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Effectiveness of Leadership Communication Programs in Healthcare Settings

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Abstract

Strong leadership communication is crucial in healthcare settings, especially for mid-level managers who connect frontline employees with senior institutional leaders. Even though it is highly important, leadership communication training is often insufficient in healthcare education programs. This descriptive analysis examined the rollout and outcomes of a well-organized leadership communication initiative designed to improve mid-level managers' communication, psychological safety, and team dynamics at the Mayo Clinic. A set of leadership development programs was designed and delivered by the Experience Training, Education, and Coaching (XTEC) unit, based on proven communication techniques. Three main courses—CORE Communication Skills for Leaders, Navigating Team Dynamics, and Psychological Safety and Transparency—were delivered online. After each course, participants completed surveys evaluating the quality of the training, their confidence in using the new skills, and their overall satisfaction. An individual coaching initiative was also reviewed based on participant responses. Information was gathered from January 2021 to October 2023 through voluntary, anonymous surveys, and the results were analyzed using descriptive statistics.

Between September 2019 and October 2023, a total of 2,297 healthcare managers joined at least one leadership course, including 189 who completed all three. Surveys, which began in January 2021, revealed high satisfaction and strong confidence in applying the skills. 95% of participants in the CORE course reported meeting the learning goals. In comparison, 97% of those in Navigating Team Dynamics and 93% of those in Psychological Safety and Transparency reported they would recommend the programs. The one-on-one coaching sessions were positively received, with 97% of participants feeling confident about continuing to use the strategies they learned. These results point to a clear need for dedicated leadership communication training for mid-level healthcare managers. The large number of participants and overwhelmingly positive responses show strong demand and high perceived value. The study emphasizes the benefits of hands-on experiential learning and structured practice in developing leadership capabilities. Increasing access to training, adding more advanced content, and exploring digital engagement methods could further strengthen leadership development efforts.

Keywords: Communication skills training, Leadership communication, Coaching, Health care

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Introduction

Leadership in healthcare

Healthcare is a complex and fast-evolving field, making team leadership particularly demanding. Successfully adjusting to changing patient needs, updated procedures, staff turnover, and ongoing technological advances requires strong managerial and leadership abilities to ensure unit success. Effective leaders must be skilled communicators who can inform, guide, and motivate their teams while effectively connecting with higher-level leadership. These communication abilities help build trust,

empathy, open feedback, and recognition, all of which contribute to greater staff satisfaction and better patient outcomes [1–3].

Many new managers are promoted into leadership roles without receiving any formal leadership preparation [4, 5]. Several healthcare organizations have observed problems such as unhealthy workplace culture, lower staff motivation, reduced learning opportunities, and declining patient results [6]. While external education options exist, they typically involve pursuing extra degrees or certifications rather than being provided internally by the institution [7]. Shortcomings in communication skills became especially noticeable during the COVID-19 pandemic, which greatly intensified the difficulties managers faced. The rapid shift from face-to-face interactions to virtual formats, along with greater demands for emotional support, heavier workloads, and unfamiliar work settings, made clear the essential role of strong leadership communication—whether in person or through remote tools [8].

Mid-level managers serve as the key link between the organization and frontline staff and play a central role in staff-to-patient interactions. This manuscript outlines the development, growth, and assessment of a leadership communication program launched at the Mayo Clinic, a major tertiary academic medical center, specifically targeting mid-level managers in clinical and support services. The narrative review details the early phases, ongoing development, and evaluation methods to help other organizations build their own leadership programs based on the achievements and insights gained here.

Needs assessment and background

Leadership development initiatives are seldom incorporated into standard medical or healthcare training programs. Nevertheless, research indicates that such initiatives effectively enhance capabilities in adaptability, initiative, communication, authenticity, presence, humility, learning from errors, grit and resilience, competence, and followership [9, 10]. Involvement in these programs can also help reduce burnout, increase workplace engagement, boost productivity, and improve overall job satisfaction [11].

Mayo Clinic enjoys a strong international reputation for providing exceptional medical services and for fostering meaningful involvement among patients, families, and employees. Yet it was understood that, despite its prominent position in healthcare, every person in a leadership capacity stands to gain from sustained efforts to refine leadership communication abilities. To address this requirement, an opportunity for leadership growth was identified, and specific initiatives focused on leadership communication were established.

The experience training, education, and coaching (XTEC) unit brings together certified coaches with expertise in interpersonal communication techniques tailored for clinicians, leaders, support personnel, and patients. While the COVID-19 pandemic was underway, XTEC conducted a thorough assessment of professional growth resources available to leaders across the organization. The review revealed adequate support for senior executives but uncovered a noticeable shortfall for mid-level managers, especially concerning reflective listening practices and methods for staff engagement. To fill this void, XTEC specialists designed targeted courses grounded in proven empathic communication approaches. These offerings aimed to narrow the existing divide and strengthen interpersonal bonds by drawing on comprehensive literature reviews, established communication frameworks, and the Mayo Clinic's institutional priorities.

Even though the routine duties of mid-level managers may vary by position, their central obligations generally encompass overseeing teams of varying sizes, managing departmental operations and procedural matters, bridging the gap between frontline workers and executive leadership, resolving staff-related concerns, and promoting continuous professional development among team members [12]. Departments frequently assign additional duties, including participation in quality enhancement initiatives, clinical activities, enterprise-level endeavors, and various committee roles. Successfully carrying out these responsibilities requires robust communication skills that enable mid-level managers to inspire confidence in employees, direct their efforts toward broader institutional aims, and nurture the growth of those they supervise [12]. Mid-level managers are often associated with people-oriented aspects of managerial work [6, 12].

