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# Succession Planning and Development of Nurse Leaders

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# Walden University

College of Health Sciences

This is to certify that the doctoral study by

Christina Maria Martin

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University

2018

Abstract

Succession Planning and Development of Nurse Leaders

by

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MS, Walden University, 2008

BS, University of Delaware, 2004

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

November 2018

## Abstract

Health care organizations can provide comprehensive, formal learning opportunities to develop nurse leaders for advanced leadership roles. The purpose of this doctoral project was to create an evidence-based nursing leadership academy focused on development of advanced leadership skills and competencies to cultivate frontline and midlevel nurse leaders for executive nursing and health care leadership positions. The practice-focused question addressed how an advanced nursing leadership education program would affect the knowledge level and competencies of nurse leader participants. The American Organization of Nurse Executives' (AONE) 5 nurse executive competency domains served as the framework for this project. Data were collected from 10 nurse manager and nurse leader participants, selected based on their performance and desire to succeed into an advanced leadership role, who completed the AONE nurse executive competency assessment. Findings indicated that greatest improvement was observed in the knowledge of the health care environment domain, followed by the communication and relationship building domain. Findings may be used to provide advanced leadership education to frontline and midlevel nurse leaders to support succession planning and development of nurse leaders to advance into executive leadership positions.

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## Dedication

I dedicate this project to past, present, and future nurse leaders. Nurse leaders form the foundation of excellent patient care. Through transformational leadership they inspire health care staff, from clinical nurses to executives, to provide high-quality, patient-centered care.

## Acknowledgments

I would like to thank first and foremost my very patient husband who never complained while I was attached to a computer for the past 4 years as I pursued my dream of attaining a doctoral degree. He is and always has been very supportive and encouraging of all of my endeavors. I love you more than words can say, now and always.

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## Table of Contents

List of Tables .....	iii
Section 1: Nature of the Project .....	1
Problem Statement .....	2
Significance to the Field of Nursing Practice .....	3
Purpose.....	4
Nature of the Doctoral Project .....	5
Significance of the Project .....	8
Transferability of NLS Project.....	10
Implications for Positive Social Change.....	11
Summary .....	11
Section 2: Background and Context .....	12
Concepts, Models, and Theories .....	12
Relevance to Nursing Practice .....	16
Strategies and Standard Practices .....	18
Local Background and Context .....	20
Role of the DNP Student.....	21
Role of the Project Team .....	22
Summary.....	22
Section 3: Collection and Analysis of Evidence.....	23
Practice-Focused Question.....	23
Sources of Evidence.....	24



Evidence Generated for the Doctoral Project .....	26
Participants.....	26
Procedures.....	27
Protections.....	28
Analysis and Synthesis .....	28
Summary .....	29
Section 4: Findings and Recommendations .....	30
Findings and Implications.....	31
Unanticipated Limitations and Outcomes.....	32
Project Implications .....	32
Recommendations.....	33
Contribution of the Doctoral Project Team .....	34
Strengths and Limitations of the Project.....	34
Section 5: Dissemination Plan .....	36
Internal Dissemination .....	36
External Dissemination.....	36
Analysis of Self.....	38
Summary .....	40
References.....	41

List of Tables

Table 1. Nurse Executive Competency Assessments ..... 31

## Section 1: Nature of the Project

The current health care landscape requires leaders to drive toward higher quality and improved patient experience at a lower cost (AONE, 2016; Collins & Collins, 2007). Contemporary nurse leaders require advanced knowledge and competencies to successfully lead in this complex and challenging health care environment (Stefl, 2008). Progressive leadership abilities are required to meet these demands. Nurse leaders must be flexible and agile to adapt to continuous change, be skilled at communication and relationship building, and demonstrate sharp business acumen. Porter-O'Grady (2015) described these new skills as "predictive" and "adaptive" (p. 23). Predictive leadership is visionary and enables the leader to foresee future needs based on current trends (Plsek, 2010). Adaptive leadership requires the ability to manage rapid change within the organizational culture (Porter-O'Grady & Malloch, 2010). The increasing rate of nurses planning to retire has generated more urgency to create leadership development and succession programs for nurse leaders ("Baby-boomer nurse retirement," 2018). MacDonald (2017) found that 73% of baby boomers plan to retire in 3 years or less. Due to this impending shortage of nurse leaders, organizations need to educate and mentor future nurse leaders on the progressive and adaptive leadership skills required for today's health care landscape (Porter-O'Grady, 2015).

Talented and knowledgeable health care leaders are necessary for organizations to improve the patient experience and promote population health in a fiscally responsible manner (Carriere, Muise, Cummings, & Newburn-Cook, 2009). Advanced leadership skills require experiential learning cultivated over time (MacMillan-Finlayson, 2010).

