Development and Implementation of a Succession Plan for the Nursing Department in a Community Hospital

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Development and Implementation of a Succession Plan for the Nursing Department in a Community Hospital

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DNP Comprehensive Project

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Acknowledgement

This DNP project paper is an opportunity for me to extend my regards to my committee chairperson and committee members, my beloved friends, and my family for their untiring support that they furnished throughout my project. I am grateful to them for their belief in me and the guidance that they provided me without which I would have never been able to work on and complete this project. It also signifies my own views and does not closely relate to the university.

Signature: _________________________________

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Abstract

This project identifies nursing leadership vacancies in a community nursing department and assisted in the planning and implementation of a succession framework to fill the gaps in the nurse leadership population. Aging nurse leaders are leaving the profession and thus are creating gaps which need to be filled (Stichler, 2008). The unavailability of respective schools and negative perceptions of nurses regarding the healthcare sector leads to the lack of interest in the nursing profession (Nelsey, Brownie, 2012). Factors contributing to burn-out in nursing departments affect the intentions of nurses to leave and lower satisfaction towards their profession. The proposed succession plan will act as a resource to identify features that affect staff morale, clinical competence and staff commitment to their jobs. The current project also addresses the nurse’s interest in future leadership roles within the organization. This project allows the implementation and development of strategies to ensure successful succession of nurses in healthcare. The Plan-Do-Study-Act (PDSA) evaluation model is applied to this project to evaluate iterative analysis of change to improve succession methods in healthcare. This project has identified de-motivation, inexperienced staff, lack of corporation or teamwork and increased workload as possible problems that offer obstacles in implementing the succession plan.

Keywords: nurse leaders, succession planning, leadership, nurse executive.
Introduction

Succession planning in healthcare has been lackluster. Developing such a program in a community hospital can be vital to its existence. It has been described in the business, human resources, healthcare and nursing literature that succession planning is an urgent need to be addressed. Especially nursing due to the aging workforce, the nursing shortage, the increased dependence on nurse managers, increased complexity of patient care and the increase number of patients who qualify for services afforded to them by the Affordable Care Act. Community hospitals are facing workforce shortages for filling professional positions for nurses. Vacant positions left unfilled can be additionally problematic. Cortese, Colombo, & Ghislieri (2010) pointed out that nurses with poor educational preparation were likely to report low level of job satisfaction. This project provides a rationale to identify relationships between factors that cause decreased job satisfaction among nurses and thus, predisposes the organization to face challenges to find better replacements for nurses leaving their positions. This project details the journey of one community hospital on the pathway to a viable succession planning program.

Background Knowledge

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 & Thompson, 2012; United States Department of Labor: Bureau of Labor, 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). In the mid-20th century, succession planning was 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 (Christensen, 1979; Koch, 1978; Trow, 1961). 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, 2009a; Fennimore & Wolf, 2011; Glasgow, Weinstock, Lachman, Supplee, & Dreher, 2009; Martin & Schmidt, 2010). Kim & Thompson (2012) reported that high-performing healthcare organizations utilized 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 (2005) 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, 2009a) 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; United States Department of Labor: Bureau of Labor, 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 & Sánchez, 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 (Zastocki & Holly, 2010). Nurse Managers thrust into leadership positions without adequate preparations tend to burnout. 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, 2007; Keys, 2014). In 2010, the census reported 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 potentially 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 (Sporing, Avalon, & Brostoff, 2012). Diversification in healthcare organizations is a business strategy intended to increase access to services. Ideally the workforce should be reflective of the population it serves. 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.

For some leaders, retiring or leaving a leadership position compares to writing a will or planning one’s own funeral. This dynamic suggests that succession planning may be hard to implement as it addresses the emotional issues associated with change for retiring CEO’s, as well as the political interest of key stakeholders within and outside of an organization (Davis, 2005).
Developing a succession plan for some leaders can be difficult due to ego related concerns or an inability to relinquish power, which makes it difficult to think of leaving. Oftentimes, organizations political issues or competing priorities replace the importance of finding and mentoring a successor. Succession plans should not occur when a leader announces their departure, but as soon as they are selected for the position.

Effective succession planning encourages the leader to consciously acknowledge a “life after the leadership transition” making it less difficult to implement the process (Davis, 2005). Succession planning is only effective when used well and is supported by the CEO's who believe in and value the plan. This literature review addresses the concerns of succession planning at all organizational levels within the healthcare industry. The healthcare industry is in the midst of a human resource crisis. The healthcare industry is comprised of business organizations in a variety of settings including: managed care, long-term care, hospitals, ambulatory care and home healthcare. The workforce crisis began in the 1990s and continues to grow. The market for healthcare workers continues to escalate as the workforce ages and there is a decline in the number of new workers. The healthcare industry did not invest in leadership development historically to the same extent as leading companies in other sectors (Abrams & Bevilacqua, 2006).

According to Garman, Tyler, & Darnall (2003), effective healthcare leadership requires administrators to master a host of complex interpersonal skills, including persuasion, negotiation, conflict management and understanding diverse perspectives. In healthcare, the gap is widening between the supply and demand for a skilled workforce and healthcare industries are competing among themselves in this talent war. In an effort to become an employer of choice, healthcare leaders need to identify a pool of talented employees throughout the system, provide career
planning and development activities, and ensure employee accountability to ensure that their organization has the leadership talent required to succeed over time (Rothwell, 2005). An investment in leadership development and training programs helps the healthcare industry develop an organizational culture that maximizes its performance and is adaptive to market challenges (Abrams & Bevilacqua, 2006).

This project addresses the problem of workforce shortages in nursing which has a significant impact on the ability to fill vacant places in nursing positions. The workforce shortage for registered nurses and their leaders is influenced by supply and demand of nurses and adequate provision of salary and benefits. Moreover, the availability of nursing programs, undesirable working hours, negative perception of work environment, aging of nurse leaders and nursing not considered as a rewarding career has predisposed the nurses to leave the nursing profession (Mulholland, Anionwu, Atkins, Tappern, & Franks, 2008). A research study conducted by the Center for Health Workforce Studies acknowledged 23 states in America with nursing shortage (Buerhaus, 2009). California is one of the states mentioned in this report. This project identified the problem of workforce shortages for professional nursing in the United States and California, thereby addresses the issue to ensure quality provision of care in a community hospital located in Los Angeles.

Local Problem

The hospital is a 127 - bed community hospital located in an underserved area of the city. The community it serves is largely Hispanic. Presently, it has been difficult to recruit and retain staff nurses and those in leadership positions. The nursing leadership team currently has a leadership vacancy for the Intensive Care Unit. This position has been open four months with few candidates applying for the position. No internal candidates have been developed.
The present staff at this hospital is not motivated to engage in any succession planning initiatives. As the present staff resign or retire, replacements will be carefully screened prior to hiring to ensure they will fit in the new hospital culture. These nurses will assist with the dilution of the old culture while working towards a new and more desirable culture.

Due to an increased inpatient volume, the Chief Nursing Officer (CNO) has requested and received approval to post open positions on a hiring website called CareerBuilders. Since the postings, there have been a number of qualified candidates who have applied. Some of these candidates are in various stages of the hiring process. During the hiring process, the candidates will be given information regarding succession planning opportunities. The interviewers will elicit the candidates’ willingness and motivation to advance to leadership positions. With respect to leadership positions, it is costly to recruit outside talent. It would be more cost effective to identify and mentor internal candidates for open leadership vacancies.

**Intended Improvement/Purpose of Change**

The intended Improvement/Purpose of Change of this project is to develop and implement a succession plan for the nursing department that is cost effective. The phenomenon of succession is crucial for the success of any organization. Leaders develop and execute policies designed to ensure that the organizational goals are being addressed and fulfilled. Succession, like in any other institution, is necessary for growth and development of a healthcare organization. Change in the workforce and replacement in leadership positions is an event which occurs in every organization. The selection, hiring and orientation of new nurses into healthcare are significant organizational objectives, which are necessary for improving quality of services (De Gieter, Hofmans, & Pepermans, 2011). Nurses are leaders, supervisors, managers, and executives who hold places in an organization and need successors to hold their positions after
The process of succession is vital as the change which, left to chance, can be risky for the healthcare organization. Hospitals require the right person, at the right time for the right position.

The ill preparation of the organization to make decisions can lead to wide range of consequences for the nurses, service users, and the healthcare setting itself. The process of succession is mandatory for the welfare and well-being of any organization (Nooney, Unruh, & Yore, 2010). Changes in the leadership and subsequent resident positions among nurses, is the transference of skills, passion and authority from one individual to another in a clinical setting. Buerhaus (2009) had identified the factors that contribute to burnout in nursing department and further evaluated the intentions of nurses to leave, and satisfaction towards their job.

According to Abrams and Bevilacqua (2006), the benefits of succession planning for healthcare organizations include the creation of organizational legacy to retain workplace knowledge and maintain strong leadership, which in turn is a catalyst for long term high performance. The benefits are numerous which include:

- Preservation of workplace culture, norms and traditions
- Return on investments, money savings
- Higher patient satisfaction rates
- Improved physician satisfaction and increased referrals
- Positive employee identification with the healthcare system
- Operational metrics improvement
- Financial metrics improvement
- Organizational survival
Review of the Literature

The literature review identified research works by searching keywords as individual terms and combination: nursing leadership, succession plans, nursing succession, leadership succession, and succession management. CINAHL, Medline, PubMed, Google Scholar, ProQuest databases and references of retrieved articles. The search included articles written in English published up to September 2014. An abundance of literature was retrieved using the keywords. For summary of the evidence, please refer to the Evidence Table in Appendix A.

