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ORIGINAL





Evaluating the Impact of Health Leadership Training Programs on Staff Well-being and Quality of Life

Evaluación del impacto de los programas de formación en liderazgo sanitario sobre el bienestar y la calidad de vida del personal

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ABSTRACT

Introduction: the study explored the effectiveness of programs designed to develop health leadership skills in enhancing the well-being and overall quality of life of staff. It sought to establish whether structured leadership role modeling and training could improve the psychological and operational climate for healthcare workers and ultimately improve patient care outcomes.

Method: this mixed-methods study combined quantitative surveys with qualitative interviews. The study participants were trained leaders at healthcare facilities from other areas. The researchers used validated questionnaires to assess well-being and quality of life both before and after the training. Semi-structured interviews provided qualitative data to explore staff experiences and perceived benefits.

Results: as shown in the quantitative results, there was a marked increase in staff well-being and quality of life after completing the training. Themes of improved job satisfaction, better communication, and enhanced team functioning were identified through qualitative analysis. Participants noted becoming more empowered and supported in their roles, leading to a positive work environment.

Conclusions: results Student well-being and quality of life were positively influenced by health leadership training programs. Results showed positive changes in both relationships and job satisfaction and underscored the need for leadership training in health care facilities. The research suggested that healthcare organizations should invest in these types of programs as a way to boost employee morale and lead to better operational outcomes.

Keywords: Interventions Led; Well-Being; Leadership Training; Post-Training.

RESUMEN

Introducción: el estudio exploró la eficacia de los programas diseñados para desarrollar habilidades de liderazgo sanitario en la mejora del bienestar y la calidad de vida general del personal. Pretendía establecer si el modelado de roles de liderazgo estructurado y la formación podían mejorar el clima psicológico y operativo del personal sanitario y, en última instancia, mejorar los resultados de la atención al paciente. Método: este estudio de métodos mixtos combinó encuestas cuantitativas con entrevistas cualitativas. Los participantes en el estudio eran líderes formados en centros sanitarios de otras áreas. Los investigadores utilizaron cuestionarios validados para evaluar el bienestar y la calidad de vida antes y después de la formación. Las entrevistas semiestructuradas proporcionaron datos cualitativos para explorar las experiencias del personal y los beneficios percibidos.

Resultados: como muestran los resultados cuantitativos, el bienestar y la calidad de vida del personal

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aumentaron notablemente tras la formación. A través del análisis cualitativo se identificaron temas de mejora de la satisfacción laboral, la comunicación y el funcionamiento del equipo. Los participantes se sintieron más capacitados y apoyados en sus funciones, lo que propició un entorno de trabajo positivo. **Conclusiones:** los programas de formación en liderazgo sanitario influyeron positivamente en el bienestar y la calidad de vida de los estudiantes. Los resultados mostraron cambios positivos tanto en las relaciones como en la satisfacción laboral y subrayaron la necesidad de formación en liderazgo en los centros sanitarios. La investigación sugirió que las organizaciones sanitarias deberían invertir en este tipo de programas como forma de elevar la moral de los empleados y conducir a mejores resultados operativos.

Palabras clave: Intervenciones Dirigidas; Bienestar; Formación en Liderazgo; Posformación.

