning and decision making purposes is obtained;
- An evaluation report is written;
- The results of the evaluation are disseminated to stakeholders; and
- Recommendations about the LI are made based upon evaluation findings.

In Scope **(key areas that the initiative/project will address – may become key milestones in a Workplan)**

The scope of the evaluation project is to:

1. Conduct consultations with stakeholders (Completed in Summer 2016, as part of a Master of Nursing practicum project);
2. Develop evaluation plan (Program Theory & Logic Model, Evaluation Questions & Methodology, and Recommendations & Next Steps) (Completed in Summer 2016, as part of a Master of Nursing practicum project);
3. Conduct evaluation;

4. Write evaluation report; and
5. Disseminate evaluation results.

Out of Scope **(Identifies areas that will not be addressed by the project which people may assume will be addressed – clarifies the boundaries of the project).**

It is not within the scope of the evaluation project to:

1. Make changes to the evaluation plan or develop a new evaluation plan because of any changes that occur to the content and format of the LI while the evaluation is being conducted.

Project Interdependencies **(influences external to this project which may impact the process or outcomes of the project)**

Project Interdependencies are:

1. Stakeholder availability and participation in consultations (if required);
2. Stakeholder availability and involvement in participating in evaluation activities; and
3. Changes may be made mid-evaluation to the content and format of the LI after the completion of a review that is currently occurring. This may impact the usefulness of the information obtained from conducting the evaluation.

Constraints **(restrictions that may affect the performance of the project, e.g. time, resources, quality, scope) project to succeed)**

Constraints that may impact the evaluation project include:

1. Stakeholder availability and participation in consultations (if required);
2. Stakeholder availability and involvement in participating in evaluation activities;
3. Stakeholder (decision makers and planners) need for information within a specified time frame;
4. The availability of evaluation team;
5. Competing work priorities of the evaluation team;
6. Budget; and
7. Changes that may occur to the format and content of the program mid-evaluation.

Critical Success Factors **(factors that are absolutely required for the project to succeed)**

Factors that are critical for success of the evaluation project are:

1. The participation of stakeholders in evaluation activities.
2. The availability of the evaluation team.

Assumptions **(factors that are considered to be true or certain that invariably affect project planning)**

Assumptions that may impact the evaluation project include:

1. The evaluation plan was written based upon the current format of the LI.
2. Stakeholders will be available and agree to participate in the evaluation.
3. Members of the evaluation team will be given dedicated/protected time to work on the evaluation.

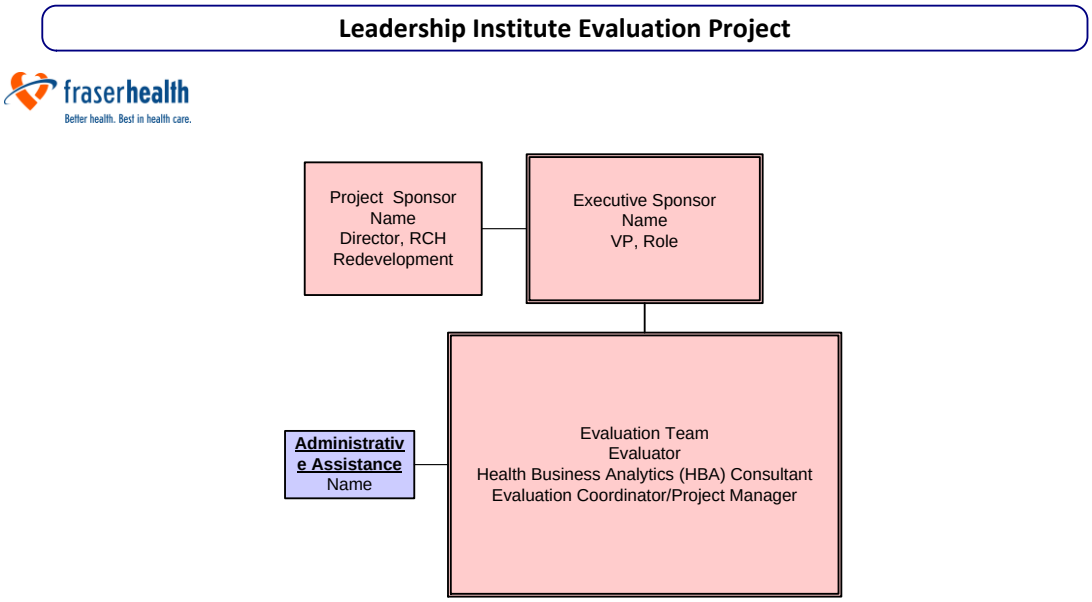
Risks **(an uncertain event or condition that, if it occurs, has a positive or negative effect on a project objective. A risk has a cause, and if it occurs, a consequence)**