Visionary, strategic health care organizations need to foster these skills in their leaders (Blouin, McDonagh, Neistadt, & Helfand, 2006; Collins & Collins, 2007). Developing internal candidates for promotion opportunities ensures future organizational leaders will have an understanding of the history and culture of the organization and be better prepared to move the organization forward (Collins & Collins, 2007; Pedersen et al., 2018). A structured, advanced nursing leadership education program that focuses on evidence-based, advanced leadership competencies can provide a pool of adept and skilled nursing leaders prepared for future organizational leadership roles. Providing leadership development for nurse leaders supports positive social change by developing and preparing them for executive health care leadership positions. By creating an advanced nursing leadership academy (NLA), one southcentral Pennsylvania health care system can methodically and strategically prepare nurse leaders for advanced health care leadership roles and ensure tactical and effective succession planning strategies.

### **Problem Statement**

Strategic and intentional succession planning is a characteristic of visionary organizations (Collins & Porras, 1997). However, nurse leader selection is often based on clinical expertise and education level without consideration of leadership ability (Davenport, 2015; Fennimore & Wolf, 2011; Sanford, 2011; West, Smithgall, Rosler, & Winn, 2016). Expertise in bedside clinical nursing skills does not necessarily translate into business acumen and skilled leadership. Often, technically talented nurses fail to meet the leadership expectations held by the organizational leadership due to the lack of formal leadership education and training (Collins & Collins, 2007). Conversely, nurses

who possess leadership skills may not be promoted to leadership roles because the organization's leaders are unaware of their leadership capacity (Davenport, 2015).

The health system at the project site identified developing an engaged health care team as part of their 2017-2018 strategic plan. A defined tactic to meet this part of the strategic plan was to develop an advanced nursing leadership educational program designed to prepare frontline and mid-level nurse leaders to move into executive nursing and health care leadership positions. This health care system did not have a formal succession plan in place, and the health care system did not provide formal education or mentoring for frontline and mid-level nurse leaders to prepare them for upper- and executive-level health care leadership roles. With no formal advanced nurse and health care leadership preparation, this health care system was at risk for experiencing a lack of internal candidates capable of filling leadership roles. Skilled and knowledgeable internal candidates who transition into upper level leadership positions can provide stability for the organization during leadership transitions (Blouin, McDonagh, Neistadt, & Helfand, 2006). Implementation of an advanced NLA would provide the organization with the ability to develop leaders capable of moving the organizational strategic plan forward and providing stability in an unstable time.

### **Significance to the Field of Nursing Practice**

Health care organizations are transitioning from single-entity acute-care hospitals to multifacility systems that include the continuum of care from inpatient to ambulatory to home care. Leading a health care organization in an increasingly complex health care reform environment requires advanced leadership skills and competencies (AONE,

2016). An advanced NLA may promote the development of advanced leadership competencies in the organization's current nursing leadership workforce. Acquisition of advanced leadership competencies and knowledge may yield a stronger pool of candidates able to assume strategic leadership roles throughout the health care system in the coming years.

This project, the development of an advanced NLA to prepare nurse leaders for executive positions, may be replicated in other health care organizations to broaden the pool of advanced nurse leaders. The advanced NLA may also fulfill the call by the Institute of Medicine (IOM, 2010) to “prepare and enable nurses to lead change to advance health” in all levels and all sectors of health care (p. 43). Unlike other members of the health care team, nurses are present during all phases of care and bring a unique and valuable perspective and expertise to the table.

### **Purpose**

The purpose of this project was to prepare current nurse leaders to assume executive-level health care leadership roles. Skilled and knowledgeable nurse leaders are necessary to lead the health care system and ensure the workforce continues to provide high-quality, efficient, effective, patient-centered care (Porter-O'Grady, 2015). By identifying leadership potential in the current frontline nursing leadership ranks and providing advanced leadership education and training to those selected, the project site organization can ensure a cadre of prepared leaders able to assume advanced leadership positions as the need arises.

There was no formalized leadership preparation program to develop nurse leaders at the project site, and the organization recognized a gap existed for advanced nursing and health care leadership preparation (Vice President of Nursing, personal communication, Summer, 2017). To address this gap, the health care system set a goal to develop an advanced NLA. In response to this organizational goal, I developed the following practice-focused question for this project: “How will an advanced nursing leadership education program affect the knowledge level and competencies of nurse leader participants?”

The purpose of the project was to develop an advanced NLA including didactic classroom instruction based on the American Organization of Nurse Executive (AONE) leadership competencies combined with leadership activities and projects aimed at preparing current nurse leaders to move into advanced health care leadership positions and ensure organizational sustainability. The project included assessment of the AONE competencies prior to the advanced NLA, after the 4-day intensive, and at the completion of the 1-year advanced NLA. These assessments would provide data to determine whether the knowledge and skill gap was narrowed as a result of the NLA.

