

DOI: https://doi.org/10.38035/ijphs.v3i3
https://creativecommons.org/licenses/by/4.0/

Identification of the Effectiveness of the Leadership Development Program for Hospital X Managers

Nazmi Nurul Qolbi[1], Nurul Dwi Ariyani[2]
[1]Piksi Ganesha Polytechnic, Indonesia, nazminurulqolbi605@gmail.com
[2]Piksi Ganesha Polytechnic, Indonesia, Piyulnurul29@gmail.com

Corresponding Author: nazminururlqolbi605@gmail.com[1]

Abstract: This study aims to evaluate the effectiveness of a leadership development training program for managers at Hospital X using the Kirkpatrick Model, which includes four levels: reaction, learning, behavior, and results. The research employed a descriptive qualitative approach, collecting data through open-ended questionnaires completed by 22 managers/unit heads. The findings indicate that participants responded positively to all aspects of the training. They expressed satisfaction with the clarity of objectives, the relevance of the material, the interactive learning methods, and the competence of the facilitators. Additionally, participants reported an increase in knowledge and skills, positive behavioral changes in the workplace, and a perceived improvement in unit performance. Recommendations include the addition of practical sessions, follow-up coaching, and quantitative impact evaluations to ensure more measurable and sustainable outcomes. This study contributes to the improvement of leadership training quality in the healthcare sector.

Keyword: Leadership training, Kirkpatrick Model, hospital managers, training effectiveness, organizational performance.

INTRODUCTION

Hospitals are inherently complex healthcare service organizations, where the success of service delivery largely depends on the effectiveness of leadership across all managerial levels (Smith et al., 2022). Hospital managers, whether at the unit or departmental level, hold strategic roles in guiding staff, managing resources, and ensuring quality and patient safety. Consequently, enhancing the leadership capacity of managers has become a critical priority in efforts to improve the quality of hospital services (Almansour et al., 2021).

Numerous studies have demonstrated that effective leadership is closely associated with improved organizational performance, increased employee satisfaction, and enhanced patient care quality (Williams & Thorpe, 2023). Almansour et al. (2021) emphasize that leadership development in the healthcare sector is essential to drive sustainable organizational transformation and to enable adaptation to the complex and dynamic healthcare system environment. Supporting this, Zhang et al. (2022) found that hospitals implementing

continuous leadership development programs experienced significant improvements in operational efficiency, clinical outcomes, and patient satisfaction.

In Indonesia, the implementation of leadership development programs for hospital managers has gained momentum over the past decade, driven by hospital accreditation requirements and the rising demand for higher service quality standards. However, many hospitals have yet to systematically evaluate the effectiveness of such programs. Most evaluations are limited to measuring participation rates and participant satisfaction, without assessing their impact on behavioral changes or organizational outcomes (Kirkpatrick & Kirkpatrick, 2006; Cheng & Hampson, 2021).

Evaluating training effectiveness is essential to determine the extent to which human resource development objectives have been achieved. One of the most widely used approaches in training evaluation is the Kirkpatrick Model, which assesses effectiveness at four levels: (1) participant reaction to the training, (2) learning outcomes, (3) behavioral changes in the workplace, and (4) results at the organizational level (Kirkpatrick & Kirkpatrick, 2006).

This study aims to identify the effectiveness of a leadership development program for managers at Hospital X using the Kirkpatrick Model as its evaluation framework. By examining all four levels, this research is expected to provide a comprehensive assessment of the training's real impact and serve as a foundation for hospital management in designing more effective and sustainable development programs.

METHOD

This study employed a descriptive qualitative approach aimed at thoroughly exploring and understanding the perceptions and experiences of managers at Hospital X regarding the effectiveness of the leadership development program they attended. This approach was chosen for its ability to uncover subjective meanings, perspectives, and behavioral changes experienced by training participants—elements that cannot be fully captured through numerical or quantitative data. The study focused on how participants responded to the training, the extent to which they applied leadership competencies in their work practices, and the perceived impact on their team or unit performance.