Brunero, Kerr, & Jastrzab’s (2009) qualitative study reported on a locally organized model of succession planning in a 550-bed general hospital in Australia. The study acknowledges the need for a more formal approach to successful planning in nursing. Their succession-planning model made use of literature and consultation with their senior staff. The consultation with the senior staff identified that (1) there exists no formal structure or process for succession planning; (2) there is a potential for financial implications; (3) a program/process needs to be developed in the hospital; (4) knowledge and skills of staff need to be developed; and (5) an evaluation process if succession planning is needed to occur. Evaluation of the model was a four-part approach that included customer satisfaction, program progress, effective placement and organizational result perspectives. Nurses who were successful in obtaining their new role were later surveyed after 6 weeks. Their study made use of descriptive statistics, which included data on numbers of placements and types of positions filled. A checklist was utilized for evaluating the program of succession planning. There were 44 applicants but only 25 nurses participated in the program, with 31 positions succeeded to. The nurses who participated reported benefits such as increased sense of career planning and greater understanding of their career pathway. The study concluded that a succession-planning program could provide an
organization a way to identify new leaders. Nurse Managers and the nursing management are in the key positions to develop effective succession planning models.

Carriere, Muise, Cummings, & Newburn-Cook's (2009) integrative systematic review found that though there is a body of literature in succession planning in healthcare organizations, there is a lack of best-practices succession planning framework that perhaps maybe due to inconsistently defined concepts, leading to potential confusion and lack of concept clarity. The findings of the study show no best-practices framework for implementation. The study suggests that to mitigate knowledge loss, current CNO’s and healthcare leaders need to integrate succession planning with organizational needs through the development and promotion of its resources into future leadership positions.

Griffith's (2012) literature review summarized and evaluated succession planning initiatives in nursing. The analysis of literature allowed the proposal of a new, comprehensive succession-planning model for nursing. The study suggested that an effective succession planning must be viewed as an interrelated process that involves identifying, developing, and mentoring/coaching potential nurse leaders. Griffith acknowledges how though this process might look like a continuum, it is not to be a closed loop. In synthesizing and analyzing literature, Griffith created a model that has three areas, which includes academia, academic preparation, and practice. Vital efforts must be made for both academia and practice to complement each other as effective succession planning in nursing is an interrelated process between these areas. The study revealed that effective succession planning must exist as a continuum that is rooted with well promising recruits.

Hosis, Plummer, & Connor (2012) examined seven Saudi Arabian hospitals with a different approaches to succession planning. A mixed method approached was utilized with a
sequential explanatory research design conducted in two phases. A survey was distributed to 449 front line and middle-nursing managers. 245 (55%) questionnaires were returned. The study’s main objective was to examine the visions of nurse managers and leaders for succession planning as well as examine associated policies and practices for Saudi Arabian and expatriate nurse managers in Saudi Arabian hospitals. The result of the study found a significant shortage of Saudi nurse managers at all seven participating hospitals relative to the number in the overall nursing management workforce who participated in the research. The study ascertained that the need for succession planning was clear, although comments were said to be sometimes cautious. The implementation of succession planning does not depend strictly on the leaders or managers, as the responsibility must be shared with the organization. The study acknowledges the impossibility of having effective and sufficient nurse managers and leaders without having a sophisticated system that considers their selection, abilities and development; and provides them with education and support to assume their managerial role efficiently (Hosis et al., 2012). Effective succession planning is built on the framework of a solid organization vision and mission through formal identification by leadership.

Karaevli & Hall (2003) study is based on interviews with representatives from 13 organizations known for their succession planning and talent identification programs, such as British Petroleum, Boeing Corporation and the United States Army. They conclude with an analogy about the drunk who lost his wallet in the woods and was looking for it under the lamppost. When asked why he was looking in a place so far from where he lost it, he said, “Because that’s where the light is.” In their search for future executive talent, there is tendency to look where it is easy to look. In application to the nursing discipline, acknowledging that looking for nurse leaders in novel places must be taken into consideration.
Kim (2012) made use of the 2008 AHA Annual Hospital Survey to identify hospitals with and without succession planning, and other hospital characteristics. Of the sample hospitals, 1,501 hospitals (72.6%) had succession planning, while the remaining 567 hospitals (27.4%) did not. There exist a difference in characteristics between hospitals with and without leadership succession planning. Hospitals with succession planning were more likely than hospitals without succession planning to be members of multi-hospital systems (62.0% vs. 35.2%) or networks (40.7% vs. 30.9%), accredited by the now Joint Commission (73.2% vs. 39.0%), members of Council of Teaching Hospitals (COTH) (8.8% vs. 3.7%), and bigger in terms of bed size (202 vs. 104). Hospitals with succession planning were more likely to be located in urban areas (82.4% vs. 55.3%) and markets with higher per capita income ($33,778 vs. $30,212), compared to those without succession planning. The study identified five key points which includes (1) Effective succession planning is the heart of leadership development and an essential business strategy because it enhances the ability to achieve orderly transitions and maintain productivity levels; (2) The results of this study are consistent with previous studies that exhibit a positive association of previous years’ performance with internal succession planning; (3) The key to successful succession planning lies in building a solid foundation of profitability; (4) Having successors ready to fill key vacancies helps improve operational condition and the bottom line, and thus, gives a competitive edge in the market; and (5) Preparing successors for leadership may determine which organizations simply survive and which thrive and lead their markets down the road.

Patrician, Oliver, Miltner, Dawson, & Ladner (2012) examined nurturing charge nurses for future leadership roles. The study acknowledges the impending crisis in chief nursing officer (CNO) retention and argues that charge nurses are untapped leadership resources that can be
groomed for future advanced leadership positions in healthcare organizations. The purpose of their study was to understand the development needs for the charge nurse role. The result found that charge nurses often receive little or no training for assuming positions of leadership and offers suggestion for enhancement of preparation. The challenges charge nurses reported facing were grouped into four themes which included—managing staff performance, role clarity, powerlessness in regard to system complexity, and lack of leadership support. The study’s findings identified opportunities for CNOs and nurse managers to develop leaders of the future among the ranks of charge nurses. Steps should be considered to make the charge nurse role consistent throughout the organization, facilitating role clarification and peer support opportunities. The study argues for instituting formal peer support groups for new charge nurses as it can be beneficial. CNOs could also explore their organizational talent pool by providing charge nurses the opportunity to shadow them and nurse managers in their daily work to identify this untapped level of future leaders as evidence supported the effectiveness of mentorship programs in succession planning.

Sverdlik (2012) surveyed two groups of nurse leaders to design a Nursing Leadership Program. The first group was the Nursing Leadership Team at Broward Health Medical Center (N=22). The second group was a convenience sample of Nurse Leaders in the South Florida Community (N=21). As nursing leaders retire and leave the profession, who will take their place? The question is not just about the number of nurses who will take on leadership roles; it is about the preparation required to be successful. Formal succession planning is a crucial part of strategy to ensure that nursing leadership positions, at all levels, are filled with qualified candidates. The target group for the Nursing Leadership Development Program was Assistant Nurse Managers. Sixty-seven Assistant Nurse Managers were surveyed for interest in
participating in the program. Sixty-six percent (44/67) of current Assistant Nurse Managers responded to the survey. Of the 44 who responded, 15 (34%) expressed interest in participating. Ultimately, 6 Assistant Nurse Managers were selected to participate in the Nursing Leadership Development Program with one who did not complete the program. Sverdlik (2012) acknowledged how organizations can benefit from having current staff prepared to move into leadership positions. This allows the maintenance of smooth operations, supported organizational goals, continuity improving quality care and maintaining regulatory compliance. The short, nine-week program is both cost effective and efficient. Lessons learned from the program can be incorporated into the participant’s current role while a limited time is spent off their unit. The study further argues that succession-planning programs should be placed in all levels of leadership and all disciplines. Interdisciplinary programs can foster improved teamwork and collaboration within an organization. The program application revealed that the cost of formal succession planning program is significantly less, in terms of time and money, as opposed to recruiting external candidates to fill leadership positions. Mentoring is also the key to successful succession planning.

Titzer, Phillips, Tooley, Hall, & Shirey's (2013) synthesis of literature shows that despite the clear benefits of succession planning, studies show that resource allocation for proactive, deliberate development of current and future nurse leaders is lacking. The study suggests that to increase succession-planning implementation and ensure dedicated resource allocation, strategic and deliberate evaluation methods, including cost benefit analysis (CBA) and balance score card (BSC) metrics are recommended. Finances was also in Trepanier & Crenshaw's (2013) theme as they acknowledge how a formal succession planning process is crucial to the financial and operational viability, and sustainability of acute care hospitals.
Conceptual Framework

The phrase “succession planning” has many meanings in terms of development and replacement. Uses of the concept are found in the literature of human resource management training, employee coaching (Karsten, Baggot, Brown, & Cahill, 2010), family business inheritance (Lansberg, 1988), political survival, financial planning (Christensen, 1979), 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.

