

SUCCESSION PLANNING: DEVELOPING THE NEXT GENERATION
OF NURSE LEADERS

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ABSTRACT

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Leadership development through succession planning is a business strategy to prepare nurses to assume administrative positions vacated by “baby boomer” retirees. The literature indicates that many healthcare organizations provide little or no formal education for nurses who advance to higher positions. Nurse leaders need skills in managing hospital business operations and in managing diverse individuals of different ages, ethnicities, and social backgrounds. Succession planning is a proactive strategy that retains intellectual capital and ensures that internally qualified candidates are prepared for leadership positions. The purpose of the study was to explore the implementation of succession planning programs in healthcare organizations for aspiring nurse leaders to understand how the programs are established, structured, and sustained.

A qualitative research approach using grounded theory methodology was used to guide in-depth interviews and analysis. A purposive sampling method was used to select six large healthcare organizations from the West, Midwest, and South with successful succession planning programs. Twenty-five individuals who were closely involved with the programs were interviewed using a semi-structured interview guide. Data were coded and

themed using Corbin and Strauss's (2008) process. Four themes emerged, common to each of these programs that described elements of a successful succession planning program: 1) organizational commitment, having the vision and fiscal support; 2) individual commitment, engagement of key administrators, program directors, faculty, and engaged participants; 3) a formalized program, providing a guiding framework; and 4) and sustainability, organizational and individual outcomes which reinforced the investment in the program.

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CHAPTER I

INTRODUCTION

Leadership development through succession planning is a business strategy that has gained recent attention in nursing because of the dearth of qualified individuals able to assume administrative positions vacated by “baby boomer” retirees (Cadmus, 2006; Kim, 2012; United States Department of Labor: Bureau of Labor Statistics, 2013; Westphal, 2009). Succession planning dates from the 14th century and was initially related to family businesses and how management of the business was to be passed down to future generations (Lansberg, 1988). Christensen (1954), Koch (1978), Trow (1961), and other authors of the mid-20th century disseminated succession planning into the business arena as a systematic way of capturing information about individual employees, their performance, progress, and potential for advancement to greater responsibility. As corporate organizations began focusing on replacing senior leadership positions, they initially targeted only chief executive officers (CEOs) but eventually realized that the ongoing stability of the organization benefited from a structured process that identified and prepared all potential future leaders.

The benefits of having an in-place succession planning program have been described by a number of authors (Brunero, Kerr, & Jastrzab, 2009; Fennimore & Wolf, 2011; Glasgow, Weinstock, Lachman, Suplee, & Dreher, 2009; Martin & Schmidt,

2010). Kim and Thompson (2012) report that high-performing healthcare organizations utilize leadership succession planning programs to retain intellectual capital by identifying and supporting employees with potential for promotion. Successful succession programs include strategies that target knowledge transfer among workers and provide a forum for the acquisition of new capabilities (Crumpacker & Crumpacker, 2007). McAlearney (2010) noted that structured leadership development programs increase the caliber and quality of the workforce through mentoring, coaching, and educating leaders.

The use of succession planning in healthcare organizations was not documented in the literature until 2000 (Carriere, Muise, Cummings, & Newburn-Cook, 2009) and almost exclusively targeted chief executive officers and other top-level administrative leadership (Redman, 2006). Citations concerning the implementation of succession planning in nursing were not published until at least five years later (Collins, 2009; Redman, 2006).

A number of interrelated issues are now driving the need for a formalized process to prepare nursing's future leaders. In addition to the aging nursing workforce, the healthcare industry is growing, fueled by a simultaneously aging population (Cadmus, 2006; US Bureau of Labor Statistics, 2013; Westphal, 2009). The nursing shortage is ongoing; schools of nursing are unable to keep up with demand due to a lack of experienced nursing faculty (Jacob & Sanchez, 2011; Mennick, 2008). The number of nurses interested in leadership roles is diminishing; the American Organization of Nurse

Executives (AONE) reports an average vacancy rate for nurse-managers as high as 8.3% nationwide (Zastock & Holly, 2010). Nurse managers thrust into leadership positions without adequate preparation tend to burn out. Because work-life balance is important to the next generation of leaders, they are not necessarily interested in committing to the long work hours they see their supervisors putting in (Donelan, Buerhaus, DesRoches, Dittus, & Dutwin, 2008; Keys, 2014).

With the large shifts in workplace demographics (the 2010 census reports that more than one-third of the population reported race and ethnicity other than non-Hispanic whites, representing a 29% increase from 2000 to 2010), succession planning can serve as a forward-looking business strategy to increase diversification in leadership positions (Whitman & Valpuesta, 2010). While the issue of ethnic diversity is of growing concern in healthcare leadership because of the changing population of patients seeking services, there is little specific focus on promoting ethnic diversity in leadership (Spring, Avalon, & Brostoff, 2012). Diversification in healthcare organizations is a business strategy intended to increase access to services. Whitman and Valpuesta (2010) contend that an ethnically diverse healthcare workforce improves the quality of care provided because the communication between staff and clients improves.

Collins (2009), Laframboise (2011), and Shirey (2011) assert that effective succession planning provides the opportunity for seamless leadership transition and is linked to an organization's long-term success and performance. The few healthcare organizations that have published outcomes of a succession program posit that succession

planning is an opportunity for career planning and learning leadership duties (Brunero, et al., 2009; Coughlin & Hogan, 2008) and that mentoring and coaching through a formal process is beneficial and valuable (Garman & Lemak, 2011; Glasgow, et al., 2009).

While these articles and others address the pressing need for succession planning in healthcare organizations generally and in nursing in particular, there is an absence in the literature on the establishment and structuring of such programs and how, once a program is operational, it can be sustained. Also missing is any mention of how succession planning programs can be structured to ensure that the leadership team is as diverse as the population the organization serves. The aim of this study, therefore, was to explore the implementation of succession planning programs in healthcare organizations for aspiring nurse leaders.

Problem of Study

Succession planning is a proactive strategy to retain intellectual capital, promote ethnic diversity in leadership, and ensure that internally qualified candidates are prepared to move into vacant leadership positions. A succession planning program linked to an organization's vision and career development process is the best approach for ensuring that the right talent is ready and available to fill a vacant position. Paradoxically, few healthcare organizations have formal career development or succession planning programs in place for aspiring nurse leaders. If an organization were to want to implement such program, published information on how best to proceed is scarce. This

study explored existing succession planning programs to identify how they were developed, structured, and sustained.

Rationale for the Study

In the nursing arena, clinicians have historically been promoted into managerial roles as a reward for their clinical expertise, with the underlying assumption that expert nurse clinicians make effective managers. As management positions have opened in their fields, many nurse clinicians have capitalized on the opportunity to become nurse leaders although there has traditionally been no educational offering within healthcare organizations for nurses who advanced, or wished to advance, to a higher position. According to Sherman, Bishop, Eggenberger, and Karden, (2007), many nurse leaders neither actively sought nor applied for their current positions, often accepting the position on an interim basis or having unexpectedly been asked to apply for the position by upper management and receiving little or no formal preparation for a position of leadership. The overriding perception has been that nurse leaders have received all the preparation needed for their roles through such programs as management training (Shermont, Krepcio, & Murphy, 2009), workforce development (Collins, 2011), career development (Sherman, et al., 2007) and leadership transition planning (Sorenson, Iedema, & Severinsson, 2008).

What these “programs” do not offer is in-depth training in certain skill sets (i.e., business management, financial planning, and project development), nor do they offer mentoring, coaching, or role-modeling (Wong & Cummings, 2009). In reality, many nurse leaders are forced to learn on the job through trial and error. A unique feature of

succession planning is the early identification and development of aspiring leaders before they are thrust into leadership positions (Coughlin & Hogan, 2008; Fennimore & Wolf, 2011; Kim & Thompson, 2012). Younger nurses are, unfortunately, witnessing the inadequate or nonexistent process for preparing aspiring nurse leaders and becoming discouraged from pursuing future leadership roles as they recognize the deficiencies of what little infrastructure exists to help them succeed (Sherman, et al., 2007).

Nursing leadership development through succession planning is an investment in those individuals with the potential to improve the institution's profitability, productivity, working relationships, and staff retention (McNally & Lukens, 2006; Wolf, Bradle, & Greenhouse, 2006). Blouin, McDonough, Neistadt, and Helfand (2006) argue that "succession planning is more than an executive search for the next nurse leader; it is a process in areas such as leadership development programs, mentoring networks, performance governance, aligning organizational goals with human capital, and workforce planning" (p. 326). Huston (2008) describes succession planning as a proactive business strategy, believing that such a strategy will ensure the availability of internally qualified candidates to move into vacant leadership positions.

As ethnic diversity in the nursing workforce changes in healthcare organizations, promoting ethnic diversity in leadership positions is also important. According to Whitman and Valpuesta (2010), an ethnically diverse workforce improves the quality of care provided by improving communication between staff and client. In the 2010 Census Report (2012), the Hispanic population composed 16% of the total population, up from

13% and representing a growth of 43% between 2000 and 2010. The foreign-born population increased by 57% compared to the 9.3% growth for native citizens within the same time period. The ethnic diversity in healthcare leadership does not reflect these demographic changes. A succession planning program should be designed to ensure that the leadership of an organization becomes as diverse as the population it serves.

Registered nurses are one of four major occupations expected to experience the greatest growth of new employees between 2010 and 2020. More than 711,900 employees will be needed to fill vacant and new positions, a projected increase of 26% in the decade between 2010 and 2020 (Bureau of Labor Statistics, 2013). The Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, identified strong nursing leadership as a key factor in meeting patient care needs in healthcare systems (Institute of Medicine, 2011). The IOM report, as well as an article by Wendler, Olson, and Prater (2009), emphasized that leadership development programs and mentoring will enable the nursing profession to produce leaders who can serve as full partners with other health professionals, understand financial management, engage in research, redesign systems, and engage in policy changes. With the current planned and unplanned retirement of aging nurses, the need for competent leaders who are well-prepared to fill future vacant job positions is becoming urgent.

Identifying core competencies or attributes nurse leaders need to be successful is especially important in preparing individuals for leadership roles. McAlearney (2010) and Shirey (2011) state that communicating leadership, vision, and insight into

organizational culture are attributes that must be incorporated into a succession planning program to provide the education and mentoring new nurse leaders need for success. According to McBride (2011), core values that matter most for nurse leaders include individual qualities such as compassion, perseverance, and flexibility. Martin and Schmidt (2010) include emotional stability, attention to detail, and problem-solving skills as important for future leaders. Consensus on which of these core competencies, attributes, or personal qualities should be included or developed in a succession planning program has not been reached.

Philosophical Underpinnings

Grounded theory is a research method that generates new theory from the comparison and analysis of data to explain a phenomenon of interest (Birks & Mills, 2011) and is used in qualitative studies when little is known about the topic. The process begins with the collection of data through a variety of methods (interviews, memos, observations, and interactions). Key elements of the phenomenon being studied are then identified and placed in codes. The codes, through analysis and comparison, are grouped into similar concepts, and the concepts are placed in categories to generate the theory (Birks & Mills, 2011).

Leadership development is an explicitly planned journey. While qualitative studies, especially those with a grounded theory design, frequently do not reference a specific theory, an epistemological approach to examine the conditions of knowledge, structure, limitations, and integration of a successful succession planning program is

proposed. Bandura's social learning theory (1977), which describes how people learn most effectively in training environments, was chosen to formulate the theoretical framework for this study. Learning can occur based on three core principles: observation, the internal processing of information, and the fact that behaviors do not necessarily change although learning has occurred. Core concepts for Bandura's social learning theory are live modeling, verbal instruction, and symbolic modeling.

Live modeling involves demonstrating a behavior while the learner observes the behavior. The four basic steps of the live modeling process are attention, retention, reproduction, and motivation (Bandura, 1977). For learning to be successful, the learner must pay attention to every detail of the behavior being demonstrated; attention is described as the act of dedicating full attention to the behavior. Retention is the ability of the learner both to store observed information and to be able to retrieve it for later use, an ability that is vitally important to observational learning. Reproduction is the ability of the learner to reconstruct/perform an observed behavior. Practicing learned behavior can lead to improvement in skill and the ability to build on the basic foundation of specific learned behaviors. Motivation is the key to the successful use of information learned through observational methods.

The association between Bandura's social learning theory and this study is the assumption that learning occurs most effectively through direct observations of the expected behavior as it is performed by others in everyday situations. In a formal succession planning program, live modeling of the expected behavior of a leader can be

vicariously conveyed through visual aids, presentations, role modeling, and imitation (McCloughen, O'Brien, & Jackson, 2009). Succession planning programs provide an environment for replicating experiences, situations, and problems of leadership to expose the individual to new response patterns. Complex social acts of an organization's culture can be broken down into manageable units conducive to learning (Karsten, Baggot, Brown, & Cahill, 2010).

In verbal learning, the learner receives descriptions and explanations of a behavior (Bandura, 1977) and must focus on specific details of a verbal exchange and create a mental image. Thoughts and cognition help the learner in connecting when and where it is appropriate to display the actual behavior.

Symbolic modeling involves a real or simulated display of behaviors in a specific scenario. Boyce (2011) asserts that individuals define the self and the role of the self in society through interactions with others; this process of definition often involves interactions with an influential individual or valued reference group. Individuals continuously interpret and then adhere to the understood "rules" of the group. Symbolic learning can occur in learning labs, online, in training settings, in live representation, and in the context of modeling. The learner takes an active part in performing behaviors of a certain character (e.g., chief nursing officer, professor, etc.). Organizations with a succession planning program can provide opportunities for nurses to learn leadership behaviors from other professionals through mentoring and through the coaching of desired responses to situations in a controlled environment. It is important to note that, no

matter which learning strategy is utilized, the learner must be motivated to apply information and display newly learned behaviors. Learned behaviors are usually reinforced as one experiences a sense of accomplishment, pride, and satisfaction.

In summary, grounded theory and Bandura's social learning approach come together to form the philosophical and theoretical integration of succession planning process in healthcare. Learning occurs through formal study in which the desired qualities and behavior of a leader are observed, integrated, and enacted. Symbolic modeling teaches the learner the meaning of a behavior. A schematic representation of learning interaction between the person and environment can be developed from the data.

Bandura's social learning theory (1977) provided guidance on developing appropriate questions for soliciting information from participants on what they perceive to be the most effective strategies for implementing a succession planning program. Major themes that emerged from the individuals interviewed were categorized using learning strategy concepts. The information gathered from the comparison of data was used to help the researcher develop theoretical statements about the development of a successful succession planning program.

Research Questions

Succession planning is about establishing pathways to future leadership positions for talented nurses. This study explored the implementation of succession planning programs in healthcare organizations for aspiring nurse leaders. The following research questions provided direction for the study.

1. How are successful succession planning programs for aspiring nurse leaders established and sustained?
2. What individual qualities do organizations look for in future leaders?
3. How are current succession planning programs preparing healthcare organizations for the changes in workforce diversity?

Definition of Terms

For the purpose of this study, the following conceptual and operational definitions have been established for key variables. Several terms and definitions have meaning within the context of the succession planning experience in healthcare organizations.

1. *Succession planning* – is “an ongoing process of identification, assessment, and development of talent within the organization that ensures leadership continuity for key positions” (Yoder-Wise & Kowalski, 2006, p.408). For the purpose of this study, the term *succession planning* included any established formal process and curriculum that helps nurse leaders be successful in their jobs. The *formal program* consisted of a written process and curriculum designed to focus on the identification, growth, and development of leaders in executable stages.
2. *Successful succession planning program* - any program that has been in effect for more than one year and whose graduates have been promoted to leadership positions.

3. *Nurse leader* - an individual who has been promoted to a position of responsibility for nursing operations in an organization. Nurse leaders in healthcare facilities are responsible for interviewing and hiring employees, setting and implementing strategic goals, and ensuring the delivery of quality patient care.
4. *Healthcare organizations* - any for-profit, not-for-profit, community, teaching, or public facility with a gross revenue of more than \$500 million and whose overall goal is to maintain or restore health to patients and clients by licensed personnel.
5. *Workforce diversity* - a workforce representing people from different cultural and linguistic backgrounds that matches the characteristics of the population in ethnicity, age, ability, religion, gender, and sexual orientation.

Limitations

One of the most significant limitations of this study was the identification of known healthcare organizations with a successful nurse leader succession planning program in place. Purposive sampling via networking and the use of snowballing (a sampling technique in which participants were asked to refer other participants) was used to identify the sample used for this study. A possible limitation to the use of snowballing was that of interviewing a network of acquaintances with similar thinking and perceptions about their succession planning programs.

A second limitation of the study, once healthcare organizations had been identified, was gaining access to individuals within the organization who were willing to participate in the study. The researcher sought the assistance of mutual friends and contacts to assist in making the needed connections.

A third study limitation was restricting the sample to organizations with revenues of \$500 million or more. While this restriction ensured a more homogeneous sample, findings are not transferable to smaller healthcare facilities.

Summary

The development and implementation of strategies to support leadership development through succession planning for aspiring nurse leaders is critical for the future of healthcare organizations. Schwartz (2011) contends that succession planning is not merely replacement planning but a focus on forecasting future needs of the organization with in-place, proactive plans to address those needs with qualified and prepared individuals. This can be accomplished in alignment with the strategic goals, vision, and culture of the organization. Succession planning programs have the potential to retain intellectual knowledge, grow leaders, and increase ethnic diversity within the organization.

The compilation of information gathered from this qualitative design will provide a better understanding of what organizations are doing to prepare aspiring nurse leaders for future positions. This will in turn guide the development of a framework to support succession planning programs in healthcare settings.

CHAPTER II

REVIEW OF THE LITERATURE

The phrase “succession planning” has many meanings in terms of development and replacement. Clutterbuck (2010) uses the term in human resource management to denote “talent management” or “career self-awareness.” In another study, Hank (2006) describes succession planning as a business plan for the replacement of retiring family members of family-owned companies; the role of the family leader was to identify and mentor the person who was to take over the family business. Additional uses of the concept are found in the literature of human resource management training, employee coaching (Karsten, et al., 2010), family business inheritance (Lansberg, 1988), political survival, financial planning (Christensen, 1954), academic environment training and development (Glasgow, et al., 2009), and ecological succession.