Potential risks impacting the evaluation project include:

1. The budget is not approved to conduct evaluation;
2. Delays to project timelines occur;
3. Stakeholders are not available to participate in evaluation activities;
4. Stakeholders chose not to participate in evaluation activities; and
5. Competing workload responsibilities prohibit evaluation team from working on this evaluation.

Project Organization

Project – Management and Control Organization Chart



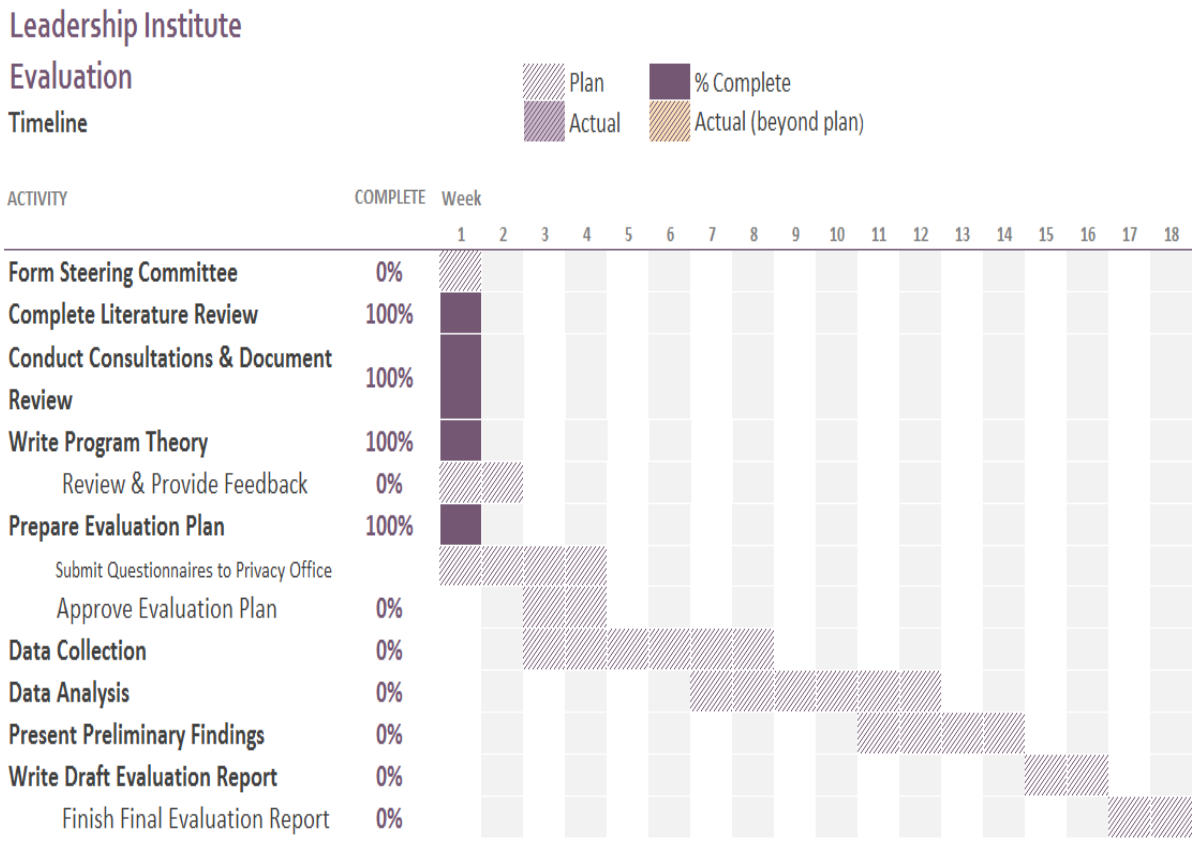
Roles & Responsibilities

Name *Identification of key project team members.*	**Position**	**Project Role**	**Project Responsibility** *Description of their responsibility within the project.*
Insert applicable name at time of conducting evaluation	VP	Executive Sponsor	Providing overall approval for the evaluation to occur.
Insert applicable name at time of conducting evaluation	Director	Initiative Project Sponsor	Providing direction to the evaluation team and is accountable to the Executive sponsor for the project. The Sponsor's responsibilities include: • Ensuring business decisions for the evaluation are made in a timely manner. • Continuous awareness of the evaluation status and reporting to the Executive Sponsor on a regular basis. • Ensuring the required resources necessary to complete the evaluation are in place. • Helps evaluation team members resolve issues and changes or escalating them to the Executive Sponsor for resolution.
Insert applicable name at time of conducting evaluation	Project Planning Leader	Evaluator	Conduct the evaluation. Provide project support to the evaluation team and is accountable to the Initiative Sponsor. The evaluator's responsibilities include: • Organizing the evaluation into manageable projects. • Developing charters, plans and budgets (with the project coordinator as appropriate). • Conducting the evaluation. • Collecting evaluation data. • Ensuring the evaluation plan is followed.

Name *Identification of key project team members.*	**Position**	**Project Role**	**Project Responsibility** *Description of their responsibility within the project.*