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.

Bandura introduced the concept of modeling which is used in the process of mentoring. Role playing is a part of modeling. This allows the novice nurse to practice responses to various situations prior to being in the real world. The new nurse learns how to handle various situations that can be played out in a management position. He/she learns from their mentor what the expectations are, the language to use as well as demeanor and vocal tone. A colleague had devised computer generated simulations for nurses to practice these tools.

According to Woolfe (2002) the concept of succession planning dates back to biblical times and the wisdom Jesus exercised in his leadership role as he carefully picked twelve disciples, which allowed him to develop additional leaders. The transition from leader to leader was both smooth and rocky; however, the chosen future leader’s mission and vitality was kept intact. It also kept their leadership engine powerful. Today, organizations realize the value of having competent leaders as well as a pool of potential leaders from which to pick at any given time, leaders with the skills necessary to remain successful in today’s global economy. Smart companies and strong organizations have succession plans in place that have constantly assessed
all of its “high potentials” so that if an emergency or planned move occurred, there would be people in place to accept the role of leadership.

The U. S. government has a succession plan in place in case of the death, impeachment, or resignation of our top executives. We are all too familiar with this scenario through the cases of John F. Kennedy, Richard Nixon, Spiro Agnew, and Bill Clinton. (U.S. Const. art. II, § 1).

However, succession planning exists for a reason, and smart companies ensure that they too have a succession plan in place that addresses all contingencies, even the “unthinkable” (Woolfe 2002). Inevitable changes and challenges occur within the workforce of an organization and may include disability, death, natural disasters, relocation, downsizing, separations terminations and retirements. A mentorship training program is one strategy in succession planning that is designed to address workplace needs. Succession planning is a very important human resource model that helps with workforce planning needs and builds bench strength within an organization (Rothwell, 2005).

It includes mentoring new leadership and developing a plan to transfer organizational power to younger employees. According to Rothwell (2005) succession planning can be helpful and minimize disruption when senior employees leave an organization. Succession planning is a proactive approach that helps leaders deal with unexpected changes and has been defined in many different ways. However, for the purposes of this literature review, this researcher will use the definition coined by McWilliams (2005), succession planning management is an effort designed to ensure the continued effective performance of an organization, division, department, or work group by making provisions for the development, replacement, and strategic application of key people over time. Added to the vocabulary of succession planning is technical succession planning. It is defined as any effort designed to ensure the continued effective performance of an
organization, division, department, or work group by making provisions for distilling, preserving, maintaining and communicating the fruits of the organization’s institutional memory and unique experience over time (Rothwell & Poduch, 2004).

The most popular framework for understanding succession planning is described by William Rothwell, Ph.D. Rothwell (2005) defines succession planning as an effort designed to ensure the continued effective performance of an organization, division, department, or work group by making provision for the development, replacement and strategic application of key people over time in efforts to preserve, maintain and communicate the institutional memory and unique experience over time. Succession planning is an evolving human resource model that cannot be a one-time activity. It is an ongoing examination of what the organization should stop, start and continue (McWilliams, 2005). Organizations should examine themselves to identify potential leadership candidates. Kesler (2002) calls this analyzing leadership “bench strength” and consulted with 25 major companies observing various approaches to succession planning. He concluded that replacement planning was obsolete in today’s workforce and that succession planning includes a comprehensive set of assessment and development practices that support the entire workforce for identifying talent at all levels of the organization while nurturing talent and potential at all levels. He found that leadership development has been observed for more than 25 years in Fortune 500 companies such as General Electric, Exxon and a few others as they developed best practices for developing future leaders. In 1973, Walter Mahler wrote Executive Continuity, one of the first reports detailing reports of how leading corporations planned for the replacement of key executives and found succession planning to be an important complement to executive leadership (Kesler, 2002).
Methodology

Ethical Issues

There were no ethical issues identified for the development and implementation of a succession plan for the nursing department at a community hospital. This project was not a research study, but a project in which to promote a change in practice to benefit nurses, hospital and finally the patients. Approval for this non-research project was granted by the University of San Francisco Doctorate of Nursing Practice department on January 24, 2014.

Planning the Intervention

The intervention was planned once consent from the chief executive officer was received. A communication plan can be found in Appendix B. The Human Resource department was also consulted for adherence to corporate and governmental regulations. The CNO was the driving force behind this intervention. The directors of the various nursing units agreed that the intervention was necessary to provide the necessary replacements for vacant positions. The Human Resource departments provide consultative services for the project.

With the lack of in-house candidates for the vacant positions and a dearth of external candidates, a discussion ensued regarding the opportunity for the organization to develop its own pool of candidates. When the present staff was queried regarding the vacancies, no one wanted the role. Some of the reasons given for the lack of interest in moving up were being exempt would reduce their income, loss of overtime, had to work five days a week, unable to have a second job and just not interested. The author embarked on a literature search for information on succession planning for non-executive nursing positions. The information that was discovered was shared with the Chief Executive Officer, Chief Nursing Officer and nursing directors. Titzer et al. (2013) found that nurse managers are effective if they have emotional and cultural
intelligence, command of financial language and have the ability to communicate. These additional skills are not always part of the nurse manager orientation program. Therefore, a plan to develop our staff was initiated.

The first items to be identified were who were the candidates; what leadership vacancies were open; the corporate and nursing culture.

The candidates identified as potential leaders were the 14 charge nurses from the various nursing units and from the two shifts. The nurses already exemplified their ability to act as leaders on their respective units. Most of the nurses had completed their BSN degrees and some were considering continuing on for their MSN. The hospital does offer tuition reimbursement and all of those nurses participated in that program.

The author identified two vacancies on the hospital nursing leadership team. And one corporate opening was identified. These were the manager of intensive care unit and manager of emergency department. Additionally, the system director of perioperative services was the vacant corporate position.

The culture at the hospital was one that rewarded excellence at the bedside with promotion but not necessarily with leadership education and mentoring. With this in mind, the hospital had some nurses that were reluctant charge nurses. This meant that the charge nurse was competent in their role but did not relish it. Other charge nurses were incompetent due to their inability to separate friendship from workplace concerns as well as being unable to shift from direct patient care to a supervisory role.

The aim of this project was to have an in-house supply of able and willing candidates for the various leadership vacancies. These candidates would be encouraged to attend paid education classes and be assigned willing mentors. This program would contain components that are
formal, like continuing education classes as well as informal such as shadowing a charge nurse. Mentoring would also be involved in the process. Potential mentors would be recruited for their aptitude for this process. Eller, Lev, & Feurer (2014) found eight themes that contribute to a successful mentoring relationship. These components are (1) open communication and accessibility; (2) goals and challenges; (3) passion and inspiration; (4) caring personal relationship; (5) mutual respect and trust; (6) knowledge exchange; (7) independence and collaboration; and (8) role modeling.

Competencies were also developed for these leadership positions. These included a Succession Planning Initiative Memo (Appendix C), a Leadership Style Questionnaire (Appendix D), Leadership Skills Questionnaire (Appendix E), a New Hire Succession Survey (Appendix F), a List of Developmental Activities (Appendix G), an Individual Assessment Summary Profile (Appendix H), and an Individual Development Plan (Appendix I). The Association of Nurse Executives (AONE) has published competency domains for nurse managers and those were used in development of the templates.

Budget was also a consideration as this project needed to be budget neutral. Human resources were consulted for the cost of recruitment, orientation and retention figures.

**Implementation**

The project was implemented over a six month period. The author desired to have the entire hospital community informed of the project and its goal. An informational presentation was developed and present to various hospital committees (Appendix J). Those committees included the following: Governing Board, Medical Executive Committee, Professional Practice Committee and the monthly charge nurse meeting.
A questionnaire was developed and presented at a charge nurse meeting. This questionnaire was an attempt to gauge the interest of the charge nurses for leadership mentoring and education. There were 14 charge nurses present. They were asked to complete the questionnaire and return to the author within a week. Once the completed questionnaire was received additional resources were assembled. Based on their responses educational programs on leadership, mentoring and the like would be developed in conjunction with our educational vendor and in-house educator. Additionally, succession planning would be discussed during new hire employee orientation.

The charge nurses returned none of the initial questionnaires to the author. This author believes this was due to the format of the questionnaire as it called for a narrative rather than the use of Likert scale. Based on the previous discussion of lack of internal candidates, none were interested in the increase of responsibility. Hence, a new and different approach needed to be developed. The original questionnaire took a narrative approach and the revised questionnaire used a Likert scale to gauge interest.

During this time corporate approved the hospital request to post 15 new RN positions. This was an excellent opportunity to hire new employees that exhibited the qualities that the hospital wished to capture and promote. The revised questionnaire and a letter announcing the initiative was given to all new RN employees that were hired. These new hires all had BSN degrees and expressed an interest in continuing their education. At the time this paper was written the results are promising, at least these new hires have expressed an interest in the succession plan.
Planning the study of the Intervention

Planning the study of the intervention required a redesign of the initial questionnaire. The written timeline of this project is found in the Gantt chart (Appendix K). The project was slow to start due to the fact that the meetings with the governing board and the other committees were dependent on when they met. These committees need not meet every month. The author informed that body prior to the other committees.