As generations of nurse leaders leave the workforce and healthcare organizations continue to grow, the need for initiatives supporting succession planning becomes increasingly important. Preparation for leadership replacement begins with a vision and is vitalized by a mission to move the organization toward its objectives. Skilled individuals who fit the culture of the organization are essential to the planning process. Succession planning promotes growth and development among nurse leaders at all levels of the healthcare system. Nurse leaders play important roles in facilitating the delivery of high quality professional nursing care, in staff retention, and in the cost of care (Shirey, 2011).

Although many healthcare organizations have begun to realize the value of having qualified individuals to promote into leadership positions vacated by attrition, promotions, and transfers, there are relatively few formal education programs that specifically target leadership development of current nurses with the potential to progress into more complex leadership positions. Furthermore, research on succession planning and its ability to promote ethnic diversity in healthcare organizations is limited.

Korn/Ferry International (2010) conducted a global survey of executives registered with the center from more than 60 countries representing a wide spectrum of industries and found that while 98% of the respondents considered succession planning important, only 35% had a formal program in place for the position of CEO, with even fewer programs for other leadership positions. A 2010 National Healthcare Leadership Survey showed that approximately 3% of healthcare systems engaged in succession planning or a similar talent management process for their top administrators. The survey also indicated that only 17% of the administrators and 9% of the nurse leaders participated in a program to prepare them for leadership. Landry, Hernandez, Shewchuk, and Garman (2010) conducted a similar study using a sample of CEOs from the American Hospital Association; approximately 78% stated that succession planning was not routinely done while 21.9% indicated that it was routinely done.

This chapter describes the most current information available on succession planning as it is being practiced in healthcare organizations. The content of succession planning programs will be described and discussed and characteristics of individuals

identified for participation in these programs will be examined. Research conducted on efforts to increase ethnic diversity in leadership will be discussed. The remaining portion of the chapter will describe the barriers identified in implementing and sustaining a succession planning program and gaps in the literature will be identified.

Search Strategies

A comprehensive review of the literature was conducted using numerous databases from nursing, allied health, and business. The electronic databases utilized were CINAHL Plus with Full Text, Health Source Nursing/Academic Edition-EBSCO, Nursing and Allied Health Sources-ProQuest, Pub Med, Medline, Dissertation Abstracts, and Business Source Complete. The review was restricted to published information from 2003 to present, English Language, Research Scholarly, Humans and Adults. The key words for the search were utilized singularly and in combination to identify the relevant literature on succession planning. Key words employed in the search were succession planning, nursing leadership and development, succession planning and executives, succession planning and leadership, succession planning and healthcare industry, succession planning and chief executive officers, and succession planning and ethnic diversity and nursing leadership. The results of the initial search revealed that many of the articles had different definitions and meanings for the concept of succession planning than that intended in this study.

For the purpose of this study, succession planning is defined as a formalized process or strategic plan for identifying qualified individuals for future leadership

positions and providing professional development activities to prepare the individual for the job. The integrated literature review on succession planning is divided into three major themes: (1) formal programs with content, (2) characteristics of individuals identified for succession planning program, and (3) ethnic diversity in leadership positions.

Succession Planning: Perspective from the Business World

Succession planning, as a formal concept, was initially related to family businesses and how management of the business was to be passed down through the generations. With the rise of corporations and the demand for continuity in leadership to reassure stakeholders of an organization's stability, succession planning became formalized in business. Corporations developed structures for the identification of future leaders, for evaluation of the performance of these individuals, and to assess readiness for new responsibilities (Mintzberg, 2008). Succession planning provided an important mechanism by which organizations could rapidly adapt to a changing competitive environment. The primary function of the CEO was to ensure that a reasonable succession plan was in place for interim leadership in the event of an unexpected change (Charan, 2005).

According to Greer and Virick (2008), well-managed firms, such as GE, Hewlett Packard, and Bank of America, place great importance on developing and promoting talent from within the organization (p. 352). Ready and Conger (2007) contend that organizations should be "talent factories," focusing on functionality and vitality;

functionality is the process of putting the right person in the right job and vitality is the attitude or mindset of the people responsible for developing the talent from the bottom to the top of the organization, both important attributes in the survival of companies. Corporations such as Dell, Dow Chemical, Southwest Airlines, Whole Foods, and Eli Lilly have been able to withstand turbulent times by promoting from within and by linking leadership development to succession planning (Greer & Virick, 2008, p. 352).

Succession Planning: from the Healthcare Perspective

Succession planning is a new idea in healthcare organizations and particularly in nursing. According to Redman (2006), the concept appeared in healthcare publications around 2000 and in published nursing literature about 2005 in the form of intellectual discourse and personal opinions on the value of succession planning in healthcare. Perceptions were that nurses learned leadership skills by attending classes during basic nursing orientation. Succession planning for leadership positions in nursing has not included mentoring and role modeling elements over a defined period of time. According to Shirey (2011), organizations that establish and support succession planning programs influence career goals and inspire professional growth. Disappointingly, relatively few succession planning programs for aspiring nurse leaders exist in healthcare organizations.

Excellent leadership is essential to providing high quality patient care. The American Organization of Nurse Executives (AONE) recognizes the lack of existing models, accepted practices, and curriculum to serve as guidelines for mentoring nurse executives (Harris, Huber, Jones, Manojlovich, & Reineck, 2006). To keep pace with the

increasing demand for knowledgeable and qualified leaders who are able to meet the ever-changing healthcare mandates, AONE (2005), in collaboration with the Healthcare Leadership Alliance, developed a framework for establishing core executive competencies that describes the skills common to all executives, including those in healthcare. This framework encompasses five major areas: (1) communication and relationship management; (2) knowledge of the healthcare environment; (3) professionalism; (4) business skills and principles; and (5) leadership (AONE, 2005, p. 15). The nurse executive job description and performance evaluation are based on AONE's core executive competencies (Harris, et al., 2006). Although the core competencies have been identified, the leadership framework lacks both the mentoring and coaching aspects of preparing future nurse leaders and the specific outreach and development efforts that will increase diversity in leadership.

Research: Succession Planning Program

The healthcare industry is in a growth period, highlighting the need for competent and capable individuals available to move into vacant positions. To retain intellectual capital, Trepanier and Crenshaw (2013) suggest that high-performing organizations use leadership succession planning programs to identify employees with potential for promotion and then provide them with support. Succession planning programs increase the caliber and quality of the workforce through mentoring, coaching, and education (McAlearney, 2010) and include strategies for targeting knowledge transfer among

workers and provide a forum for the acquisition of new capabilities (Crumpacker & Crumpacker, 2007).

Key Elements

The literature on succession planning can be arranged according to three major elements: strategic development, recruitment, and coaching and mentoring. Organization leaders must first identify why a program is necessary and develop strategies for its implementation. The second step is the identification both of the target group of individuals for participation in the program and of the key job positions the program is designed to target. The final step is the identification of faculty sourcing for the coaching and mentoring component of the succession planning program. Will external or internal faculty teach in the program and who are they?

Mass, Brunke, Thorne, and Parslow (2006) conducted telephone interviews of senior nurse leaders and middle-level management in health services representing geographical regions across Canada with the aim of determining the perceptions and understanding of the competencies required for leadership. The researchers also wished to determine whether middle-level management competencies and expectations differed from those expected of senior management; they concluded that differences between the two competencies required for each job were not significant. Both groups agreed that successful leaders need knowledge, training, and skills in budgeting, business operation, organizational systems, program development, and human resources. If nurses are to be successful leaders, strategically developed educational programs with supportive learning

and mentoring opportunities must be a high priority. Leadership succession planning in nursing will not occur spontaneously.

Strategy Development

In the establishment of a succession planning program, job positions that greatly influence the organization's operations and financial stability should be the primary focus of leadership development strategies. Schmalzried and Fallon (2007) conducted a postal survey of top agency nurse executives from 134 local health departments to assess their ability to replace key positions in Ohio through a succession planning program. Of the executives surveyed, 51.7% rated succession planning as important and necessary. Only one quarter of the responders (27.6%) reported having a succession plan in place although almost half (43.7%) the top executives reported planning to leave their current positions within six years.

Employee turnover is a normal process, and readiness to respond to planned and unplanned departures of experienced leaders is necessary. Executives provide leadership by developing and maintaining strong infrastructure in their organization. Experienced leaders have valuable networks and connections with other key decision-makers in the profession (Savic & Pagan, 2008). Losing experienced leaders without effective replacements who are ready to step in can be disruptive, affect the service that is provided, and engender negative economic effects within the organization and the community.

Kim and Thompson (2012) conducted a cross-sectional study of 300 hospitals as reported in the American Hospital Associations (AHA) 2008 survey of hospitals regarding the existence of leadership and career development to determine if these institutions had succession planning programs, a diversity plan, or career development activities in place. The internal and external factors contributing to establishing and maintaining a leadership development program were examined. The authors concluded that formal leadership programs increased the caliber and quality of the healthcare workforce, improved efficiency in the organization, and reduced turnover-related expenses. The findings further suggest that larger healthcare organization had more financial resources to support leadership development than smaller, non-system-affiliated facilities. Organizations with higher profits invested more resources in leadership development because they understood the value of having prepared leaders, and not-for-profit organizations invested in leadership development because it related to their mission and values and they considered it an important investment (Kim & Thompson, 2012). Hospital markets with the highest percentage of minorities had fewer leadership development programs because fewer resources were available to support such programs (Kim & Thompson, 2012).

Glasgow, et al. (2009) described a leadership development program for four nursing academic administrators that consisted of executive coaching while they attended a campus-based leadership symposium. Because of the high turnover in academic administration positions through retirement and promotion, implementing a succession

planning process was essential in fostering the transition of faculty to leadership roles. Participants provided feedback on the program in the form of case studies. The leadership symposium series was divided into four sessions: (1) motivating faculty to be productive teachers, (2) balancing faculty “wants” with administrative “needs,” (3) fostering a positive productive climate, and (4) program development and evaluation and benchmarking (p. 206). The nurse administrators found the coaching and training program and the leadership symposium experience beneficial and important in preparing the next generation of leaders. Moreover, the program helped ensure success for new leaders facing new challenges by providing training in budgeting, politics, accreditation requirements, curriculum development, leadership, and management skills.

Coughlin and Hogan (2008) evaluated the effectiveness of a succession planning program by interviewing ten staff nurses and six nurse leaders who participated in the pilot program. The staff nurses reported a positive and educational experience and valued the program because they were able to attend corporate-level meetings, shadow administrative leaders, and see female executives functioning in roles in the institution. The staff nurses reported that the pilot program validated their decision to advance their careers in administration. The nurse leaders reported that the succession planning pilot program afforded them the opportunity to evaluate their leadership roles and their abilities. The staff benefited from seeing what their leaders did and everyone benefited from the opportunity to share knowledge and understand the scope of the nurse leader role.

Brunero, et al. (2009) evaluated a nursing succession program that was implemented in a teaching hospital setting in Australia. Twenty-five participating nurses provided input on the outcome of the model with emphasis on customer satisfaction, program progress, and job placement. The overwhelming response to the survey was that succession planning programs assisted in career planning and provided a better understanding of potential career pathways. The researchers suggest that succession planning should be a priority for all career levels, not just chief executive officers. The succession planning program provided opportunity for the staff to fill vacant positions, make decisions on career pathways, and learn more about the organization, thus benefiting both participants and the organization.

Recruiting Process

Beyers (2006) interviewed nurse executives from five different settings to learn how succession planning is applied in today's practice. The nurse executives interviewed were considered experts in their approach to succession planning. One nurse executive shared her approach to the process by saying, "I intentionally hire the best people, foster their growth and focus on the role and not the title" (p. 310). She further stated, "Succession planning is complex, the culture must support the process and it is a long-term endeavor" (p. 310). Another nurse executive described succession planning as "a farm team: always growing new groups of leaders in all aspects of nursing, clinical, administrative, research and education all the time, and the key to success is the willingness to mentor" (p. 310). The nurse executives interviewed were committed to

succession planning although the approach varied based on the individual and the healthcare organization. Each interviewee approached the process differently and did not reference or describe a specific program or curriculum used in the process of succession planning in her/his organization but only expressed her/his own perspectives.

Khaliq, Walston, and Thompson (2007) surveyed 508 hospital CEOs on the effects of leadership turnover and the kinds of assistance departing CEOs, incoming CEOs, and hospital boards might find useful during the transition. The top three suggestions for assisting departing CEOs were (1) job placement assistance, (2) severance package, and (3) transition/succession planning (p. 12). The top three responses for assisting incoming CEOs were (1) structured orientation and introduction to key players, (2) establishing a network of peers and support personnel, and (3) organizational board and community support (p. 12). The hospital boards' top three suggestions for assisting in reducing CNO turnover were (1) referral search and selection, (2) transition/succession planning, and (3) recruitment and retention training (p. 12). Incoming and outgoing CEOs, as well as hospital boards, all valued and expressed the need for a succession planning program (Abernathy & Chastain, 2011). The study identified internal development programs, networking with peers, and support personnel as important aspects of leadership success. Knowing what is important to CEOs can influence organizations to develop appropriate succession programs to meet their needs (Charan, 2005).

Coaching and Mentoring

Benjamin, Riskus, and Skalla (2011) examined a succession planning program at a community-based teaching hospital. Based on the Magnet model, the program curriculum included transformational leadership, structural empowerment, empirical quality outcomes, exemplary professional practice, and new knowledge, innovation, and improvement. Although nurse-focused, the program was open to all staff. Hospital managers served as faculty to decrease operating costs. Participants included (1) newly appointed leaders who needed didactic content, (2) staff identified by supervisors as future leaders, and (3) individuals interested in learning more about leadership. Five eight-hour workshops were given over a five month period. Seventeen program participants were promoted into leadership positions; two participants decided they were not interested in pursuing leadership after learning more about the role.

McCloughen, et al. (2009) conducted a study of 13 eastern Australian nurse leaders to determine if mentoring relationships contributed to the development of how those nurse leaders conceptualized mentoring. Findings indicated that mentoring provided the foundation upon which relationships grew. The “buddy” mentoring relationship in which the mentee spent time with an assigned preceptor was highly effective because the mentee had the opportunity to observe the mentor in her/his daily duties, ask questions, and practice the role using a hands-on approach.

Attracting future leaders from Generations X, Y, and the Millennial could pose a challenge to current leaders born during the baby boom era. The newer generations

challenge current leadership practices of the boomers and nurse leader veterans refuse to engage in organization politics, use technology as a primary source of information gathering and analysis, and tend to value skills over experience (Donelan, et al., 2008; Keys, 2014). Westphal (2009) investigated the effects of workforce shortages on nurse leader turnover and succession in US by obtaining data from the 2004 National Sample Survey of Registered Nurses along with RN shortage data from the Center for Health Workforce Studies. The researcher found that 17% of nurse leaders changed positions in 2004, with 61% of the promotions occurring from within the organization. Nurse leaders from states with large shortages worked longer hours and were 2.4 times more likely to change job positions than nurse leaders from non-shortage states. The research indicates that organizations reduce turnover and recruitment costs by focusing on staff retention with succession planning programs and that nurses are seeking career advancement opportunities within their own organizations.

**Research: Characteristics of Individuals Identified
for Succession Planning Programs**

Relevant nurse leader attributes must be identified and incorporated into the selection process for succession planning programs. Individual qualities of compassion, perseverance, and flexibility are core values that matter most for nurse leaders (McBride, 2011), together with emotional stability, attention to detail, and problem-solving skills (Martin & Schmidt, 2010).

Anderson, Manno, O'Connor, and Gallagher (2010) conducted a focus group of five nurse managers who were scored as exceptional in leadership on the Nursing Quality Indicators (NDNQI) RN survey. The authors investigated the qualities and characteristics of managers who were perceived as leaders by their staff. Prior to the focus group discussion, the managers were informed of their high ranking on the NDNQI survey on leadership and asked why they thought they had achieved their high scores. The characteristics of a good leader identified by the managers included visibility, good communication skills with candid feedback, respect, and empathy. The managers perceived these characteristics influenced job satisfaction and patient care outcomes.

Collins (2009) surveyed 92 hospital CEOs to determine their perspectives regarding the advantages/disadvantages of internally developed successors versus externally recruited successors. The researcher also sought information on the identification of future successors and on who was responsible for the continuation of leadership in the hospital industry. Survey results indicated that the primary advantages of promoting from within included improved employee morale, greater familiarity with candidates' skills, efficient transition into the job, and knowledge of the organizational culture. Recruiting high performers from within allows the organization to retain talent and provides avenues for personal and professional development (Bonczek & Woodard, 2006; Wendler et al., 2009; Wong et al., 2009). In contrast, external hires bring new ideas; their training may be less expensive; and the candidate has not been enmeshed in organizational politics (Bonczek & Woodard, 2006).

Collins (2009) identified positions suitable for succession planning in hospital settings. The top five were (1) chief executive, (2) vice president, (3) middle management, (4) nurses, and (5) physicians (p. 262). Factors used to identify potential leaders for succession planning were competency, attitude, work ethic, political connections, and friendships, in that order. Collins (2009) suggests that collaboration between senior level administration and the human resource department is important in developing and coordinating a succession planning program and, further, that specific outcome metrics should be identified and used to assess the effectiveness of the program.

Research: Diversity Efforts

As the nursing workforce changes in healthcare organizations, it is important that ethnic diversity in leadership positions be increased to address the changing demographics of the workforce and patient population (Leonard, & Levine, 2006). Whitman and Valpuesta (2010) surveyed 61 general medical and surgical healthcare organizations in Alabama to inquire about recruitment efforts, training practices, and efforts to develop a culturally and linguistically competent workforce. Results indicate that organizations with ethnically diverse individuals in leadership positions recruit more employees from ethnically diverse backgrounds; such organizations focus more on training staff to provide care to diverse patients and they post signs in languages other than English. Establishing an ethnically diverse leadership team is a business strategy that requires thoughtful planning and execution. The study concluded that a diverse workforce brings value by improving service while increasing innovation and production.