The research was conducted at Hospital X, a type-C hospital in Indonesia that has implemented a leadership development program for unit managers. The informants were managers or unit heads who had completed the training at least six months prior to the study. Participants were selected through purposive sampling based on the following criteria: (1) they had completed all training sessions, (2) they were still actively serving as managers or unit heads, and (3) they were willing to provide honest and in-depth information. A total of 26 managers/unit heads participated in this study, which was considered sufficient to achieve data saturation in a qualitative study.

Data collection was conducted using an open-ended questionnaire. This instrument contained a series of questions designed to explore participants' perceptions, experiences, and reflections on the leadership training program (Elyas et al., 2022). The questions were developed based on the Kirkpatrick Evaluation Model, covering four levels: (1) participants' reactions to the training, (2) knowledge and skills acquired, (3) behavioral changes post-training, and (4) the impact of the training on job performance and unit outcomes. Example questions included: "What are your thoughts on the training materials and methods?", "What is the most significant change you have experienced in your leadership after the training?", and "Has the training impacted your team or unit's performance? Please explain."

The questionnaires were distributed in document form and allowed participants to provide narrative and in-depth responses. This method was chosen to offer respondents

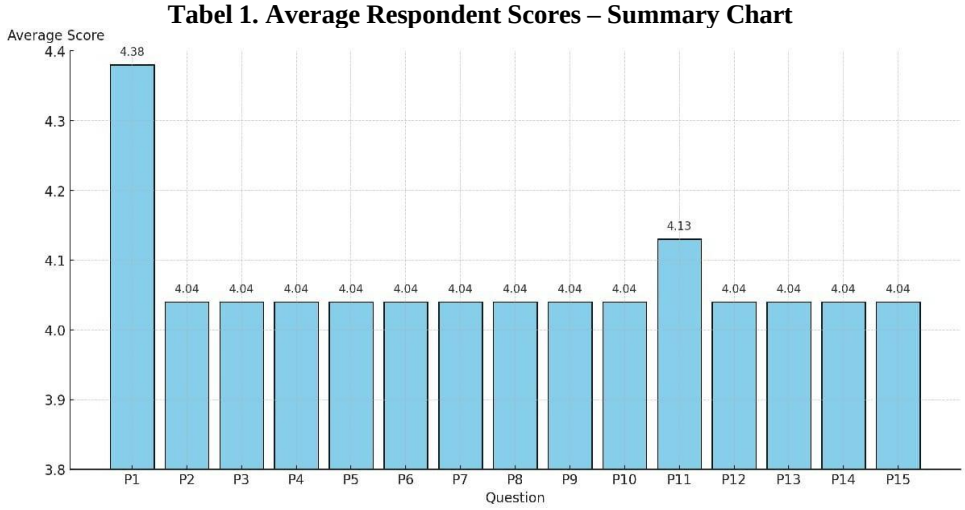
flexibility in answering without time pressure or the discomfort of direct interviews, while also ensuring confidentiality and comfort.

The collected data were analyzed using thematic analysis. The process included: (1) reading and understanding all participant responses, (2) coding to identify key words or meaningful phrases, (3) grouping codes into main themes based on the research focus, and (4) constructing an analytical narrative aligned with the Kirkpatrick Model. To ensure data validity, the researchers employed triangulation (comparing responses and training program documents), member checking (validating findings with selected participants), and an audit trail (documenting the analysis process systematically) (Khodabandelou et al., 2022).

This study was conducted from March 12 to May 13, 2025, and is expected to provide an in-depth and authentic understanding of how the leadership development program was received, interpreted, and implemented by managers within Hospital X.