Trepanier and Crenshaw (2013) have found that organizations who have a formal succession plan in place experience continuity in strategic leadership, promote effective operations and enjoy improved quality of care. These authors also state that there are other benefits to having a succession program which include the improved retention rates, increased staff engagement and an improved financial performance.

Looking at the particular breakdown of the work, the project managers in nursing are more likely to recognize that if the project will be completed in due time, will it occur in the predictive order, are some of the elements that will cause problems by occurring before estimated time (Jung & Woo, 2004). For example, the cost of recruiting new nurses have been known to increase before the hiring process gets completed. This problem was assessed by allowing the breakdown of integrated sections of the plan, into a control group that will evaluate the construction of the project in order of: planning hiring process; offering incentive based payrolls for motivations; and then; the implementation of precise training and educational programs in clinical practice (Griffith, 2012). The work breakdown structure can be summarized in Appendix L.

The implementation of succession planning requires systemic thinking and time-to-time evaluation. Healthcare services are improved by hiring better and professional nurses who can
replace their leaders in nursing. The quality of healthcare depends on various human and non-human resources, and both the quality and quantity of health services will be assessed on mix resources. Studies suggest that hospital-based nurses’ productivity is determined by both the bed capacity of the community hospital and average severity level of the patient pathologies (Cope, 2010).

Financial resources and budgeting also determine the construction of strategies for local systems and community hospitals. Resources can be evaluated by considering the demographic characteristics and prevalence of the diseases in the community (Cope, 2010). The resources to execute and deliver healthcare interventions require forecasting tools to guide human resource planning activities. Planning for leadership positions needs to be identified during the yearly budgeting process.

According to Cope (2010) also found that nurse managers, who received their assistance from immediate directors and the HR department, implicated the planning. However, this allows the nurses to generate planning requests and be responsible for administration of the process. This process is determined by the state of annual budget and availability of financial reservoirs. The strategic plan will also help to demonstrate the forecasting needs of the clinical unit and to hire nurses for the coming year. In addition, healthcare organization also requires capacity analysis tools to support tight monitoring and evaluation of nursing succession plan.

**Methods of evaluation**

The plan-do-study-act method of evaluation was used for this project. The focus of this type of evaluation is a small test of change. This method is a well-organized, quick approach for testing improvements based on the four components of plan, do, study and act. According to Nelson, Batalden, & Godfrey (2011) the plan includes the following elements: a clarification of
the subject being tested, planned action, when the test will start, who will observe, how long the
test will last and expected outcome. The do part is the actual implementation of the small test of
change. The study phase is the time to reflect on the outcomes. The act phase is when the
decision to continue or not is determined.

Based on this method when the first questionnaire was not completed as predicted, the
author needed to review the evidence and decide whether or not the project was worth continuing.
Since succession planning is imperative to maintaining a pipeline of candidates for leadership
positions, it was decided to revise the questionnaire from a narrative form to a Likert scale form.
Additionally, since nursing department culture was to be changed, the questionnaire was to be
given to all new nurse hires for completion. These revisions created a noticeable difference.
Approximately 75% of the new nurse hires completed the questionnaire. Approximately two-
thirds of those nurses were interested in a succession plan program.

The project should decrease the cost of recruitment, which would result in reduction of
expenses. At present, the cost of recruitment for one charge nurse vacancy is $141,500. This
cost would remain static over three years resulting in a three year cost average of $424,500.
Under the succession plan, the recruitment cost would remain the same for the first year.
However, due to a reduction in fees for recruiters and advertising, the cost to fill a charge nurse
vacancy would decrease significantly to $24,750 in years 2 and 3 under the succession plan. The
potential savings for three years would be $233,500 (Appendix M). Implementation of a
succession plan would be not only be financially beneficial, but also encourage nurse retention
and increase nurse satisfaction (Titzer et al., 2013).
Analysis

With due diligence and attention, the succession plan program at this hospital will continue to be built. The nursing department culture will continue to evolve over time. The process will continue to evolve and shape the organization. Succession planning programs cannot exist in a vacuum, the entire hospital needs to be involved and committed to achieving this goal.

Limitations of the project in implementing the succession plan care are as follows.

- The primary implication for this strategic plan is to relate nursing leadership shortages to the implementation of a career plan. However, during this project, the author has identified de-motivation, inexperienced staff, lack of cooperation or teamwork and increased workload as possible problems that will provide obstacles in implementing the succession plan.

- Due to the shortage of nurses, it may be difficult to have people for various specialized positions. The hospital has had difficulty in recruitment due to the location as well as the benefit and compensation packages it offers.

- Lack of interest of the new generation of nurses in a career pathway, as they consider it irrelevant to climb the ladder of success or to get promoted.

- The resistance to change by the practicing nurses when they understand the concepts of inappropriate professional attitudes, favoritism conflict and poor communication. These act as a barrier to implement succession planning in healthcare.

- Finance is also one of the constraints along with the budget allocation that have immense impact on successful implementation of the succession plan. This
hospital has a contract with a private educational company for training. Also the hospital has received a training grant from the state of California in the amount of $150,000 that can be used for this endeavor.

The major hindrances for beneficial implementation of a succession plan are the inability to schedule nurses for educational classes due to the nursing shortage and the nurses’ motivation to attend.

Results

Program Evaluation/Outcomes

In order to develop and implement a succession plan for the nursing department, significant literature does exist in the form of documented evidence. Nurses quit frequently due to aging leaving behind a substantial vacancy and space. This project was conducted in a community hospital which is located in an underserved area of Los Angeles. There are many solutions that are available to identify the increased frequency of burn-out in the healthcare and lack of better successors to refill the gaps in the nursing profession (Sullivan & Garland, 2010).

Nurses have looked towards other professions due to better pay scales offerings offered or work environments. Thus, there is a need to develop and practice a succession plan in this community hospital, which will allow the healthcare entity to identify and mentor potential candidates for future positions (Haslam & Ryan, 2008). As the Chief Nursing Officer, the goal of the author was to develop and implement a succession plan for the nursing department. This community hospital has had difficulty in recruiting professional applicants for various nurse leader positions. The development of a comprehensive strategy would decrease chances for extensive searches for recruiting nurses and will shorten the on boarding processes. This plan was designed to minimize the distraction and disruption in the daily activities of the nursing
department. Candidates are recruited, challenged and mentored in order to assess their competencies needed to evaluate for leadership positions. This succession plan eventually reduces the time wastage in filling the vacancies.

Historically, nurse leadership applicants were assessed on the basis of their superior clinical skills. This succession planning project provides a pathway for leadership development which can potentially improve staff nurse morale and staff retention rates. As a consequence of improper succession planning, the aging nurses’ population is leaving healthcare, and these shortages have resulted into an inadequate staffing and poor performance in all aspects of healthcare delivery (Sullivan & Garland, 2010). Nurses will be recruited based upon their skills, education, clinical experience, and leadership qualities. According to Haslam and Ryan (2008), the most important event in addressing leadership insufficiencies in healthcare is to recruit employees who have demonstrated leadership abilities. The participants were analyzed on their strong educational backgrounds, specifically on problem solving and group learning techniques. This project incorporated the identification of various types of leaders like operational or strategic leadership characteristics (Cortese et al., 2010). These participants were assessed through self-assessments for competencies, mechanisms to evaluate competencies and ability to identify leadership gaps in healthcare organization.

**Discussion**

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

This study fills a gap in the literature by describing how healthcare organizations with successful succession planning programs prepare nurses 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 nurse 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. The hospital made an effort to recruit nurses that mirror the community in which the hospital serves but was not successful.

**Interpretation**

Succession planning is crucial to the hospital viability today. But the culture of the organization plays a major role in the implementation and success of the any project in the organization. The present apathetic culture needs to be changed to ensure continued use of the program.

The succession planning program needs to become part of the culture of the hospital to succeed. This can be accomplished by hiring the employees that will contribute to the changing culture instead of hiring those that will be resistant to any change. Dilution is a method to aid in changing the culture. It is essential that the hiring director/managers and the nurse recruiter have the necessary information to hire the appropriate candidates.
Conclusions

Succession planning is essential to maintain workplace culture and ensure competent nursing leadership. Effective succession planning matches the organization’s available talent to its future needs. Succession planning provides that leadership decisions are performed in a systematic manner. It is a constant, avoids crisis and provides incentive for continuous performance improvement in a cost effective manner. The specific conclusions and implications based on the findings from this project include the following: Environmental forces that were important drivers in the development of these succession planning programs included an aging leadership team with no replacements in the pipeline and a rapidly changing healthcare market. Individuals critical to the success of these succession programs were executive champions, designated program directors, and a cadre of willing mentors. Allocation of resources was found to be critical to the development and sustainability of a successful succession planning program.

Individuals targeted for these programs were from the charge nurse group and have demonstrated leadership talent, were top performers in their work environment, and were moderately motivated and engaged in professional organizations. The institution interviewed for this project was not successful in achieving a diverse pool of candidates for their programs with the current staff. The author forecasts that with the recently hired staff that result will be reversed. Content for the succession programs emphasized business management, effective communications, labor relations and cultural awareness, resolving conflict and leading change. Outcomes identified by each of the organizations included the ability to fill their leadership positions more quickly.

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. Leadership development through a formal succession planning program contributes to employee satisfaction and improves the organization’s overall outcomes. Unexplored opportunities exist for establishing and maintaining a diverse racial/ethnic mix in healthcare organizations’ leadership team.