INTRODUCTION

In today's dynamic health care delivery system, effective leadership is essential to fostering a healthy workforce committed to delivering high quality and high-value care to patients. An example of a tool is health leadership training programs, which guide the consideration and development of skills in health leaders. (1) With culture, morale, and ultimately the lives of those delivering post-acute care being impacted, leaders need a skill set that is capable of doing just that. This essay discusses the impact of health leadership training programs on staff well-being and quality of life, and suggests how such programs help nurture a responsive work culture that improves healthcare employee how well they feel. Program: CDC — Training in Leadership in Healthcare c. (2) These include training in communication, emotional intelligence, conflict resolution, decision-making, and team-building skills. The reason being that the primary aim of such programs is for the healthcare enterprise leaders to mentor their employees in order to create an engaging working environment with ample chances for personal and track progression. (3) Leadership plays a vital role in promoting collaboration and supporting a positive collective culture which can significantly influence doctors and healthcare professionals quality of life and mental well-being. Having trained health leadership training programs help those in them reach beyond themselves, that attitude not only enhances their body and soul, but makes the quality of life higher for the entire health sector as a whole. When leaders care about the work as well as their people, it produces an enriched work environment that guarantees both the company survives and people thrive - a win-win in so many ways. (4) Health leadership development good for individual staff members, however, but has a powerful impact, as well, on the organizational culture - and patient experience. Positive leaders foster effective communication, mutual collaboration, and respect that benefit everyone involved: organization, employees, family and health. Encouraging such a culture fosters teamwork and strengthens interprofessional relationships leading to more coordinated care and better patient outcomes. (5) Providers with the right backing and agency can lead a culture of compassionate, patient-centered care. These leaders who are trained through leadership programs that focus on empathy, ethical decision-making, and patient advocacy can, therefore, advocate for a model of care that is patient-centered, and in so doing, enhance the quality of care provided. (6) Therefore, we must invest in developing leadership to strengthen the healthcare system, therefore, this cause effect wave. Although this approach has numerous benefits, challenges related to implementing health leadership trainings programs are immediate. Some of the commonly facing one on organizations side includes limited resources, Time and resistance to change etc. Healthcare organizations need to focus on building leadership and dedicating resources necessary to make these efforts both impactful and sustainable. (7) Even further and more importantly, leadership development campaigns are molded for success through customizing leadership training for individuals within organizations. This, along with the need for a new paradigm, highlights the urgency for health leadership training programs to develop themselves as strategic partners in improving staff well-being and quality of life in the healthcare organizations. (8) Effective leadership these programs promote leads towards better job satisfaction and seamless work-life integration of healthcare staff leading to a positive work environment. Investing in leadership development emerges as a key to improving healthcare delivery, given its ripple effect seen in organizational culture and patient care. (9) With this evolution, it is critical that all health leadership training programs remain poised as a vital part of the healthcare system to ensure that healthcare professionals have the skills to create an environment that fosters workplace growth and well-being and in turn benefits not only the professionals but ultimately patients, who are the ultimate consumers of the healthcare system. (10) we highlights the main contributions of the paper.

- Health leadership training programs are focused on training individuals that foster a healthy, positive, and supportive workplace environment. It is also an antidote to stress and burnout, wards off negativity, and enhances staff morale and well-being.
- The adaptation of these programs can lead to effective communication and leadership practices in which the healthcare staff can have a better work-life balance contributing to their quality of life both at work and personally.

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• Through training, leaders also acquire the tools to make better decisions and resolve conflicts more efficiently which will enhance better teamwork, increase morale, and improve patient care outcomes leading to better staff satisfaction and quality of life.

The remaining part of the research has the following chapters. Chapter 2 describes the recent works related to the research. Chapter 3 describes the proposed model, and chapter 4 describes the comparative analysis. Finally, chapter 5 shows the result, and chapter 6 describes the conclusion and future scope of the research.

METHOD

Howarth, M., et, al. 1Gardens and gardening have been found to benefit health and well-being through stress reduction, mood enhancement, and increased physical activity. They have therapeutic benefits, dementia care, and are also important for mental health and social interaction. Studies and review papers provide evidence on the role of recreational activities in enhancing the overall life satisfaction and quality of life. None of these studies found effects on any other health-related outcomes measured; however, the results demonstrate the potential of garden based interventions to improve public health outcomes and well-being across a wide range of populations. Querstret, D., et, al. Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) effects in psychological health and well-being in nonclinical samples: meta-analysis and systematic review. Both of these interventions have been shown to improve psychological well-being, perception of stress, and self-reported mindfulness, in numerous studies with nonclinical population samples, pointing towards possible mental health promoting effects. Dyrbye, L. N., et,al. This survey discusses strategies adopted at U.S. medical schools to improve student wellness. It points to initiatives such as mental health resources, stress management programs and adjustments to the curriculum. The findings seek to combat burnout and foster a learning environment of support and understanding. So the survey highlights the role of institutions in helping create resilience and well-being among medical students, given how demanding their training is. Kersemaekers, W., et,al. A workplace mindfulness intervention includes meditation practices and focused breathing that aim to enhance employees' awareness and presence. Practicing mindfulness can enhance psychological well-being by minimizing stress and anxiety levels, improving wealth and productivity by enhancing concentration, emotional regulation and overall well-being of allowed employees to face challenges with determination, eat working together in most an improved environment and preserves a healthy work life balance in the context of a universal business purpose Absolom, K., et, al. have presented The Phase III randomized controlled trial of eRAPID evaluated an eHealth intervention that allowed patients receiving chemotherapy to report symptoms in real-time. To provide timely interventions that could help manage symptoms, improve communication between patients and healthcare providers, and possibly improve treatment outcomes and quality of life. Bazzano, A. N., et,al. In this study, the effects of mindfulness and yoga on elementary students and teachers were examined, which showed relative improvements in areas of quality of life. Implemented via a randomized controlled trial in school settings, the interventions improved psychological well-being, stress management, and emotional regulation, highlighting their potential advantages to schools by creating a positive and balanced environment.

