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An Outcomes Evaluation of Leadership Development Initiatives: Evidence from the Public Health Sector in Qatar

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Abstract	This study evaluates the effectiveness of leadership development initiatives implemented in Qatar's public health sector between 2023 and 2024, particularly those offered by the Ministry of Public Health and Hamad Medical Corporation. As part of the national strategy to build a resilient healthcare workforce, leadership training programs have been introduced targeting mid- and senior-level healthcare managers. Using a qualitative methodology based on semi-structured interviews with 20 participants, the study explores three main outcome areas: improvements in job performance, growth in leadership competencies, and changes in self-efficacy. Findings indicate that 80% of participants experienced tangible improvements in decision-making and interdepartmental coordination, while others noted modest changes. However, several challenges were identified, including lack of contextual adaptation, limited follow-up support, and time constraints. The research concludes with practical recommendations for enhancing program alignment with workplace realities, incorporating mentorship, and institutionalizing impact assessments. These insights contribute to the evidence base on leadership development in healthcare and support efforts to improve organizational effectiveness across Qatar's public sector.
Keywords	Leadership development. Public health sector. Qatar. Self-efficacy. Job performance.

Background

Leadership plays a pivotal role in determining the success of organizations, as it significantly influences both short- and long-term organizational performance (Rowe et al., 2005). Effective leadership establishes a vital link between people's performance and organizational outcomes (Yukl, 2008), fosters competitive advantage (Zhu et al., 2005), and enhances an organization's ability to outperform competitors (Mehta et al., 2006). As the global business environment grows increasingly complex and dynamic, the need for adaptive, forward-thinking leadership becomes even more critical (Northouse, 2022). Leadership not only helps organizations navigate challenges and change but also enhances their capacity for innovation and sustained growth.

In this context, leadership development has emerged as a strategic priority for many organizations, particularly in sectors characterized by rapid transformation and high pressures such as healthcare. While leadership development is not a new concept, the urgency to invest in it has grown due to leadership shortages and the accelerating pace of change in the business and public service environments (Al Hajri, 2024). Despite widespread investment in leadership development programs, questions remain about their effectiveness and return on investment. According to Hayward and Voller (2010), organizations often assume a direct link between enhanced leadership capabilities and improved performance, yet this link needs to be critically evaluated. As Gurdjian et al. (2011) argue, leadership development initiatives often fall short due to common pitfalls such as neglecting contextual relevance, isolating learning from practical application, underestimating the impact of mindset, and failing to measure outcomes effectively.

To address these challenges, leadership development initiatives are often grounded in well-established theories that provide a structured lens for understanding how leadership skills are acquired, practiced, and refined. For this study, the Transformational Leadership Theory serves as the central theoretical framework. Initially conceptualized by Burns (1978) and later expanded by Bass (1985), transformational leadership emphasizes the role of leaders in inspiring, intellectually stimulating, and attending to the individualized needs of followers to achieve collective goals.

This theory is particularly well-suited to the healthcare sector, where vision, motivation, and engagement are crucial for success in high-stakes, fast-paced environments. Transformational leadership is known to empower teams, foster innovation, and support professional development—objectives that align closely with the goals of healthcare leadership programs in Qatar (Bass & Riggio, 2006). It provides a practical framework to assess the outcomes of leadership training initiatives, including improvements in self-efficacy, communication, strategic vision, and overall leadership competence.

Numerous empirical studies support the effectiveness of transformational leadership in healthcare settings. For instance, Cummings et al. (2018) found that transformational leadership improved teamwork, job satisfaction, and patient care outcomes in nursing. Similarly, Al-Hazmi et al. (2021) demonstrated positive associations between transformational leadership characteristics and innovation, morale, and organizational engagement among healthcare administrators in GCC countries.

By anchoring this study in transformational leadership theory, the research not only evaluates the effectiveness of leadership development initiatives in Qatar's healthcare sector but also situates these initiatives within a proven theoretical and practical framework that is attuned to both the sector's operational demands and the region's cultural and institutional dynamics.