Other Information

Funding

There was no additional funding needed for this project and its implementation.
References


U.S. Const. art. II, § 1.


### Appendices

**Appendix A**

**Johns Hopkins Nursing Evidenced-Based Rating Scale**

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>QUALITY RATING (SCIENTIFIC EVIDENCE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental study</strong> (Randomized Controlled Trial or RCT).</td>
<td>A - High quality: consistent results, sufficient sample size, adequate control, and definitive conclusions; consistent recommendations based on extensive literature review that includes thoughtful reference to scientific evidence.</td>
</tr>
<tr>
<td>Study participants (subjects) are randomly assigned to either a treatment (TX) or control (non-treatment) group.</td>
<td>B - Good quality: reasonably consistent results, sufficient sample size, some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence.</td>
</tr>
<tr>
<td>May be:</td>
<td>C - Low quality or major flaws: little evidence with inconsistent results, insufficient sample size, conclusions cannot be drawn.</td>
</tr>
<tr>
<td>o Blind: neither subject nor investigator knows which TX subject is receiving.</td>
<td></td>
</tr>
<tr>
<td>o Double-blind: neither subject nor investigator knows which TX subject is receiving.</td>
<td></td>
</tr>
<tr>
<td>o Non-blind: both subject and investigator know which TX subject is receiving; used when it is felt that the knowledge of treatment is unimportant.</td>
<td></td>
</tr>
<tr>
<td><strong>Meta-analysis of RCTs</strong></td>
<td></td>
</tr>
<tr>
<td>Quantitatively synthesizes and analyzes results of multiple primary studies addressing a similar research question.</td>
<td></td>
</tr>
<tr>
<td>Statistically pools results from independent but combinable studies.</td>
<td></td>
</tr>
<tr>
<td>Summary statistic (effect size) is expressed in terms of direction (positive, negative, or zero) and magnitude (high, medium, small).</td>
<td></td>
</tr>
<tr>
<td><strong>LEVEL 2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Quasi-experimental study</strong></td>
<td></td>
</tr>
<tr>
<td>Always includes manipulation of an independent variable.</td>
<td></td>
</tr>
<tr>
<td>Lacks either random assignment or control group.</td>
<td></td>
</tr>
<tr>
<td>Findings must be considered in light of threats to validity (particularly selection).</td>
<td></td>
</tr>
<tr>
<td><strong>LEVEL 3</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Non-experimental study</strong></td>
<td></td>
</tr>
<tr>
<td>No manipulation of the independent variable.</td>
<td></td>
</tr>
<tr>
<td>Can be descriptive, comparative, or relational.</td>
<td></td>
</tr>
<tr>
<td>Often uses secondary data.</td>
<td></td>
</tr>
<tr>
<td>Findings must be considered in light of threats to validity (particularly selection, lack of severity or co-morbidity adjustment).</td>
<td></td>
</tr>
<tr>
<td><strong>Qualitative study</strong></td>
<td></td>
</tr>
<tr>
<td>Explorative in nature, such as interviews, observations, or focus groups.</td>
<td></td>
</tr>
<tr>
<td>Starting point for studies of questions for which little research currently exists.</td>
<td></td>
</tr>
<tr>
<td>Sample sizes are usually small and study results are used to design stronger studies that are more objective and quantifiable.</td>
<td></td>
</tr>
<tr>
<td><strong>Meta-synthesis</strong></td>
<td></td>
</tr>
<tr>
<td>Research technique that critically analyzes and synthesizes findings from qualitative research.</td>
<td></td>
</tr>
<tr>
<td>Identifies key concepts and metaphors and determines their relationships to each</td>
<td></td>
</tr>
</tbody>
</table>
### LEVEL 4

| Systematic Review | Research review that compiles and summarizes evidence from research studies related to a specific clinical question.  
|                  | Employs comprehensive search strategies and rigorous appraisal methods.  
|                  | Contains an evaluation of strengths and limitations of studies under review. |

#### QUALITY RATING (SUMMATIVE REVIEWS)

- **A** - High quality: well-defined, reproducible search strategies; consistent results with sufficient numbers of well-designed studies; criteria-based evaluation of overall scientific strength and quality of included studies, and definitive conclusions.
- **B** - Good quality: reasonably thorough and appropriate search; reasonably consistent results, efficient numbers of well-designed studies, evaluation of strengths and limitations of included studies, with fairly definitive results.
- **C** - Low quality or major flaws: undefined, poorly defined, or limited search strategies; insufficient evidence with inconsistent results, conclusions cannot be drawn.

### LEVEL 5

| Organizational Review | Review of quality improvement studies and financial analysis reports.  
|                       | Evidence is appraised and synthesized from two basic sources: internal reports and external published reports. |

| Expert Opinion, Case Study, Literature Review | Opinion of a nationally recognized expert based on non-research evidence (includes case studies, literature review, or personal experience). |

#### QUALITY RATING (EXPERT OPINION)

- **A** - High quality: expertise is clearly evident.
- **B** - Good quality: expertise appears to be credible.
- **C** - Low quality or major flaws: expertise is not discernable or is dubious.
### Table of Evidence

<table>
<thead>
<tr>
<th>Study</th>
<th>Method</th>
<th>Sample</th>
<th>Intervention/Findings</th>
<th>Outcomes and Recommendations</th>
<th>Strength of Evidence I-IV</th>
<th>Quality of Evidence A-C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brunero, S., Kerr, S., &amp; Jastrzab, G. (2009).</td>
<td>Qualitative</td>
<td>559 bed metropolitan tertiary referral teaching hospital. The development of local model of succession planning involved literature review which became a project proposal. Twenty-five nurses participated in the program of (44 applicants) some of who had the opportunity to relieve in a more than one senior role, during the study period</td>
<td>Twenty-five nurses participated in the program (of 44 applicants) some of who had the opportunity to relieve in a more than one senior role, during the study period. Over the study period, 19 Nursing Unit Manager positions were replaced, one Clinical Nurse Educator role, six Clinical Nurse Consultants and five Nurse Educator Roles (n = 31). There were 19 nurses who applied but were not interviewed, reasons for this include: maternity leave (n = 4), annual leave (n = 5), resignation from hospital (n = 3), withdrawal of application (n = 2) and other unknown reasons (n = 5).</td>
<td>The study revealed how succession planning program provided an opportunity for the organization to identify new leaders. The study outcomes have identified potential improvements to the way succession planning is conducted at the hospital. Nurse Managers are in key positions to develop effective succession planning models. This study offers a process for managers to develop effective succession planning programs within their organization.</td>
<td>III</td>
<td>A</td>
</tr>
<tr>
<td>Carriere, B. K., Muise, M., Cummings, G., &amp; Newburn-Cook, C. (2009).</td>
<td>Systematic Review</td>
<td>Twelve online databases were searched using the keywords: succession planning and succession management in separate searches for the time period of 1998-2008. From a total of 1,419 titles and abstracts reviewed, 122 met the inclusion criteria for healthcare succession planning.</td>
<td>The 122 articles that met the inclusion criteria were retrieved and rescreened, with duplicates removed, leaving 8 retained from all databases. Eighteen articles were specific to business succession planning was selected separately, with 5 used for comparison with healthcare succession planning frameworks. The healthcare succession planning models were comparable with the selected business succession planning models, which all recommended planning, recognizing the importance of clarifying expectations and future needs, and identifying future leaders as imperative steps in succession planning.</td>
<td>The study finds that “although there is a body of literature on succession planning in healthcare organizations, the lack of a best-practices succession planning framework may be due to inconsistently defined concepts, leading to potential confusion and lack of concept clarity.” The study further argues how these findings are not conducive to best practices and may lead to inconsistent implementation of succession planning.</td>
<td>IV</td>
<td>A</td>
</tr>
<tr>
<td>Griffith, M.</td>
<td>Literature review</td>
<td>This literature review</td>
<td>The major challenge</td>
<td>The research finds how</td>
<td>V</td>
<td>A</td>
</tr>
</tbody>
</table>
A continuous exploration of the relationship between expertise in nursing practice and...
The study was conducted in seven Saudi Arabian hospitals with a different approaches to succession planning. The survey was distributed to 449 front line and middle nursing managers. 245 (55%) questionnaires were returned. The total number of Saudi respondents was 11 and expatriates were 234 from more than 50 countries.

The questionnaire was design to examine organizational planning. The study inferred from the results that the respondents considered that succession planning is still in the development stage. The qualitative responses highlighted the lack of succession planning in their particular organization as well as a lack of competencies of respondents and education for nurse managers. The two recurring themes that emerged from qualitative data were human resource issues and lack of staff who were adequately prepared for their managerial role.

The outcome of the study showed how although effective succession planning is built on the framework of solid organizational vision and policy, it was not reflected in practice in the Saudi Arabian hospitals in this study. The study suggests how effective succession planning for nurse managers is one factor which may modify attrition rates and enhance recruitment; however it remains a major challenge for health services.

The article argues how “companies have gotten adept at identifying executive talent is both positive and negative at the same time. They have developed such

There is a need to focus development efforts in a strategic way on the needed future end state.