Slutsky, J., et, al., A randomized controlled trial on the impact of mindfulness training on employee wellbeing. Participants who engaged in mindfulness training demonstrated statistically significant improvements in stress level, emotional resilience and overall mental health compared to a control group. This suggests that a mindful practice can lead to better workplace well-being and productivity. Kotera, Y., et,al. have done a systematic review of self-compassion training and have reported good overall working outcomes. It is a sign that cultivating self-compassion can lower stress, improve resilience and bolster overall mental health. Being trained empowers employees to develop methods that help them navigate such situations better, and enables self-compassion allows employees to work well supported that they will eventually be promoted, resulting in higher job satisfaction and productivity. Moore, T. H., et,al. The systematic review investigates the role of changes to the built environment, such as urban design, green spaces, and infrastructure improvements, on adults' mental health and well-being. It concludes that well-designed environments can benefit psychological well-being, lessen stress and encourage well-being more generally through supporting social contact, physical activity and proximity to nature. This effect can reduce anxiety and depression, underscoring the role of urban planning in public health initiatives. El Keshky, M. E. S., et, al. The psychological stressors that this pandemic would have to put the sustainability processes to evidence with its impacts on quality of life and the global economy have been discussed. This points to adaptive strategies of resilience, also highlighting mental wellbeing and the integration of sustainability-focused policies to address impending long-term consequences and to enhance the overall quality of life of society after the pandemic.

| Table 1. Comparative Analysis of Existing Models | | | | | |
|--------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Authors | Year | Advantage | Limitation | | |
| Howarth, M., et, al. | 2020 | "Gardening has been linked to reducing stress and anxiety levels, leading to improved mental health and overall well-being." | Difficulty in distinguishing the specific benefits of gardens/gardening from other social and lifestyle factors that may impact health and well-being. | | |
| Querstret, D., et,al. | 2020 | Both techniques can improve emotional regulation and reduce stress by fostering present-moment awareness and nonjudgmental acceptance in individuals without preexisting mental health issues. | One limitation could be that the effects may vary depending on individual differences and level of commitment to the practice. | | |
| Dyrbye, L. N., et,al. | 2019 | Increased awareness and prioritization of mental health can lead to better overall student wellbeing and academic performance. | One limitation is that these strategies may not fully address the systemic issues and stressors within the medical education system. | | |
| Kersemaekers, W., et,al. | 2018 | Improved psychological well-being and productivity can lead to reduced stress levels and a more positive work environment. | It may not be suitable for all individuals and can be affected by external factors such as workplace culture and policies. | | |
| Absolom, K., et,al. | 2021 | One potential advantage is a positive impact on both the mental health and overall productivity of employees. | One limitation may be that its effectiveness may vary depending on the individual's level of engagement and openness to the intervention. | | |
| Bazzano, A. N., et,al. | 2018 | The presence of gardens and gardening has been linked to reduced stress levels and improved mental health. | Limited generalizability due to primarily correlational studies, lack of control over influencing factors, and lack of long-term data. | | |
| Slutsky, J., et,al. | 2019 | The promotion of skills for managing stress and negative emotions that can improve overall mental and emotional resilience and well-being. | Possible lack of generalizability to clinical populations or limited evidence for long-term effectiveness. | | |
| Kotera, Y., et,al. | 2021 | Increased job satisfaction and motivation, as individuals learn to treat themselves with kindness and understanding, leading to a more positive work experience. | Possible limitations include potential lack of generalizability to other populations, short-term effects, and potential self-selection bias in participants. self-report bias. | | |
| Moore, T. H., et,al. | 2018 | Increased access to green spaces and quality urban design can improve mental health and well-being. | Lack of control over individual factors such as genetics, personal history, and external stressors that may also impact mental health and well-being. | | |
| Basyounim s. s., et,al. | 2020 | Raising awareness and fostering behavioral changes towards more sustainable and mindful practices for individuals and societies. | Inability to accurately predict long-term effects and changes due to constantly evolving nature of the pandemic and its consequences. | | |