Barriers

Succession planning is the strategic process of having the right people in place at the right time by developing talent from within. One of the top five barriers to implementing succession planning programs is the identification of appropriately qualified mentors to serve as preceptors for the mentee (Beyers, 2006; Coughlin & Hogan, 2008; Glasgow et al., 2009). Serving as a mentor involves committing time for participation in the development of another person's learning while performing one's normal job functions. Mentoring, in this case, was not perceived as a priority over primary job responsibilities.

Inadequate support from organization leaders, such as CEOs and CNOs, from a financial and value perspective (Charan, 2005; Khaliq, et al., 2007; Schmalzried & Fallon, 2007; Westphal, 2009) was the second barrier. Implementing a succession planning program requires money to pay mentees, and funds for educational material, classes, salaries, and program development are an expense to the organization. Organization leaders who supported succession planning included this in their strategic plan and provided the financial resources to fund the program (Collins, 2009; Glasgow, et al., 2009; Schmalzried & Fallon, 2007).

The third barrier was the absence of an agreed-on framework or list of competencies for nurse executives (Beyers, 2006; Coughlin & Hogan, 2008; Mass, et al., 2006). AONE, a source for nurse executives, published a paper outlining the skills integral to nurses in executive practice. These skills could be used in planning curriculum

guidelines for the education of nurses seeking executive positions, and the competencies could be used as guides to writing job descriptions, defining role expectations, and outlining evaluations for nurse executives (AONE, 2005). The literature did not identify any organizations using this valuable resource to plan their program.

The fourth barrier identified was the lack of interest from younger nurses in seeking mentorship for leadership positions (Buerhaus, Donelan, DesRoches & Hess, 2009; Donelan, et al., 2008). Nurses from Generations X and Y who are watching the boomers functioning as nurse leaders often find working long hours unappealing. Additionally, current boomer nurse executives have not actively sought out and encouraged Generation X and Y nurses to become leaders. The fifth barrier was that some organizations preferred hiring external candidates for executive positions because they brought both new ideas and relevant experience to the job (Barden, 2008; McNally & Lukens, 2006).

Summary

The literature revealed several findings regarding succession planning in business and in healthcare organizations, especially nursing. An important aspect of succession planning is the maintenance of continuity in healthcare leadership by rapidly filling vacant positions, a practice that leads to improved patient outcomes. Current literature suggests that succession planning is a necessary strategy in identifying desired skills, in aligning key leadership positions with qualified candidates, in providing formal and informal mentoring, and for promoting employee development through resource

allocation and evaluation. Leadership turnover adversely affects staff and patient care outcomes because it destabilizes the organization; inefficient transitions compromise trust and security within the organization and may contribute to an apprehensive atmosphere.

The literature did not provide substantial information on the outcome of succession planning in different types of healthcare institutions, such as for-profit healthcare organizations versus nonprofit healthcare organizations or Magnet versus non-Magnet institutions. The challenges of establishing the best framework for healthcare to ensure that organizations survive leadership changes were not clearly addressed in the literature.

The selection of nurse leaders is even more critical in competitive markets. Research is needed to determine why succession planning varies across healthcare institutions through a more in-depth examination of which processes facilitate effective implementation and which processes should be avoided. Research will help in understanding the barriers that prevent nursing organizations from implementing succession planning programs for middle and upper-level leaders.

Future studies should also focus on how succession planning aligns with other popular and valued organizational initiatives. Specifically, succession planning builds internal pipelines to prepare top performers for key leadership positions. It is believed that organizations that establish and support succession planning programs influence employee career goals by providing opportunities for professional growth. Succession

planning, moreover, reduces turnover of highly talented individuals and controls recruitment costs.

Nurse leaders need good communication skills, practical organizational understanding, and the ability to create positive relationships. Organizations with formalized succession planning programs in place demonstrate greater staff satisfaction and fewer turnovers while developing an efficient supply of qualified candidates to fill vacant positions.

CHAPTER III

PROCEDURE FOR THE COLLECTION AND TREATMENT OF DATA

The aim of this grounded theory design was to explore the implementation of succession planning programs in healthcare organizations for aspiring nurse leaders. The grounded theory approach has been used to enrich the foundational knowledge of succession planning; this method, by focusing on the main problem to be solved, allowed the researcher to seek a more thorough understanding of the phenomena being studied (Glaser & Strauss, 1967). Through comparative analysis of data from interviews, documents, group meetings of experts, and review of the literature, the researcher was able to generate a new theory as opposed to testing an existing theory (Glaser & Strauss, 1967).

Analyses of feedback gathered from organizations with formal succession plans provide information about the challenges, barriers, and opportunities in executing and maintaining a program for nurse leaders in healthcare organizations. This chapter furnishes information on the setting, sample selection, and description of the instruments used in the study and explains how the data were collected and analyzed. The pilot study and its results are described, as are the changes in this research based on that study.

Setting

The study focused on six large academic healthcare organizations, each comprised of, regional care centers as well as medical groups, clinics, and/or hospice care units. One of the organizations was for-profit and five were not-for-profit and all with operating budgets of more than \$500 million gross revenue. It was projected that healthcare organizations with similar gross revenue dollars would have comparable operations, strengths, opportunities, and threats in implementing and sustaining succession planning for nurse leaders. For example, operational issues such as staffing, nursing shortages, and an aging workforce would be similar across the participating institutions; each of the various types of organizations mentioned above would be in the process of dealing with generational differences, retiring leaders, recruitment and retention challenges, and the desire to increase ethnic diversity.

Participants

A theoretical sampling technique was used for this study, a method allowing for the selection of individuals for participation in the study based on the information they could provide that added relevance, clarification, or validation of the emerging theory (Glaser & Strauss, 1967). Data analysis occurred concurrently allowing for constant comparison of the data, leading to a more focused inquiry as the interviews progressed.

The first step was to identify healthcare organizations with current formal succession planning programs. These healthcare organizations were identified from professional networking sources developed through the researcher's present and previous

job relationships with executives and colleagues in leadership positions, via internet search and professional conferences, and referencing names in books and articles written on the topic, thus creating a snowball effect.

The second step was the identification of individuals within each organization with experience and knowledge of the succession planning program. The researcher contacted individuals within the organization by email or telephone to request names of individuals with knowledge of and personal experiences with their organization's succession planning program. After receiving names and contact information, the researcher sent emails to the individuals within the organization, inviting them to participate in the study. This cohort included senior vice presidents, associate administrators, chief nursing officers, chief operating officers, clinical managers, executive consultants, directors, program managers/facilitators, human resources executives, and individuals who had gone through their organization's succession planning program. No participant was excluded because of race, age, or gender.

The primary focus for using grounded theory method was to generate ideas from the data through the examination of differences, similarities, and connections in responses to the phenomenon of successful succession planning (Glaser & Strauss 1967). Qualitative studies generally have small samples; a purposive sampling size of six ($N=6$) healthcare organizations was identified for the study. Twenty-five individuals were interviewed, with a minimum of two from each healthcare organization and each with a distinctive involvement in the program. Individuals interviewed were asked to respond to questions

related to the study objective. Interviews continued until response saturation was achieved; this occurred when the researcher began to see the same themes and categories repeated in the information obtained (Polit & Beck, 2012).

Protection of Human Subjects

The researcher obtained approval to conduct the study from the Institutional Review Board (IRB) of Texas Woman's University, Houston, Texas. The intent of the study was explained to each individual contacted; if he/she agreed to participate, an informed consent form was obtained, indicating agreement to participate in the study and to be tape-recorded (Appendix A). The following was communicated to interviewees as part of the informed consent process: study goals, procedure, nature of commitment, sponsorship, potential risks and benefits, confidentiality, the right to end the interview at any time, voluntary consent, compensation, and type of data to be collected. The researcher provided an explanation for the study on individual bases according to each interviewee's level of understanding and knowledge of the topic.

The researcher explained to the individuals interviewed the potential risks of participating in the study. One risk might be that the individual interviewed was inconvenienced because of the time commitment, which ranged in length from 35 to 60 minutes, involved in responding to the interview questions. The individual interviewed could choose not to participate in the discussion and could, at any time, either refuse to answer a particular question or choose to end the interview.

Digital recording and data analysis files were retained by the researcher in a locked file cabinet to which only she had access. A professional transcriptionist with confidentiality certification transcribed the audio recordings. The researcher personally sent the tapes to the transcriptionist who transcribed them in a private office and stored them in a locked cabinet until they were returned to the researcher. Only the transcriptionist and researcher had access to the transcripts. Name identifiers were not added to the transcripts, which were, instead, numerically coded (SP06, SP07, SP08, etc.). No data were stored on permanent hard drives. The individuals interviewed were encouraged to ask any questions they had about the study and to express any study-related concerns they had to the researcher.

Instruments

Three tools developed by the researcher, an organization demographic data sheet (Appendix B), interviewee demographic data sheet (Appendix C), and a semi-structured interview guide (Appendix D), were used in the study.

Demographic Data Sheet

The organization demographic data sheet (Appendix B) was used to identify the characteristics of each of the healthcare organizations with in-place succession planning programs. Elements used to describe the characteristics of the organization included type of facility, number of employees, and gross revenue, how long the succession planning program had been in place, who participated in the program, who oversaw the program, and the ethnic mix of the program participants. Other elements included the number of

individuals and faculty participating in the program and who contributed to program operations. This body of information was important because it described the financial status of the organization, the population and ethnic diversity of the employees within the workforce environment, and the structure and composition of the healthcare organizations associated with the succession planning program.

The interviewee demographic sheet (Appendix C) was used to identify the characteristics of the individuals interviewed. Elements used to describe the characteristics of the interviewees included gender, age, ethnicity, years' experience in healthcare and current organization, number of people they supervise and their role in the succession planning program.

Interview Guide

The interview guide was an open-ended instrument consisting of eight questions with prompts on leadership development through the succession planning process (Appendix D). This tool was well-suited to the study in that it allowed the researcher to ask follow-up questions and to use prompts to obtain additional information. Interview questions focused on gaining as deep an understanding as possible of an organization's leadership succession planning program. Questions included why the program was put in place, the experiences of the participants, how future leaders were identified, and what educational curriculum worked best. Other elements included identifying the qualities the organizations sought in future leaders, a description of program content and how it had developed, who provided oversight, the barriers encountered, the resources required to

sustain the program, and how racial/ethnic diversity was promoted in leadership development.

Data Collection

A series of interrelated activities (Creswell, 2007) were used to collect the data needed to answer the study's research questions and included the following:

Step 1. Using purposeful selection, the researcher identified healthcare organizations with succession planning programs. The researcher contacted individuals within the organization and requested names of individuals with information on the organization's succession planning program. The researcher called or sent an email to each potential participant, inviting her/him to participate in the research study. The following script was used, "I am an Executive Director of Clinical Nursing Practice of a healthcare organization and a doctoral nursing student at Texas Woman's University, College of Nursing, in Houston, Texas. For my dissertation research, I am interested in interviewing individuals who have a succession planning program in place in their healthcare organization. The purpose of my study is to explore the implementation of succession planning programs in healthcare organizations for aspiring nurse leaders." When the researcher encountered difficulty in establishing contact, she sought assistance from mutual acquaintances.

Step 2. When an individual agreed to participate, the purpose of the study, process, interview guide, incentives, potential risk, and time commitment were explained by the researcher. Because of the location and distance of the healthcare organizations, all

interviews were conducted by telephone by the researcher on a day and time convenient for the subject. An institutional approval letter (Appendix E) was obtained from each healthcare organization which granted approval of the researcher to interview their employees. Two days before the scheduled interview, a copy of the demographic tools and consent form were emailed to each interviewee to allow him/her time to gather the information requested about themselves and the healthcare organization.

Step 3. On the day of the interview, the researcher obtained and reviewed the consent form and the demographic data forms. A semi-structured interview guide consisting of eight open-ended questions with follow-up prompts was used to guide the interviews. As the interviewees shared their responses to each initial question, additional feedback was solicited to expand on and gain more in-depth insights about particular topics.

Twenty-five audiotaped telephone interviews of individuals with knowledge of the succession planning program across various practice settings were conducted by the researcher using qualitative interview techniques. The interview questions and prompts were rephrased as needed for clarification, understanding, and relevance to the interviewee. For example, questions for succession planning program participants were rephrased to reflect their involvement in and knowledge of succession planning. Questions for senior executive sponsors were reframed to reflect their involvement in and knowledge of the factors influencing the development, sustainability, and outcomes of succession planning.

As part of the collection of data, the researcher requested copies of the syllabus for examination of content and obtained copies of any flyers used in recruiting individuals for the program. The researcher also requested the names of others within the organization who might be contacted to provide information on the program, such as the program facilitator, sponsors, chief executive officer, directors, human resources executives, and individuals who had gone through the program. This process continued until theoretical saturation occurred within the organization such that no new information was being obtained. The time frame for the individuals interviewed was 35 to 60 minutes. Interviews were digitally recorded, and the researcher took notes to assist in data transcription. The individuals interviewed were not contacted after the interview to verify information because clarifying questions were asked during the interview.

Step 4. Actions were taken to ensure the confidentiality of identifiable data. Digital recordings were assigned codes (e.g., SP06, SP07, SP08, SP09, etc.) to protect the anonymity of the participant. Only the researcher knew the code that corresponded to each participant. Immediately following the interview, the digital tapes were sent to the transcriptionist through a “drop box” on a password-protected computer; the transcriptionist transcribed the tapes in a private office. Electronic copies of the demographic information and the interview transcripts were kept in the researcher’s office. Digital recordings, field notes, and documents were retained by the researcher in a locked file cabinet to which only the researcher had access. A note of thanks and a \$20 gift card were offered to the interviewees at the completion of the interview. The researcher

provided the chair of the dissertation committee copies of the transcripts as needed to facilitate data analysis and confirmability.

Treatment of Data

Interviews were transcribed verbatim by a professional transcriptionist, and the transcripts were checked for accuracy by comparing the text to the audiotape and notes. Examination of the data began with reading all the interview material from the organization, as recommended by Corbin and Strauss (2008), to serve as the foundation for further data collection and analysis which leads to a well-developed theory; Corbin and Strauss (2008) posited that the quality of a theory is determined by how well it is constructed. Grounded theory is aimed at generating a theoretical account of patterns of behaviors of the subject that is being studied, as opposed to a description (Munhall, 2012). Transcripts of each participant's interview were examined line by line to identify key concepts.

The first step was the data analysis, which began with initial coding and categorization of the information from the first round of interviews. Corbin and Strauss (2008) described this process as grouping the evidence and sorting the ideas into categories or concepts. Important words or groups of words (verbatim quotes from the individuals interviewed) were placed in subtheme categories according to their properties.

The second step was the analysis of the transcriptions and interview content. Glaser and Strauss's (1967) grounded theory methodology requires frequent comparisons and

data-coding of elements from many sources until a theory emerges; the authors posit that the data must fit the categories in which it is being placed and in which it will be used. For example, key data elements from one interview were compared to another participant's responses to identify commonalities. Data collection and coding continued until saturation occurred as follows: 1) initial coding and categorization of the information from the first round of interviews, 2) analysis of the transcriptions and interview content, 3) theoretical sampling by identifying individuals with knowledge of the initial emerging categories and themes, 4) comparative analysis of the information, 5) theoretical sensitivity, 6) intermediate coding, 7) selecting core categories, 8) theoretical saturation, and 9) theoretical integration (Birks & Mills, 2011, p. 9).

The third step was theoretical sampling, identifying individuals with knowledge of the initial emerging subthemes and themes and interviewing them. At the end of each of these interviews, the researcher asked the individual for names of others within the organization with experience and knowledge of the succession planning program. This "snowballing" process continued until theoretical saturation within the organization was achieved. In the comparative analysis process, the information obtained from the individuals interviewed at one organization was compared and contrasted to that obtained from interviewees from another organization. Old data was also compared with new data as patterns and lower level subthemes began to merge into higher level subthemes described as themes (Corbin & Strauss, 2008).

The fourth step involved comparing and contrasting the information gathered until theoretical sensitivity occurred within the organization. Theoretical sensitivity was reached when a level of insight was achieved between the researcher and the area being studied. The next step was the development of intermediate coding which led to selecting themes, and the final step was the development of theoretical saturation and integration with the data (Birks & Mills, 2011, p. 9).

The data analysis stages of category development were managed through Microsoft Excel as an audit trail that detailed how processes were carried out and decisions were made. Memos of the researcher's thoughts were documented during the telephone interviews, transcription review and analysis, and category development. Corbin and Strauss (2008) contend that maintaining an audit trail of research activity and rationale for choices made is an essential element in the promotion/creation of quality in grounded theory research.

Coding, according to Corbin and Strauss (2008), is taking raw data and raising it to a conceptual level, a process that involves interacting with the data, asking questions, and comparing and contrasting the information (p.66). Transcripts from each individual interviewed were examined line by line to identify key concepts. In the data coding process, subthemes from one healthcare organization were compared and contrasted to those from other organizations in the search for similarities and differences.

According to Munhall (2012), qualitative research must ensure methodological soundness and adequacy in accurately representing the interviewee's experiences and

viewpoints. The researcher used Guba and Lincoln's model (1989) of dependability, credibility, transferability, and confirmability as criteria for evaluating the quality of the data collection process.

Dependability is the ability to evaluate the adequacy of the analysis and follow the decision-making process. Each interviewee was interviewed using the same process with a semi-structured interview guide, digital recording, and field notes. The data was reviewed several times to develop a generalized description of each concept, with examples to support the decision. A second independent reader was asked to review the data to confirm the interpretation. The researcher sought feedback on the evolving theory and interpretation of the data from diverse colleagues to understand its meaning. Subthemes were identified in the data and examined across the stages of the evolving themes. The detail in coding and analysis confirmed saturation in the central category and categories of themes.