The organization encourages and supports
programs.
- BP
- Boeing Co.
- Chase Manhattan
- Citigroup Inc.
- Dell Computer Corp.
- Eli Lilly and Company
- Ericsson
- Hewlett-Packard Co.
- JP Morgan
- Motorola Inc.
- Southwest Airlines Co.
- Sun Microsystems Inc.
- U.S. Army

| Kim, T. H. (2012) | Non-experimental study | This study made use of the 2008 AHA Annual Survey data to identify hospitals with and without succession planning, and other hospital characteristics. This study employed a sample of short-term general, acute care hospitals. Hospitals with missing information on key operational and financial information were excluded. For consistency and reliability of the financial reports, the study also excluded hospitals with less than 270 fiscal days in each fiscal year. Outliers for the operational and financial performance variables further reduced the sample size. The final sample used for the analysis was 2,068. Of the sample hospitals, 1,501 hospitals (72.6%) had succession planning, while the remaining 567 hospitals (27.4%) did not. Characteristics of hospitals with and without leadership succession planning were revealed to be quite different. Hospitals with succession planning were more likely than hospitals without succession planning to be members of multi-hospital systems (62.0% vs. 35.2%) or networks (40.7% vs. 30.9%), accredited by the now Joint Commission (73.2% vs. 39.0%), members of Council of Teaching Hospitals (COTH) (8.8% vs. 3.7%), and bigger in terms of bed size (202 vs. 104). In addition, hospitals with succession planning were found to have various kinds of mentoring and peer coaching relationships, by building networking time into business activities such as retreats, planning meetings, task force meetings, and training programs. Providing rewards for people who are known to be good and helpful colleagues for the development of others is also suggested. These should not be formal mentoring programs but rather encouragement and expansions of the rich set of developmental relationships that are already happening throughout the organization, right under the noses of top management, unbeknownst to them. It’s time to stop looking where the light is and simply move the light over to where the natural resources for development are already busily at work. The study identified 5 executive summaries.

- Effective succession planning is the heart of leadership development and an essential business strategy because it enhances the ability to achieve orderly transitions and maintain productivity levels.
- The results of this study are consistent with previous studies that exhibit a positive association of previous years’ performance with internal succession planning.
- The key to successful succession planning lies in building a solid foundation of profitability.
- Having successors... |
more likely to be located in urban areas (82.4% vs. 55.3%) and markets with higher per capita income ($33,778 vs. $30,212), compared to those without succession planning. The percentage of ownership and unemployment rate in the market, however, did not differ significantly between the two groups of hospitals.

- Preparing successors for leadership may determine which organizations simply survive and which thrive and lead their markets down the road.

### Patrician, P. a, Oliver, D., Miltner, R. S., Dawson, M., & Ladner, K. a. (2012).

#### Qualitative Study

A convenience sample of 36 charge nurses volunteered to participate, and each was placed in 1 of 3 focus groups. Groups were assigned by those with more than 2 years’ experience working in large hospitals (9300 beds) (n = 13; 36%), those with more than 2 years’ experience working in smaller hospitals (G300 beds) (n = 11; 31%) and those with less than 2 years’ experience working in hospitals of both sizes (n = 12; 33%).

Demographics specific to the focus group members were not obtained; however, 60% (n = 36) of the 60 charge nurses who attended the workshop and responded to a separate demographic survey also participated in the focus groups. For the 60 charge nurses, the average age was 45.37 (SD, 11.99) years, and mean time in nursing was 18.23 (SD, 9.96) years. The total charge nurse sample was 85% female (n = 51), 65% white (n = 39), and 48% BSN-prepared (n = 29). Two (3%) had a master’s degree in nursing, and 6 (10%) held master’s degrees in other fields.

The challenges charge nurses reported facing were grouped into four themes which included—managing staff performance, role clarity, powerlessness in regard to system complexity, and lack of leadership support. Managing performance was mentioned and discussed by all three groups and seemed to cause the most distress among the charge nurses.

The study’s findings identified opportunities for CNOs and nurse managers to develop leaders of the future among the ranks of charge nurses. Steps should be considered to make the charge nurse role consistent throughout the organization, facilitating role clarification and peer support opportunities. Instituting formal peer support groups for new charge nurses may be beneficial. CNOs could also explore their organizational talent pool by providing charge nurses the opportunity to shadow them and nurse managers in their daily work to identify this untapped level of future leaders as evidence supported the effectiveness of mentorship programs in succession planning.
The first group was the Nursing Leadership Team at Broward Health Medical Center (N=22). The second group was a convenience sample of Nurse Leaders in the South Florida Community (N=21). The result of the survey was used to design the Nursing Leadership Program. The target group for the Nursing Leadership Development Program was Assistant Nurse Managers. Sixty-seven Assistant Nurse Managers were surveyed for interest in participating in the program. Sixty-six percent (44/67) of current Assistant Nurse Managers responded to the survey. Of the 44 who responded, 15 (34%) expressed interest in participating. Ultimately, 6 Assistant Nurse Managers were selected to participate in the Nursing Leadership Development Program (one did not complete the program).

| Titzer, J., Phillips, T., Tooley, S., Hall, N., & Shirey, M. (2013). | Literature Review | The electronic databases used in this literature review included the Cumulative Index to Nursing and Allied Health Literature, ProQuest, Business Source Premier, Medline, OVID, Inspire and HealthBusiness. Of the 156 initial articles, 13 articles met the criteria, two of which were international studies. | The synthesis of literature revealed how organizations that identify and develop internal human capital can improve role transition, reduce nurse manager turnover rates and decrease replacement costs. The literature review also suggest that despite the clear benefits of succession planning, studies show that resource allocation for proactive, deliberate development of current and future nurse leaders is lacking. Additionally, systematic evaluation of succession planning is limited. | This literature revealed how studies providing sound succession planning evaluation methods and outcomes are lacking. The study suggests that to increase succession planning implementation and ensure dedicated resource allocation, strategic and deliberate evaluation methods, including cost benefit analysis (CBA) and balance score card (BSC) metrics are recommended. Utilizing strategic CBA and BSC will thus align succession planning efforts with the organization’s strategic plan and support resource allocation. | V | B |

| Trepanier, S., & | Expert Opinion | Sample is not clear, though the numerous | A formal succession planning process is | The author discusses implications for nursing | V | B |
| Crenshaw, J. T. (2013). | nursing and business literature were reviewed; reports contrasting institutions with and without succession plans were examined; and, operational implications were considered. | crucial to the financial and operational viability and sustainability of acute care hospitals. A succession plan is an essential business strategy that promotes effective leadership transition and continuity while maintaining productivity. | management, stating that “considering the ageing nursing workforce and the potential increase in demand for nursing services in the near future, nurse executives and other nurse leaders must actively engage in a formal succession planning process. A formal succession planning program will help to provide strategic leadership continuity, operational effectiveness and improved quality of care.” |

Note. Scoring based on The Johns Hopkins Nursing Evidenced-Based rating Scale. 2007. Baltimore, MD. @ The John Hopkins Hospital/The John Hopkins University School of Nursing.
Communication Plan

The communication plan provides a comprehensive framework for actions that will support the implementation of our succession planning efforts. The communication plan will confirm target audiences and best approaches to inform and engage all stakeholders in the program.

The primary objective of the Succession Planning Program is to ensure that effective leadership exist in or organization for years to come. The succession planning process will help us to identify individuals with talent, and ensure that they are given the experience and training to prepare them to take on greater leadership responsibilities.

Targeted Audiences (Stakeholders):
- Senior Leadership
- HR Professionals
- Managers and Supervisors
- Employees

Communication Goals:
1. Inform targeted audiences of the purpose and objectives of the Succession Planning Program in general and about the specific contents of the facility’s succession plan.
2. Gain the support and participation of the targeted audience.
3. Coordinate information about the program in an effective and timely manner.

Key Communication Objectives:
1. Increase stake holder awareness of succession planning:
   A. Inform stakeholders of the succession planning initiative.
   B. Define succession planning and address the need for it and its purpose.
   C. Educate employees on guidelines of the succession planning and management program and eligibility requirements for potential succession pool candidates.
   D. Provide an overview of the facility’s customized approach to succession planning.
   E. Relay how potential candidates will be identified and assessed for entry into the pool.

2. Inform employees that membership in the succession pool does not guarantee promotion for succession planning pool participants:
   A. Explain to all stakeholders the difference between succession planning and pre-selection.
   B. Relay to stakeholder that promotions will not be restricted to only those individuals selected to participate in the structured development activities for succession planning.
   C. Educate stakeholders on the process by which participants will enter the development pool and considered for promotion to key position vacancies. Also, educate stakeholders regarding expectations in completing development activities.