### **Nature of the Doctoral Project**

The IOM (2010) made a recommendation to prepare nurses to “lead change to advance health” so they can take on advanced leadership roles in public, private, and governmental sectors and at every leadership level from management to executive level and board positions (p. 14). To address this recommendation, nurse leaders need to develop executive level competencies. The AONE, in conjunction with the American

College of Healthcare Executives, the American Association for Physician Leadership, the Healthcare Financial Management Association, the Healthcare Information and Management System Society, and the Medical Group Management Association identified five core competency domains: communication and relationship management, knowledge of the health care environment, leadership, professionalism, and business skills and acumen (AONE, 2015). The source of evidence for this project was the AONE nurse executive competencies. These competency domains provided the framework for the advanced NLA. Each competency domain includes specific competencies and skills required of an executive-level transformational leader.

In conjunction with the competency domains, the AONE (2011) developed an assessment tool to evaluate the competency level of nurse leaders, ranking each competency and related skill from novice to expert. The AONE competency assessment provides a self-assessment of current nurse executive competencies. The assessment was completed prior to the start of the advanced NLA to provide baseline measurements, a second time after the 4-day intensive, and will be completed a third time at the conclusion of the advanced NLA to measure professional growth.

When implementing a program, especially one that bears significant cost, it is important to monitor the program's return on investment (MacNally & Lukens, 2006). The costs to implement the program included cost of speakers, presentation materials, securing of venues, and productivity time of the nurse leaders away from their day-to-day roles. One measurement of success is the engagement scores of nurse leaders, as well as the employee engagement scores of their teams (Trepanier & Crenshaw, 2013).



Research indicated that employees with skilled and effective leaders have a higher level of engagement compared to those with ineffective leaders (Davenport, 2015). The Advisory Board Company (2014), an international health care consulting firm, identified seven drivers of employee engagement with the greatest opportunity for improvement. Two of those drivers relate directly to executive leadership actions: “the actions of executives in my organization reflect our mission and values” and “executives at my organization respect the contributions of my unit/department” (Advisory Board Company, 2014, p. 19). Financial gain will be measured by a decrease in employee turnover and the associated costs with replacing employees. The direct impact that leadership has on employee engagement cannot be stressed enough and must be a consideration for inclusion in advanced leadership education (Carriere, Muise, Cummings & Newburn-Cook, 2009; Collins & Collins, 2007; Trepanier & Crenshaw, 2013).

Turnover of nurse leaders is an important data point to consider. There is a paucity of information in published literature related to the cost of nurse leader turnover. Sherman (2014) estimated the cost to replace a perioperative director to be between \$132,000 to \$228,000 and more if the process takes longer. Supplying nurse leaders with skills to help them move into advanced nursing leadership roles can translate into nurse leader retention (Trepanier & Crenshaw, 2013).

The percentage of program applicants who complete the program will be another measure of success. The hope is that all participants will find value and complete the

program. If the program design does not prove valuable to the participants, the program will not be continued.

A final data point that will be monitored is the number of nurse leaders in the advanced NLA cohort who transition into advanced leadership positions or are given oversight of system-level projects within the health care system over the next 5 years. The purpose of the advanced NLA is to improve the knowledge and competencies of nurse leaders by providing them with didactic theoretical content and real-life experiences with executive health care leaders. The increase in advanced leadership skills and competencies may enable nurse leaders in the cohort to be better prepared to take on advanced leadership positions and provide leadership for system-level projects.

### **Significance of the Project**

The significance of the project was defined as the impact the project has on the stakeholders. The organization's executive leadership devised an organizational strategy to develop an engaged health care team. One part of this strategy is the development of an educational program to prepare frontline and mid-level nurse leaders to move into executive nursing and health care leadership positions. The executive leadership team was identified as stakeholders who will provide the authority to lead this organizational initiative. The system chief nurse executive served as the executive sponsor of the NLA, thereby providing the necessary driving force behind the initiative.

The organization's executive leadership may benefit from a successful NLA as the graduates are better prepared to serve in executive health care roles and have a smoother and more efficient transition from middle management to executive-level

positions. Chief nursing officers from each entity and the system chief nurse executive were asked to select the NLA candidates, with assistance from human resources leadership. Chief nursing officers and human resource leaders may benefit as the NLA provides a succession plan to fill chief nurse and other advanced leadership roles. NLA participants may benefit from the knowledge and skills gained through the academy. Even if the participants do not transition to a higher-level leadership position, they may use their advanced NLA experience to improve performance in their current leadership role and may share insights with their colleagues. As a member of the project team, I was a stakeholder who was deeply vested in the success of the program.

This NLA project contributed to the expanded knowledge and competency of current nurse leaders at the organization. Change in knowledge and competency was measured using the AONE competency assessment tool. The pool of advanced leadership candidates enabled a strategic succession planning strategy that may reduce the time spent filling executive-level positions. The current nursing shortage coupled with the impending retirement of baby boomers is increasing the number of clinical and leadership vacancies (Sanborn, 2017). Organizations must educate and train current staff with identified leadership potential to assume advanced leadership roles (Carriere, Muise, Cummings & Newburn-Cook, 2009; Lewis, 2009).