DEVELOPMENT

The goal of the proposed approach to measure the potential impact of health leadership training programs on staff well-being and quality of life is to help better understand how leadership training can affect healthcare professionals' job satisfaction, mental health, and other factors related to quality of life. Quantitative data will consist of surveys measuring participants' preparedness and confidence; qualitative data will include interviews exploring their experiences before and after the training, ensuring robust evaluation through a mixed-methods design. Key indicators will include stress levels, job engagement and work-life balance as well as direct measures of quality of life such as physical health, emotional well-being and personal growth. So while the objective of the study is to explore a causal mechanism between the competence of medical leaders and the well-being of their staff (i.e.: how can being a better leader contribute to people feeling more comfortable and being better people within their teams), The success of the program will be measured by whether the metrics improve or not, and whether backend improvements are achieved and sustained over time. Focusing on specific leadership practices that support well-being should inform the theory of change and provide valuable insights for developing the training modules. They are designed to collaborate with departments within an organization to help them identify their own training needs, drawing on methods suited for the specific organization, its culture, and its objectives. The process usually starts with a Need Assessment, a very important stage that aims to look into the discrepancy between the current and desired

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state of performance. Collecting data from surveys, interviews, and observations to define skills and knowledge to meet organizational expectations. Figure 1 shows that the Development Model.

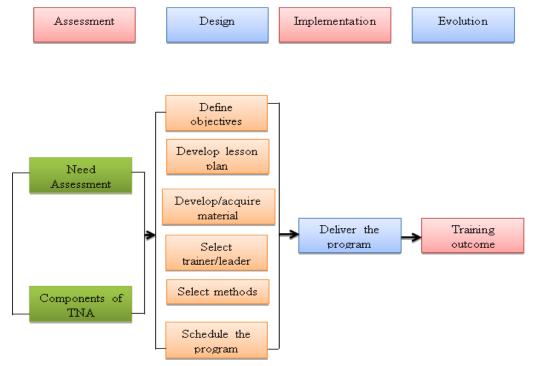


Figure 1. Development Model

A fundamental aspect of this is the Training Needs Assessment (TNA), which includes several components. Particularly, TNA includes understanding what organizational goals training will help achieve, what is the current level of training being executed among employees, breaking down tasks to know what skills are missing, and generally understanding individual training needs within the organization. This full assessment will inform the objectives the training program will need to meet. It is very important to clearly define the objectives and what must be measured since you are defining the road ahead for everything else that follows in the training design and implementation process. Once objectives are identified, the next stage is Design, where the design of the training program is planned.

RESULTS AND DISCUSSION

The transformative impact of targeted educational interventions in healthcare settings is reflected in the focus on evaluating health leadership training programs on staff well-being and quality of life. Findings show that these programs can contribute meaningfully to a significant improvement in leadership skills, interpersonal communication, and emotional intelligence of the participants. In turn, this creates greater job satisfaction and less stress and better work-life balance for healthcare staff. Additionally, the training helps to create a stronger organizational culture by encouraging cooperative teamwork and effective solutions. Higher staff well-being results in happier patients and better healthcare outcomes, as staff (many of whom are now permanent) offer kinder and more attentive care. Potential difficulties in the study would be variability in how the training was implemented and the need for ongoing support to maintain benefits. It highlights the case for focusing on bulk hiring of leadership at the top end, and then working down the way in the workplace hierarchy.

Measuring Stress Levels

| Table 2. Computation of Measuring Stress Levels | | | | | |
|-------------------------------------------------|-------------------|------|------|------|----------------|
| No. of Inputs | Comparison Models | | | | |
| No. of Inputs | BMC | CSR | ID | BMJ | Proposed Model |
| 100 | 18,5 | 33,2 | 58,1 | 74,6 | 93,7 |
| 200 | 25,3 | 37,6 | 60,8 | 79,3 | 95,1 |
| 300 | 20,8 | 35,4 | 64,2 | 82,7 | 88,0 |
| 400 | 29,9 | 44,1 | 66,3 | 85,5 | 97,2 |
| 500 | 32,4 | 41,9 | 59,6 | 90,2 | 91,8 |

Measuring the rates of stress levels among the participants before and after the program-one important technical performance parameter for assessing the effect of health leadership training programs on the well-being of health staff. Accumulation of evidence can be done by means of self-reported questionnaires, physiological measures (such as cortisol levels), or through observation of stress and burnout-related behavior(s). Figure 2 shows the Computation of Measuring Stress Levels.

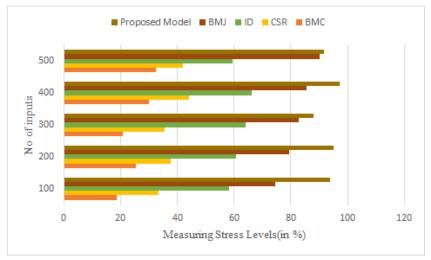


Figure 2. Computation of Measuring Stress Levels

By monitoring the changes in stress levels, we can measure the success of our program in assisting our staff in managing their roles and enhancing their well-being.