This investigation took place in tandem with ongoing program assessment and refinement to showcase the practical benefits of leadership communication instruction. Considering the scarcity of studies on leadership education—particularly among allied health professionals—and the essential nature of strong communication abilities throughout diverse healthcare domains, the team believed it worthwhile to disseminate the outcomes widely. The purpose was to expand the available evidence supporting the premise that mid-level managers who participate in communication-focused leadership training, when assessed via self-evaluation and personal reflection after completing the courses, will report higher levels of confidence in their communication proficiency.

Theoretical framework

The conceptual foundation for this initiative emerged from a detailed examination of existing literature combined with the application of the Mayo Clinic Mayo Model of Communication (earlier referred to as the Experience Model of Communication, XMOC) [13]. This research-supported framework is custom-designed to align with the communication

priorities of a comprehensive medical institution. The Mayo Model of Communication highlights the fundamental competencies required for successful leadership communication: mindful presence, empathy, human connection, and transparency **(Figure 1)**. Over recent years, the evolution from the original XMOC to the current Mayo Model has involved incorporating new studies to better accommodate varied communication needs and broader situational factors. Although the initial version focused mainly on interactions between healthcare providers and patients, the revised edition offers expanded insights into communicating with diverse groups, managing generational differences, and developing leadership-oriented skills. The core competencies from the earlier model continue to underpin this project, since many of the newer additions were implemented following the start of these training efforts. Overall, the model synthesizes components from various well-known communication systems and approaches into a unified structure that advances leadership development, healthcare-focused interactions, and patient-oriented dialogue. While some widely practiced healthcare communication methods are not formally embedded in the model, they are referenced to create a useful guide for clinicians, managers, and allied health professionals who rely on it.

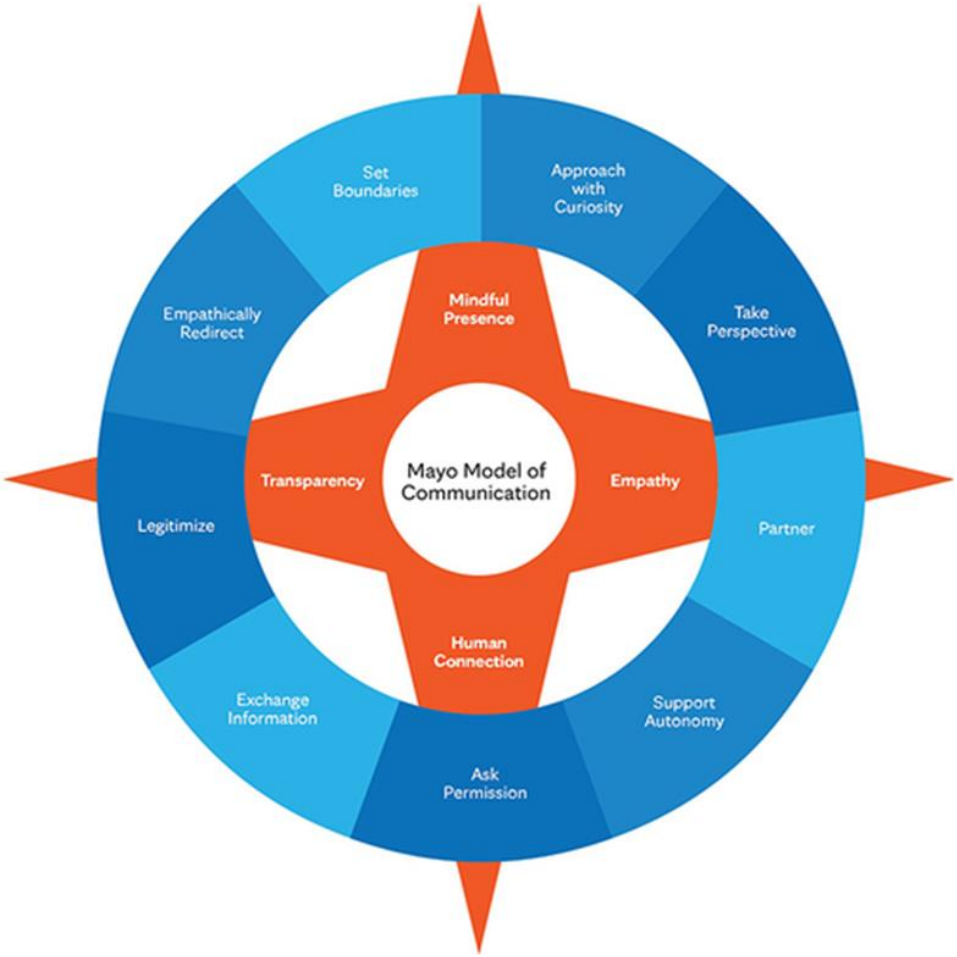

Figure 1. Mayo's (experience) model of communication.

Mindful presence means staying completely attentive, maintaining self-awareness, and keeping emotions under control. In leadership, empathy plays a central role by supporting perspective-taking, a deeper understanding of others, and attentive listening. Forming genuine human connections proves essential for boosting staff satisfaction and strengthening commitment to the organization. Transparency helps create psychologically safe workplaces by promoting open knowledge exchange, elevating everyone's input, and addressing mistakes and difficulties candidly [14]. The training program described here seeks to strengthen leaders' abilities across these four key areas. More information on course goals, teaching formats, and specific communication components appears in **Table 1**.

Table 1. Course objectives, delivery method, and communication elements for each leadership course.