Literature Review

The literature on leadership development has evolved significantly over the past few decades, reflecting a growing recognition of leadership as a pivotal factor in enhancing organizational effectiveness, managing change, and promoting innovation. In the healthcare sector in particular, effective leadership is essential for navigating complexity, ensuring the quality of care, promoting staff well-being, and implementing systemic reforms. This literature review synthesizes scholarly contributions related to leadership development globally, with a particular focus on healthcare systems and the contextual dynamics of the Gulf Cooperation Council (GCC) region.

A foundational theoretical distinction in leadership studies is that between transactional and transformational leadership, as first articulated by Burns (1978) and later expanded by Bass (1985). While transactional leadership focuses on reward-based exchanges, transformational leadership emphasizes vision, inspiration, individualized consideration, and intellectual stimulation. These attributes are particularly relevant to healthcare, a sector characterized by high stress, rapid change, and a need for collaboration. Transformational leadership has been linked

to improved team performance, employee morale, and innovation—outcomes especially desirable in dynamic healthcare settings (Gilmartin & D'Aunno, 2007; Bass & Riggio, 2006).

A growing body of research emphasizes the importance of developmental experiences in shaping effective leaders. Day (2000) and Day et al. (2014) underscore the role of experiential learning, mentoring, and formal training in leadership capacity-building. More recent perspectives, such as those of Born and Yemiscigil (2024), advocate for a whole-person development approach that integrates emotional intelligence, ethical reflection, and psychological resilience—qualities crucial in healthcare leadership. Yukl (2013) also stresses the integration of individual and organizational development as essential to sustaining leadership impact.

In the context of the GCC and broader Middle East, leadership development efforts are shaped by hierarchical organizational structures, collectivist cultural norms, and the prominent role of the public sector. Al-Mansoori and Al-Kuwari (2023) found that nurse leaders in Qatar benefited most from training programs that integrated cultural and linguistic relevance with practical coaching. Al-Hazmi et al. (2021) observed that transformational leadership in Saudi Arabian healthcare institutions was associated with improved team cohesion and a higher readiness for quality improvement initiatives. However, several scholars have cautioned against importing Western-designed training models without adequate contextual adaptation, as this can hinder the transfer of learning into practice (Al-Khatib, 2020; Elhaddad & Al-Sulaiti, 2022).

Comparative international studies add further perspective. In Canada, structured leadership pathways have contributed to higher retention and improved interdisciplinary collaboration in healthcare organizations (Cummings et al., 2018). In the UK, West et al. (2014) emphasized compassionate leadership as a mechanism for addressing systemic challenges within the National Health Service (NHS). These models reinforce the importance of blending technical and relational leadership skills through evidence-based frameworks.

Despite this growing body of literature, significant gaps remain in understanding how leadership development produces sustained behavioral change and measurable outcomes. Particularly in the Arab region, there is a dearth of longitudinal studies and impact evaluations that assess leadership training outcomes using objective performance metrics and organizational indicators.

Outcomes of Leadership Development in Healthcare

Numerous studies have examined the outcomes of leadership development in healthcare settings, revealing both direct and indirect benefits. However, the nature and extent of these outcomes depend heavily on the design, implementation, and contextual relevance of the training programs.

Porter (2003) argues that the limited success of leadership development in healthcare stems not from a lack of investment, but from ineffective approaches. Progressive health systems that invest in leadership development across the senior management spectrum tend to achieve greater organizational effectiveness. Cummings (2010), in a review of nursing leadership development, found that such programs enhanced nurse autonomy, interprofessional relationships, and access to resources. Wong (2007) and Bernadette (2008) highlighted positive impacts on patient satisfaction, team dynamics, and staff empowerment, noting improvements in communication, job clarity, and interdisciplinary collaboration.

Frich et al., (2014), in a review of over 45 studies on physician leadership development, found that most initiatives focused on technical skills and knowledge, with fewer addressing personal growth. While self-reported outcomes were generally positive, only a minority of studies documented concrete organizational improvements. Similarly, Luongo (2011) found that the Memorial Healthcare System's leadership academy improved both individual and organizational performance by fostering behavior change among leaders. Grider (2014) emphasized the importance of evaluating both direct and indirect outcomes—such as increased motivation, stronger leadership pipelines, and improved clinical services—though noted that indirect effects are harder to quantify.