Credibility in a qualitative study is the match between the interviewee's perception of the phenomenon and what the researcher is hearing and analyzing to ascertain that the "true" picture is being presented (Lincoln & Guba, 1985). To ensure validity, accuracy, and soundness of data, the researcher verified the information with the individual interviewed by member checking (Creswell, 2007). The researcher asked clarifying questions to learn more about a particular topic, concept, or point of discussion during the interview to better understand the true meaning of what was being said. The repetition of concepts and responses early in the sampling interval provided increased

confidence that the responses were credible and trustworthy. The four major themes, organizational commitment, individual commitment, formalized program, and sustainability emerged in the early interviews. The information was checked line by line for accuracy by comparing what the interviewee said with the transcribed data, audio recording, and memos. The researcher did not make additional contact with the interviewee to validate the interpretation and accuracy of the information because the original interview was clear and the researcher clarified statements during the conversation.

To ensure transferability of the findings from the study, a detailed description of the research setting, healthcare organization demographics, and data collection process was described. The researcher further described the steps involved in coding the data into subthemes and themes to explain the development of the theory of the study. The researcher used the information from the demographic sheet to provide information about the healthcare organizations participating in the study and information about the individuals interviewed and their relationship to their organization's succession planning program.

Confirmability (Lincoln & Guba, 1985) is described as the degree to which results can be validated by others. After coding participant responses and developing themes, the researcher compared the collected information to the available literature on succession planning in various fields. At this time the data collection and analysis procedure was examined several times for potential bias in interpretation. The information was reviewed

line by line to produce a generalized description of the subthemes and themes related to leadership development within succession planning programs. Findings were validated by two other researchers checking for subthemes, themes, and coding process robustness relative to the purpose of the study.

Pilot Study

A pilot study was conducted, after obtaining IRB approval, with two organizations that each had formal succession planning or leadership development programs in place. The leadership development program in the first organization (SPO2) had been in place for more than twenty years and included all levels of employees, from secretaries to investigators. The data collected for the second organization, which included two separate interviews (SPO3 and SPO4), came from a hospital in a large academic medical center in a northwestern state. The leadership program for this institution had been in place for six years and focused on three primary areas (leadership, education, and quality) for upper level positions. A single Director of Nursing was primarily responsible for oversight of the program.

The pilot interview guide developed by the researcher consisted of six (6) open-ended questions on leadership development through the succession planning process and was followed in sequence. A seventh question on ethnicity and diversity was added to ascertain whether specific efforts were made to increase diversity in leadership. SP02 was a face-to-face interview, and SP03 and SP04 were telephone interviews. The interviews

lasted from 30 to 60 minutes; all sessions were digitally recorded and field notes taken to reduce transcription errors.

Three major categories outlining the advantages of, disadvantages of, and barriers to a succession planning program were identified using grounded theory methodology. The advantages identified by the individuals interviewed were that succession planning programs are a way to retain intellectual capital, provide career opportunities for employees, and quickly fill vacant positions with individuals with relevant experience. The disadvantages of a succession planning program identified by the interviewees were that not enough jobs were available once individuals had completed the program and that there were few formal programs in place to validate the need for their existence and to measure success. The barriers to a successful succession planning program identified by the pilot study interviewees were not having a particular person who was fully focused on the development and growth of the program, not receiving organization and leadership financial support, and difficulty finding time for mentor and mentee relationship development.

The pilot study confirmed that aspiring nurse leaders can benefit from a formal succession planning program. It pinpointed potential problems with identifying healthcare organizations with a succession planning program in place and highlighted the additional challenge of actually getting in touch with the individuals involved with the succession planning program within the organization. The pilot study identified the need to expand the pool of organizations participating in the study to include a variety/spectrum of healthcare

organizations, not just acute care, in an effort to overcome these impediments. As a strategy for getting to the correct person within the healthcare organization, the researcher utilized methods such as networking with friends and colleagues to obtain the initial introduction to the chief nursing or chief executive officer to explain the study and ask for assistance.

CHAPTER IV

ANALYSIS OF DATA

This study explored how six healthcare organizations developed, structured, and sustained succession planning programs to prepare selected individuals for leadership roles. Grounded theory methodology was used to capture social processes and define the meaning, understanding, and purpose of human behavior in context through symbolic interaction (Munhall, 2012). Formal succession planning programs provide a setting for the learning and replication of leadership skills. Bandura's Social Learning Theory (1977) approach was used in the study to highlight the learning that occurs through indirect and symbolic processes in psychological functioning. Bandura (1977) suggests that human behavior is influenced by observation, direct experience, and reciprocal interactions between cognitive, behavioral, and environmental determinants.

Semi-structured interviews were conducted to obtain information from a number of individuals actively involved with succession planning programs. This chapter describes the demographics of the healthcare organizations recruited for the study, the succession planning programs each organization has in place, and the individuals interviewed for the study. Analysis of the qualitative data obtained from the interviews will be presented. The study addressed the following research questions:

1. How are successful succession planning programs for aspiring nurse leaders established and sustained?
2. What individual qualities do healthcare organizations look for in future leaders?
3. How are current succession planning programs preparing healthcare organizations for the changes in workforce diversity?

Description of the Sample

The researcher used purposeful selection, the process of intentionally choosing study participants based on the insight and in-depth information they can provide on a topic about which little is known. Six (n=6) integrated healthcare delivery organizations with existing formal succession planning programs were recruited for the study. These healthcare organizations were identified by networking with executive leaders and colleagues, via internet search and professional conferences, and referencing names in books and articles written on the topic. Data obtained from these organizations was sufficient to achieve theoretical saturation. Corbin and Strauss (2008) describe theoretical saturation as “the point in the analysis when all categories are well developed in terms of properties, dimensions and variations, and further data gathering and collections adds little to the conceptualization” (p. 263).

Participating Organizations

The six integrated healthcare organizations that participated in the study were large academic teaching facilities located in the West, Midwest, and South. Each organization

had multiple facilities within its system, ranging from two to 74 acute care hospitals. These facilities offered a variety of healthcare services, such as outpatient diagnostic imaging, urgent care clinics, sleep centers, community health services, home health, and rehabilitation services. Of the six healthcare organizations, one was for-profit and five were not-for-profit systems. The number of employees employed by the healthcare organizations ranged from 4,000 to 78,000 full-time and part-time staff with a median of 9,200 employees. Gross revenue ranged from \$2.5 to \$9.8 billion with median revenue of \$3.39 billion. To maintain anonymity, each healthcare organization was assigned an identification code (HCRS1-HCRS6) for transcription and data analysis.

Succession Planning Programs

Each of the healthcare organizations' succession planning programs had an executive champion who acted as a visible supporter of the program to legitimize its goals and objectives and to serve as the program's ultimate decision-maker. The executive champion demonstrated an interest in the outcome of the program and was ultimately responsible for securing the financial support and resources to ensure its ongoing viability. This individual, in each of the organizations, provided support for the program director and had final approval of all phases of the program. The executive champions were Chief Executive Officers (CEO), Chief Medical Officers (CMO), Chief Nursing Officers (CNO), and/or Chief Operating Officers (COO). In addition to their role as executive champions, several of these individuals participated in their organization's succession planning program as mentors and coaches.

Each of the organizations had a program director who was active in planning the scope of the project, as well as responsibility for developing the goals, objectives, curriculum, and activities for the succession planning program. This individual led the project initiative, assisted with major issue resolutions, provided oversight, and evaluated outcomes of the succession planning program. Program directors in the six healthcare organizations participating in the study were either nurses or human resource professionals. They submitted an annual executive summary of the program's progress to the board of directors or to the executive champion.

The succession planning programs in the study had been in place between two and ten years. The length of the programs varied from six months to one year. The learning experience consisted of formal classroom education, mentoring, and coaching. Program participants were released from work one day a month to attend eight-hour classes that included topics on finance, leadership, strategic thinking and management for competitive advantage, business acumen, communication, and conflict management. Additional learning opportunities on topics of leadership development included online eManagement simulation modules, classes offered at local universities and business schools, and "lunch and learn" sessions.

Program participants were individuals selected to be part of the succession planning program/process. They were internal employees identified as high potential individuals who were either nominated by their supervisors or self-nominated; they were in managerial, director, executive, or supervisory roles and were selected from across

their respective systems to attend succession planning programs. One healthcare organization in the study paired the senior nurse leader with his or her physician counterpart, and the dyad attended the succession planning program together.

In the six healthcare organizations included in this study, the majority of graduates of the succession planning program were white females between the ages of 45 and 54 years. Since the inception of the programs, the mean number of graduates each year for all six healthcare organizations was 40. Sixty-five percent of the graduates were promoted to leadership positions upon completion of the succession planning program. The majority of individuals promoted were white (93%) females (80%). Six percent were black and 2% were Asian.

Individuals Interviewed

Twenty-five individuals from multiple disciplines with experience and knowledge of the succession planning program in their respective healthcare organizations were interviewed. The intent was to interview individuals with unique roles in the program in order to obtain different perspectives. These included executive champions, program directors, and program participants. Individuals from each healthcare organization were interviewed until there was saturation of data from that organization. The total interviewed from each organization ranged from two to six, with a median of four. Anonymity was maintained by assigning each individual interviewed in this study an identification code (SP06-SP33). Table 1 presents a summary of characteristics of the individuals interviewed.

Table 1

Descriptive Statistics of the Individuals Interviewed

<i>N=25</i>	Range	Mean	Standard Deviation
Age	31 – 68	49	9.95
Years' experience	3 – 44	16	11.38
N (100%)			
Gender			
• Female	17 (68%)		
• Male	8 (32%)		
Racial/ethnicity			
• White	17 (68%)		
• Black/African American	3 (12%)		
• Asian/Pacific Islander	2 (8%)		
• Unknown	2 (8%)		
• Hispanic	1 (4%)		
Position in organization			
• Senior leadership	10 (40%)		
• Middle management	8 (32%)		
• Human Resources	7 (28%)		

Findings

The researcher used a grounded theory methodology developed by Glaser and Strauss (1967) in this study of successful succession planning programs. Grounded theory allows for the generation of a theory to explain the patterns of behavior of the phenomenon. Initially, data obtained from one healthcare organization was compared and contrasted with the data from another; this process involved systematically reading and considering every

comment made by each individual interviewed in an effort to identify similarities and differences. These comments were then coded according to their meaning and relevance to the study. This process continued throughout the analysis of the succession planning programs; comparing old data to new data until no new information emerged.

Thirty-four concepts were identified in the initial coding phase of the analysis. A further review of the interviews, program curriculum material shared by the healthcare organizations, and the researcher's field notes merged these concepts into eleven subthemes that provided relevance, clarification, and relationship to the study topic. The final coding process identified four themes that encompassed the eleven subthemes and that were found to contribute to the success of succession planning programs: 1) organizational commitment, 2) individual commitment, 3) a formalized program, and 4) sustainability (Table 2).

Research Question One

How are successful succession planning programs for aspiring nurse leaders established and sustained? Information included within each of the four themes was found to be relevant in answering this question.

Table 2

Themes with Subthemes for Successful Succession Planning Programs (SSPP)

<p>Organizational Commitment</p> <ul style="list-style-type: none"> • Vision • Ongoing support • Resources 	<p>“The key to the program’s success is establishing a strategic vision and strategic alignment around SSPP.”</p> <p>“You feel much supported in it [SSPP], and having the Senior Leadership buy in is critical to any organization.”</p> <p>“You have to be willing to pay for the resources, the time away from the work, the expert coach’s service fees.”</p>
<p>Individual Commitment</p> <ul style="list-style-type: none"> • Director/Faculty SSPP • Mentors • Participants SSPP 	<p>“To have the structure, expertise, and personal ownership by the director was critical for our program’s success.”</p> <p>“My favorite part about this program is learning from the senior leadership, we’ve gained so much from them.”</p> <p>“You have to be committed to the program...projects that you are assigned, classroom courses...it could be difficult.”</p>
<p>Formalized Program</p> <ul style="list-style-type: none"> • Selection process • Knowledge building • Coaching Mentoring 	<p>“Some people would like to call it a high potential...we’re looking more for frontline leadership potential, rather than mid-level leadership potential.”</p> <p>“I think...getting your employees engaged in the growth and learning opportunity and then being the mentor and speaker for upcoming classes and leaders.”</p> <p>“The advantage of the program is getting your employees engaged in the growth and learning opportunity. We have formal mentoring as part of our leadership development.”</p>
<p>Sustainability</p> <ul style="list-style-type: none"> • Organizational outcomes • Individual outcomes 	<p>“I think demonstrating successful outcomes are important. You are not just taking someone away from their job but you are creating loyalty and growth for the organization.”</p> <p>“I would say, every single graduate, their personal and, professional growth has been tangible; how they carry themselves, how they conduct themselves, how they interact with people...night and day from the beginning of the program to the end.”</p>

Organizational Commitment

The theme of organizational commitment was used to describe the dedication, responsibility, and obligation of the senior leaders to individuals working in the healthcare organization. Organizational commitment was characterized in terms of job security, empowerment, performance rewards and recognitions, promotions, and benefits. Individuals interviewed identified the subthemes (vision, ongoing support, and resources) to describe why organizational commitment was necessary for successful succession program implementation and sustainability.

Vision. The first subtheme contributing to organizational commitment is vision, the insight to plan for the future. Individuals interviewed stated that a commitment to the development of a succession planning program is driven by visionary leaders who are the “builders of a new dawn, working with imagination, insight, and boldness.” A visionary leader, as described by a chief nurse (SP07), is able to present a challenge that calls forth the best in people and brings them together around a shared sense of purpose. Visionary leaders anticipate change and are proactive, see the bigger picture, and think strategically. The following statement by (SP07) further describes the need for strategic vision and alignment:

SP07, 150-155. [Executive Champion] Well I think that some of the things we’ve already talked about are key. One is the strategic vision and strategic alignment around it. So, when there’s the strategy, we’ve identified it as something that’s critically important to our long-term success and that means that we give devoted

attention to it. Um, you know, we also have structure and process around it through our leadership development program and annual planning process. And then financial resources are also needed because we not only, you know, we're looking for opportunities to be able to develop people internally, with internal speakers, but also to bring speakers from the outside to teach critical topics and obviously for that we need some funding, which we're fortunate to have primarily through philanthropic funding sources.

SP18, 528-533. [Program Graduate] Okay so I think the things that we are doing to sustain it have to do with having an engaged Senior Leadership Team that made a commitment to the program and they have not swayed from that commitment.

A chief nurse and a program development administrator described "an aging senior leadership team," as the primary driving force, for implementing succession planning programs in their organizations.

SP29, 154-167. [Chief Nurse] Our board of directors had been concerned for a little while now that the senior team, in particular...the senior executives for the system were aging, to be blunt. Almost everybody at the time that we started down the succession planning process was in their fifties and beyond and was reaching, uh, sixties. And they were concerned for the next generation of leaders,

who would lead this organization. So I think that was a major driver that provided the enthusiasm for us to [develop] a succession plan.

SP32, 516-522. [Program Development Administrator] The driving forces for starting succession planning in our organizations were we have aging executives that was one. Secondly, we wanted to ensure that there was a sense of hope for young high potentials within the organization so they would stay with us. And the third reason was to ensure that we were cutting expenses relative to the use of search firms.

Several individuals interviewed said a driving force for the senior leaders to implement succession planning programs in the organization was “not a lot of bench strength,” as in qualified individuals who could immediately fill vacant leadership positions, and the observation that “we didn’t really have a lot of folks in the ranks that we could promote.” Across the six healthcare organizations, senior leaders and program directors said that before a succession planning program was implemented in their organization, it had to be clear “why it was needed and what the expected outcomes were,” especially when finances were a major concern. Senior leaders saw succession planning as a systematic way to bring stability to the organization by preparing the next generation of leaders to move into jobs soon to be vacated by retiring baby boomers. Overall, senior leaders were not interested in changing the way they did business but were interested in building on the strengths of current and future leaders by helping them

become more effective, productive, and profitable while allowing them time to do what they did best. Individuals interviewed made the following comments:

SP09, 43-45. [Executive Champion] We realized we had a problem...we probably realized before then... but we realized more formally in 2010, when we had two nurse manager vacancies that lasted for over a year . . . We didn't have anybody standing by in the facility that was being mentored . . . We didn't have anybody who was even interested in the position.

SP25, 373-379. [Program Director] It's a very simple concept [leadership development through succession planning] but sometimes it's hard to execute. I mean, training for the sake of training doesn't really serve a tremendous purpose. We didn't start with a concept of training in mind, we started with what are the five biggest business challenges that are impacting our organization now and how best can we leverage the talent. And then we realized that the best way of leveraging the talent in the organization to achieve some type of problem resolution, or some type of new solution to a business challenge, was through this experiential action learning project. Obviously we need executive sponsorship and very senior sponsorship.

SP27, 554-556. [Program Director] Well it's not about the here and now, it's really about are you prepared for in five years when people start to retire or when someone leaves the organization, are you prepared to fill that role entirely? It is about being prepared for the future, because once the baby boomers leave

leadership, then it is the Generation Xs and the Generation Ys. Actually Generation X that's in the leadership, you know, the numbers are not the same. And a lot of it comes from experience, right. And the best environment you're going to provide to your employees is based on experience. So, you know, we can run Leadership Development programs, and we can run Action Learning programs... but the way they're going to learn best is by giving them experience in the current roles that they do.

SP29, 232-246. [Executive Champion] Now as we go down in the organization in terms of hierarchy at the CNO level – because there are CNOs that report to me and there are vice presidents that report to me. They also are developing their succession plan so that we have a pipeline even below the senior team, so that all vice presidents are to have a succession plan and we take it down to the director level in my department. I don't know if the director level is being developed across the organization, but I've asked the CNOs to develop succession – have the directors that report to them develop these similar plans to replace themselves when they retire, or when they move on to another job, or they get promoted or what have you. So that we have that continuous pipeline, if you will, that continuous flow of talent that we don't have to go to the outside environment to recruit.