			• Ensuring evaluation standards are adhered to. • Ensuring project planning and project control is carried out (including risk identification and management). • Ensuring appropriate communications with all stakeholders. • Ensuring deliverables are met. • Continuous awareness of project status and reporting on that status to the Initiative Project Sponsor. • Helping team members resolve issues and changes or escalating them to Initiative Director. • Analyzing evaluation data. • Writing the evaluation report. • Disseminating the results of the evaluation, including writing applicable reports and presenting applicable findings.
Insert applicable name at time of conducting evaluation	Health Business Analyst (HBA)	Data Analyst	Provides support to the evaluation team. The HBA Analysts' responsibilities include: • Obtaining analytic data from FHA databases, as required (e.g., patient satisfaction scores, infection control rates). • Participating in data analysis activities.
Insert applicable name at time of conducting evaluation	Project Coordinator	Evaluation Coordinator	Provides project management support to the evaluation. The Evaluation Coordinator's responsibilities include: • Organizing the evaluation into manageable projects. • Developing charters, plans and budgets (with the evaluator as appropriate).

Name *Identification of key project team members.*	**Position**	**Project Role**	**Project Responsibility** *Description of their responsibility within the project.*
			• Maintaining a workplan. • Maintaining a risk register. • Ensuring appropriate communications with all stakeholders • Sending evaluation materials to stakeholders • Ensuring the evaluation plan is followed. • Ensuring deliverables are met • Continuous awareness of project status and reporting on that status to the Evaluator.
Insert applicable name at time of conducting evaluation	Administrative Assistant	Administrative Support	Provides administrative support to the evaluation team. The Administrative Assistant's responsibilities include: • Setting up any necessary accounts for evaluation (e.g., Fluid Survey). • Printing, copying, or emailing any evaluation documents as required. • Booking any meetings required for the evaluation team and/or stakeholders • Setting up any meetings required for the evaluation team and/or stakeholders (e.g., projector, printed materials).
Insert applicable name at time of conducting evaluation	Co-Op Student	Project Support	Provides support to and engages in evaluation activities as directed by the evaluation team. The student's responsibilities include: • Preparing documents • Assisting in data collection • Assisting in data analysis