However, not all studies report uniformly positive outcomes. Grandy and Holton (2012) critique leadership development programs for being generic and failing to consider individual or contextual differences. Dierckx (2008) categorizes leadership development outcomes into four levels: workforce (e.g., morale, communication), patient (e.g., satisfaction, continuity of care), developmental projects (e.g., project success), and leadership competencies (e.g., self-confidence, vision-sharing).

Many studies have specifically explored the relationship between leadership development and leader self-efficacy. Murphy & Johnson (2016) and Hannah et al. (2008) emphasize that self-efficacy—the leader's confidence in their ability to lead effectively—is a critical outcome of development programs. Packard & Jones (2015) similarly report that leadership development enhances on-the-job performance and workplace adaptability through improved self-efficacy and competency levels.

There is also considerable variation in how leadership development outcomes are evaluated. While some studies use surveys and self-assessment tools to gather data from leaders, employees, and patients, others employ interviews and longitudinal case studies. Saleh (2004), for example, found significant improvements across 15 leadership competencies among participants in a public health training program. Miler (2007) agrees on the positive impact but stresses that different learning methods yield different results, highlighting the need for tailored approaches.

In summary, the literature presents a rich yet complex picture of leadership development in healthcare. While most studies affirm the value of such initiatives, they also highlight the challenges of measuring outcomes and ensuring context-sensitive program design. This study seeks to contribute to the field by analyzing the implementation and effectiveness of leadership training within Qatar's public health sector, exploring both individual and institutional impacts in a culturally specific context.

Methodology

Research Design

This study adopts a qualitative research design grounded in the interpretivist philosophy, which emphasizes understanding subjective experiences and the meanings participants assign to social phenomena (Bryman & Allen, 2011). As the objective is to assess the outcomes of leadership development initiatives in Qatar's public health sector, it is essential to explore these initiatives within their natural context through the perspectives of those directly involved.

The inductive approach was selected to allow theory to emerge from rich empirical data rather than to test pre-established hypotheses. This aligns with the goal of uncovering nuanced insights into how leadership training influences participants' self-efficacy, competencies, and job performance.

The study uses the interview-based survey strategy as proposed in Saunders et al.'s (2023) research onion framework. Among survey types, semi-structured interviews were chosen for their flexibility and depth. This method supports the interpretive paradigm and enables detailed exploration of participants lived experiences, reflections, and perceived impacts of leadership development programs.

A mono-method qualitative choice was adopted, with interviews serving as the sole data collection tool. This ensured focused, consistent, and contextually rich data aligned with the study's objectives. The study applied a cross-sectional time horizon, collecting data during a specific period between January 2023 and January 2024.

Sampling and Participants

Purposeful sampling was initially used to identify individuals who had completed at least one formal leadership development initiative offered by the Public Health Sector during the 2023–2024 period. In alignment with resource constraints and access considerations, a simple random sample was drawn from this eligible population with assistance from the human resources departments of both institutions.

The final sample consisted of 20 participants (12 females and 8 males) holding various mid- to senior-level positions, such as department managers, clinical supervisors, and administrative executives. All participants had at least five years of professional experience, ensuring informed perspectives on leadership and organizational dynamics.

Data Collection

Data was collected through semi-structured, face-to-face interviews, each lasting between 45 to 60 minutes. Interviews were conducted in Arabic or English, based on participant preference. The interview guide was structured around three core domains:

Perceived changes in job performance following training
Growth in leadership self-efficacy

Acquisition and application of specific leadership competencies

All interviews were audio-recorded with participant consent and transcribed verbatim for analysis.

Data Analysis

Interview transcripts were analyzed using Braun and Clarke's (2006) thematic analysis framework, involving six stages: familiarization with data, generation of initial codes, identification of themes, reviewing themes, defining/naming themes, and reporting. The coding process was supported by NVivo 12 software to maintain consistency and facilitate pattern identification.

To enhance reliability and validity, multiple verification strategies were employed. Peer debriefing was conducted where two independent researchers reviewed and coded 20% of the transcripts. This process reached an intercoder agreement rate of 87%, with discrepancies resolved through discussion until consensus was achieved. Additionally, participant validation (member checking) was performed by sharing preliminary findings with five randomly selected participants to ensure the interpretations accurately reflected their experiences and perspectives.