Action Steps for Senior Leadership Communications

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Purpose</th>
<th>Responsible Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>March/2014</td>
<td>Establish Communication Plan</td>
<td>Ensure effective implementation of succession planning program</td>
<td>CNO</td>
</tr>
<tr>
<td>April/2014</td>
<td>Finalized Communication Plan</td>
<td>Ensure effective implementation of succession planning program.</td>
<td>CNO</td>
</tr>
<tr>
<td>Date</td>
<td>Activity Description</td>
<td>Outcome Description</td>
<td>Responsible Party</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>April 2014</td>
<td>Begin developing “Overview of Succession Planning” Presentation</td>
<td>Get buy-in and support for succession planning program.</td>
<td>CNO</td>
</tr>
<tr>
<td>April 2014</td>
<td>Draft memo to senior leadership team</td>
<td>Announce the succession planning program and upcoming presentation</td>
<td>CNO and HR</td>
</tr>
<tr>
<td>March 2014</td>
<td>Send memo to senior leadership team</td>
<td>Announce the succession planning program and upcoming presentation</td>
<td>CNO</td>
</tr>
<tr>
<td>April 2014</td>
<td>Present “Overview of Succession Planning”</td>
<td>Get buy-in and support for succession planning program.</td>
<td>CNO</td>
</tr>
<tr>
<td>April 2014</td>
<td>Distribute report</td>
<td>Provide status update and maintain support for the program.</td>
<td>CNO</td>
</tr>
<tr>
<td>May 2014</td>
<td>Develop communication evaluation form</td>
<td>Identify opportunities for improvement.</td>
<td>CNO</td>
</tr>
<tr>
<td>October 2014</td>
<td>Prepare for formal meeting (6-month progress report)</td>
<td>Provide status update and maintain support for the program.</td>
<td>CNO</td>
</tr>
<tr>
<td>May 2014</td>
<td>Formal Meeting</td>
<td>Provide status update and maintain support for the program, identify areas for improved communications.</td>
<td>CNO</td>
</tr>
<tr>
<td>June 2014</td>
<td>Review evaluation and provide recommendations.</td>
<td>Identify opportunities for improvement.</td>
<td>CNO</td>
</tr>
<tr>
<td>TBD</td>
<td>Prepare 9-month progress report</td>
<td>Provide status update and maintain support for the program.</td>
<td>CNO HR</td>
</tr>
<tr>
<td>TBD</td>
<td>Distribute report</td>
<td>Provide status update and maintain support for the program.</td>
<td>CNO</td>
</tr>
<tr>
<td>TBD</td>
<td>Prepare for formal meeting (12-month progress report)</td>
<td>Provide status update and maintain support for the program.</td>
<td>CNO HR</td>
</tr>
<tr>
<td>TBD</td>
<td>Formal Meeting</td>
<td>Provide status update and maintain support for the program, identify areas for improved communications.</td>
<td>CNO</td>
</tr>
<tr>
<td>TBD</td>
<td>Review evaluations and provide recommendations</td>
<td>Identify opportunities for improvement.</td>
<td>CNO HR</td>
</tr>
</tbody>
</table>

**Evaluation Criteria:**
- # of people attending forums
- # of hits on succession planning portion of the facility’s intranet
- Survey targeted audiences
Memo

To:
cc:
Date:
Subject: Succession Planning Initiative

The hospital is proud to announce the kick-off of our succession planning program. With the upcoming retirement wave of baby boomers, this new program will ensure the continuity of leadership in our organization. Maintaining critical leadership talent will be central to our future success.

Our facility has adopted a best practice approach to implementing succession planning, where our initial efforts will focus on novice leadership positions. Specifically, we will begin by preparing interested and qualified staff nurses for the mid-level leadership level. In the coming weeks, our succession planning team will provide an overview of our facility’s approach to succession planning along with the program’s guidelines and eligibility requirements.

Your participation in this initiative is vital to maintain our high quality of leadership. Not only will you help our facility continue provide high quality service to our patrons, but you will also play a key role in shaping the future of our organization.

Thank you for your continued dedication and excellence in service the patrons of this hospital. I sincerely hope that you consider this wonderful opportunity.
LEADERSHIP STYLES QUESTIONNAIRE

Identifying your leadership style is important in this organization. This questionnaire examines how your leadership style as it relates to other styles of leadership.

For each statement below, circle the number that indicates the degree to which you agree or disagree (strongly disagree, disagree, neutral, agree, and strongly agree). It should take you about 5-10 minutes to complete this questionnaire.

This survey is adapted from [http://www.sagepub.com/northouseintro2e/study/resources/questionnaires/89527_03q.pdf](http://www.sagepub.com/northouseintro2e/study/resources/questionnaires/89527_03q.pdf) for use at the hospital.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Employees need to be supervised closely, or they are not likely to do their work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2  Employees want to be a part of the decision-making process.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3  In complex situations, leaders should let subordinates work problems out on their own.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4  It is fair to say that most employees in the general population are lazy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5  Providing guidance without pressure is the key to being a good leader.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6  Leadership requires staying out of the way of subordinates as they do their work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7  As a rule, employees must be given rewards or punishments in order to motivate them to achieve organizational objectives.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8  Most workers want frequent and supportive communication from their leaders.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9  As a rule, leaders should allow subordinates to appraise their own work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10 Most employees feel insecure about their work and need direction.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11 Leaders need to help subordinates accept responsibility for completing their work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12 Leaders should give subordinates complete freedom to solve problems on their own.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
13 The leader is the chief judge of the achievements of the members of the group 
14 It is the leader’s job to help subordinates find their “passion.”
15 In most situations, workers prefer little input from the leader
16 Effective leaders give orders and clarify procedures.
17 People are basically competent and if given a task will do a good job.
18 In general, it is best to leave subordinates alone.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>The leader is the chief judge of the achievements of the members of the group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14</td>
<td>It is the leader’s job to help subordinates find their “passion.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15</td>
<td>In most situations, workers prefer little input from the leader</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16</td>
<td>Effective leaders give orders and clarify procedures.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17</td>
<td>People are basically competent and if given a task will do a good job.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18</td>
<td>In general, it is best to leave subordinates alone.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Scoring**

1. Sum the responses on items 1, 4, 7, 10, 13, and 16 (authoritarian leadership).
2. Sum the responses on items 2, 5, 8, 11, 14, and 17 (democratic leadership).
3. Sum the responses on items 3, 6, 9, 12, 15, and 18 (laissez-faire leadership).

**Total Scores**

Authoritarian Leadership _____
Democratic Leadership _____
Laissez-Faire Leadership _____

**Scoring Interpretation**

This questionnaire is designed to measure three common styles of leadership: authoritarian, democratic, and laissez-faire. By comparing your scores, you can determine which styles are most dominant and least dominant in your own style of leadership.

If your score is 26–30, you are in the very high range.
If your score is 21–25, you are in the high range.
If your score is 16–20, you are in the moderate range.
If your score is 11–15, you are in the low range.
If your score is 6–10, you are in the very low range.
# LEADERSHIP SKILLS QUESTIONNAIRE

Identifying your leadership skills is important in this organization. This leadership skills questionnaire will provide a profile to your leadership skills as it will show your strengths and weaknesses.

Place yourself in the role of a leader when responding to this questionnaire. For each statement below, circle the number that indicates the degree to which you feel the statement is true (not true, seldom true, occasionally true, somewhat true, and very true). It should take you about 5-10 minutes to complete this questionnaire.

This survey is adapted from [http://www.sagepub.com/northouseintro2e/study/resources/questionnaires/89527_05q.pdf](http://www.sagepub.com/northouseintro2e/study/resources/questionnaires/89527_05q.pdf) for use at the hospital.

<table>
<thead>
<tr>
<th></th>
<th>Not true</th>
<th>Seldom true</th>
<th>Occasionally true</th>
<th>Somewhat true</th>
<th>Very true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I am effective with the detailed aspects of my work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I usually know ahead of time how people will respond to a new idea or proposal.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I am effective at problem solving.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Filling out forms and working with details comes easily for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Understanding the social fabric of the organization is important to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>When problems arise, Immediately address them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Managing people and resources is one of my strengths.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>I am able to sense the emotional undercurrents in my group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Seeing the big picture comes easily for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>In my work, I enjoy responding to people's requests and concerns.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>I use my emotional energy to motivate others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Making strategic plans for my company appeals to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name:  
Date:  

---

**Appendix E**

---
Obtaining and allocating resources is a challenging aspect of my job.

The key to successful conflict resolution is respecting my opponent.

I enjoy discussing organizational values and philosophy.

I am effective at obtaining resources to support our programs.

I work hard to find consensus in conflict situations.

I am flexible about making changes in our organization.

Scoring

1. Sum the responses on items 1, 4, 7, 10, 13, and 16 (administrative skill score).
2. Sum the responses on items 2, 5, 8, 11, 14, and 17 (interpersonal skill score).
3. Sum the responses on items 3, 6, 9, 12, 15, and 18 (conceptual skill score).

Total Scores

Administrative skill: __________________

Interpersonal skill: __________________

Conceptual skill: __________________

Scoring Interpretation

The Leadership Skills Questionnaire is designed to measure three broad types of leadership skills: administrative, interpersonal, and conceptual. By comparing your scores, you can determine where you have leadership strengths and where you have leadership weaknesses.

If your score is 26–30, you are in the very high range.

If your score is 21–25, you are in the high range.

If your score is 16–20, you are in the moderate range.

If your score is 11–15, you are in the low range.

If your score is 6–10, you are in the very low range.
Appendix F

**SUCCESION PLANNING QUESTIONNAIRE**

Your perceptions as a leader are important to our organization. For each statement, check the box that best matches how you feel (strongly disagree, disagree, neutral, agree, and strongly agree). How you feel will help us decide where we most need to improve or change. It should take you about 5-10 minutes to complete this questionnaire.

The purpose of this survey intends to measure engagement and views about your leadership goals. This survey is designed to learn more about you and how to best support your potential to move up in ranks within this organization.