RESULT AND DISCUSSION

Tabel 1. Average Respondent Scores – Summary Chart



Source: Research data

The chart above displays the average respondent scores for 15 questions categorized into the four evaluation levels of the Kirkpatrick Model. Each bar represents one question (P1 to P15), with a Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

Key Findings from the Chart:

1. P1 (The training objectives were clearly explained)
   Received the highest average score of approximately 4.4, indicating that the majority of respondents strongly agreed that the training objectives were communicated clearly and effectively from the outset.
2. P11 (The impact of the training on team productivity)
   Followed with an average score close to 4.2, suggesting that the training was perceived to have a positive impact on team performance, although this was based on perception and not yet quantitatively measured.
3. Other questions (P2–P10 and P12–P15)
   Generally scored between 4.0 and 4.1, falling into the "Agree" category. This reflects that the training was considered relevant, beneficial, and worth recommending, although not rated as highly as P1 and P11.

This study aimed to evaluate the effectiveness of a leadership development training program for managers at Hospital X using the four-level Kirkpatrick evaluation framework: Reaction, Learning, Behavior, and Results. Based on data collected from questionnaires

completed by 22 respondents, the training program was found to have a positive impact across all four levels.

The average scores from the 15 closed-ended questions showed a consistent trend of positive ratings, ranging from 4.0 to 4.4 on a 5-point Likert scale. These results indicate that participants were satisfied with the implementation of the training, experienced improvements in knowledge and skills, and began to apply what they had learned in their daily work behavior. Moreover, the training was perceived to have positively influenced unit-level performance. This discussion further analyzes participant responses for each level of the Kirkpatrick Model and explores the implications of these findings for future leadership training programs.

Level 1 – Reaction: Participant Satisfaction with the Training

Respondents were generally very satisfied with the training, particularly regarding the clarity of objectives, the relevance of materials, interactive learning methods, and facilitator competence. According to Kirkpatrick (1998), positive participant reactions are foundational to the success of subsequent learning processes. Without emotional engagement and strong motivation, knowledge transfer tends to be less effective.

These findings suggest that Hospital X successfully designed and communicated a training program that was well-aligned with the needs and context of its managerial participants. The interactive approach also enhanced participant engagement, psychologically motivating them to actively participate.

Level 2 – Learning: Improvement in Knowledge and Skills

The data revealed that participants acquired new knowledge and skills, particularly in the areas of situational leadership, conflict management, and decision-making. This reflects effective knowledge transfer that was not only theoretical but also practical.

According to Dewey's (1938) theory of experiential learning, meaningful learning experiences must be contextual and perceived as immediately beneficial. A training program that shifts mindsets and enhances practical skills has the potential to improve managerial competence while strengthening a collaborative and adaptive organizational culture.

Level 3 – Behavior: Implementation in the Workplace

Behavioral changes identified in the study—such as improved communication, greater team involvement, and more collaborative leadership styles—demonstrate a successful transfer of learning to real-world work environments. According to Salas et al. (2012), such behavioral change is a key indicator of training success, though often one of the most challenging to achieve.

These findings suggest that the training not only delivered theoretical content but also supported the internalization of leadership values and practices. However, it is important to recognize that behavioral change often requires time and continued support, such as coaching or follow-up sessions, to be sustained.

Level 4 – Results: Impact on Organizational Performance

Although formal quantitative impact evaluation was not conducted, participants perceived improvements in team productivity, work relationships, and unit-level performance. These perceptions indicate that the training contributed to organizational outcomes, consistent with findings from Garman et al. (2010), who reported that structured leadership training programs can enhance operational efficiency and clinical outcomes in hospitals.

To validate these results, it is recommended that quantitative performance measurements be implemented using clear indicators such as productivity metrics, staff satisfaction scores, and patient service outcomes. Strengthening post-training monitoring and evaluation systems could be a key focus for ongoing program development.

Recommendations and Practical Implications

Participant suggestions such as incorporating more field-based practice sessions and follow-up coaching highlight the need to reinforce training continuity to ensure behavioral changes are fully internalized. This aligns with learning transfer models emphasizing the importance of organizational support and post-training monitoring (Baldwin & Ford, 1988).

Hospital X may consider integrating coaching or mentoring programs as a complement to the training and adjusting training schedules to avoid disruption to unit operations, thereby improving program implementation.