Limitations

The study's qualitative and cross-sectional design limits the generalizability of findings. The relatively small sample size, confined to two major health institutions, may not reflect the broader population of healthcare professionals in Qatar. Additionally, the reliance on self-reported perceptions introduces potential response bias. Nevertheless, the study offers valuable insights into the lived experiences of professionals undergoing leadership development in a Middle Eastern public health context.

Data Analysis and Findings

The data analysis revealed a detailed profile of the interviewees, who were selected from Qatar's Ministry of Public Health (MoPH) and Hamad Medical Corporation (HMC), with a larger proportion (65%) from MoPH. All participants occupied leadership roles, mainly as heads of departments (60%), with smaller numbers as heads of sections (30%) and units (10%). Most had less than five years of experience in their current roles, indicating a relatively new leadership cohort. The group was academically well-qualified, with 80% holding undergraduate degrees and 20% postgraduate degrees, highlighting a solid educational foundation among public health leaders.

On the issue of leadership development and job performance, interviewees expressed mixed views. About 30% observed significant performance improvements—particularly in time management, delegation, and planning—attributed to leadership training. Half of the participants reported moderate impact, acknowledging some benefits but emphasizing the difficulty of applying theoretical learning in real-world settings. The remaining 20% reported minimal or no impact, criticizing the programs for being overly theoretical and misaligned with the practical challenges of healthcare work.

Regarding self-efficacy, there was a strong consensus that leadership development initiatives had positively influenced participants' confidence and ability to handle their responsibilities. Many interviewees reported enhanced self-awareness, greater resilience in facing leadership challenges, and a shift from managerial task execution to a broader leadership mindset. The structured exposure to leadership theories, role-play, and peer learning helped them reassess their strengths and weaknesses, boosting both self-reflection and motivation. The training was especially effective in refining their strategic thinking, planning, and team-building abilities.

When assessing leadership skills and competencies, most participants acknowledged noticeable gains in communication, strategic planning, decision-making, and people management. The interactive methods used in training—such as role-plays, group projects, and real-case discussions—were cited as valuable tools that deepened understanding and encouraged practical application. However, not all participants experienced substantial growth, with some noting that the short duration of training and its generic nature limited its effectiveness. Overall, the initiatives were seen as beneficial, though their impact varied depending on participants' individual readiness and the contextual relevance of program content.

Several key challenges emerged from the interviews. A major issue was the conflict between training attendance and daily work responsibilities, which disrupted concentration and limited engagement. Additionally, some participants felt that attending programs was more a managerial decision than a personal development choice, leading to reduced motivation. The lack of needs-based assessments and content customization also hindered program relevance,

especially given the diversity of participant backgrounds. Some trainers were unfamiliar with the local healthcare context, further diminishing the applicability of the training materials.

To enhance the effectiveness of leadership development, interviewees suggested several improvements. These included conducting thorough needs assessments to personalize program content, ensuring the regular delivery of training as part of a long-term developmental strategy, and integrating real-world examples from Qatar's healthcare sector. Participants emphasized the need for practical, sector-specific training that is contextually relevant and sustained over time to reinforce leadership growth. While they appreciated existing efforts, they underlined that leadership development must be more strategic, responsive, and continuous to yield lasting results in Qatar's public health institutions.

Discussion of the Findings

Theoretical Implications

The current study aimed to evaluate the effectiveness of leadership development initiatives by examining their impact on participants' job performance, self-efficacy, and leadership competencies within Qatar's public health sector. The research focused on two main institutions: the Ministry of Public Health (MoPH) and Hamad Medical Corporation (HMC), involving 20 participants who took part in leadership development programs during 2023–2024. The study addressed the core research question: How effective are leadership development initiatives in the health sector in Qatar? The independent variable was the leadership development initiatives themselves, while the dependent variable encompassed the outcomes of those initiatives—namely job performance, self-efficacy, and leadership competencies.