Course title	Objectives	Delivery method	XMOC element focus
CORE communication skills for leaders	1. Describe the advantages of adopting a coaching-oriented communication style. 2. Demonstrate and utilize the four CORE communication skills essential for	Virtual/Live	Mindful presence; empathy; human connection; approach with curiosity;

	leaders. 3. Implement the 3P framework when delivering feedback in case-based scenarios.		take perspective; legitimize; exchange information
Navigating team dynamics	1. Outline key communication strategies for leading teams in both face-to-face and virtual settings. 2. Illustrate effective facilitation techniques for managing complex or challenging team interactions. 3. Practice applying strategies to case scenarios involving difficult team situations.	Virtual/Live; Asynchronous	Mindful presence; approach with curiosity; partner; transparency; empathically redirect; set boundaries
Psychological safety and transparency	1. Explain the core elements that contribute to a psychologically safe environment. 2. Recognize individual barriers that hinder effective communication within one's setting. 3. Identify and apply strategies to enhance transparency and foster psychological safety.	Virtual/Live; Asynchronous	Mindful presence; human connection; empathy; take perspective; partner; transparency; ask permission; exchange information; support autonomy; set boundaries

One-on-one coaching sessions were provided to help solidify the skills acquired. Coaching is an important tool for cultivating leadership skills. It typically involves creating personalized growth plans tailored to each learner's needs and delivering ongoing feedback to support continued skill development [15]. Adopting a coaching approach enables leaders to drive meaningful change, guide behaviors effectively, and increase self-assurance [16]. Skilled coaches focus on engagement, active listening, and collaboration, which, in turn, nurture their own development in the coaching process [16, 17].

CORE communication skills for leaders

CORE Communication Skills for Leaders (CORE) is a dedicated communication workshop that emphasizes building strong human connections by cultivating self-awareness, practicing curious listening, using open-ended questions, and mastering the exchange of feedback. Delivered as a live, virtual, facilitated session, the program aims to involve participants and deepen their learning experience actively. In this 60-minute session, leaders examine and master the CORE method, which covers reflective listening, perspective-taking, and the application of empowerment techniques. Attendees review productive feedback discussions, consider ways to foster meaningful connections with their teams, and practice reflective listening in typical leadership situations. The interactive activity compiles all participant contributions into a shared digital record, allowing everyone to benefit from the group's insights and the facilitator's guidance.

A fundamental aspect of developing the curriculum is its ongoing evolution in response to the expressed needs of participating managers. Once the course ended, attendees highlighted several priority areas for upcoming training, such as handling team dynamics and conflict, coaching employees for development and accountability, establishing trust among team members, and communicating organizational changes clearly. This input, collected and summarized over a full year, informed the design of subsequent sessions.

Navigating team dynamics

Navigating team dynamics represents the next leadership course, delivered virtually and led by XTEC advisors. The session explores effective management of team interactions and includes practical approaches for involving quiet or hesitant members, addressing overly vocal participants, preventing groupthink, and refocusing scattered discussions. Main learning goals include outlining targeted communication methods to guide teams in both virtual and face-to-face settings, articulating strategies to facilitate group processes, and putting these techniques into practice through realistic case examples.

At first, navigating team dynamics was available asynchronously via an online learning management system (Articulate Global, LLC, New York, NY) as a self-directed module. This version reviewed core aspects of team interactions and prompted participants to consider how to apply the ideas within their own leadership contexts. Although the self-paced format attracted many enrollments, the lack of live discussion proved a drawback. As a result, the course was redesigned for live virtual delivery. Originally scheduled once a month, demand quickly exceeded capacity, prompting an increase to twice-monthly sessions and requiring more advisors to deliver the material.

Psychological safety and transparency

Managerial communication is closely tied to the principles of psychological safety and transparency. When handled poorly, it can create dysfunction inside teams and compromise patient safety and care quality. Establishing an environment that promotes openness, ongoing improvement, and the free discussion of challenges, close calls, and errors can improve operational efficiency, overall performance, and opportunities for learning and growth [14, 18]. This course was initially tested over six months. During that time, participant input was carefully examined, and both the format and content were

refined to better align with the practical needs of manager attendees. The main goals of the program include exploring the elements that build a psychologically safe and transparent workplace, recognizing individual obstacles that might hinder such an environment, and applying practical techniques to strengthen transparency and psychological safety.

Leadership series and custom offerings

Interest among learners in completing the courses as a connected series has led to the creation of a flexible Leadership Series program. Work groups can now choose content that fits their specific area and decide on the most suitable delivery format for their managers. These sessions can be spread across several days or scheduled back-to-back within a single day. Additional support materials, including quick-reference guides, course summaries, and personalized coaching for managers, are also provided to help maintain long-term skill retention.

Leadership coaching

Leadership coaching is available to any mid-level manager or higher who voluntarily chooses to participate in sessions designed to improve communication skills. All XTEC staff members who deliver coaching hold certifications in various coaching disciplines. Sessions are conducted either virtually or in person and are arranged with maximum flexibility to accommodate the leaders' schedules. On average, coaching programs consist of five to eight sessions, spaced anywhere from weekly to once every two or three months, depending on the participant's availability. Each coaching relationship begins with a 30-minute discovery meeting to discuss logistics and establish goals, after which the process continues according to those agreed-upon elements. Participation is entirely voluntary, and all coaching interactions remain strictly confidential. Once a coaching engagement ends, every client receives a survey to share their feedback.

Currently, 77 individuals have fully completed their coaching engagements with XTEC. Other clients are still actively involved in the process and, therefore, are not included in the reported results, as they have not yet submitted any post-coaching surveys.

Sustainment efforts

Continuous learning plays a vital role in achieving lasting leadership success [19]. To support and extend the initial training, sustainment resources, including podcasts and newsletters, have been introduced.

Podcasts

The Leadership Podcast Series was created to keep reaching leaders throughout the organization through a convenient, familiar, and time-efficient format. Each episode presents guided conversations with leaders from different levels and departments, focusing on sharing real-world experiences, practical insights, and case examples. New episodes are released every month. Guests are selected based on staff recommendations, positive patient feedback and scores, and participation in various learning activities.

Newsletter

Newsletters offer an efficient way to deliver information to large audiences in a concise, organized manner [20]. The newsletter is distributed by email to all course participants using an opt-out system. It is intentionally designed to be read in 10 minutes or less and includes practical skills that extend the learning from the courses. The newsletter is sent monthly to a continuously updated list of past course attendees. While the main purpose is to reinforce the material covered in the training, some editions also feature additional resources, external links, and research, announcements about new courses, and other relevant media. After noticing that many leaders were sharing the newsletter content with their teams, a self-subscription option was introduced. This allows individuals who could not attend the live sessions to access helpful ideas for leadership development.