Ongoing support. The second subtheme related to organizational commitment is the need for ongoing support of the succession planning program. The individuals interviewed observed that the organizational climate must be ready for a succession planning program and that readiness is manifested both through the allocation of resources and through senior leadership support, which must include senior executives and a board of directors who will guide the organization to a prosperous future. According to those interviewed, “a thriving organization begins with a strong executive board which brings together leadership capabilities to improve collaboration and effectiveness” (SP28). Evidence of the “board of directors’ support” was demonstrated by the succession planning program’s being an “integral part of the organization’s strategic plan for leadership development” (SP11, SP24). When a leadership development program is part of an organization’s strategic plan, “time and resources” (SP18) will be set aside to support the program. Moreover, program leaders said when a formal program is in place, opportunities exist to “create a strategy that aligns existing talent and resources with organizational priorities and objectives” (SP28, SP07). Other succession planning program directors commented:

SP28, 603-609. I mentioned you have to have Board support and involvement in this initiative for it to have legs and for it to be sustainable. The organization also has to have a commitment to developing its leaders and [that] commitment for me translates into resources and finances.

SP30, 526-549. In the organization, what I've seen as we have certain pockets in our system where it works a little bit better than others, and where I've seen without a doubt that it works better is when the top leader is definitely bought into it, they have a passion for development, they believe in it, breathe it. It's making that commitment and that commitment involves your time, your money, your resources, and unless you have someone that's going to protect that for you it will, it will be very difficult.

SP13, 626-627. Well when it specifically comes to Leadership Development, I would say that first and foremost, we have our CEO that is committed to development. He's the one who came up with the program. I think the program was put in place so employees could see that the organization was helping them to grow as a person and as a potential leader within the organization.

SP28, 626-642. The thing that I think is important is CEO accountability. It is necessary. So you have to have a CEO who is not timid about working with his or her executives and holding them accountable. So just like they talk about operational outcomes or clinical outcomes the CEO has to be looking into the eyes of the executive and saying, "What did you do about so and so, who did you have on your succession plan that you were going to give them this exposure in Q1? Did it happen? And so people have got to be held to the same standard and level of accountability on executing the development of people who have a succession plan. People have to know that it matters or it won't be sustainable.

Individuals interviewed consistently associated their success in the program to the organization's commitment to and investment in their growth and development. Program graduates, an executive champion, and directors of successful succession planning programs said the following about the organization's commitment.

SP12, 406-410. [Program Graduate] I think our supervisors all were onboard.

They had certain things that they had to agree to before we were even accepted into the program. As far as understanding what the time commitment would be for us, the frequency that they would need to meet with us, those sorts of things. And I think if you didn't have that it wouldn't have been as easy or as beneficial.

SP29, 404-407. [Executive Champion] My boss, my superior, the president of the organization has supported all three of the ones that I've put forward so, but I could see that that could be a barrier. If you didn't have the support of your supervisor and the people that you've selected, that could be a problem.

SP21, 270-273. [Program Graduate] Having gone through it, I mean, I just think it's invaluable. I— It was transformational for me because of its reflective aspect and because of the support and real-time feedback from peers and higher ups, but in a supportive environment where it can be talked about.

SP09, 400-401. [Program Director] I think if she hadn't had that support from her supervisor, she probably wouldn't have been as successful.

SP25, 94-96. [Program Director] We spend a lot of time looking at behaviorally anchored examples of what the performance versus goals for each one of the individuals look like across the last twelve to eighteen months, which is our fiscal time frame that we looked at.

Resources. The third subtheme under organizational commitment is resources. Individuals interviewed mentioned “resources” as a very important part of senior leaders’ support for a successful succession planning program, specifically financial support for the program. For some organizations, this meant underwriting the cost of bringing in consultant firms with expertise in leadership development or sending individuals to formal business programs, such as the Wharton School of Business. Other necessary resources included books and supplies, consultant fees, salaries for program directors, and work-release time for program participants and faculty. A recurring motif from program directors who were interviewed was their need for “clerical support” to assist with the paperwork associated with the program. Another observation pointed to the need for electronic database software to store information about program graduates who would be ready and available for positions in other health systems. The majority of individuals interviewed discussed the resources they felt were necessary for a successful program.

SP25, 497-500. [Program Director] So the resources that are necessary... it’s “time and support” from the senior leadership levels ‘cause you’re rolling up to the CEOs and then even above that, then we’re rolling up to our Senior Vice

President so that we can finally, you know, make those determinations as to who's our high potential talent in our succession planning.

SP27, 640-641. [Program Director] You need to have the need for it [leadership development process] because the last thing that you want to do is create a program that isn't useful to the organization. That's not an effective use of resources. After you demonstrate the need you also have to create the business case for why you need succession planning.

SP32, 732-734. [Program Faculty] The only thing that I would say is that the opportunity has a high return on investment for the organization, so the organization needs to be willing, in addition to being committed, then they need to be willing to invest in whatever resources necessary.

SP28, 608-609. [Program Director] The organization also has to have a commitment to developing its leaders and commitment for me translates into resources and finances. So if it's not funded, and if there's no way to invest in executive development, then the program's not going anywhere either. It's just talk. It's just a table exercise.

SP29, 345-350. [Executive Champion] So I have monies that have been allocated to me in the operating budget that help develop these people as well. So the resources are, are quite generous at this point. What happens in healthcare in terms of decreasing reimbursement levels, um, I suspect these funds will be

diminished in the coming years but right now we have them. We have tuition reimbursement programs for all of our staff; so I would say we do quite well to resource these succession plans.

In addition, interviewees suggested that human capital, “knowledge, competencies, personality, and creativity,” was a key resource in implementing a successful succession planning program. Equipping individuals with the knowledge to be successful in a changing environment was seen as very important. Interviewees described an environment of “increasing accountability, regulations, and accreditations” driven by new product lines, competition, and performance-based expectations.

SP29, 171-179. [Executive Champion] Other things that would also have an influence on our driving forces was that we were losing individuals – not only at executive level, but at other leadership levels in the organization – and we didn’t really have a lot of bench strengths, we didn’t really have a lot of folks in the ranks that we could promote. We were falling short on our professional development of our existing staff.

SP24, 664-672. [Executive Champion] Management itself is a specialty, and if you don’t recognize that, you’re not going to do the right things to get people ready for those jobs. I don’t think people recognize that. We think, “Oh, she’s a great nurse, or he’s a great doctor, or there’s a great finance person, or that’s a great...” And then we move them into management without realizing that it’s a

specialty and it requires not just a certain personality but it requires study and understanding of management theory, change theory, and motivation theory. And don't confuse leadership with management. You need leaders who people will want to follow, but if they don't we don't provide for them basic management 101 skills, it's not going to matter.

Another important factor in implementing and supporting succession planning was identifying individuals who were able and willing to serve as mentors and coaches. Qualified mentors were considered a resource critical to the success of the program. Matching participants in the succession planning program with executive leaders, directors, CNOs, CEOs, and COOs was both difficult and very rewarding.

Individual Commitment

The second major theme emerging from the interviews that contributed to establishing and sustaining a successful succession planning program was individual commitment. When discussing individual commitment, interviewees referred to program director/faculty, mentors, and program participants.

Director/Faculty. Individuals from each of the six healthcare organizations in the study said that a program director or other responsible person was needed to organize, facilitate, and evaluate the program activities. The director assumed accountability for the management of the program operations, the application and selection process, and monitoring program integrity and outcomes. The program faculty consisted of individuals willing to support the program by teaching classes. For many faculty members, teaching

in the program meant working at home preparing for classes or spending longer days at work.

SP09, 59-78. [Executive Champion] Coincidentally, at the time we started our succession planning program we were working on a number of leadership development strategies. And so we continued the program by committee and that was not half as successful. In 2010 we hired a director of organizational development. And later that year she helped me put a number of formal programs in place that were more foundational. I would say more formal. The Director of OD, she really helped us to enhance the program and hardwire it so that the results were exceptional.

SP21, 202-204. [Program Director] In addition to the time commitment and devotion to the program, it's well worth it, but I don't know that everyone realistically estimates the amount of engagement it's going to require.

Elaborating on the idea of individual commitment, all the interviewees strongly believed that a designated person had to be responsible and accountable for the program to grow and succeed; it needed a leader. The various succession planning programs were facilitated by organization development personnel, nursing directors, physicians, and human resources or project directors. One individual interviewed said, "It has to be somebody's baby." Another said, "The program didn't get off the ground until I hired a director." A program director provides structure, evaluates the participants' progress, and reports outcomes to the senior operating team. The individuals interviewed said it was

important for the program director to have a positive relationship with the organization's senior leaders in order to maintain the stakeholders' trust.

Mentors. The issue of individual commitment included the dedication of the mentors who invested their time in mentoring and coaching others in addition to carrying out their regular work duties. Having the time to invest in the program was viewed as both a valuable resource and an individual commitment. Similar comments included:

SP29, 188-198. [Executive Champion] We identify opportunities to develop these individuals. So I have three people on my succession plan that would be ready to replace me. One would be ready to replace me, I think, in one or two years; the second one in three to five years, and the last one probably five or more years. So I have three people I've identified, and then for each one of those, I've identified opportunities that they need to take advantage of to develop their skill set, to develop their competencies during the period of time that they are growing and developing as leaders in this organization. So that's at my level, which is the highest level in the organization.

SP30, 283-295. [Program Director] When you're here, you can have a career here. Once your talent is recognized there're plenty of opportunities for career growth and development, so that's sort of like our philosophy. And once somebody is assessed as a high potential then we'll find them a mentor to put them through Action Learning. We provide coaching and then, you know, classroom. We try to follow the 70/20/10 approach that describes how learning

occurs... real life and on-the-job experiences, from observing and working with mentors, and formal training, in that order.

Participants in succession planning. Following the theme of individual commitment, program participant commitment and engagement was a major subtheme that seemed to contribute to a successful succession planning program. Graduates of succession planning programs discussed how important it was to be ready for the growth opportunity because of the additional work commitment and time required. The need for each succession planning program participant to be able to balance multiple priorities and to multi-task in the workplace to fulfill work responsibilities and manage units and budgets was stressed. One individual interviewed said, “Not everyone makes it and completes the program because of the additional responsibilities.” Other individuals found participation in a succession planning program to be an opportunity to sharpen their skills and align their strengths and talents with personal, professional, and organizational goals (SP15).

Individuals interviewed who were also mentors commented about the willingness of the program participants to engage in the succession planning process without the promise of a job upon completion. Program participants were, essentially, willing to wait until a position became open because job opportunities were not necessarily available immediately. SP30 stated that, as a result of the program, she was a “better manager and leader.” Individuals selected for the program were described as “high potential, had a high amount of learning agility, and performed at the superior level and were ready for

leadership skill enhancement.” Additional examples of the individual commitment of the program graduates are found in the following comments.

SP12, 377- 379. [Program Graduate] The projects that you were assigned to work on in addition to the classroom courses that you needed to complete...at times it was difficult to work those into your daily schedule.

SP18, 410-412. [Program Graduate] So it's my responsibility and accountability to make sure that if I go through this learning program, that I am actively and aggressively challenging myself in the ways in which I am – have the most opportunity.

SP18, 819-851. [Program Graduate] I think that is one of the first lessons that we had to learn when we did our Leadership Development Pool was you are learning to be a better leader where you are today. Even if you don't move in your position, even if you're never promoted, these are the skills that make you lead better today, and you will have a significant impact today, where you are today. I think that's an important message, because we're not really developing leaders to automatically move into the future. We're developing leaders to be efficient and competent, and effective where they are today. If a job opportunity arises and you meet the qualifications then definitely to moving into that role. But it doesn't mean that we're educating you to automatically move outside or go into another role.

SP27, 270-273. [Program Graduate] I think – having gone through it, I mean, I just think it’s invaluable. It was transformational for me, um, because of its reflective aspect and because of the support and, and real-time feedback, and feedback from peers and higher ups and the 360 feedback but in a supportive environment where it can be talked about.

SP12, 377-379. [Program Graduate] The projects that you were assigned to work on in addition to the classroom courses that you needed to complete were very time consuming...at times it was difficult to work those into your daily schedule. Even from the beginning, the program directors were very clear that completing the assignments and the course still did not guarantee a job promotion. And so we had to really do some workaround, saying, “Because you’re in the Leadership Development Pool, this does not mean that you’re going to be promoted or moved or whatever the case may be. It means we recognize an opportunity for you. We want to expose you to that.”

Succession planning executive champions and program directors assessed a candidate’s individual commitment to the program by looking at applicants’ “performance evaluation scores,” major “projects they had led” or actively participated in, their “intent to stay” with the organization, and “feedback” from peers and supervisors. An additional indicator of individual commitment was the “willingness” of the candidate to move to another facility, another service line, or another state to meet an organizational vacancy. Other indicators included matching the “personality style” and

“skill” to the vacant job position. Individuals interviewed from all the healthcare organizations emphasized that it was of critical importance to the success of the program to have the full commitment of the program participants. Formal succession planning programs provide a means of identifying future leaders and offering them the education and support to be successful in the roles identified. One succession planning executive champion described the individual commitment to be successful with the following statements:

SP24, 311-320. When it comes to individual commitment we look for people who have the characteristics, we think, to succeed in management. And those are one, empathy... the ability to work with other people and have enough of an imagination to know how other people feel about what’s happening so they can learn to do change management well and treat people well. We look for people who have courage. So like when a new person comes to a management job, we say, “Welcome to always being wrong.” Because when you’re a manager, you’re always going to be wrong. Someone’s going to think you’re wrong no matter what. So if you have a high need for popularity or for always being right...don’t bother being a manager here. The individual has to have the courage to be forgiving of those who do make mistakes, and forgiving of yourself when you make a mistake (laughs). And the individual has to have a sense of humor.

Those interviewed consistently observed that individuals participating in succession planning programs must engage in their own growth and development to

achieve the best outcome. Individuals who participated in a succession planning program felt honored to be considered and selected. Program graduates suggested that being fully aware of the scope of the commitment and the responsibility involved was extremely important and a key to both individual and program success. All six healthcare organizations in this study interviewed candidates for the succession planning program to assess their readiness and level of responsibility to the organization and to their own growth and development. Two program graduates commented (SP18, SP13), “It’s my responsibility to make sure I am actively engaged in the learning process to achieve the best learning experience.”

Formalized Program

The third theme identified as an important component of a successful succession planning program is having a formalized structure and a consistent means of evaluating the program to meet the changing needs of both the healthcare environment and the organization. One executive champion (SP09) said, “We put in place a more formal process for talent identification and succession planning to make sure that the next time we had a vacancy, we weren’t waiting over a year to fill it.” Subthemes supporting this overall theme were knowledge building and coaching and mentoring.

Knowledge building. Individuals interviewed described knowledge building and transfer as one of the opportunities a succession planning program offers. As the older generation of nurse leaders prepare for retirement, a formal succession program was viewed as an excellent “vehicle for passing knowledge on to a successor.” Knowledge

sharing was perceived as taking place through informal methods, such as “mentoring and coaching relationships” and “formal classes taught by experts” in particular topics.

Succession planning program curricula in all six facilities primarily focused on relationship building, effective communications management, finance, budgets, conflict management, human resource skills, and business acumen. Interviewees consistently expressed the need for current and future leaders to continue to pursue advanced degrees and to participate in ongoing executive development programs. The continuing changes in healthcare require experienced leadership presence to respond to the constant service line and regulatory changes.

SP12, 105-108. [Program Graduate] There is leadership courses offered each month which range from, you know, difficult conversations to financing, to productivity. So you were assigned a minimum amount of courses to take and then some electives to take from that curriculum.

SP09, 320-322. [Executive Champion] To determine what we needed to include in our program the OD director surveyed a couple of leadership groups to see what knowledge we wanted to impart. Because these are not all nurses we did not use anything from any of the professional organizations. We asked our experienced leaders. And I think it was more asking current successful leaders, “What do you wish you had known?” That is how we developed the program curriculum content.

A thread common to all the healthcare organizations was the ability of a succession planning program to serve as a forum for identifying the skill sets necessary for key leadership positions. Succession planning programs were viewed as a way to turn the strongest performers into effective leaders by providing challenges, empowerment, development, and recognition.

SP32, 648-651. [Program Director] I think both a succession development and a leadership development program enable the opportunity to identify what those leadership skills will be, do we have them and how so that if we don't, how do we cultivate them in the talent we have or how do we start recruiting talent differently so that when we do bring them on board, we are growing them for our specific needs.

SP27, 391-397. [Program Director] What we're trying to build is business acumen and strategic agility across these folks so that they can be, not only be prepared for future positions, but help them to be more effective in their current roles.

Knowledge building occurred through the "stretch assignments in action learning" (SP12, SP18, SP13) as special projects were given to the program participants. An action learning project "is geared to get you out of your department and in another area of the hospital, working with different people, working on a project" (SP13). A stretch assignment "is giving you an assignment within your department that's a bit of a stretch" (SP13). The assignments were "real situations" requiring resolution (SP13). As several program participants said, "senior leaders actually used our recommendations."

Interviewees who were graduates of succession planning programs spoke of their personal growth and increased knowledge when the program directors or senior leaders gave them opportunities outside their comfort zones or areas of expertise. One individual interviewed said, “They had confidence in my ability to be the director of emergency services.” Another said, “I took a job that was a lateral move.” Another interviewee said the following about being provided a learning opportunity through a lateral move outside her comfort zone.

SP23, 11-72. [Program Graduate] The chief nurse asked me what I thought I would be doing a year from now. There was a director position opening in the Department of Surgery and she asks me to consider the position. It boosted my confidence to know she considered me for the role. She told me to take my time. Until that time I was the manager in the Emergency Department and had been for about six years. I was finishing my Master’s degree with my sights set on the goal of a directorship. And the chief nurse said, “You know I feel like I’d like to challenge you to learn more of the in-patient world.” I knew that there was an Operations Managers role in Women’s Health I would like to apply for. And she said, “I didn’t think you were going to say that you would be maybe willing to apply for that role, because it’s a lateral move.” By coming over to Women’s Health, even though a lateral move, it’s expanded my knowledge of the hospital as a whole. You know, so when you think about Succession Planning, you think, you know, what are you trying to do? But the guidance that she gave me was very

important because what I realized in speaking with [blank] was that I had learned an awful lot.