Another benefit of the academy that cannot be measured but should not be underestimated is the development of the relationships among the academy participants and between the academy participants and the executive leadership team. The relationships developed between the participants during the NLA proved invaluable in

future organizational endeavors of the graduates. The mentorship provided by the organization's health care executives may have a lasting impact on the nursing and leadership practices of the academy participants regardless of their future professional endeavors. The advanced NLA project framework is also transferable to other organizations.

### **Transferability of NLS Project**

One value of the NLA is its ability to be transferred to other health care organizations. The curriculum topics and content are based on the AONE nurse executive competencies and may be replicated in a variety of health care settings. The IOM (2010) call for an increase in nurse representation on hospital and health care executive management teams and boards will require nurse leaders with advanced leadership competencies. Skilled, competent nurse leaders are needed in the public, private, and governmental health care settings. The advanced NLA may increase the pool of nurse leaders capable of serving in executive health care leadership roles.

Another opportunity for transferability of the NLA is the implementation of this program in nonnursing departments. Incorporating nonnursing disciplines in an advanced leadership academy would create a more diverse pool of potential leadership candidates and would provide an enriching experience for the interprofessional participants. The advanced NLA may deepen the leadership talent of nursing and nonnursing leaders, and may improve health care leadership in the community.

## **Implications for Positive Social Change**

Promoting positive social change is the mission of Walden University (<https://www.waldenu.edu/about>). Contemporary nurse leaders are called to advance nursing practice and improve health care for the betterment of the community (Blouin, McDonagh, Neistadt, Helfand, 2006). The American Association of Colleges of Nursing (AACN, 2006) DNP Essential VIII includes mentoring and developing other nursing professionals by using conceptual and analytical skills related to organizational practice. The NLA project aligned with Essential VIII of the DNP curriculum by providing advanced nursing leadership education. The NLA was designed to promote positive social change by providing advanced nursing leadership education that will prepare nurse leaders for executive health care roles.

## **Summary**

The current health care environment calls for nurse leaders with high-level leadership competencies and knowledge (AONE, 2016; Collins & Collins, 2007; Stefl, 2008). The NLA provides a comprehensive learning opportunity to develop nurse leaders for future expanded leadership roles. A selected cohort of nurses participated in didactic, functional, participatory, and experiential learning exercises that exposed them to challenging health care leadership issues. Successful completion of the academy may prepare nurse leaders to transition into expanded leadership roles to meet the current and future leadership needs of the health care system.

## Section 2: Background and Context

Today's leaders require advanced knowledge and business-oriented competencies to lead in the complex and challenging health care environment. Nurse leaders must be flexible and agile to adapt to a changing environment, be skilled at communication and relationship building, and demonstrate strategic business acumen. Often nurses are promoted based on their clinical expertise; however, expertise in bedside clinical nursing skills does not necessarily translate into the competencies required of contemporary health care leaders. Health care organizations are often good at providing clinical-based education but are often remiss in providing professional development opportunities such as advanced leadership education for candidates identified as possessing leadership abilities (Collins & Collins, 2007; Sherman, et al., 2014). The purpose of this project was to develop an advanced NLA that prepares nurse leaders to assume advanced and executive-level health care leadership roles.

This section provides a review and synthesis of the concepts, models, and theories that supported this advanced nursing leadership education project. The literature addressing advanced nursing leadership education and nurse executive succession planning is reviewed as well as the history and current state of nursing leadership development. Strategies and practices that have been used to address this gap in practice are outlined to emphasize the local relevance of the advanced NLA.

### **Concepts, Models, and Theories**

Strategic planning and succession planning go hand in hand. The strategic plan addresses the leadership opportunities necessary to advance organizational goals.

Succession planning includes organizational practices to identify appropriate candidates for leadership roles (Rothwell, 2016). Organizations must ensure future leaders are identified and prepared for executive leadership roles to maintain continuity and support the organization's strategic plan and mission. Fayol (1949) suggested that the inadequate preparation of people to fill vacant leadership positions will result in a dearth of qualified candidates. Rather than waiting for a qualified candidate, organizations may fill the position with a candidate who may not be adequately prepared (Fayol, 1949). Fayol advocated for recruitment and training to ensure employees are in positions that match their identified strengths.

Succession planning requires identification and selection of potential candidates for specific roles. Five components to succession planning have been identified to ensure strategic selection of skilled and knowledgeable leaders (Capuano, 2013):

1. It must be recognized at the board and senior management level as a priority.
2. Systems for succession planning must be developed.
3. The identification of succession leaders must be a part of every leader's job.
4. Succession leader mentorship and education are essential.
5. Measurement for success is an important and integral component (p. 136).

Leadership skills and abilities are developed through education and experiential learning, and employees come with varying degrees of leadership skills and abilities. The skills and abilities accumulated through education, employment, habits, and activities that make employees valuable and productive are referred to as human capital (Desai, Lockett, & Paton, 2015). According to human capital theory, investments in such skills

and abilities can be worth the cost of resources (Desai et al., 2015). Organizations can identify employees with high leadership potential and invest resources to advance their knowledge and ability. Organizations invest in human capital to increase productivity and financial returns (Jones, 2004). This investment in human capital can produce future benefits for the organization. The NLA developed in the current study required an investment of resources, including money, personnel, and time. This investment may help to increase the leadership skills and abilities of the selected candidates and benefit the organization.