Ethics

This study was determined to be exempt from Institutional Review Board review. The institutional review board examined all related materials, including promotional content, post-session evaluation forms, consent details, and follow-up documents, and concluded that the activity qualified for exemption. All survey participants are Mayo Clinic employees who consent to participate in course evaluation surveys as part of their normal work responsibilities. In addition, every survey is voluntary and confidential. Participants are informed that the information and data collected from survey responses—including comments and written answers—may be used for program evaluation and improvement, research, and publications. Completing the survey serves as confirmation of consent, and participants understand that the surveys support both course enhancement and research purposes. All surveys were administered on a voluntary, anonymous basis, with no incentives offered for completion. The surveys were created specifically for these courses and were not formally validated, although later versions were examined by an internal team specializing in research and survey methodology. All surveys were also

reviewed and approved by XTEC leadership. Surveys for the Navigating Team Dynamics, Psychological Safety, and Transparency courses received additional review from the internal research department and were revised per their recommendations. Because the surveys were confidential, no demographic data was collected.

Materials and Methods

Every participant who attended the CORE Communication Skills for Leaders sessions from January 2021 through April 2022 received an invitation to respond to a follow-up survey focused on training impact, self-assurance, and mastery of new abilities. Even though the CORE Communication Skills for Leaders initiative began in September 2019, records of attendees were maintained from that point until January 2021. However, no actual surveys took place before January 2021. The purpose of this survey was to measure how the program influenced participants, and data collection ended once the goal of 180 completed responses was reached. The number 180 had been chosen in advance as the expected response count during the trial period; once that threshold was reached, further collection was halted since the survey had originally been created only to review the pilot effort.

Surveys linked to the Navigating Team Dynamics and Psychological Safety and Transparency programs — both of which began after CORE — were assembled from May 2022 until October 2023. While these surveys remain active as part of regular program activities, the cutoff for data used in this study was October 2023. Attendees could access the surveys via QR codes, links displayed at the end of each session, or links in the email reminders. Anyone who joined any of these courses was welcome to submit a response.

Evaluation of the one-on-one coaching initiative relied on input gathered between May 2022 and October 2023. To guarantee complete anonymity and ensure participation stayed voluntary, an XTEC staff member who had not been involved in the coaching itself sent the invitation after each coaching series ended. This message contained a direct link to the assessment form, which featured 5-point Likert-scale statements covering several elements of the coaching experience. Topics included advancement on personal targets, the coach's effectiveness, any observation activities (where relevant), and general impressions of the service. The form also explored clients' dedication to maintaining the improvements, their belief in their ability to sustain those improvements, any interference the coaching might have caused with routine duties, and their willingness to recommend the program to fellow managers.

Questionnaire design

The form created for the CORE course featured questions that examined how successfully participants believed the intended learning goals had been met, their satisfaction with the instructor's delivery and the material presented, the extent to which the topics reflected organizational principles, and how relevant the training felt to their everyday responsibilities. These items were first tested during the pilot stage to collect direct observations about the course. The feedback gathered proved valuable both for refining later programs and for clarifying results specific to this offering. Once this study wrapped up, the survey was returned for ongoing use in the CORE course to support continued monitoring of its design and effectiveness.

Because the navigating team dynamics **(Table 2)** and Psychological Safety and Transparency courses were created later than CORE, they used an entirely different evaluation tool. Called the XMOC program evaluation **(Table 3)**, this instrument was distributed immediately after training to gauge learners' confidence in applying new skills and their ability to put the four XMOC principles into practice. Written with healthcare professionals in mind, the wording in both forms was kept simple and straightforward to maximize clarity and usefulness. The identical questionnaire was also adopted for the Psychological Safety and Transparency sessions.

Table 2. Evaluation responses from the course, navigating team dynamics.

Course	N	Response rate	Response category	Improved ability to stay present during communication	Enhanced ability to recognize others' emotions	Improved ability to convey understanding to others	Greater ability to express one's perspective clearly	Confidence in applying learned skills and strategies	Likelihood of recommending the training to colleagues

Navigating team dynamics	724	27.8% (201)	Strongly Agree Agree Neutral Disagree Strongly Disagree	34.92% (66) 55.03% (104) 4.76% (9) 2.12% (4) 3.17% (6) 0%		48.57% (17) 42.86% (15) 8.57% (3) 0% 0% 0%	34.08% (61) 54.19% (97) 10.06% (18) 0% 1.68% (3) 0%	29.67% (54) 55.49% (101) 12.64% (23) 1.10% (2) 1.10% (2) 0%	39.77% (70) 50.57% (89) 7.95% (14) 1.14% (2) 0.57% (1) 0%	54.86% (96) 39.43% (69) 4.00% (7) 1.14% (2) 0.57% (1) 0%

Table 3. Evaluation responses from the course, core communication skills for leaders.