Timeline


Leadership Institute
Evaluation
Timeline
Plan
Actual
% Complete
Actual (beyond plan)
ACTIVITY
COMPLETE
Week
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
Form Steering Committee 0%
Complete Literature Review 100%
Conduct Consultations & Document Review 100%
Write Program Theory 100%
Review & Provide Feedback 0%
Prepare Evaluation Plan 100%
Submit Questionnaires to Privacy Office
Approve Evaluation Plan 0%
Data Collection 0%
Data Analysis 0%
Present Preliminary Findings 0%
Write Draft Evaluation Report 0%
Finish Final Evaluation Report 0%

Budget

Leadership Institute Evaluation Budget		
	Description	Cost
Human Resources		
Director	.25 FTE	In kind
Clinical Lead	1.0 FTE	In kind
Project Coordinator	.5 FTE	In kind
HBA	.5 FTE	In kind
Administrative Assistant	.25 FTE	In kind
Co-Op Student	.75 FTE (28 hrs/week x 18 weeks x $12)	$6,048
Data Collection		
Fluid Survey Subscription	5 months x $29	$145
LPI Licenses *135 members on distribution list, not all will participate	Maximum licenses needed 135 x $59.50 USD = $8,032	$10,656
Dissemination		
Presentation at local conference	Conference Fees	$1,000
Total	Approximately	$17,849

Appendix E: Executive Summary

Executive Summary

Project: Development of an Evaluation Plan for the Leadership Institute (In partial fulfillment of requirements for a Master in Nursing degree)

Submitted By: Jessica Kromhoff, RN, BSN

Background:

In 2012, the Leadership Institute (LI) was established at Royal Columbian Hospital (RCH). The purpose of this program was to engage middle and higher level leadership to foster leadership development and cultural transformation as the campus embarks on multiyear redevelopment. Leadership engagement is critical to ensuring the successful redevelopment of RCH.

Leadership development programs (LDPs) within health care have positive impacts on individuals, organizations, and patient care. It is important to be able to articulate the effectiveness of these programs to leadership and stakeholders. This will help contribute to the sustainment of such programs and allow for future planning. Evaluation is a process through which the strengths, limitations, and outcomes of LDPs can be understood.

A significant amount of resources and financial investments have been invested to operate the LI. The positive benefits that have come from the LI can be seen across the RCH campus; however, a formal evaluation of the LI had not occurred.

The purpose of this Master of Nursing degree practicum project was to develop a comprehensive evaluation plan for the LI that could be implemented by Fraser Health Authority (FHA) in order understand the strengths, limitations, and

outcomes of the LI. The information obtained from an evaluation of the LI can be used to support the effectiveness of the program, plan for future activities, and maintain ongoing stakeholder support to sustain the program.

Methods:

First, a literature review exploring the methods and tools used to evaluate other LDPs was completed. Next, consultations were completed with decision makers, planners, and participants of the LI. Existing documentation about the LI was then reviewed. The results of the literature review, consultations, and document review informed the development of a program theory for the LI. This included developing a logic model which identified key outputs and outcomes of the LI that could be evaluated.

An evaluation plan for the LI was then written following the FHA (2009)[1] Research and Evaluation Department's evaluation process guidelines. As part of this evaluation plan, an evaluation questionnaire and project report were developed. A limited pilot test of the evaluation questionnaire and project report were completed. Finally, an evaluation charter was written to support the evaluation process.

Results:

The literature supported that it is best practice to plan an evaluation while developing a program. Additionally, according to the literature reviewed, the best practices for evaluating a LDP include pre and post self and observer assessment of participants' leadership behaviours. Kirkpatrick's (1979)[2] evaluation framework was used by many studies to evaluate LDPs and would be an appropriate framework to base the evaluation of the LI upon. Kirkpatrick suggests that four categories should be considered when evaluating a LDP: reaction, learning, behavior, and results.

All consultees spoke highly of the positive impacts that the LI has had upon participants' leadership development and the overall culture of RCH. They described the excellent opportunity that the LI has provided for collaboration and networking and that this has positively changed relationships within departments at RCH. According to those consulted, the most valuable aspect of the program

[1] Fraser Health Authority. (2009, May). *A guide to planning and conducting program evaluation*. Retrieved from the FHA internal intranet.
[2] Kirkpatrick, D. L. (1979). Techniques for evaluating training programs. *Training & Development Journal, 33*(6),78-92. Retrieved from http://onlinelibrary.wiley.com/

was being given dedicated time to complete various projects that have positively impacted the campus in a variety of ways. Furthermore, consultees suggested that the successes of this program should be shared with wider audiences throughout FHA and beyond.