The purpose of the NLA was to provide leadership skill development to ensure a strategic succession plan. The NLA was based on the AONE (2015) nurse executive competencies, which include communication, knowledge, leadership, professionalism, and business skills. Expertise in these competencies will enable nurse leaders to develop the vision for nursing practice so care is provided in a safe, timely, efficient, equitable, and patient-centered manner. The AONE competencies are modeled after the Healthcare Leadership Alliance (HLA) model. The HLA includes six major professional health care associations: American College of Healthcare Executives, American College of Physician Executives, American College of Nurse Executives, Healthcare Financial Management Association, Healthcare Information and Management Systems Society, and Medical Group Management Association. In response to the demands for better prepared executive leaders, the HLA developed a list of skills and competencies required of executive health care leaders to meet the demands of the changing and complex health care environment.



The nurse leader candidates selected for the NLA completed an assessment tool to measure their perceived leadership abilities. Assessment of the nurse leader's aptitude in the five competency domains was measured using the AONE nurse executive competencies assessment tool. This tool is based on Benner's (1982) novice to expert theory. Benner identified five stages of development for the professional nurse: novice, advanced beginner, competent, proficient, and expert. Benner's novice to expert theory was adapted from the Dreyfus model of skill acquisition, which outlines the same five stages in Benner's model and notes that as skills develop, the individual's need to rely on rules decreases and the ability to critically think through a situation increases (Stefl, 2008). This learning and skill development comes from management knowledge, experience, and practice (Stefl, 2008).

The AONE assessment tool is used to measure competency in each of the five nurse executive leadership domains: communication and relationship management, leadership, professionalism, knowledge of the health care environment, and business knowledge and skills. Each domain includes behaviors specific to that competency. Using a 5-point novice (1) to expert (5) scale, the nurse leader candidates assessed their level of competency for each behavior. The nurse leader candidates then discussed the results of their self-assessment with their direct supervisor and formulated an individualized action plan for professional development based on identified development opportunities.

### **Relevance to Nursing Practice**

The need for development of advanced nursing leadership competencies has increased in response to the rapid pace of change and increasing complexity of the current health care environment (AONE, 2016). This climate of disruptive innovation calls for nurse leaders to be multidimensional clinical leaders with a strategic vision in health care and business (Boston-Fleischhauer, 2016). Leadership has evolved from being transactional and management-focused to transformational and strategic, and the required leadership competencies have evolved as well. *Transformational leadership* refers to leaders who motivate and inspire their followers to want to perform at a higher level to attain common goals (Burns, 1978). Transformational leadership, associated with improved organizational outcomes and staff engagement, is necessary in the current health care environment (Tourangeau & McGilton, 2004). In response to a need for better prepared transformational leaders, Posner and Kouzes (1988) developed a leadership practices inventory to measure and assess behavioral leadership competencies. Leadership assessments can be used to evaluate current leadership ability and gain insight into specific leadership competencies that need to be further developed and refined.

Sherman, Patterson, Schmidt, and Dahl (2014) found that business acumen and relationship building were the top two competencies required of a nurse leader. The AONE (2015) also listed business skills and principles as one of five competency domains. The inclusion of business acumen, leadership, communication, professionalism, and communication in nurse executive competencies signifies the importance of

providing these specific professional development opportunities for potential nurse executive leaders.

Awareness of the level of leadership ability and availability in the current workforce is a major factor in developing a leadership succession plan. Dolan (2005) found that only 21% of freestanding hospitals have a CEO succession plan compared to 64% of businesses in the private sector. Health care organizations have traditionally lagged in this aspect compared to private sector businesses, but the chaotic health care environment has provided clarity to health care executives who now understand the need for succession planning (Crawford, Omery, & Spicer, 2017). Considering the current health care environment, ensuring a seamless transition of leadership when the need arises is crucial to organizational stability and success (Blouin, McDonagh, Neistadt & Helfand, 2006; Carriere, Muise, Cummings & Newburn-Cook, 2009; Trepanier & Crenshaw, 2013) . Astute organizations must be proactive to ensure the development of current leaders in preparation for executive roles (Blouin et al., 2006). Cultivating leaders for strategic succession is necessary for successful business operations.

Another reason succession planning needs to be a top organizational priority is the increased rate of health care labor shortages, especially in the nursing leadership category. In a national study of chief nursing officers (CNOs), Jones, Havens, and Thompson (2008) found that 38% of respondents reported having left a CNO position in the last 5 years, and 61% planned to change jobs in the next 5 years. CNO turnover can be detrimental to an organization. After a replacement is found, it takes time for the new CNO to learn the culture and history of an organization and to assimilate into the

organization's leadership environment. Research findings highlighted the necessity for organizations to socialize and prepare future nurse executives via formalized educational and experiential opportunities (MacMillan-Finlayson, 2010; Perderson, et al., 2018).