Course	**N**	**Response rate**	**Extent to which learning objectives were met**	**Satisfaction with the presenter's facilitation skills**	**Did the training strengthen alignment with Mayo Clinic values?**	**If yes, which value was most reflected? (top choice)**	**The course provided role-relevant knowledge**	**Willingness to recommend the training**	**Overall evaluation of the training**
CORE communication skills for leaders	N/A	N/A (180)	Completely achieved: 95% (171) Partially achieved: 5% (9)	Very satisfied: 87.8% (158) Satisfied: 12.2% (22)	Yes: 98.9% (178) No: (n/a)	Respect: 32.8% (59) Integrity: 1.1% (2) Compassion: 18.9% (34) Healing: 1.1% (2) Teamwork: 30% (54) Innovation: 1.1% (2) Excellence: 12.2% (22) Stewardship: 0.6% (1)	Strongly agree: 75% (135) Agree: 24.4% (44) Disagree: (n/a) Strongly disagree: 0.6% (1)	Strongly agree: 78.9% (142) Agree: 20.6% (37) Disagree: (n/a) Strongly disagree: 0.6% (1)	Excellent: 95.6% (172) Fair: 4.4% (8)

Results analysis

Participant feedback for every course and the coaching initiative was gathered in English via an online survey platform (Qualtrics, Provo, UT). At the end of each session, instructors asked attendees to complete the survey by scanning a QR code. Survey links were also placed inside the email messages sent to course registrants. Descriptive statistics generated within the platform helped create tables and bar charts that supported the examination of individual answers. **Tables 2–4** present the specific questions asked, response percentages, collection periods, and total completed forms for each leadership course, as well as the coaching program. Separately, anonymous attendance data were compiled and sorted in Microsoft Excel (Microsoft, Redmond, USA) to categorize participants by whether they attended 1, 2, or all 3 sessions. This classification aimed to reveal how many individuals returned for multiple offerings, which might reflect positive views of the leadership communication programs delivered by XTEC. All surveys included an optional open-ended comment section. These personal remarks and opinions from attendees were gathered and grouped into main themes, with selected example quotes shown in **Table 5**. The research team developed these themes at a general level, then coded and organized the comments using Microsoft Excel (Microsoft, Redmond, USA). Using the identified themes, the team pinpointed opportunities for enhancement and assessed overall levels of approval or concern regarding the courses. Initially, this feedback guided adjustments to current sessions and the creation of new material. For the current study, the comments contribute to a broader picture of participant views and help document the program's key outcomes.

Table 4. Evaluation responses from the individual coaching program.

Service	N	Response rate	Response category	Progress toward goals	Coach's skill level	Observation process evaluation	Overall experience	Response category	Importance of sustaining changes identified during coaching	Confidence in maintaining these changes	Level of disruption to practice	Likelihood of recommending the program
Individual Coaching	77	37.7% (29)	Excellent Good Satisfactory Fair Poor	89.66% (26) 10.34% (3) 0% 0% 0%	100% (29) 0% 0% 0% 0%	91.30% (21) 8.70% (2) 0% 0% 0%	96.55% (28) 3.45% (1) 0% 0% 0%	Very Moderately Neutral Somewhat Not at all	96.55% (28) 3.45% (1) 0% 0% 0%	65.52% (19) 31.03% (9) 0% 3.45% (1) 0%	10.71% (3) 3.57% (1) 7.14% (2) 0% 78.57% (22)	96.43% (27) 3.57% (1) 0% 0% 0%

Results and Discussion

The three leadership courses — CORE Communication Skills for Leaders, Navigating Team Dynamics (both live and self-paced), and Psychological Safety and Transparency — attracted a total of 2,297 participants between September 2019 and October 2023. Attendance logging started in September 2019, but structured evaluation data collection did not begin until January 2021. Among these participants, 189 completed all three courses, 471 attended exactly two courses, and 1,637 joined only one course. Although repeated participation does not directly measure enjoyment or practical benefit, it is worth noting that managers voluntarily returned for more than one leadership communication session offered through XTEC.

In the CORE Communication Skills for Leaders pilot, 180 individuals submitted the evaluation questionnaire. The form included seven items rated on a five-point Likert scale. Full details are presented in **Table 3**. 95% (171/180) of respondents stated that the learning objectives had been fully achieved. Eighty-eight percent (158/180) reported very high satisfaction with the facilitator's effectiveness in leading the session. 100% of respondents felt the training aligned with at least one core value of the organization. 99% (178/180) agreed or strongly agreed that the course strengthened their understanding of their organizational role, and the same percentage agreed or strongly agreed that they would recommend the course to fellow managers.

The Navigating Team Dynamics course received 201 completed evaluation forms, yielding a 28% response rate (201/724). Ninety percent (199/201) of respondents agreed or strongly agreed that they felt ready to apply the techniques and approaches covered during the training. Ninety-seven percent (195/201) indicated they would recommend the session to a colleague. On the four XMOC principles (mindful presence, empathy, human connection, and transparency), strong majorities also agreed or strongly agreed that their ability to demonstrate these principles had improved after the course **(Table 2)**. The question on empathy was unintentionally missing from many of the forms distributed for this course, leading to fewer responses to that item [21] than to the other three principles (189, 179, and 182 responses, respectively). This question was absent from the early versions and was added promptly once the oversight was discovered.

For Psychological Safety and Transparency, the response rate reached 51% (167/329). Eighty-eight percent (147/167) of respondents reported confidence in their ability to use the skills and strategies presented. Ninety-three percent (155/167) stated they would recommend the training to a colleague.

Twenty-nine clients from the individual coaching program returned the evaluation questionnaire, for a 38% response rate (29/77). Every respondent expressed satisfaction (rated Excellent or Good) with their progress on goals, the coach's expertise, the observation component when used, and their overall experience. 97% (28/29) indicated moderate or strong agreement that they felt confident in maintaining the changes achieved. All respondents reported moderate or strong agreement that they would recommend the one-on-one coaching service to other managers.

Feedback from the CORE Communication Skills for Leaders course highlighted two prominent themes: participants could apply the newly acquired skills directly in their daily leadership responsibilities, and the techniques were practical and straightforward to integrate into routine work. Comments on Navigating Team Dynamics suggested that the material might be more effective if expanded into a longer session or divided into separate modules to allow deeper exploration of each team-related challenge. Attendees of Psychological Safety and Transparency praised the lively discussions and the sufficient time

dedicated to exploring issues directly relevant to their roles. Many managers who completed the individual coaching sessions reported greater ease with curious questioning and perspective-taking, thanks to the methods practiced during coaching. They also described making more frequent use of open-ended questions and felt better equipped to deliver feedback and share information effectively as a result of their coaching involvement. Representative quotes from the workshop sessions appear in **Table 5**. Feedback specifically from individual coaching participants is presented in **Tables 6 and 7**. These tables correspond to two distinct questions: **Table 6** addresses the question "What changes have you made as a result of your coaching experience?" In contrast, **Table 7** covers "What did you find most helpful about your coaching experience?"