The findings of this study align with and reinforce the conclusions drawn by several prior researchers, including MacPhee (2011), Lee (2010), Packard and Jones (2015), Murphy and Johnson (2016), and Bernadette (2008). These studies consistently emphasize that leadership development in healthcare organizations is a critical driver of organizational performance, influencing both individual capabilities and broader institutional effectiveness. The current study supports this view, demonstrating that leadership development initiatives foster increased self-confidence among participants, positively influence their leadership styles, and improve their sense of recognition by subordinates and peers. Many participants described a clearer understanding of their roles, greater strategic orientation, and improved planning and team coordination following their training.

Moreover, the findings echo the results of Garman, Tyler, and Darnall (2011), who stressed that leadership development enhances leadership readiness and fosters a culture of continuous improvement in healthcare environments. The current study revealed that participants gained deeper insights into their strengths and weaknesses through self-assessment tools and structured learning, resulting in improved self-efficacy and a more proactive, empowered approach to leadership responsibilities. This finding is particularly consistent with Bandura's (1997) theory of self-efficacy, which argues that individuals develop a greater sense of agency and motivation when they believe in their own capacity to succeed.

Practical Implications for Qatar's Health Sector

However, the study also uncovered some limitations in the effectiveness of these initiatives. While 30% of participants reported substantial improvement in job performance, a significant portion (50%) indicated only moderate gains, and 20% perceived minimal or no improvement. These varying perspectives reflect the findings of Cummings et al. (2018), who found that leadership development may enhance specific areas such as autonomy and interpersonal relationships, but often falls short of addressing systemic issues like organizational complexity or workload constraints. In the context of Qatar's public health institutions, participants noted that heavy workloads, irrelevant content, and short program durations limited the practical applicability and impact of the training.

Furthermore, while most interviewees acknowledged a generally positive relationship between leadership development and enhanced competencies such as communication, decision-making, and strategic thinking, they also pointed out inconsistencies. These ranged from content misalignment with real-world challenges to the lack of sector-specific examples. This variability in impact supports the argument made by Day, Fleenor, Atwater, Sturm, and McKee (2014), who contend that leadership development outcomes depend heavily on factors such as the program design, learning environment, and participant engagement.

Interestingly, the current findings contrast with those of Grandy and Holton (2012), who argue that leadership development initiatives in healthcare often fail to generate meaningful behavioral change. In the present study, most

participants reported noticeable behavioral shifts, including increased accountability, better time management, and improved ability to lead teams. This divergence may reflect contextual differences; for instance, the recent emphasis on healthcare reform and leadership capacity-building in Qatar could have contributed to the more favorable outcomes reported by participants.

Nonetheless, the study underscores the importance of customizing leadership development initiatives to the specific needs of healthcare leaders. Many participants highlighted the absence of pre-training needs assessments and criticized the generic nature of some training modules. These findings reinforce the recommendations made by Getha-Taylor et al. (2015), who advocate for competency-based, context-specific, and evidence-informed leadership development practices in the public sector.

Broader Implications for International Health Systems

Beyond the immediate Qatari context, these findings offer significant implications for international health systems and comparative leadership studies. The demonstrated importance of contextual adaptation, continuous learning, and supportive organizational environments provides valuable lessons for healthcare leaders globally. While specific cultural and institutional factors may vary, the core challenges identified—such as balancing theoretical content with practical application, ensuring cultural relevance, and creating supportive transfer environments—are common across many healthcare systems undergoing leadership development initiatives.

The research contributes to the growing body of literature on leadership development in non-Western contexts, addressing a significant gap in comparative healthcare leadership studies. The identification of both successful strategies and implementation barriers in Qatar's public health sector can inform program design and evaluation in similar contexts throughout the GCC region and beyond. Furthermore, the study's findings regarding the positive relationship between leadership development and self-efficacy enhancement offer important insights for leadership development theory and practice across different cultural settings.

For international health systems, these results emphasize the need for culturally sensitive leadership development approaches that consider local organizational structures, workforce dynamics, and healthcare delivery models. The findings suggest that successful leadership development requires not only well-designed programs but also supportive organizational ecosystems that enable the application of learned skills in daily practice. This has particular relevance for multinational healthcare organizations and global health initiatives seeking to develop leadership capacity across different national contexts.