Organizational leaders and nurse executives need to have a succession plan in place to ensure organizational stability. Succession planning and leadership development are two critical strategic initiatives health care organizations should embrace (Collins & Collins, 2007). The American Nurse Credentialing Center's (ANCC, 2014) Magnet recognition program requires applicant organizations to outline succession planning strategies for nurse leaders at all levels, including managers, directors, and nurse executives. Succession planning is also part of the leadership component of AONE's (2015) nurse executive competencies. Succession planning includes ensuring that internal candidates ready for further development are identified, that there is an understanding of career aspirations and growth within potential candidates, and that there is intentional facilitation of mentoring between recognized, successful leaders and novice, aspiring leaders (Trepanier & Crenshaw, 2013). The NLA project provided a formalized nursing leadership development program that included both didactic and experiential learning experiences aimed at developing nurse executive leadership competencies.

### **Strategies and Standard Practices**

Strategies identified in the literature included leadership competency assessment and evaluation of current leader aspirations, but little was found on formal advanced nursing leadership programs similar to the proposed NLA. Carriere, Muise, Cummings, and Newburn-Cook (2009) identified eight articles that provided an overview of

succession planning frameworks; however, most frameworks included mentoring and coaching strategies and none listed a formal curriculum structure. Baylor Health System's succession program includes a five-stage development cycle that consists of conversations with managers about their aspirations, completion of a 360-degree online profile by employees and their managers, meeting with the talent development staff regarding profile results, a day-long talent summit during which executives meet with those interested in various positions, and creation of a development plan for the next year (Lewis, 2009). Another organization located in eastern Pennsylvania, Lehigh Valley Health Network, has made succession planning a priority (Capuano, 2013). Like Baylor, Lehigh Valley Health Network begins with conversations and competency assessments. Individuals identified as potential upper-level leaders are given an individualized development plan that consists of experiential learning and mentorship. The program includes 3-hour workshops, but most of the development plan is focused on providing experiences such as leading improvement projects and organizational initiatives outside the everyday work environment.

The NLA in the current study included identification of potential advanced leadership candidates based on previous performance and career aspirations. The selected candidates attended a 4-day leadership intensive provided by internal and external experts covering topics such as the AONE leadership competencies. Over the course of the year, there will be several 2- to 4-hour workshops to increase candidates' knowledge of leadership, combined with experiential learning and mentorship with selected executive leaders. The intensive was conducted with a cohort of 23 nurse leaders who shared

experiences and learned from each other. The relationships developed among the cohort members further increased the value of the NLA experience.

### **Local Background and Context**

There was no formal succession plan in place for nurse leaders at this six-hospital health care system. As the health care system grew along with the potential for more advanced leadership positions, there was a need for a pipeline of internal leaders with the skills and knowledge to transition into these positions. Candidates selected for the NLA completed the AONE nurse executive competency assessment. This assessment was repeated after a 4-day intensive and will be repeated at the completion of the 12-month NLA to determine growth in leadership knowledge, skills, and attitudes.

Three years ago this organization developed and instituted a physician leadership academy (PLA) based on a similar format that included a 5-day intensive followed by bi-monthly 4-hour workshops and various leadership experiential opportunities. There were already had several physicians in key leadership positions, including chief executive officer, chief quality officer, and chief informatics officer. The purpose of the PLA was to develop additional physicians for expanded leadership opportunities. The PLA was a 2-year course and has resulted in several physicians being offered and placed in key leadership positions. With the success of the PLA, the executive leadership team set a goal to develop an advanced nursing leadership academy to grow and develop key nursing leaders to assume various executive and advanced leadership positions either within the numerous entities or at the system level.

### **Role of the DNP Student**

My role was project oversight for the development of the NLA with assistance from the executive sponsor, the chief nurse executive. As the project lead, I assisted with candidate selection, curriculum development, leadership competency assessments, development and coordination of experiential opportunities, and pairing of executive mentors with NLA participants. I assisted with development of the 4-day didactic course, reviewed evaluations completed by participants after the intensive, and oversaw workshops and experiences.

Leadership development is a personal passion. I have past experience with overseeing a nurse manager residency program. The nurse manager residency was a developmental program for staff nurses who expressed an interest in becoming a nurse manager and who displayed leadership qualities in their current role. The selected staff nurses spent 5 days every 2 weeks shadowing a nurse manager and learning the role, as well as participating in lunch-and-learns focused on leadership topics. After this 1-year experience, the nurse manager resident had a fairly broad understanding of the nurse manager role and could decide to pursue a nurse manager position when one became available. Those who completed the residency experienced a smoother transition and were successful in the role as they already knew what the nurse manager responsibilities included and how to perform many aspects of the role. I also have past experience developing and overseeing a nurse residency program for new to practice registered nurses. Being able to see nurses grow professionally gives me great satisfaction. I take

pride in mentoring these nurses as they embrace their new role as a clinical nurse or nurse manager.