Other individual learning goals were set to fill gaps between actual and desired skills. A consistent theme across the six healthcare organizations was that a formal succession program contributed to the growth and development of the participants and improved team functioning.

SP09, 165-170. [Executive Champion] Program participants have a formal mentor. They go to other formal didactic classes that are just for them. They also engage in two projects. One is a stretch project for them to develop a program; another is an action learning program. A project where they are able to do something that contributes to the benefit of the overall organization.

Coaching and mentoring. The six healthcare organizations studied unanimously viewed mentoring and coaching as necessary to a successful succession planning program. Individuals interviewed said that “mentors who provided encouragement, nurturing, and support” were essential factors in a succession planning program and contributed to its success. One-on-one coaching through a formal process provided the program participant the opportunity to establish a career strategy and develop skills necessary for success. Individuals interviewed explained that a succession planning program drives potential, awakens awareness of one’s abilities, and clarifies goals and direction. Mentors

played a key role in the learning process in the healthcare organization. Evidence of this is contained in the following statement:

SP14, 392-409. [Executive Champion] We have mentoring and coaching sessions for program participants. I've seen our ability to facilitate meetings and make decisions based on those meetings increase twofold. I've seen just leadership in general raised a couple of notches with the people that have gone through. I hired a director that works for me and she's been through the program, it was life changing for her to go through this and, and to work on her leadership and kind of commit to this is what she wanted to do. She uses those strategies every day and she uses those strategies with her managers that report to her, to make sure she's developing them. It almost turns you kind of into your own little coach and gives you tools to make sure you're doing this moving forward.

SP12, 186-188. [Program Graduate] I had that person that graduated a year before to kind of just troubleshoot things, you know, the experience – what sorts of things I needed there – and then we also had a mentor who was already at like the executive level or above.

SP29, 257-284. [Executive Champion] I hired a person to be what we would call my operations person, or my number two person in the Department of Nursing, and was grooming that individual to replace me uh, what happened was, she had an opportunity to apply for a position outside of the [blank]... and I actually advocated for her to apply for this other position simply because I was in no

position to move on at that point. Now I call that a success because I hired this individual from a mid-level manager position, grew and developed her over a period of eight years, and when she was ready for her first CNO job and there wasn't one in the current organization, I helped her get a CNO job in another organization. I call that a success because I helped grow and develop her. It didn't turn out that she replaced me at [blank], but I wasn't ready to leave at that point either.

SP29, 294-297. [Executive Champion] It doesn't have to be here, you know, the ideal situation would be at--- would be here Sometimes circumstances don't always wind up the way we want them and she, uh, she had a successful three years in a CNO position at [blank] and then I hired her over here and she's my number one person on my succession plan here at [blank].

The mentoring and coaching relationship fostered camaraderie among program participants as well as exposing them to leaders they would not have had the opportunity to work with under ordinary circumstances. One individual who was interviewed said that "guidance from the mentors provided challenge and direction" (SP13). Others said that feedback from their mentors reinforced their leadership experience and enabled them to become more strategic in their thinking and their approach to leadership.

SP21, 270-273. [Program Graduate] Having gone through it, I mean, I just think it's invaluable. It was transformational for me because of its reflective aspect and because of the support and real-time feedback, and feedback from peers and

higher-ups and the 360 feedback but in a supportive environment where it can be talked about.

SP09, 727-728. [Program Graduate] Have shadow programs and participation in mentoring so that people can actually see what we do, “Yeah, we work hard, but we work hard by choice.

SP07, 200-215. [Program Director] Well you know obviously, it’s really an expectation here that people...that’s there’s mentoring that happens at all levels of the organization and so we’re not paying mentors for their time to be managers. It’s an expectation around here, as a senior manager then part of what I want to do is to be able to mentor others who are less experienced. Typically, they spend about a couple of hours a month together so it’s not a huge commitment of time, but you know those sessions tend to be very focused on issues and concerns and areas of growth and development of the mentee.

SP06, 165-170. [Executive Champion] We all come together and go over our future candidates, and then the other piece for that level I would, um, mention is when I have my one-to-one meetings with my directors. I ask them, who are the five nurses that you’re mentoring, um, so that you’ve got succession planning for your manager level. And um, the more recent focus has been on getting them back to school because we’re requiring a Master’s degree for a manager level hire.

Sustainability

Sustainability was the fourth major theme identified across all six healthcare organizations. Multiple factors, including organizational outcomes and individual outcomes, contributed to the sustainability of successful succession planning programs. The responses from the healthcare organizations focused on the importance of constant evaluation of the succession planning program for possible improvements. All the organizations evaluate their programs regularly with the aim of developing a systematic approach that ensures consistency and competency of the program and that builds trust in the candidate selection method. The organizations also evaluated their programs yearly to ensure that the program was meeting its stated aims.

Organizational outcomes. Individuals within the healthcare organizations consistently related the sustainability of a succession planning program to its business outcome. One participant observed, “You must have a business reason for a program.” An important business reason within these organizations was the ability to “fill vacant positions” more quickly with appropriately skilled individuals. Other business reasons mentioned were that succession planning “creates job opportunities” from within the organization, that internal recruitment is “less expensive,” and that individuals promoted from within tend to “fit the culture” of the organization.

Individuals interviewed saw succession planning as an opportunity to prepare future leaders with the skills and knowledge essential for seamless transition and teamwork. One of the individuals interviewed observed that “organizational potential

turns into operational results” and that “a new work environment emerges with flawless executions and good outcomes.” Another said, “I think it’s a part of business sustainability,” and a chief nurse stated, “I was delighted to be able to have zero time to fill for that position because I had somebody standing by.” A medical director wondered, “What is the cost of *not* having a succession plan?” Other leaders interviewed described the challenges of demonstrating the business outcomes of well-organized processes as shown in the comments below.

SP30, 585-588. [Program Director] How do you demonstrate that because we’re doing all of these courses, and all of this stuff, that it’s totally leading to, you know, low turnover, high employee engagement, high patient satisfaction, you know, all of that stuff. Um, you know it’s not black and white, right?

SP21, 278-280. [Program Director] I think demonstrating successes would be important to show you know what the outcome’s going to be. It’s not just going to be taking someone away from their job, but it’s going to be creating loyalty and growth for the organization.

SP29, 563-574. [Executive Champion] Anytime that an organization can promote from within, I think is a good thing. I think it sends a good message to the organization that there’s mobility in the organization. And I think that it’s also cheaper. Uh, hiring search firms to go out and find people in the marketplace is expensive... It’s time-consuming. And many times you don’t know the quality of the person you’re going to get. So if you can grow your own so to speak.

SP11, 80-85. [Executive Champion] So from a succession planning perspective, we actually have a thoughtful and proactive process. So every time a director or an associate vice president position opens up, or even, a manager of one of our bigger departments, we pull the committee together. We review the list of qualified candidates; have some conversations about people on the list. And what we'll do in those cases is we'll ask somebody, or we'll invite somebody to apply for a position if they haven't already applied for it.

Succession planning was perceived as a method for “preparing the next generation of leaders.” Additionally, the business component of succession planning is seen as the ability to strategically “align and position the healthcare organization” to respond to a rapidly changing environment. The overall consensus among the leaders in the organizations was that formal leadership development plans “offered the ability to identify potential challenges and avoid them if possible.” There was the opportunity to “put the right people in the right job” to accomplish desired outcomes and to “drive organizational performance” through leadership training and education. A vice president and a chief nurse of a healthcare organization said the following:

SP26, 1535-1537. [Executive Champion] Your succession plan is to make sure that the person who fills that position is not only going to do what's on the job description, but is going to assure that the mission – the intended purpose – is advanced into this new reality of healthcare.

SP29, 583-586. [Executive Champion] Early in their career in nursing you want to identify the very motivated and highly energized staff nurse who has lots of potential. Get that person early, get that person back to school, and then really start grooming that person for either clinical leadership position or an administrative leadership position.

Individual outcomes. The specific individual outcomes subtheme of participant satisfaction with the program contributed to the concept of sustainability. Several graduates of successful succession planning programs stated that “being selected to participate in the program was a big satisfier” and that “it was an honor to be recruited for the program.” Others maintained that succession planning programs provided “a great networking opportunity, exposure to senior leaders they would normally not see” and a “connection to the facility.” One individual said, “I now enjoy coming to work.” Another said, “I have learned about the hospital as a business and about my department.” Additional comments included observations that “succession planning program increased [their] self-confidence” as leaders and “self-awareness” of the responsibilities of the job.

SP12, 194-196. [Program Graduate] Succession planning program again was a good way to meet someone that I normally wouldn't come into contact with in my daily role, and sort of learn more about what they do at that level...the CEO, the CNO, or the COO.

SP18, 568-569. [Program Graduate] I think there are two advantages of attending the succession planning program, one is promotions, definitely the ability to be promoted into a higher level, and second is to clearly determine your goals – at the very least to recognize what your interests are.

SP29, 316-326. [Executive Champion] Uh, I think you have to engage the people that you have identified on this plan and, so that's why all three of them know that they're on the plan. They helped develop their own opportunities that they saw that they needed to, to develop in terms of moving along on the succession plan and I think that it's just has to have an ownership, if you will, from the most senior level in the organization. And because this is a project, or initiative that was chartered from our board of directors – there's a high level of interest in sustaining it, even though the president of the organization may retire in the next year or two. I'm very confident that this plan will remain intact and will continue to evolve.

Another factor contributing to the sustainability of the succession planning programs was the number of individuals promoted into leadership positions as a result of the development opportunity. Individuals within the organizations became aware that promotion opportunities existed and were encouraged to pursue additional degrees and training and to work toward attaining promotion.

Individuals within all the healthcare organizations uniformly said that their institution's succession planning program “reduced turnover rate” and “improved the

institution's image in the community" in terms of recruitment and retention of top-performing individuals. One CNO said that it was hard to correlate the reduced leadership turnover with the succession planning program but that she knew that the program had exerted a positive influence (SP06). Another CNO stated, "We showed a year over year decrease in nurse leader turnover for the three years I was involved with the work."

(SP09)

Individuals in the study said that evaluation of the outcomes of the succession planning program was very important, as was the fact that feedback came from everyone involved, graduates of the program, directors, mentors and coaches, and champions. Important aspects of the feedback included determining whether "individual goals established for the program were met," "verifying the effectiveness of the mentors and coaches," and "evaluating the overall satisfaction of the participants." Feedback evaluations also addressed the question of whether the individual and organizational leadership "goals of the program were realistic" in their ability to elicit the full potential of the existing talent.

Feedback from individuals in all the healthcare organizations was that their institution's "succession planning program was successful" on many levels. One person observed, "It really makes us feel accomplished." Program participants said that many of the things they learned "were not quantifiable" and that they "could not specifically credit the succession planning program for particular things but felt that there was a difference in [their] overall performance." The program participants were generally "grateful for

having the opportunity to attend.” They “developed lasting relationships” with leaders and mentors and with their peers and felt “more satisfied” with their job performance.

Additional comments from individuals interviewed follow:

SP29, 561-578. [Executive Champion] Anytime that an organization can promote from within, I think is a good thing. It’s, it’s, um, I think it sends a good message to, uh, the organization that there’s mobility in, in, in the organization. And I think that it’s also cheaper. Hiring search firms to go out and find people in the marketplace is expensive, it’s time-consuming, and many times you don’t know the quality of the person you’re going to get. So if you can grow your own so to speak that is a big advantage.

SP9, 444-457. [Executive Champion] Well I think the graduation rate and the promotion rate is significant. When I looked at that for 2012, 75% of the graduates took on an enhanced leadership role within one year of graduation. The second year, 50% took on enhanced leadership roles. And that was again the year that I don’t think we did as good a job. I would say that’s one of our measures of success. The individual evaluations of the program by the graduates have been very positive.

SP27, 404-405. [Program Director] I would like to say that it [succession planning program] does lead to our employee engagement and employee satisfaction with our leaders; however, we haven’t been able to draw like a direct correlation from that.

SP27, 430-435. [Program Director] The program has challenged me to learn more about myself as a leader and how I can make a difference in this organization.

Research Question Two

What individual qualities do organizations look for in future leaders? The specific subtheme addressed was selection process. Individuals interviewed said that the “key to success was choosing the right person with the right qualities to participate in succession planning,” identifying those individuals who will capitalize on the growth and development opportunities they are being offered. The selection process encompasses the focused, formal assessment and the development of individuals for future positions in leadership. Having a clearly defined methodology for objectively identifying and selecting future leaders was perceived as critical to the integrity and success of the program. The need for an objective process was further supported by such comments as “managers have a tendency to overrate their people” and “they sometimes confuse performance with potential.” Individuals at the top performance level in their work environment in terms of talent, responsibility, and influence were invited to participate in the succession planning program. Individuals who were considered “high potential” and who “wanted to advance higher” in the health system were also selected. Other program participants were selected based on a particular organizational need or challenges in the external market.

SP26, 662-667. [Executive Champion] Before an individual is actually enrolled into this work with us, there is an expansive assessment and evaluation process that occurs. Um, these leaders have undergone psychological assessment, behavioral assessment. There have been interviews with their peers. There have been interviews with their supervisors.

SP32, 550-553. [Program Director] When we look at our employment engagement there are a couple of questions that we look at relative to the level of commitment...based upon having, um, opportunities for growth and development, and so as we look at those numbers, there appears to be if nothing else, at least some stability there, if not growth.

SP11, 91-120. [Executive Champion] So there's the subjective and the objective qualities. The objective data is their performance review scores but we have a fair amount of discussion...in fact most of the discussion is around subjective qualities. And we have a couple of criteria. We don't invite anybody to participate in that year-long program who hasn't been with the organization, a year plus. We look at multiple years of their annual performance reviews looking for people that have been identified as "up and coming," and somebody that is a strong performer or star performer. And then what we try to do is we pick a class that is diverse, a class that represents all of our different organizations and functional areas.

SP29, 126-140. [Executive Champion] We have a tool here that...it's a profile called HLI...it's an inventory and it gives us an idea of a person's strengths and

areas for improvement. I use that as a guideline. And I like to choose people for my succession plan that have a high potential, they're highly motivated, they have demonstrated successes in their previous positions. They are engaged in professional organizations at the local, state, national, and/or international level. What has been their involvement in those organizations? Have they been a member? Have they been a member of a committee? Have they held an office? Uh, have they worked on special projects? Those are some of the main qualifications and, and characteristics and, of course, you know, your usual characteristics that we look for in any good employee is honesty and integrity and if you feel that you can trust them, and just overall capacity to do the job.

SP28, 285-290. [Program Director] We look and use our Leadership Competencies that we've worked on for our organization, and we look and see how people have been evaluated in prior years or the current year... related to those competencies. Those qualities are pretty comprehensive. They're everything from execution to executive presence qualities and characteristics. So we try to cover the more quantifiable measures, but also the softer side of leadership, as areas that we're exploring and that we're evaluating people against.

SP30, 144-166. [Program Director] For leaders, especially now, we've trained directors so they can do their talent assessment for their direct report managers. So we first have an information education session where we educate that particular level of leadership that will be assessing the lower level. And then we

send them out. We train them on how to conduct, uh, this career development conversation with that level. We give them tools, conversation scripts, and talent assessment forms and guides on a whole bunch of things. So after we have an education session we send them out. They have their career development discussions, they do their talent assessment, and then we bring them back with those forms completed to present on their talent from the direct reports. That's what they're doing from their managers now.

Each of the six organizations described their selection process, criteria, and who was charged with making the final selection decision. Five of the six organizations use a research-based executive competency assessment tool known as the Leadership Architect® Suite that employs innovative techniques to identify a program participant's strengths and areas to target for improvement. The assessment tool is based on the premise that people learn from on-the-job experiences (70%), followed by learning from other people (20%), and learning from classroom courses (10%). Once an individual's assessment is completed, an educational growth plan is developed and agreed upon by both the participant and the program director. Candidate recruitment for the program is implemented by identifying the critical requirements for a particular position and correlating these requirements with an in-depth analysis of each candidate's capabilities, experiences, and qualifications.

SP11, 401-404. [Executive Champion] So, what we have come to learn and, and believe wholeheartedly, is that making this investment in our own leaders or

emerging leaders, has paid huge dividends because they feel very connected and committed to our healthcare organization as a result of getting to go through this experience.

SP29, 583-668. [Executive Champion] Early in their careers, in nursing, you want to identify a very motivated and highly energized staff nurse who has lots of potential. Get that person early, get that person back to school, and then really start grooming that person for either a clinical leadership position or an administrative leadership position. That's something I think we, in healthcare, can do a better job in – preparing the nurse – the next generation of leaders. Industry has done a fabulous job of identifying young people and developing them from the time that they start with the organization. Where we get screwed up I think in healthcare, particularly in nursing, is because there's so many nurses that you hire. In any given hiring season, for the three hospitals in the Academic Health Center, we've probably hired two hundred registered nurses every year. And so we've not done as good of a job of looking at those two hundred people and identifying from day one or at least within the first year if they are going to have high potential to move into other roles in the organization. We have a tendency to be reactionary and not proactive for sure.

SP09, 552-555. [Executive Champion] So I have required each of the formal nurse leaders to sit down – and it starts with the manager level first. They sit down with their staff and the 9-Box and plug people in. And then we do a talent

review with each one of them to look at their education, their key experience, their aspirations, their turnover risk, the impact of their loss, their strengths, their needs, and the actions that we will take in order to help them move forward in their career. And then each of the managers put together their succession strategy to identify people that are ready now to replace them, ready in one to two years, ready in three to five years. And formalize what I'm going to do for them and what they're going to do to be ready...or, if they don't want my job, how I can still maximize their leadership potential.

All the healthcare organizations included in this study have a selection committee that conducts a comprehensive assessment of eligible candidates. Individual growth plans are assessed and implemented to closely match organizational growth requirements. The identification of future leaders includes nominations from managers and self-nominations. Other means of identifying potential program participants range from feedback from annual performance evaluations and career coaching to observations on how well an individual has managed other projects. Individuals from the surveyed organizations proposed that current leaders should look for future leaders by identifying their staff's talents and skills that are aligned with the organization's projected future needs. Formal programs enhance the engagement and performance of these key individuals, build on existing talents, and maximize their capabilities. Having a formal succession planning program allowed for focused concentration on those with the highest

potential who aspired to grow their careers and make a meaningful contribution to the organization.