In summary, the study affirms that leadership development initiatives in Qatar's health sector can have a positive impact, especially in enhancing self-efficacy and key leadership competencies. However, the extent of this impact varies, depending on individual engagement, program relevance, and the structural design of the initiatives. To maximize effectiveness, leadership development efforts must evolve into more personalized, sector-specific, and continuous learning frameworks that are embedded within organizational culture and aligned with strategic health priorities.

Let me know if you'd like references for all the sources mentioned above in APA 7 format.

Limitations

The main limitations of the current study related to the data collection tool and sample size. On one hand, the study included a sample of 20 participants who participated in the leadership development initiatives that took place at Ministry of Public Health and Hamad Medical Corporation in 2023-2024. The study did not include all participants and at the same time did not consider all leadership development initiatives. Side by side, data was collected by conducting interviews with 20 participants. Although the interview provided in-depth data, still, interviews conducted with relatively small sample.

Implications

The results of the current study are important for public health sector. The results assure that organizations need to invest in leadership development initiatives as such initiatives positively influence attitudes, behaviors, and performance of the participants. Such influences may also positively influence the individual and organizational performance. Still, organizations need to carefully select the participants of leadership development initiatives. At the

same time, it is important to take care of the design, structure, content, and methods of leadership development initiatives. By this way, organizations can maximize the outcomes of the leadership development initiatives.

Recommendations

Considering the findings of the current study, several recommendations are proposed for public health sector organizations in Qatar to enhance the effectiveness and long-term impact of leadership development initiatives.

First, it is essential to conduct a comprehensive needs analysis for potential participants before initiating any leadership development program. This step is critical in identifying specific performance and skill gaps, which can then inform the design and content of the training. Tailoring the initiative to address real developmental needs ensures that the program is relevant, practical, and aligned with both organizational goals and individual growth areas.

Second, leadership development should be viewed as an ongoing process rather than a one-time event. Therefore, it is recommended that such programs be delivered on a regular and continuous basis throughout the year. The repetition and sustained engagement help reinforce learning, support habit formation, and ensure long-term behavioral change. This approach contributes to the deep integration of leadership competencies into the daily practices of health professionals.

Third, reducing the workload of participants during their engagement in leadership development programs is crucial. Participants reported difficulty balancing training responsibilities with their day-to-day duties, which often led to reduced engagement and missed opportunities for reflection and application. Allowing dedicated time for training without the burden of regular work duties would significantly improve the learning experience and outcomes.

Fourth, participation in leadership development initiatives should be voluntary and based on the willingness and readiness of the individual. When participation is mandatory, particularly without assessing participants' motivation or interest, engagement tends to be superficial, reducing the effectiveness of the program. Encouraging voluntary participation can foster intrinsic motivation and greater involvement in learning activities.

Fifth, it is recommended to customize the structure and content of leadership development programs to reflect the cultural context of Qatar and the unique needs of healthcare professionals. Programs should be culturally sensitive and aligned with the specific challenges and operational realities of the health sector. This ensures relevance and facilitates the application of acquired skills in real-life work environments.

Finally, efforts should be made to build a supportive workplace environment that enables the transfer of learning from the training program to the workplace. This includes providing managerial support, ongoing feedback, mentoring, and fostering a positive organizational climate. A culture that values development and encourages experimentation and growth will amplify the impact of leadership development initiatives and help institutionalize effective leadership practices.

Future Research

It is recommended that future research explore several important areas related to leadership development in the healthcare sector. One key area is the identification of factors that influence the successful transfer of leadership development initiatives to the workplace. Understanding what facilitates or hinders the practical application of learned skills can help in designing more effective programs. Additionally, future studies should examine the relationship between trainee characteristics—such as motivation, prior experience, and learning styles—and the outcomes of leadership development initiatives. This can provide valuable insights into how individual differences shape learning and performance improvement. Finally, researchers are encouraged to investigate how the design of leadership development programs, including their structure, content, and delivery methods, affects participant outcomes. Exploring these dimensions can contribute to the refinement of program design and enhance their overall impact in the public health context.

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