### **Role of the Project Team**

The project team selected for the NLA consisted of a multidisciplinary team which included me, the chief nurse executive, the hospital chief nursing officers, the system chief operating officer, leadership from human resources, and the project lead from the PLA who lent her expertise and insight from previous experience. The project team met monthly and as needed to ensure continued development and progress of the program.

### **Summary**

Leadership development and succession planning should be a part of every organization's strategic plan. Seamless transitions into executive leadership roles provide the organization a more stable environment and provide greater continuity in progressing towards organizational and system goals (Carriere, Muise, Cummings & Newburn-Cook, 2009). Self-awareness of leadership competencies and skills provided valuable insight into the professional development that was offered through the NLA. The NLA provided a comprehensive learning opportunity to develop nurse leaders for future expanded leadership roles within the health care system.



### Section 3: Collection and Analysis of Evidence

Strategic and intentional succession planning can only occur when there are adequately prepared and skilled nurse leaders ready to step in and assume an advanced leadership role (Blouin, McDonagh, Neistadt & Helfand, 2006; Trapenier & Crenshaw, 2013). One southcentral Pennsylvania health care system did not have a formal succession plan in place, and it did not provide formal education or mentoring for frontline and mid-level nurse leaders to prepare them for upper and executive level health care leadership roles. With no formal advanced nursing and health care leadership preparation, the health care system was at risk of experiencing a lack of internal candidates capable of filling leadership roles. The purpose of this project was to develop an advanced NLA to prepare current nurse leaders to assume executive-level health care leadership roles.

In this section, I review the identified gap in practice and the purpose and importance of creating and implementing an advanced NLA. I also describe the sources of evidence that will be used to measure the success of the project. This section concludes with a detailed description of the advanced NLA project.

#### **Practice-Focused Question**

The organization did not offer advanced leadership education, which indicated a gap between current nursing leadership competencies and the level of knowledge and skill required for executive-level leadership roles. The organization set a goal to develop nurse leaders so they would be prepared to step into advanced leadership roles. The practice-focused question for this project was the following: How will an advanced

nursing leadership education program affect the knowledge level and competencies of the nurse leader participants?

To address this question, the organization realized a need to develop a formal advanced nursing leadership education program to prepare nurse leaders with advanced leadership knowledge and skills so they would be able to transition into upper- and executive-level health care leadership positions when the need arose. A nurse executive competency assessment was completed for each nurse leader participant before the onset of the program and again after the program to measure a change in the level of executive leadership competency.

### **Sources of Evidence**

Succession planning and development of future nurse executives requires a proactive strategy to ensure candidates are identified and coached to ensure readiness for leadership positions as vacancies and organizational needs arise (Carriere et al., 2009). The growth of health care systems with an increasingly interprofessional team leadership approach, coupled with health care's ongoing transition from an acute care focus to a broader focus on the longitudinal continuum of care spectrum has created a need for advanced nurse executive education and mentoring (Meadows, 2016). The AONE nurse executive competencies provided the primary source of evidence for the advanced NLA project.

Nursing leadership roles have seen an increased span of control in response to the complexity of health care reform. Health care organizations must develop intentional succession planning strategies to develop potential executive nurse leaders to be

visionary, financially astute, and skilled communicators. Health care organizations need to appreciate the importance of succession planning to ensure continuity. According to a study by Garman and Tyler (2004), health care organizations noted the top three reasons succession planning was not an urgency included succession planning was not an organizational strategic priority, the current CEO was too new, and there was a lack of internal candidates ready to assume an executive leadership position. These organizations are placing their strategic plan and mission at risk when underestimating the necessity of succession planning (Blouin et al., 2006).

Strategic planning and succession planning go hand in hand. Organizations must ensure future leaders are identified and prepared for executive leadership roles to maintain continuity and support the organization's strategic plan and mission. The strategic plan defines the leadership skills and talent needed in future leaders.

The AONE (2015) developed a comprehensive model of nurse executive competencies that served as the foundation for this project. Communication and relationship management, professionalism, leadership, business skills and principles, and knowledge of the health care environment were the 5 overarching nurse executive competencies used as sources of evidence in the study. Each competency was further defined by specific skills and behaviors. I measured the competency level of each of the skills and behaviors, ranked from novice to expert on the AONE (2011) competency assessment tool, for each leader candidate prior to participation in the advanced NLA and after completion of the advanced NLA. The change in competency level was the primary measure of success for this project to answer the practice-focused question: How does an

advanced nursing leadership education program affect the knowledge level and competencies of the nurse leader participants?

The AONE competency assessment tool was used as a self-assessment instrument. NLA participants and their direct supervisors completed the AONE competency assessment. To determine the baseline level of the participants' nurse executive competencies, the assessment was completed prior to the commencement of the advanced NLA. To determine the change in level of competency proficiency as a result of program participation, I asked participants to complete a self-evaluation at the completion of a 4-day intensive and will ask them to complete a self-evaluation a third time at the conclusion of the 1-year advanced NLA. The aggregate change in nurse executive competency proficiency provided a measurement of program success or failure.