Table 5. Themes and comments from workshop participants.

Question	Theme (%*)	Illustrative comments
What additional feedback would you like to provide?	Participant self-reflection 3.94% (15)	"This session not only helped me explore strategies for leading a team, but also made me aware of how I might unintentionally hinder others." "The presentation encouraged me to reflect deeply on how I interact with my colleagues." "It served as a valuable reminder to continue fostering a psychologically safe environment and to support others in developing these skills."
	Usefulness of specific strategies and examples 3.41% (13)	"I found the suggested phrases and approaches for guiding conversations particularly helpful, especially since I often struggle with what to say." "I plan to revisit and practice these expressions until they feel natural." "It was very beneficial to observe the techniques being demonstrated during the session."
	Duration of the training 4.72% (18)	"An additional 30 minutes or a two-part session would have been beneficial, as the topic of navigating team dynamics is quite extensive." "More time for working through scenarios would have helped build practical skills and allow learning from others." "The session felt too brief; I would have appreciated more time with both the facilitators and participants." "I appreciated the concise and focused pace of the presentation."
	Facilitator engagement 5.51% (22)	"The session was very inclusive." "Using the chat function to gather questions and feedback was highly effective." "It created a safe and open environment for discussion."
	Value of peer interaction 1.84% (7)	"The content was informative and served as a good refresher; hearing others' viewpoints was especially valuable." "It was engaging, and I appreciated hearing perspectives from colleagues across the organization." "The opportunity to exchange ideas with other leaders enhanced my sense of connection and provided useful insights."
	Learner suggestions 5.51% (22)	"Although valuable, I would prefer having this material in a written format or an alternative to a virtual lecture." "While the engagement and discussion were appreciated, I would have liked a stronger emphasis on practical tools rather than example dialogue." "A similar course focused on one-on-one team dynamics would be beneficial, as I would gain more from an individual approach." "Stronger collaboration across teams delivering content on psychological safety would be helpful." "Incorporating videos demonstrating these techniques in real meetings would be highly beneficial, especially for modeling behaviors. I also value that such training opportunities are being offered, as they are essential for developing effective communication and feedback skills."

Note: *Percentage of total workshop respondents (n = 381).

Table 6. Themes and comments from individual coaching evaluation question: "What changes have you made as a result of your coaching experience?"

Question	Category (%*)	Illustrative comments
What modifications have you implemented following your coaching experience?	**Meeting facilitation approaches – 13.79% (4)**	"I began reaching out individually to quieter team members and organizing smaller group discussions to ensure their voices are heard. I also pay closer attention to chat contributions during meetings and acknowledge participants accordingly. Additionally, I invite team members to follow up via email with further ideas or feedback."
	Goal-setting practices – 17.24% (5)	"Several changes were made, with key ones being scheduling dedicated time blocks and setting achievable short-term goals. I have also learned to accept that not everyone can be satisfied at all times. Clearly communicating expectations has been valuable. I now paraphrase to understand my team's needs better while ensuring they take ownership of solutions."

	Perspective-taking – 31.03% (9)	"I ask more questions, actively seek different viewpoints, and avoid immediately trying to 'fix' issues." "My interactions with colleagues and trainees have improved—I listen more and speak less." "I now begin each visit with an introduction, background inquiry, and agenda-setting question." "I apply the Elicit–Provide–Elicit method, reflecting more on patient input to demonstrate active listening and assess readiness for change, often using scaling questions." "I have become more reflective and empathetic, especially when engaging with patients who are apprehensive about treatment."
	Demonstrating personal interest in patients/colleagues – 10.34% (3)	"A major change has been made in an effort to have brief personal conversations with each patient beyond their medical concerns. This helps establish rapport and increases patient comfort."
	Providing feedback to colleagues – 10.34% (3)	"I communicate more effectively with colleagues, particularly when offering constructive feedback." "I find it easier to provide feedback to staff members."
	Resource awareness – 17.24% (5)	"I now utilize prepared scripts when running late or managing patients with multiple concerns."
	Written communication – 10.34% (3)	"I have stopped over-apologizing during consultations and am more intentional about conveying empathy in written patient communications."
	Information exchange – 10.34% (3)	"I have adjusted how I share information with patients, making interactions more collaborative."
	Non-verbal communication – 3.45% (1)	"I have developed greater awareness of how my body language is perceived during interactions."

Note: *Percentage of total coaching engagements (n = 29).

Table 7. Themes and comments from individual coaching evaluation question: "What did you find most helpful about your coaching experience?"

Question	Theme (%*)	Illustrative comments
What aspects of your coaching experience were most beneficial?	**Use of personalized examples – 13.79% (4)**	"Providing suggested wording to encourage team participation during meetings was very useful." "Discussing real-life scenarios was particularly helpful." "I appreciated the chance to review specific patient cases and immediately apply the strategies we discussed."
	Supportive and non-judgmental environment – 24.14% (7)	"Having a neutral individual allowed me to openly express my feelings about my role without fear of judgment. It created a space where I could reflect independently." "The opportunity to speak freely in a non-judgmental setting was invaluable." "It was especially helpful to talk about my experiences as a supervisor, which reduced feelings of isolation since I do not work within a team." "The coach's transparency and expertise were highly valuable. She challenged my assumptions and offered alternative perspectives on my concerns." "Chad demonstrated excellent listening skills and consistently summarized sessions in a clear and instructive way, while modeling high standards of patient care." "Jen created a comfortable and encouraging environment, reinforcing my strengths while helping me build communication skills. I appreciated techniques such as reverse role-playing and receiving structured summaries with suggested phrasing."
	Appreciation of specific strategies – 13.79% (4)	"The Elicit–Permission–Elicit approach was particularly impactful, and I have begun applying it in both teaching and counseling. It helps gauge what patients are ready to hear." "The LENS framework has improved my ability to engage with patients who are distressed or anxious." "My coach guided me with questions that helped me generate my own solutions while validating my experiences and concerns in a supportive environment."
	Increased confidence in handling difficult conversations – 10.34% (3)	"I developed skills to address challenging topics with colleagues, provide constructive feedback without appearing overly critical, and promote accountability among team members."
	Value of observational coaching – 6.9% (2)	"Being observed during practice and receiving feedback afterward was extremely helpful." "Coaching that included shadowing and reflective questioning enhanced my learning."
	Opportunities for practice and role-play – 6.9% (2)	"The coach provided practical ideas in a supportive manner, and I found reverse role-playing particularly beneficial." "The inclusion of role-playing exercises and supporting materials during sessions was very helpful."