It was revealed during the document review that a formal program theory for the LI had not been written. Using the information obtained from both the consultations and the document review, I wrote a suggested program theory for the LI. The logic model that was created as a part of the program theory defines the outputs and outcomes of the program.

The evaluation plan was written based upon the information contained in the program theory and guided by Kirkpatrick's (1979)[2] above categories for evaluation: reaction, learning, behavior, and results. The evaluation questions are directly linked to the logic model and capture the key points related to the evaluation of LDPs that were identified in the literature review and suggested by the consultees. The evaluation plan calls for an inventory of attendance, topics, and speakers to be compiled. The Leadership Practices Inventory (LPI)[3], used in many evaluations in the literature, would be an appropriate questionnaire to use to assess the impact of the LI on participants' LEADS capabilities[4], thereby assessing the learning and behavior of participants. An evaluation questionnaire was developed to obtain participants' opinions about the effectiveness, strengths, and limitations of the program and thus assesses participants' reactions. A project report form was developed for teams to assess results by summarizing the successes of their projects, as well as identify metrics that could be used to demonstrate the effectiveness of the LI at a higher organizational level.

Conclusions and Recommendations:

A comprehensive evaluation of the LI would contribute to the understanding of the effectiveness, strengths, and limitations of the program. This information could be used for planning and decision making purposes. Additionally, the information obtained from an evaluation can be used to demonstrate to stakeholders the effectiveness and value that the program has. This will help contribute to maintaining the needed support to sustain the program.

[3] Posner, B. Z., & Kouzes, J. M. (1988). Development and validation of the leadership practices inventory. *Educational and Psychological Measurement, 48*(2), 483-496. doi:10.1177/0013164488482024
[4] Fraser Health (2012). LEADS Capabilities Definitions. Retrieved from the FHA internal intranet.

This evaluation plan was written prior to knowing that a review of the LI was going to occur. Originally, it would have been recommended that the full retrospective evaluation of the LI be completed, using the program theory and the evaluation plan that were developed as a part of this practicum project. The purpose of conducting this evaluation would be to inform decisions made about the future content and format of the LI. However, knowing that the content and format of the LI are going to change in the near future it is instead recommended that:

1. The evaluation questionnaire should be administered to LI participants in order to understand their perceptions of the strengths, limitations, and effectiveness of the LI. The results obtained from this questionnaire should be used to inform the new content and format of the LI.

2. The Fraser Health Authority A Guide to Planning and Conducting Program Evaluation (2009)[1] should be followed to document a program theory and develop an evaluation plan for the LI, at the same time that the new content and format of the LI is developed.

    a. A program theory should be written or adapted from the program theory proposed in the practicum project. This program theory would include the outputs and outcomes of the program and be represented in a logic model. The purpose of developing a program theory when the program is developed is to ensure that the objectives and intended outcomes of the program are clearly articulated and measurable.

    b. An evaluation plan for the LI, incorporating activities to measure each level of Kirkpatrick's (1979)[22] above evaluation framework should be written. The activities and measures outlined and developed for this practicum project should be considered for use in the evaluation plan. The evaluation plan written for this practicum project can be easily modified to align with the new content and format of the program. The purpose of developing an evaluation plan when the program is developed is to ensure that the program theory can be measured. The evaluation plan should be carried out and in turn the information received will provide valuable and useful data to stakeholders that can be used for future planning, decision making purposes, and maintaining ongoing support for the program.

3. The results of evaluations of the LI should be disseminated with stakeholders and larger audiences to share the effectiveness of and positive impacts that the LI has. We know that the Royal Columbian Leadership speaks highly of the impacts that the program has had on their daily work lives and the site as a whole and this is a wonderful opportunity to share both their efforts and the positive impacts that the program has had with a wider audience.