Research Question Three

How are current succession planning programs preparing healthcare organizations for changes in workforce diversity? The study question on workforce diversity received the most varied response among the six healthcare organizations because only half of the organizations had a formal process in place to focus on ethnicity in leadership. Most of the individuals interviewed for the study agreed that increasing “diversity in leadership” was important because they believed that leadership diversity “improves patient satisfaction and overall outcomes” (SP09). Respondents also believed that “communication between patient and healthcare provider was improved” when both parties were of the “same ethnicity” because the perception was that there was “better teaching” and “compliance with treatment” (SP13). Moreover, “teamwork and working relationships” seemed to improve when people saw someone who “looked like them” in leadership positions (SP19).

Three of the six organizations described their specific efforts to increase diversity in leadership positions. Two CNOs of healthcare organizations with formal processes for increasing diversity in leadership spoke of specific ways of identifying potential candidates for succession planning:

SP29, 413-448. [Executive Champion] We do have diversity as one of our, what we call them, pillar goals... that’s part of our strategic plans. Ah, particularly,

minority professional candidates on nursing; certainly being one of them. So yes we do try to make our workforce, including our leadership, as diverse as we possibly can... around gender, ethnicity, and educational opportunities; just a whole of breath of domains if you will. Uh, unfortunately; we do not have a very diverse population in [blank] of minority candidates for some of our top leadership position, so we are working with organizations like the Black Nurses Association and the Filipino Association...um, and Men in Nursing Association, as well. It's a Board of Directors-driven initiative that we will have intentional recruitment activities around diversity to increase diversity in leadership.

SP07, 300-313. [Program Director] In our goal we set forth expectations that with every new leadership position that comes open, we have diversity represented in the candidates. Not that x-percent of our leaders will be of a, a certain, um, ethnicity, but rather to make sure that we're assessing when we're interviewing for candidates we have a broad ethnic diversity, uh, within the pool of candidates. Our HR department helps to set us up for success with that.

Other healthcare organization program directors described their strategy to increase diversity in leadership. One organization includes diversity in their annual evaluation process for leaders and another organization reports their ethnicity numbers to the board of directors.

SP28, 244-246. [Program Director] So, the first thing we did as an organization was to determine what the ethnic mix was. The board needed to see what the

percentage of people of color and women in their leadership. And then I proposed particular goals for all of our directors and above, related to changing that story. They have annual goals on changing the minority professional representation within the entire enterprise and those goals tie to compensation, so they're a part of our compensation strategy as well...we analyze and share with our Board where we are deficit every year at the end of our succession planning process. And with this last year, I identified that we were still need much more intentionality around identifying people in the bench who are people of color, who can and should be developed for future opportunities.

SP24, 552-607. [Executive Champion] And they [board of directors] always ask us about diversity. So, we have a big program for increasing in leadership. We've brought in a fulltime person to work on diversity of who we buy from as a system. So, we work on that – trying to diversify who we buy from and then of course when we hire. And in fact, all of our managers, one of the things they're evaluated on every year is, "What have you done to increase diversity in your department?" So it's part of our evaluation. And we've actually acted on it. I will tell you we have not done as well as we would like. And it's not for lack of trying. In fact, it's, it's funny you would ask that because I was just now sitting here with a [national firm] I'm looking for a... Do you mind me telling you this story? This is off on the side here. I was sitting here talking to a national firm because I'm looking for a Vice President ARNP to put together a national ARNP program...

And they said, “What are you looking for?” And I said, “You will not be successful if you do not bring me some diverse candidates.” And they said, “What do you consider diverse?” And I said, “I know you think that I think men are the only thing that’s diverse, because it’s nursing... That is not what I am talking about. I want some diversity. We’re, we’re going to be going in to neighborhoods that are diverse neighborhoods, and we need some diverse leaders...” But we haven’t been as successful as we’d like to be. It’s, we just haven’t. But it’s not from lack of trying.

The three healthcare organizations without formal processes for increasing diversity in leadership positions said it was an important issue and that they planned “going forward” (SP09) to focus on increasing diversity, stating that “they can do better” (SP12) with identifying candidates. One graduate of a succession program said “from what I can say our organization allows equal opportunity for all individuals” (SP18). An associate administrator interviewed said, “We follow all the EEOC rules,” (SP14) and “I don’t know if [healthcare organization] has ever considered that as a problem” (SP14). Other individuals interviewed said the following:

SP09, 257- 268. [Executive Champion] Ethnic considerations, you know, I don’t think so... and I think going forward I will have a sit down with my OD director and, and talk to her about how we want to make sure that at least the program fully represents the diversity of our workforce.

SP12, 456-459. [Program Graduate] We have a pretty diverse hospital here as far as, um, who works here and, and those sorts of things. And I think it, it was open to nomination, so I don't know that we specifically chose diversity, but definitely we have had some diversity within the participants.

SP22, 114-123. [Executive Champion] I do believe in diversity. I do believe in making sure that we do have the right people and, but you know, in our environment right here, I really am looking at the person who's best for the role I really do believe that great leadership transcends ethnicity.

The statements by healthcare organization with or without a formal process for increasing diversity in leadership did not indicate that ethnicity significantly influenced the development and sustainability of succession planning. Other comments were "we give everybody an equal share and equal opportunity" and "developing leaders is the priority of our succession planning program and not the ethnicity of the individual."

Summary of the Findings

Based on the feedback from the six healthcare organizations, four themes and eleven subthemes were identified as essential to establishing and sustaining a successful succession planning program. The analysis concluded that there were no major differences among the institutions in identifying the need for establishing and sustaining succession planning programs. Each healthcare organization recognized the need for senior leadership involvement and support from the beginning. Individuals had to commit their time and fully participate in the program to be successful personally and for the

program itself to be successful. All the participating organizations understood the need for a formal process for educating future leaders to replace retiring baby boomers and further understood that such a program had to be highly structured and frequently monitored to ensure credibility and sustainability. Creating and having in place a valid process for identifying high potential leaders has also been important to the process.

Although focusing on ethnicity in leadership was perceived as important, it was not a deciding factor in the success of the succession planning programs in this study. Increasing ethnic diversity in leadership roles was considered important by all six healthcare organizations, but only three organizations had a formal process for identifying and promoting diverse candidates. Having a succession planning program linked to the organization's vision and career development process was the best approach for ensuring that the right talent was ready to fill vacant positions. Successful programs eventually benefited the organization by having qualified and highly committed individuals ready to move into vacant leadership positions and benefited individuals through promotions and improved job satisfaction.

CHAPTER V

SUMMARY OF THE STUDY

Succession planning is a vital component in preparing healthcare organizations for a changing environment in which a growing number of aging leaders are retiring or reorganizing their careers. If organizations wish to increase their efficiency and remain competitive, the appropriate systems must be in place to manage talent. The absence of formal succession planning programs in many healthcare organizations and the dearth of published information about successful in-place programs were the driving forces for this grounded theory qualitative study. The purpose of the study was to explore the implementation of succession planning programs in healthcare organizations for aspiring nurse leaders to understand how the programs are established, structured, and sustained.

A review of the literature revealed limited information on succession planning programs in healthcare organizations and, of those, only a few research studies addressed programs for aspiring nurse leaders. Programs that were identified in the literature described interdisciplinary approaches and focused mainly on higher level job positions such as CNO, CFO, COO, and CEO.

Summary

Utilizing purposeful selection techniques, the researcher recruited six healthcare organizations with formal sustained succession planning programs from the West, Midwest, and South to participate in the study after receiving approval from the Texas

Woman's University Institutional Review Board. These healthcare organizations were large complex systems consisting of regional care centers, medical groups, clinics, and/or hospice care. They included one for-profit and five not-for-profit institutions, each with operating budgets of more than \$500 million gross revenue.

Twenty-five individuals (executive champions, program directors/faculty, and program participants) with knowledge of the succession planning program in their organizations were interviewed. A data collection process using interviews, notes, and documents allowed for the systematic coding, analysis, and sequential comparison of information. The data transcribed from the interviews were reviewed with three other researchers for reliability of subthemes and themes. Four themes and eleven subthemes emerged describing how succession planning was successfully implemented and sustained in the healthcare organizations.

This chapter provides a discussion of the findings in the context of an open system theoretical framework developed to address the characteristics of a successful succession planning program. This framework incorporates constructs of Harrison's (1994) Organizations as an Open System Model and Bandura's Social Learning Theory (1977). Harrison's (1994) model is a systematic way to identify problems within the healthcare organization and subsequently develop criteria and steps for solutions. His theory was used to describe the dynamic flow and use of resources that are required to implement a succession planning program. In this case, the problem was retiring leaders in critical job positions and what would be an effective way to replace them. Harrison's

model explains how an environment in succession planning comes into being as a fundamental part of a successful healthcare organization.

Bandura's (1977) theory was used to describe the context in which participants would have an opportunity to experience various scenarios prior to assuming advanced positions. Humans are affected by their environment and tend to act within the framework of their environment. This type of behavior in the right environment plays a key role in the establishment and execution of succession planning programs. The ability of healthcare professionals to successfully carry out a succession planning program is further explained by Bandura Social Learning Theory. His theory suggests that other humans learn through interactions with others within a social context. This very process is reflected in the coaching and mentoring involved in formal succession planning programs. In combination, these two frameworks describe the relationship and connectivity of the four themes and eleven subthemes derived from the data collected from the six participating healthcare organizations. The factors are essential to the establishment, structuring, and sustainability of a successful succession planning program.

The intent of a grounded theory study is to generate a theory to explain a phenomenon of interest (Glaser & Strauss, 1967). The theory developed from the data to explain how successful succession planning programs are established, structured, and sustained is depicted in the model [Figure 1]. The constructs of the model are environment, input, process, and outcomes. Environmental factors identified by the six

healthcare organizations as the driving forces for implementing a succession planning program were an aging leadership team in job positions critical to the operations of the organizations, unfilled leadership positions for an extended period of time with no one prepared to fill the job, and a changing and growing healthcare sector requiring higher levels of knowledge and skills.

Inputs are the raw materials, money, people, information, and resources needed to implement a succession planning program. Organizations in this study identified the resources, such as money, faculty, mentors, champions, and a program director, necessary to sustain the program once it had been established. Organizations with a successful program had the program written into the strategic plans, and leadership development efforts were part of its mission.

Processes are described as the actions a healthcare organization establishes to identify, screen, and select applicants for participation in its succession planning program. The organizations in the study had clearly defined methods for identifying high potential, motivated, ambitious candidates to participate in their succession planning programs. A formal program setting was used to provide participants the learning experiences needed to close the competency gap between what they needed to know as leaders and what they currently knew. Mentoring and coaching were part of the learning process.

Outcomes, the last construct of the model, describes the products, services, and ideas that grow out of an organization's actions and that are then transferred to the

environment through the feedback loop. The outcomes identified were described as organizational and individual benefits. A major organizational outcome was having candidates ready to fill key leadership positions and an individual outcome was the potential for job promotions. The feedback loop is also part of the outcome in which succession planning programs can be evaluated, improved, and updated. This feedback then becomes a part of input process.

The relationships between environmental factors, organizational and individual inputs, succession planning program processes, and organizational and individual outcomes as presented in the model are discussed below. The chapter concludes with a discussion of major conclusions, implications, and recommendations for further research.

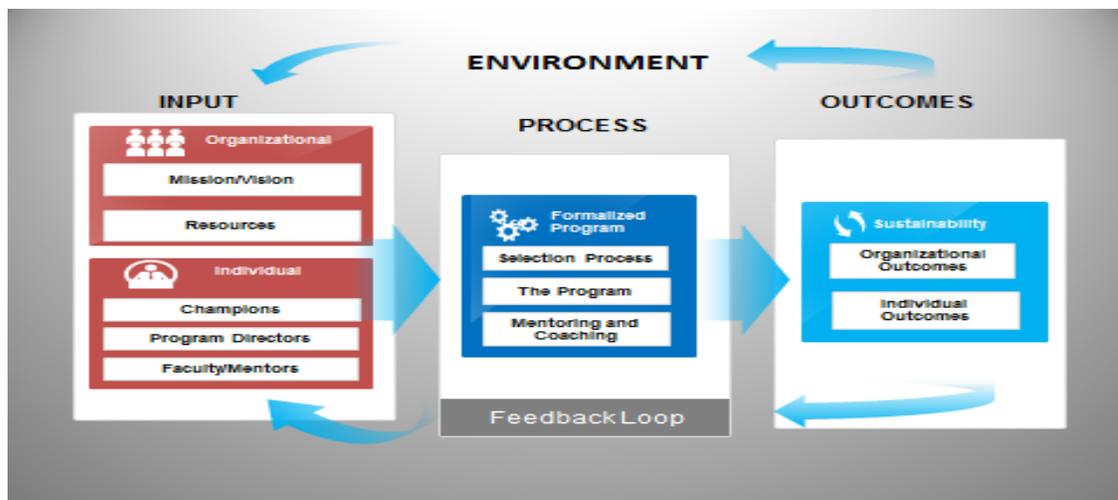


Figure 1. Characteristics of successful succession planning programs*

*Adapted from *Organizations as Open Systems* (Harrison, 1994) and Bandura's *Social Learning Theory* (1977)

Discussion of the Findings

The environmental, input, process and outcome factors that were found to influence the development of succession planning programs will be presented below coupled with relevant findings from the literature. This section concludes with a discussion of outcomes that the study organizations identified as directly relating to the implementation and sustainability of a successful succession planning program.

Environment

Environmental factors identified by the six healthcare organizations as the driving forces for implementing a succession planning program were an aging leadership team, unfilled leadership positions, and a changing and growing healthcare sector. As the baby boomers, the largest group of employed leaders, begin to retire, the demand for individuals with relevant knowledge and skills to replace those leaving has increased. These findings are similar to those of McAlearney (2010) and Trepanier and Crenshaw (2013) who suggest that a significant driver for implementing a succession planning program in a healthcare organization is an aging senior executive leadership who will soon be retiring without replacements in the pipeline.

Key leadership positions that remain unfilled for extended periods of time due to increased demand, a lack of qualified applicants, and a decreased supply of individuals with the relevant knowledge and skills ready to move into vacant positions was a strong driver for development of a succession plan. Kim (2012), Shirey (2011), and Sverdlik (2012) also report an inadequate supply of qualified applicants and the absence of

identified leaders ready to move into leadership positions. Sherman, Chiang-Hanisko, and Koszalinski (2013) state that an organization's leaders should be aware of where their next generation of leaders is in the development process in order to close the gaps between supply and demand for vacant leadership positions.

Rapid changes in the healthcare market requiring organizations to have highly trained leaders with expert knowledge of clinical and management practices were noted both by the six study organizations and in Kim and Thompson's (2012) research. Ensuring that these leaders are well prepared to advance the healthcare organization in this changing environment was dependent on two main mechanisms, clinical knowledge supported by evidence-based practice and financial management skills. Crumpacker & Crumpacker (2007) and Korn/Ferry International (2010) also reported the need for healthcare organizations to focus on developing leaders who can transform complexity into clarity, provide continued growth for the organization, and add marketplace relevance and financial health. Kaplan, Shmulevitz, and Raviv (2009) point out that hospitals are able to forecast budgets, develop new initiatives, and modify existing strategies but too often fail to implement strategies that will maximize long-term stability in leadership.

Inputs

Input characteristics common to succession planning programs in this study were classified as either organizational or individual inputs. Participants consistently referenced the importance of the organization's vision/mission or culture in the success of

their programs. The earlier works of Beyers (2006), Blouin, et al. (2006), Cadmus (2006), Greenberg (2012), and Wolf and Greenhouse (2006) contend that leadership development programs must be a part of an organization's vision. Succession planning necessarily aligns staff and managers with the organization's strategic direction. Once an organization was committed to leadership development through a succession planning process, the program was included in the organization's strategic plan with resources allocated to support course infrastructure and development. Identification of key leadership positions critical to the organization's success focused the program on growing and developing those individuals who could meet future challenges in an uncertain environment.

Having the necessary resources is important. Kim and Thompson (2012) found that larger hospitals are more likely to engage in the succession planning process because they have both a larger pool of applicants and prospective applicants and the financial resources to support such a program. This was consistent with the findings from all six of the healthcare systems in the study because each of the six was a large operation with the financial capital to support the succession planning process.

The participating institutions each allocated resources needed for program operational and personnel costs, as well as ensuring that program participants had release time from work and access to external consultants and/or executive coaches. While many of the individuals interviewed identified specific costs associated with implementing a succession planning program, no one addressed the actual costs of operating the program.

This finding was in accord with the research of Fennimore and Wolf (2011) in which the cost of recruitment and turnover was reported but the cost of a succession planning program was not presented.

Individual inputs identified as critical to a succession planning program included a program champion, a director for the program, and a cohort of faculty and mentors. Upper level administrators who own the succession planning concept are described as champions. In the literature, these individuals have been variously called executive sponsors (Anderson, et al., 2010), vice president sponsors (Benjamin, et al., 2011), and executive chairmen (Beyers, 2006). Study results indicate that executive champions were instrumental in ensuring that succession planning was incorporated into the organization's strategic plans and that appropriate resources were allocated for the program. This finding was consistent with several published articles (Beyers, 2006; Brunero, et al., 2009; Collins, 2009; Kim, 2012) that contend that the role of the organization leader in the succession planning process is to inspire and promote the vision and its possibilities, providing direction in the form of strategic plans, goals, and guidelines.