Note: *Percentage of total workshop respondents (n = 381). Abbreviations: XTEC = Experience Training, Education, and Coaching, XMOC = Mayo (Experience) Model of Communication, CORE = CORE Communication Skills for Leaders.

Inadequate leadership in healthcare settings has been linked to negative effects on patient care and unfavorable staff outcomes, including burnout, lower morale, reduced staff retention, and weaker employee involvement [22–24]. Traits of successful leaders typically encompass strong communication skills, the ability to set clear direction and objectives, and the capacity to inspire and involve others in pursuing those objectives [15–17]. The leadership communication programs at Mayo Clinic were specifically targeted at mid-level managers in allied health roles to address an existing communication training shortfall for this group. The current study sought to demonstrate that mid-level managers who participate in communication-focused leadership training report meaningful gains in their leadership communication abilities, as reflected in their own reflections and self-evaluations. These findings align with existing studies that highlight the benefits of communication-oriented and hands-on learning approaches for healthcare leaders. The outcomes also align with research indicating that combining evidence-based decision-making processes with effective communication methods supports stronger leadership practices and can enhance team interactions and psychological safety.

Healthcare organizations have been shown to gain measurable advantages from structured leadership development initiatives [25]. The quality of leadership provided by direct supervisors strongly correlates with critical staff outcomes, including burnout levels and overall job satisfaction [21]. A major observation from this initiative is the substantial, previously unmet need for leadership training among mid-level managers within the organization. Although enrollment was optional, the courses filled up quickly, often resulting in waiting lists, and many participants chose to attend more than one session. This level of interest mirrors findings from studies on medical education leadership, which reveal that physicians and other professionals seek more leadership preparation than is typically available [26]. It further reinforces the notion that sustained investment in leadership development—particularly for mid-level managers—can deliver benefits to both the institution and its workforce. Given the limited formal training typically offered in this domain, healthcare facilities and hospitals would benefit from developing internal programs led by experts familiar with communication techniques and their application in clinical settings.

The ability to apply skills directly in the workplace, supported by guided practice rather than abstract theory, emerged as especially valuable to healthcare managers participating in these programs. This preference is consistent with evidence supporting the effectiveness of job-embedded and experiential learning for healthcare leadership development [27].

Although one-on-one coaching demands considerable resources, it was greatly appreciated by the managers involved in the program. In healthcare settings, coaching has demonstrated effectiveness in advancing goal achievement, building leader confidence, strengthening resilience, improving perspective-taking, and increasing readiness to drive change. Therefore, it is understandable that managers overseeing clinical teams would experience meaningful leadership growth through personalized coaching support [28, 29].

Several limitations warrant attention. The courses were specifically created for mid-level managers working in healthcare, leaving their usefulness for leaders at other levels or in different sectors unclear. It also remains uncertain how mandatory participation would compare with voluntary involvement in these types of programs. The voluntary nature of both the study and the surveys represents another limitation, since respondents may lean toward either overly positive or negative views. Furthermore, the absence of demographic data in the surveys limits insight into the diversity of the participant group, potentially restricting the breadth to which the findings can be applied. It should be noted, however, that the courses and related offerings were made available across all Mayo Clinic locations in Minnesota, Wisconsin, Florida, and Arizona, with eligibility limited to Mayo Clinic employees. These factors suggest that a reasonably varied group of individuals took part. The inability to conduct long-term follow-up may also affect conclusions about sustained results. In addition, all training was delivered virtually, so the potential effectiveness of in-person formats has yet to be examined. The relatively modest sample sizes for the courses — particularly for the coaching component — should be taken into account, as they are smaller than those seen in many other studies. Future investigations could address these issues by testing programs beyond healthcare settings, targeting senior executive roles, evaluating differences between virtual and face-to-face delivery, and assessing how well such training can be adapted for smaller organizations.

Further development of leadership content is essential. A key priority is broadening the existing courses to cover topics such as giving and receiving feedback, team building, staff engagement, handling difficult conversations, and managing change. Efforts are underway to explore how Artificial Intelligence can support scripting activities. Moreover, AI-powered interactions enabled by generative AI and related tools warrant continued study to clarify their potential contributions to leadership education and to facilitate leadership discussions. Other engagement approaches under consideration include flipped classroom models, chatbots, and interactive workshop formats to better equip leaders for today’s fast-paced environment.

Conclusion

The results of this study highlight the vital role that strong leadership communication skills play in healthcare. Training programs aimed at unit-level managers demonstrated clear demand and meaningful benefits, underscoring a notable shortfall

in existing leadership preparation options. The findings indicate that practical, applicable skills, combined with guided practice, are especially important for healthcare managers, consistent with prior research on the power of experiential learning. The positive outcomes from one-on-one coaching underscore the advantages of individualized growth opportunities for strengthening leadership capabilities and building resilience. Given the rapid pace of change in healthcare, the need for comprehensive leadership development initiatives is likely to remain strong. Overall, continued focus on advancing leadership communication abilities is crucial for cultivating capable leaders in the healthcare field. The lessons from this study provide a solid foundation for further growth and refinement of leadership training efforts, ultimately supporting better outcomes for healthcare staff and the patients they serve.