Name:

Position in your previous organization:  

Years in that position:  

**Community Hospital**

Note: This refers to what is meant each time the word “organization” is used below. In addition, “employees” is used interchangeably with “workforce,” which includes all people performing work for the organization.

**Succession Planning Questionnaire**

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>6</td>
<td></td>
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</tr>
</tbody>
</table>

1. I see myself moving up from this position within the next 10 years.
2. I plan on taking efforts to improve my leadership capabilities.
3. There are tools to enable me to do my job effectively.
4. I believe that leadership can be taught.
5. I recognize that there are opportunities to contribute to decisions that affect me.
6. I understand how my role contributes to achieving to this organization’s goal.
What are your 3-5 year leadership goals?

Have you taken any leadership class?

Listed below are leadership classes provided by Flex-ed.
### LIST OF DEVELOPMENTAL ACTIVITIES

<table>
<thead>
<tr>
<th>Development Goal</th>
<th>Key Assignments</th>
<th>Required</th>
<th>Optional</th>
<th>Required</th>
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<tr>
<td>Sequence of Events</td>
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<td>□</td>
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<td>□</td>
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<tr>
<td>Sequence of Events</td>
<td></td>
<td>□</td>
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</tr>
<tr>
<td>Sequence of Events</td>
<td></td>
<td>□</td>
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<td>□</td>
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<td>□</td>
<td>□</td>
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</tbody>
</table>

Sequence of Events
### Individual Assessment Summary Profile

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Needs Improvement</th>
<th>Opportunities for Growth</th>
<th>Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies Technology to Tasks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit Specific Expertise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collects and Organizes Information</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Critical Thinking</td>
<td></td>
<td></td>
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<tr>
<td>Human Resources Management</td>
<td></td>
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<td>Leadership</td>
<td></td>
<td></td>
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<tr>
<td>Manages Resources</td>
<td></td>
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<tr>
<td>Effective Communicator</td>
<td></td>
<td></td>
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<tr>
<td>Organization Awareness</td>
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<tr>
<td>Planning and Evaluation</td>
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<tr>
<td>Teaching Others</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Teamwork</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**RESULTS**

- Employee Outcomes
- Process Outcomes
- Customer Outcomes
- Business Results

### Current Position (Suggested Reviewers)

<table>
<thead>
<tr>
<th>Current Position (Suggested Reviewers)</th>
<th>Reviewer Names</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Report</td>
<td></td>
<td></td>
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<tr>
<td>Manager Once Removed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Succession Planning Team Member</td>
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</tbody>
</table>
## Individual Development Plan

Employee: ________________________

Department: ________________________

Manager: ________________________

Date: ________________________

<table>
<thead>
<tr>
<th>Areas to Be Developed</th>
<th>Learning Goal</th>
<th>Current Level</th>
<th>Needed Level</th>
<th>Developmental Activities</th>
<th>Timeframe to Be Completed</th>
<th>Review Process</th>
<th>Actual Completion Date</th>
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</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

1. Were the learning goals achieved? If not, why?

2. Did the learning activities assist in achieving the learning goal(s)? Explain.

3. Identify and follow-up actions that are needed. Will you continue development in this competency?
DEVELOPMENT AND IMPLEMENTATION OF A NURSING DEPARTMENT SUCCESSION PLAN IN A COMMUNITY HOSPITAL

INTRODUCTION
A systematic approach
Ensure leadership continuity by developing a leadership pool
Coordinate development of potential leaders with their strengths
Identification of best candidates for varying levels
Critical to mission success
Is an effective way to recognize, develop and retain leadership talent

STRATEGIC AND WORKFORCE PLANNING DECISIONS ARE ALIGNED
- Identify long-term corporate vision & direction
- Use data already collected
- Connect succession planning to the values of the organization as well as the needs and interests of senior leaders

GAP ANALYSIS
- Identify core competencies and technical competencies
- Determine present supply and future demand
- Determine talents needed for the long term
- Develop a business plan based on long term talent needs, not necessarily position replacement

SUCCESSFUL INITIATIVES
- Senior leaders are involved and accountable for development of leaders in partnership with human resources
- Committed to self-development
- Succession is linked to strategic planning
- Leadership competencies are identified
- Talent pool identified

HOW TO IDENTIFY TALENT POOLS
- Using candidate pools vs. position development
- Identify talent with critical competencies from multiple levels
- Assessing competency and skills of current workforce
- Analyze external sources of talent
DEVELOP SUCCESSION STRATEGIES
Identifying recruitment strategies
Identifying retention strategies
Identifying development/learning opportunities

IMPLEMENTATION
Implementation of strategies
Communication planning
Determining and applying measures of success
Linking succession planning to HR processes

MONITOR AND EVALUATE
Track selections from talent pools
Elicit leader feedback on internal candidates success
Analyze satisfaction surveys from all stakeholders
Assessing response to changing requirements and needs
## Gantt Chart

<table>
<thead>
<tr>
<th>Activities</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of the problem</td>
<td>1</td>
</tr>
<tr>
<td>Analyzing the literature evidences</td>
<td>2</td>
</tr>
<tr>
<td>Conduct meetings with senior executive team, governing board</td>
<td>3</td>
</tr>
<tr>
<td>Conduct meetings with staff</td>
<td>4</td>
</tr>
<tr>
<td>Analyze turn-over and cost of project</td>
<td>5</td>
</tr>
<tr>
<td>Analyze inferences</td>
<td>6</td>
</tr>
<tr>
<td>Identify current &amp; future competencies</td>
<td>7</td>
</tr>
<tr>
<td>Implementation of Succession management plan</td>
<td>8</td>
</tr>
<tr>
<td>Evaluation of workforce plan</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>11</td>
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<tr>
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<td>13</td>
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<tr>
<td></td>
<td>14</td>
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</table>
## Work Breakdown Structure

<table>
<thead>
<tr>
<th></th>
<th>Data Collection</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Review of the literature</td>
</tr>
<tr>
<td>1.1.1</td>
<td>Review of the literature related to succession planning</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Review of the literature related to nursing competencies</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Review of the literature related to other disciplines and succession planning</td>
</tr>
<tr>
<td>1.1.4</td>
<td>Review of the literature related to leadership competencies</td>
</tr>
<tr>
<td>1.2</td>
<td>Development of succession planning tools</td>
</tr>
<tr>
<td>1.2.1</td>
<td>Development of leadership competencies</td>
</tr>
<tr>
<td>1.2.2</td>
<td>Development of communication plan for facility</td>
</tr>
<tr>
<td>1.2.3</td>
<td>Development of leadership characteristic documentation</td>
</tr>
<tr>
<td>1.2.4</td>
<td>Development of bench strength assessment</td>
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<tr>
<td>1.2.5</td>
<td>Development of pre-screening materials</td>
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<tr>
<td>1.2.6</td>
<td>Development of list of development activities</td>
</tr>
<tr>
<td>1.2.7</td>
<td>Development of a sample individual development plan</td>
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<tr>
<td>1.3</td>
<td>Implementation</td>
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<tr>
<td>1.4</td>
<td>Evaluation</td>
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</table>
## Succession Planning Potential Savings Model

<table>
<thead>
<tr>
<th>COST</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
<th>AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHOUT PLAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVERTISING FEES (NOTE 4)</td>
<td>$24,000</td>
<td>$24,000</td>
<td>$24,000</td>
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</tr>
<tr>
<td>RECRUITER FEES (NOTE 3)</td>
<td>$18,000</td>
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<tr>
<td>INTERM STAFF FEE (NOTE 5)</td>
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<tr>
<td>BACKGROUND CHECK AND EMPLOYEE HEALTH FEES</td>
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<tr>
<td>HEALTH FEES</td>
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<td>$2,000</td>
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<tr>
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### Annual Total

**WITHOUT PLAN**

<table>
<thead>
<tr>
<th>COST</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
<th>AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL TOTAL</td>
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### WITH PLAN

<table>
<thead>
<tr>
<th>COST</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
<th>AVERAGE</th>
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</thead>
<tbody>
<tr>
<td>ADVERTISING FEES (NOTE 4)</td>
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<td>INTERM STAFF FEE (NOTE 5)</td>
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<tr>
<td>HEALTH FEES</td>
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<tr>
<td>ON BOARDING COST (NOTE 1)</td>
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<td>$3,750</td>
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</table>

### Annual Total

**WITH PLAN**

<table>
<thead>
<tr>
<th>COST</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
<th>AVERAGE</th>
</tr>
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<tbody>
<tr>
<td>ANNUAL TOTAL</td>
<td>$141,500</td>
<td>$24,750</td>
<td>$24,750</td>
<td>$191,000</td>
</tr>
</tbody>
</table>
THREE YEAR SAVINGS = $233,500

NOTE 1: ONBOARDING COST = ONE MONTH SALARY NEW EMPLOYEE - HALF MONTH EXISTING EMPLOYEE

NOTE 2: CHARGE RN SALARY W/O BENEFIT LOAD = $90K/YEAR

NOTE 3: RECRUITER FEE IS 20% BASE SALARY

NOTE 4: ADVERTISING FEES = $2000 PER MONTH

NOTE 5: INTERM STAFF COST = 2 X SALARY - TYPICALLY SIX MONTHS