Prior research supports the necessity of having a program director who will provide oversight and facilitation of the program, setting goals, monitoring and evaluating outcomes, and reporting results to the board and executive champion (Blouin, et al., 2006; Brunero, et al., 2009; Collins, 2009; Fennimore & Wolf, 2011; Kim, 2012; McAlearney, 2010; Schwartz, 2011). Each of the participating institutions had program

directors who were responsible for directing the activities and for supervising and evaluating the entire program. The feedback provided by the healthcare organizations interviewed in the course of this study suggests having the full engagement of faculty and mentors was an important component of the program's success. Study findings indicate that the concept of "time," which included the program faculty's time spent in mentoring and coaching together with the participants' time investment in the program while maintaining the duties of their current jobs, was critical to the success of succession planning programs. A number of authors (Coughlin & Hogan, 2008; Glasgow et al., 2009; Keys, 2014; Pedaline et al., 2012) concur that the willingness of those in leadership positions to participate in their organization's succession planning program as mentors or faculty contributed to the program's sustainability.

Process

The process component of a successful succession planning program consists of the selection of candidates, the program content, and the mechanisms in place to provide the needed coaching and mentoring.

Selection process. Similar to business corporations like General Electric whose future leaders are identified early in their careers and groomed for higher job positions (Mintzberg, 2008), the healthcare organizations included in this study had established formal parameters for identifying future leaders, evaluating their performance, and assessing their readiness for growth opportunities. While the Anon Corporation's leadership development program used internship and feeder programs (the Early Career

Development Program) to identify employees with potential for promotion (Henry, 2011), these hospitals used a variety of mechanisms. Five of the healthcare systems used past performance evaluations and committee participation in concert with evidence-based assessment tools such as the Lominger Performance and Potential Matrix (9 Box Model). Lominger (Korn/Ferry International, 2010) is widely used to assess talent for succession planning in business corporations and evaluates individuals in two dimensions, past performance and future potential. One organization used the American Organization of Nurse Executives (AONE) Nurse Executive Competencies (AONE, 2005) leadership assessment tool to evaluate high potential individuals. Other tools, such as 360 evaluations, the Myers Briggs test, competency assessment instruments, and the Learning Agility Inventory, helped identify high-performing individuals.

The study findings further suggest that those selected to participate in a succession planning program demonstrated a high capacity for learning, were already engaged in major projects and committees, and were described as ambitious individuals committed to the organization's mission and vision. Other attributes mentioned by Benjamin, et al. (2011), Sverdlik, (2012), Wendler, et al. (2009), and Wolf, et al. (2006), as well as individuals interviewed for this study, included honesty, trustworthiness, the ability to learn quickly, engagement in local and national organizations, and the willingness to pursue continued education for career advancement. Some noted the importance of flexibility and mobility, the willingness to move to other departments within the organization or to move to a new location or state to fill a vacant job position.

Study findings suggest that leadership ability is developed through practice and self-correction and that individuals with potential must have the opportunity and the time to learn to be leaders. Charan (2005) calls this the Apprenticeship Model in which people learn from doing through practice, feedback, correction, and more practice. The apprenticeship model focuses on output, training and producing needed leaders from an internal pool of succession candidates. The study findings further suggest that individuals selected to participate in the program were accountable for their own development and were supported by the program director, faculty, and executive champions. Program graduates later became program faculty or served as mentors or coaches for other program participants.

Although all six healthcare systems considered workforce diversity in leadership important, ethnic diversity was not identified as a key component in the selection process. Three of the healthcare organizations had a formal process for addressing diversity, and the others were exploring ways to incorporate the process in future programs. Leonard and Levine (2006) and Krepcio and Martin (2012) argue that healthcare organizational success is dependent on the presence of ethnic diversity in skills, experiences, and abilities among employees. Perhaps one of the most revealing statistics of the succession planning programs studied was that 93% of those in the programs were white and 7% were minorities. These numbers indicate that little is currently being done to increase minority leadership presence in the future workforce.

The program. Program content included courses on finance, effective communication skills, labor relations and cultural awareness, stress management, coaching for improvement, resolving conflict, and leading change. This program curriculum compared favorably to the skills identified by AONE (2005) and the Healthcare Leadership Alliance (communication, knowledge of healthcare environment, business and finance, and leadership) as necessary core competencies for nurse executives (Harris, et al., 2006). The combination of education methods contributing to the learning enrichment experiences included stretch assignments, action learning work, Myers Briggs testing, shadowing executives, mentoring, and the use of Management eSimulators.

Nurse leaders need skills in managing hospital business operations, budgets, and market shares; other leadership responsibilities include managing diverse individuals of different ages, ethnicities, and social backgrounds (Scott, Heathcote, & Gruman, 2011). It is essential that the healthcare leadership invest time in providing business acumen and education for nurse leaders who make decisions every day that affect a hospital's bottom-line. The healthcare organizations in this study consistently described an environment in which the need to maintain a competitive position for survival was most effectively accomplished by preparing future leaders through leadership planning and business development activities.

Some classes were taught by internal faculty and other classes on particular leadership topics were taught by external healthcare experts. Formal business programs,

such as Wharton Business School, were also utilized, and collaborations were formed with graduate business schools.

Mentoring and coaching. Program participants were assigned a preceptor and mentor based on the results of the leadership skill assessment tool. Once an individual was identified for participation in the succession planning program, the several-years-out target job for that individual was discussed by the executive champion and program director who, together with the development manager, developed action plans to prepare the candidate for the target job.

Bandura (1977) suggests that learning is a cognitive process and that people acquire new skills by observing behaviors. The observer assesses the meaning of a behavior in terms of how it fits into his/her life and then bases the decision to replicate an observed behavior on a cost/benefit analysis. Consistent with Bandura's Social Learning theory (1977), the study results suggest that mentoring and coaching allow graduates the opportunity to understand the verbal and symbolic meanings of the behaviors they observe. The study findings indicate that graduates of succession planning programs benefited greatly from coaching and mentoring and underwent significant learning and growth opportunities from observing executive leaders in their day to day work as they managed real life situations.

Outcomes

The benefits of having a succession planning program articulated by those interviewed for this study were grouped into organizational and individual outcomes.

Organizational outcomes. All six healthcare organizations identified decreased time in filling vacant positions, having more engaged employees, and decreased direct recruitment costs as tangible and valuable outcomes of their programs. These observations were similar to those of Giambatista, Rowe, and Riaz (2005), Hayward (2011) and Kouzes and Posner (2012) who noted the need for healthcare organizations to demonstrate bottom-line benefits to ensure both the implementation and continuation of succession planning programs. Healthcare organizations must be able to demonstrate the cost savings associated with internal promotions, e.g., decreased recruitment and orientation costs correlated with the long-term stability and profitability of the organization.

The study findings indicated that individuals who participated in coaching and mentoring felt valued, supported, and nurtured, a possible predictor of increased job satisfaction, loyalty, and retention. Similar to these findings, Shirey (2011) suggests that organizations with succession planning programs influence career goals and inspire professional growth.

The researcher encountered an unexpected phenomenon when analyzing the data. The study indicated that individuals interviewed who were program graduates were excited to have been selected for the development opportunity even with no promise of a job promotion on program completion. Two individuals who were interviewed were past graduates of a succession planning program and were offered promotion opportunities

but elected to move laterally into job positions for additional learning, development, and growth.

Individual outcomes. Results from this study indicate that successful succession planning programs provide career opportunities within the organization as program participants receive advanced education, mentoring, and the potential for job promotion. Program graduates indicated a greater commitment to their organizations because of the possibility of promotion from within. This was consistent with the research conducted by Coughlin and Hogan (2008) that suggests that nurses report higher job satisfaction after a mentoring experience, describing feeling more prepared to perform their job duties and experiencing a higher feeling of self.

Conclusions and Implications

The specific conclusions and implications based on the findings from this study include the following:

Conclusions

1. Environmental forces that were important drivers in the development of these succession planning programs included an aging senior executive leadership team with no replacements in the pipeline and a rapidly changing healthcare market.
2. Individuals critical to the success of these succession programs were executive champions, designated program directors, and a cadre of willing faculty and mentors.
3. Allocation of resources was found to be critical to the development and sustainability of a successful succession planning program.

4. Individuals targeted for these programs were from the upper leadership echelon (from directors to CEOs) and demonstrated leadership talent, were top performers in their work environment, and were highly motivated and engaged in professional organizations.
5. The institutions interviewed for this study were not successful in achieving a diverse pool of candidates for their programs.
6. Content for the succession programs emphasized business management, effective communications, labor relations and cultural awareness, resolving conflict and leading change.
7. Outcomes identified by each of the organizations included the ability to fill their leadership positions more quickly.

Implications

1. Having a succession planning program linked to the organization's vision and career development process is the best approach for ensuring that the right talent is ready and available to fill vacant positions.
2. Leadership development through a formal succession planning program contributes to employee satisfaction and improves the organization's overall outcomes.
3. Unexplored opportunities exist for establishing and maintaining a diverse racial/ethnic mix in healthcare organizations' leadership teams.

Recommendations for Further Studies

Because of limitations inherent in this qualitative grounded theory study, additional research is needed to explore succession planning programs in more depth.

Specific recommendations include the following:

1. Explore the parallels and differences between business and healthcare organizations with successful succession planning programs to identify best practices.
2. Study smaller healthcare organizations to understand how they are preparing leaders through the succession planning process.
3. Survey hospitals with Magnet status to determine how their leaders are developed and supported.
4. Explore the best methods for increasing racial and ethnic diversity in leadership that more accurately reflect the changing workforce.
5. Determine the cost to benefit ratio of implementing succession planning programs in healthcare organizations by focusing on outcomes such as promotions, retention rates, improved patient care, and employee satisfaction and engagement.

Summary

This study fills a gap in the literature by describing how healthcare organizations with successful succession planning programs prepare nurse leaders for future leadership positions. Study findings indicate that succession planning programs allow for the selection and grooming of individuals who fit the culture of the organization. The

individual's work ethic, performance, and relationships with other healthcare professionals are already established and validated by past and current job performance.

This research reinforces the importance of continuing to educate and prepare qualified nurse leaders as the current generation of nurse leaders begins to retire. While formal succession planning programs consist of many important elements, the findings of this study indicate that success is heavily dependent on the presence of an executive champion, a designated program director, and the availability of a committed group of faculty and mentors. When examined as a process, succession planning consists of multiple components that, in combination, can profoundly influence organizational performance and individual employee satisfaction.

A formal succession planning process provides a healthcare organization with a ready pipeline of qualified individuals who can move into leadership positions as they become vacant. The role of a succession planning program in the leadership development process is integral to the success of the organization. The program serves as the gatekeeper for policy implementation, knowledge transfer, formal coaching and mentoring, and career development opportunities. Individuals appreciate their organization's confidence in them and the investment in their professional growth and development.

While specific actions to increase racial and ethnic diversity in leadership positions were absent in more than half of the healthcare organizations participating in

this study, the data revealed unanimous awareness of the importance of diversity and that meticulous and focused efforts were needed to rectify the deficiency.

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APPENDIX A
Informed Consent

Informed Consent Texas Woman's University

TEXAS WOMAN'S UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Title: Succession Planning: Developing the Next Generation of Nurse Leaders

Investigator: Patricia Hannon, MSN, RN.....phannon@twu.edu 281-727-9570

Advisor: Rebecca Krepper, PhD, MBA, RN.....rkrepper@twu.edu 713-794-2106

Explanation and Purpose of the Research

You are being asked to participate in a research study at Texas Woman's University, to explore existing succession planning programs in healthcare related organizations to identify how they were developed, how they are structured, and how they are sustained. Succession planning is about establishing pathways for talented nurses to follow that lead to future leadership positions.

The researcher is interested in knowing: (1) how are successful succession planning programs for aspiring nurse leaders established and sustained, (2) how are succession planning programs preparing healthcare related organizations for the changes in workforce diversity, and (3) what individual qualities do organizations look for in future leaders? You are being asked to participate in an interview to explore your thoughts, ideas, and perceptions on the subject matter.

Description of Procedures

As a participant in this study, you will be asked to spend 60-85 minutes of your time in a face-to-face or telephone interview with the researcher. Initial telephone call time spent to obtain information on the setup time, place, and date for the access to initial meeting (or phone call) to get consent form conveyed and signed, 5minutes. The estimated time for completing the informed consent to participate in the study is 3 minutes. Estimated time for completing the organization demographic information and participant's demographic sheet is 8 minutes. Completing the interview may take up to 45 minutes. Estimated time to re-contact with you to verify data with the second contact will take a maximum of 25 minutes. For those individuals who will not be re-contacted, the maximum total time is 60 minutes. For those individual who will be re-contacted, the maximum total time is 85 minutes.

The researcher will ask you questions about your experiences and view on the topic of succession planning in healthcare related organizations. You and the researcher will decide together on a private location where and when the interview will happen. The researcher will decide on a code name for you to use during the interview.

The interview will be audio recorded and then written down so that the researcher can be accurate when studying what you have said. After reviewing the transcription the researcher may contact you for further clarification. In order to be a participant in this study, you must be between 25-75 years of age and have experience with healthcare organizations at executive or senior administrative level.

Initials
Page 1 of 2

Potential Risks

The researcher will ask you questions about your views and perceptions of succession planning in healthcare related organizations for aspiring nurse leaders. A possible risk in this study is discomfort with sharing your perceptions and experiences. If you become tired or uncomfortable you may take breaks as needed. You may also stop answering questions at any time and end the interview. If you feel you need to talk to a professional about your discomfort, the researcher will provide you with a list of resources.

There is a potential risk or loss of confidentiality with any email, downloading, and internet transactions. Confidentiality will be protected to the extent that is allowed by law. The interview will be held at a private location that you and the researcher have agreed upon. A code name, not your real name, will be used during the interview. No one but the researcher will know your real name. The tapes and the field notes will be stored in a locked cabinet in the researcher's office in which only the researcher has access.

Only the researcher, her advisor, and the person who writes down the interview will hear the tapes or read the written interview. The tapes and the written interview will be shredded within three years after the study is finished. The results of the study will be summarized and shared with the participants but your name or any other identifying information will not be included.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Following the completion of the study you will receive \$20 gift card for your participation and a “thank you” note will be sent by email.

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researcher. The researcher’s phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman’s University Office of Research at 713-794-2480 or via e-mail at IRB@twu.edu.

Signature of Participant _____ Date _____

*If you would like to know the results of this study tell us where you want them to be sent:

Email address: _____

Initials
Page 2 of 2

APPENDIX B

Demographics Data Form

Healthcare Organization

Code Name _____

Succession Planning: Developing the Next Generation of Nurse Executives

Date of interview: Month _____ Day _____ Year _____

Healthcare related organization's name _____

How would you best describe your occupation at this facility? _____

How many years of experience do you have in practice as a health care provider?

For how long have you been working at this facility here? _____

Gender (M/F) _____ Age _____ Ethnicity _____

Who reports to you? _____

How many direct reports do you supervise? _____

Type of facility: _____

For-profit: _____ Not-for-profit: _____

Acute care hospital _____

Health system _____

Government healthcare agency _____

Pharmaceutical firm _____

Other (specify): _____

What are the numbers of employees in your facility?

What is the gross revenue of your organization? _____

What is your role in the leadership development program?

When did you start your succession planning program? _____

What is the number of individuals who participate in your program? _____

What are the demographics of the participants in your program? _____

What is the number of individuals who are faculty in your program? _____

Who participates in your program (executives, nurses, new managers, etc.)?

Who oversees the program? _____

What is the ethnic mix of individuals in your succession planning program?

APPENDIX C
IRB Approval Letter



Office of Research
6700 Fannin Street
Houston, TX 77030-2343
713-794-2480 Fax 713-794-2488

February 27, 2013

Ms. Patricia Hannon
College of Nursing
6700 Fannin Street
Houston, TX 77030

Dear Ms. Hannon:

Re: Succession Planning: Developing the Next Generation of Nurse Leaders (Protocol #: 17248)

Your application to the IRB has been reviewed and approved.

This approval lasts for one (1) year. The study may not continue after the approval period without additional IRB review and approval for continuation. It is your responsibility to assure that this study is not conducted beyond the expiration date.

Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any unanticipated incidents. If you have any questions, please contact the TWU IRB.

The signed consent forms, as applicable, must be filed with the request to close a study file at the completion of the study.

Sincerely,

Carolyn Kelley
Carolyn Kelley, PT, DSc, NCS
Institutional Review Board - Houston

cc. Dr. Karen Lyon, College of Nursing - Houston
Rebecca Krepper, College of Nursing - Houston
Graduate School

APPENDIX D
Semi-structured Interview Guide

Semi-structured Interview Guide

Interview Questions:

1. Describe your experience with your organization's succession planning or leadership development program (example, nurse leader). Prompts: what disciplines attend; how do you identify who attends; how were ethnic considerations taken into account, what do you do when someone is not successful; give me an example of someone you mentored in the leadership role?
2. What qualities do you look for when identifying someone for the program? Prompts: what are the individual qualities that are needed to be successful in the program?
3. What type of content or experiences does your succession plan or leadership development for leaders include? Prompts: mentoring, shadowing, and/or curriculum content. How the content was developed, did the organization conduct a needs assessment, what resources did your organization use to develop the program content?
4. How does your organization sustain succession planning for future leaders? Prompts: What types of outcomes were noted as a result of the succession planning program, were they quantifiable? Success rates, number of graduates of the program, how do you measure success of the program, why?
5. What resources are needed for a successful succession program for aspiring leaders? Prompt: physical, fiscal, and human capital? What drove development of succession planning program?
6. What are the barriers your organization encounters with a formalized succession planning program for aspiring leaders in healthcare? Prompt: how do you address or contend with these?

7. Describe specific mechanisms, if any, intended to promote racial/ethnic diversity in the succession planning process.
8. Anything you think would be helpful to others who are developing or modifying succession planning programs?

APPENDIX E

Organization Permission Letter

Organization Permission Letter

Date:

To:

From:

Subject: Agency Permission for Conducting Study

RE: Succession Planning: Developing the Next Generation of Nurse Leaders

This letter serves as verification that Patricia Hannon, RN, MSN, a doctoral student at Texas Woman's University has been granted approval to interview participants at this organization on the topic of succession planning. I understand that the information shared during the interview will be used in a study to increase the knowledge on succession planning. The name of the institution or individuals participating in the study will not be included in the final results. The researcher will maintain compliance with the Institution Review Board (IRB), Texas Woman's University.

Sincerely,