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References

1. Dewey C, Hingle S, Goelz E, Linzer M. Supporting clinicians during the COVID-19 pandemic. Ann Intern Med. 2020;172(11):752-3.
2. Rosa WE, Schlak AE, Rushton CH. A blueprint for leadership during COVID-19. Nurs Manage. 2020;51(8):28-34.
3. Terkamo-Moisio A, Palonen M, Vaartio-Rajalin H, Kaunonen M, Tarkka MT, Koivula M, et al. Structural and psychological empowerment of students obtaining continuing leadership education in Finland-a national survey. Nurse Educ Today. 2022;116:105456.
4. Liang Z, King JC, Nagle C, Pain T, Mallett AJ. Empowering and building the capabilities of mid-level health service managers to lead and support the health workforce-a study protocol. Int J Environ Res Public Health. 2024;21(8):994.
5. Bornman J, Louw B. Leadership development strategies in interprofessional healthcare collaboration: a rapid review. J Healthc Leadersh. 2023;15:175-92.
6. Koutalas E, Paraskevadaki E, Souliotis K, Rizogiannis D, Gournellis P, Tsiplakou A, et al. Scenarios for assessing leadership behaviors of mid-level managers in the Greek national health system through the lens of servant leadership theory: a pilot study in the hospital cluster of North Attica. Cureus. 2024;16(5):e60438.
7. Osunlaja O, Enahoro A, Maha CC, Kolawole TO, Abdul S. Healthcare management education and training: preparing the next generation of leaders-a review. Int J Appl Res Soc Sci. 2024;6(6):1178-92.
8. Chesak SS, Perlman AI, Gill PR, Bhagra A. Strategies for resiliency of medical staff during COVID-19. Mayo Clin Proc. 2020;95(9):S56-9.
9. Blickle JG, Vojta L, Huang C, Wyse JM, Yarnell AM, Hartzell JD. Learning to lead: 10 leadership lessons from operation bushmaster. Mil Med. 2022;187(5-6):113-5.
10. PL SG, McDonough J, McDonough J. What benefits do healthcare organisations receive from leadership and management development programmes? A systematic review of the evidence. BMJ Leader. 2020;4:21-36.
11. Barr TL, Nathenson SL. A holistic transcendental leadership model for enhancing innovation, creativity and well-being in health care. J Holist Nurs. 2022;40(2):157-68.
12. Patel NA, Nayak SN, Bariya BR, Patel MN. Analysis of leadership and team management skills of middle-level healthcare managers of Valsad district, Gujarat. J Family Med Prim Care. 2024;13(2):498-504.
13. Packard JS, Brustad RA, Hoplin JM, Stevens SK. Beyond service education: impacting the human experience with sustained training utilizing the experience model of communication. Patient Exp J. 2022;9(2):87-93.
14. Murray JS, Kelly S, Hanover C. Promoting psychological safety in healthcare organizations. Mil Med. 2022;187(7-8):808-10.
15. Mosca JB, Curtis K, Puches L. Annual performance appraisals are replaced with the coaching and leadership of employees. J Bus Divers. 2022;22(1):1-9.
16. Bolea A, Atwater L. Applied Leadership Development: Nine Elements of Leadership Mastery. Routledge/Taylor & Francis Group; 2016.
17. Ridgeway JL, Hubbard AK, Hathaway JC, Egginton JS, Preston HR, Bradley KL, et al. Understanding participant perspectives of workplace wellness coaching. Health Behav Policy Rev. 2014;1(3):218-28.
18. Graham RNJ, Woodhead T. Leadership for continuous improvement in healthcare during the time of COVID-19. Clin Radiol. 2021;76(1):67-72.

19. Northouse PG. Leadership: Theory and Practice. 8th ed. SAGE Publications; 2019.
20. Colbert GB. Newsletters in medical education. Semin Nephrol. 2020;40(3):284-90.
21. Dyrbye LN, Major-Elechi B, Hays JT, Fraser CH, Buskirk SJ, West CP. Relationship between organizational leadership and health care employee burnout and satisfaction. Mayo Clin Proc. 2020;95(4):698-708.
22. Hargett CW, Doty JP, Hauck JN, Webb AMB, Cook RS, Zigmont JJ, et al. Developing a model for effective leadership in healthcare: a concept mapping approach. J Healthc Leadersh. 2017;9:69-78.
23. Nightingale A. Implementing collective leadership in healthcare organisations. Nurs Stand. 2020;35(5):53-7.
24. Van Diggele C, Burgess A, Roberts C, Mellis C. Leadership in healthcare education. BMC Med Educ. 2020;20(Suppl 2):20.
25. Singer SJ, Hayes J, Cooper JB, Vogus TJ, Gray L, Matthews L. A case for safety leadership team training of hospital managers. Health Care Manage Rev. 2011;36(2):188-200.
26. Varkey P, Peloquin J, Reed D, Lindor K, Harris I. Leadership curriculum in undergraduate medical education: a study of student and faculty perspectives. Med Teach. 2009;31(3):244-50.
27. Mianda S, Voce A. Developing and evaluating clinical leadership interventions for frontline healthcare providers: a review of the literature. BMC Health Serv Res. 2018;18(1):747.
28. Grant AM, Studholme I, Verma R, Kirkwood L, Paton B, O'Connor S. The impact of leadership coaching in an Australian healthcare setting. J Health Organ Manag. 2017;31(2):237-52.
29. Spears-Jones C, Myles R, Porch T, Parris S, Ivy-Knudsen M, Dean HD. Leading organizational change: improved leadership behaviors among public health leaders after receiving multirater feedback and coaching. Workplace Health Saf. 2021;69(9):400-9.