These recommendations are consistent with Garman et al. (2010), who noted that systematic training programs lead to better organizational efficiency and clinical outcomes. However, the feedback also suggests that, despite the positive assessment of the training, aspects such as sustainability and post-training evaluation still need to be strengthened.

CONCLUSION

Based on the research findings and discussions, the following conclusions can be drawn:

1. ***Participant satisfaction with the training was very high.*** Participants appreciated the clarity of the training objectives, the relevance of the material, the interactive learning methods, and the competence and communication skills of the facilitators. This indicates that the training succeeded in creating an engaging and motivating learning experience (Kirkpatrick Level 1).
2. ***The training was effective in enhancing participants' knowledge and skills.*** They gained new insights into situational leadership, conflict management, and improved decision-making. This reflects successful knowledge transfer and the participants' readiness to apply their learning in the workplace (Kirkpatrick Level 2).
3. ***Positive behavioral changes were observed in the workplace.*** Participants began to adopt a more participative leadership style, actively listen, and foster teamwork. This indicates that the training had an impact beyond theory and translated into daily leadership practice (Kirkpatrick Level 3).
4. ***The training had a positive impact on unit performance***. Although not yet measured quantitatively, respondents reported increased productivity, greater work effectiveness, and improved interpersonal relationships within their respective units (Kirkpatrick Level 4).

Participants provided feedback for improving the training program, including the need for more practical sessions, follow-up coaching (Van den Bossche et al., 2022), and schedule adjustments to ensure the training does not interfere with operational duties. This is consistent with the findings of Leung et al. (2022), who emphasized the importance of flexible scheduling to scheduling to accommodate operational needs.

REFERENCES

Almansour, Y., Alghamdi, F., Alzahrani, A., & Alharbi, M. (2021). Transformational leadership impact on healthcare quality: A systematic review. *Healthcare Management Forum, 34*(3), 157–163.

Cheng, M., & Hampson, D. P. (2021). Evaluating training programs using Kirkpatrick's model: Evidence from healthcare professionals. *Journal of Health Organization and Management, 35*(1), 44–58.

Eldor, L. (2022). Public service leadership development and organizational outcomes. *Public Personnel Management, 51*(2), 157–176.

Elyas, T., Ahmed, A., & Khan, M. (2022). Assessing healthcare training outcomes: A qualitative application of Kirkpatrick's model. *BMC Medical Education, 22*(1), 274.

Khodabandelou, R., Nasiri, A., & Moradi, S. (2022). Transfer of training in healthcare: A qualitative study on leadership development programs. *Human Resource Development Quarterly, 33*(2), 125–145.

Leung, L., Yung, L., & Fung, W. (2022). Sustaining leadership training outcomes: Role of support and contextual factors. *Leadership in Health Services, 35*(3), 225–238.

Min, H., Kim, Y., & Park, J. (2023). Competency-based leadership training in hospitals: A cross-sectional study. *International Journal of Health Planning and Management, 38*(1), 112–121.

Rahman, N. A., Abdullah, S., & Yusof, N. (2021). Qualitative methods in health leadership training evaluation. *Journal of Healthcare Leadership, 13*, 35–45.

Rodriguez, M., & Walters, K. (2021). Measuring leadership development outcomes in healthcare: Metrics and methods. *Journal of Leadership Studies, 15*(2), 68–80.

Smith, K., Taylor, L., & Brown, J. (2022). Leadership development in hospital settings: A longitudinal assessment of effectiveness. *Health Services Research, 57*(4), 789–804.

Van den Bossche, P., Segers, M., & Gijselaers, W. (2022). Follow-up coaching after leadership training: Longitudinal effects on transfer and performance. *Human Resource Development International, 25*(3), 212–230.

Williams, A., & Thorpe, J. (2023). Strategic leadership in health systems: A global review. *Global Health Action, 16*(1), 2185062.

Zhang, T., Liu, Y., & Chen, M. (2022). Impact of leadership development on clinical and organizational outcomes: A systematic review. *BMJ Leader, 6*(1), 34–4