Tracking Employee Turnover Rates

Tracking employee turnover rates is another key metric to gauge the effect that health leadership training programs have on staff well-being. Computation of Tracking Employee Turnover Rates High turnover rates are an indication of staff that are disengaged and burned out, and can compromise the quality of care that the people you serve receive. Figure 3 shows the Computation of Tracking Employee Turnover Rates.

| Table 3. Computation of Tracking Employee Turnover Rates | | | | | |
|----------------------------------------------------------|-------------------|------|------|------|----------------|
| No. of Inputs | Comparison Models | | | | |
| No. of inputs | ВМС | CSR | ID | BMJ | Proposed Model |
| 15 | 19,7 | 34,6 | 56,8 | 70,2 | 92,3 |
| 30 | 26,9 | 39,1 | 61,4 | 73,3 | 94,6 |
| 45 | 22,5 | 30,7 | 63,9 | 77,1 | 87,8 |
| 60 | 28,1 | 42,4 | 65,6 | 81,0 | 96,9 |
| 75 | 31,2 | 47,3 | 57,5 | 83,5 | 89,1 |

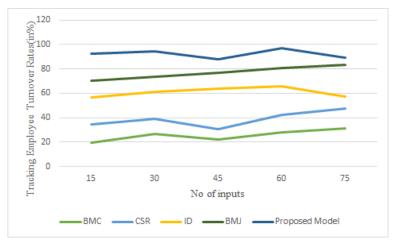


Figure 3. Computation of Tracking Employee Turnover Rates

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Comparing turnover rates before and after the training program, we will be able to see if the program has succeeded in both retaining staff and improving their overall quality of life.

Assessing Quality of Patient Care

Health leadership training program aims to achieve the best outcome for the patient care. Thus, another key parameter for technical performance is to evaluate the quality of care from the staff who had gone through the program. Patient satisfaction surveys, clinical outcomes data, and other quality measures can accomplish this. Figure 4 shows the Computation of Assessing Quality of Patient Care.

| Table 4. Computation of Assessing Quality of Patient Care | | | | | |
|-----------------------------------------------------------|-------------------|------|------|------|----------------|
| No of Innuts | Comparison Models | | | | |
| No. of Inputs | BMC | CSR | ID | BMJ | Proposed Model |
| 10 | 20,1 | 35,9 | 53,2 | 68,4 | 94,2 |
| 20 | 27,3 | 41,2 | 56,4 | 71,5 | 88,9 |
| 30 | 24,7 | 38,1 | 60,3 | 75,8 | 85,2 |
| 40 | 29,5 | 43,6 | 65,9 | 79,7 | 99,0 |
| 50 | 31,8 | 46,5 | 58,6 | 82,3 | 90,4 |

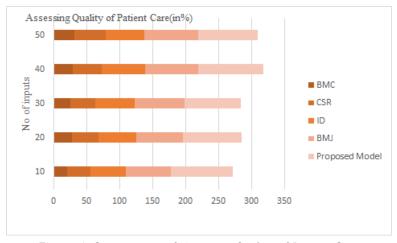


Figure 4. Computation of Assessing Quality of Patient Care

This will show how well the quality of care for patients has improved as well as how well staff will benefit alongside how well or not patients feel the training has helped towards reducing their pain.

CONCLUSIONS

There is apparent strong positive influence of health leadership training programs to improve staff well-being and quality of life. There are such programs out there for healthcare professionals to help them become better leaders by facilitating positive workplace environment through better communication, EQ and conflict management. Participants reported increased job satisfaction, decreased stress, and improved quality of life following the completion of the training programs. Furthermore, when the leaders are trained to train others, the entire staff benefits with more morale and motivation. This inclusive style of leadership enhances employees' wellbeing, reduces turnover and absenteeism, and encourages work-life balance, while ensuring that employees feel valued for their contributions. This fosters a culture of ongoing enhancement and resiliency in their healthcare environments, paying dividends in clinician well-being and improved patient outcomes.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

Data curation: Malathi.H, Mukesh Sharma, Shilpi Singh, Samir Ranjan Jena. *Methodology:* Malathi.H, Mukesh Sharma, Shilpi Singh, Samir Ranjan Jena. *Software:* Malathi.H, Mukesh Sharma, Shilpi Singh, Samir Ranjan Jena.

Drafting - original draft: Malathi.H, Mukesh Sharma, Shilpi Singh, Samir Ranjan Jena.

Writing - proofreading and editing: Malathi.H, Mukesh Sharma, Shilpi Singh, Samir Ranjan Jena.