### **Evidence Generated for the Doctoral Project**

#### **Participants**

There were 23 nurse leaders from across the six-hospital health care system. Participants included inpatient, ambulatory, frontline, and mid-level nurse leaders. Participants were selected by the CNO from each entity and the system chief nurse executive. Criteria for participation in the advanced NLA included administrative management success as measured by recent employee engagement scores, demonstrated leadership ability as demonstrated by recent performance evaluation scores, values congruent with the organization, career duration, and known aspirations to advance to a higher level of leadership within the health care system. All potential advanced NLA candidates were vetted by the advanced NLA steering committee, which included the

CNOs, chief nurse executive, system chief operating officer, vice-president of human resources, director of organizational learning and development, and the system director of nursing practice and professional development. The selected candidates were identified as having the potential to integrate into an advanced leadership role based on their prior performance and desire to advance. Selected candidates received a formal invitation to participate in the year-long advanced NLA. Acceptance required their commitment to participate in and complete defined aspects of the advanced NLA.

### **Procedures**

Each advanced NLA participant, upon acceptance to participate and at the completion of the 4-day didactic intensive, was asked to complete the AONE nurse executive competencies assessment tool. The scores of the self-assessment were averaged for each behavior, and an aggregate score for each section and for the overall tool was calculated. The data were used to measure change in level of nurse executive competencies. There was no published validity or reliability measurements for the AONE nurse executive competency assessment tool.

Completion rate of the advanced NLA participants (number of completions divided by number of acceptances) was a measure of success. If the advanced NLA did not prove valuable for the participants, they were allowed to terminate their participation at any time during the program. If the participants found the advanced NLA valuable, they were more likely to complete all program requirements. Additional evidence collected through the human resources department to measure the success of the program included succession of advanced NLA participants into upper and executive level

leadership positions in the health care system within 5 years of program completion, decreased time to fill upper- and executive-level nursing and health care leadership positions, and increased employee engagement survey scores as measured prior to participation and after completion of the advanced NLA.

### **Protections**

To ensure protection of human subjects, I submitted this project to the institutional review boards of the health care organization and Walden University (08-07-18-0107618). All survey data were secured to maintain participants' confidentiality. Published data did not identify any participants. No incentives were offered to the advanced NLA participants. Participation was voluntary, and informed consent was obtained prior to survey participation. Advanced NLA participants were allowed to withdraw from the program at any time.

### **Analysis and Synthesis**

The competency assessment scores were tracked using a password-protected Microsoft Excel spreadsheet. The spreadsheet enabled me to track completion and calculate average scores. The advanced NLA participant completion rate was also monitored using a spreadsheet. The organization's human resources department collects data related to turnover and time to fill vacancies via the employee tracking software system. The employee engagement scores were obtained from the advisory board's employee engagement survey used by the organization on an annual basis. The integrity of the evidence was maintained by having all data double-checked by a member of the NLA steering committee as well as human resources staff. Participants' supervisors were

contacted to encourage participants to complete surveys and attend all sessions and events.

I asked participants to complete the AONE nurse executive competency assessment prior to starting the program, as did their supervisor. Scores were averaged at the individual and aggregate level. The same competency assessment was completed by all participants at the conclusion of the NLA, and again scores were averaged. The pre-assessment and post-assessment scores were compared to determine the percentage of change.

### **Summary**

Development of a successful advanced nursing leadership academy is dependent on ensuring the selected interventions are evidenced based and aligned with the organizational mission to “work as one to improve health through exceptional care for all, lifelong wellness and healthy communities.” This project was aligned with the evidence-based AONE nurse executive competencies interventions. The advanced NLA included a 4-day didactic nursing leadership intensive, functional didactic lecture, and participatory and experiential learning. The AONE nurse executive competency assessment tool provided a means to assess change in knowledge and competency level of the participants.

#### Section 4: Findings and Recommendations

Preparing nurse leaders to assume executive health care leadership roles is paramount to an organization's sustainability and success. The project site health care system had no formalized succession strategy to address future executive vacancies. This lack of leadership planning placed the organization at risk. This project involved the development of an advanced NLA. The practice-focused question for this project was the following: How will an advanced nursing leadership education program affect the knowledge level and competencies of nurse leader participants? The purpose of this project was to develop and prepare current frontline and mid-level nurse leaders to assume executive-level leadership roles within the health care system.

AONE (2015) compiled a list of nurse executive competencies that served as the evidence-based framework for this project. The AONE nurse executive competency domains include communication and relationship management, professionalism, knowledge of the healthcare environment, business skills and principles, and leadership. In addition to the AONE nurse executive competency framework is a nurse executive competency assessment. The assessment tool requires the nurse leader to self-assess on each competency and behavior on a scale from novice (0) to expert (5). NLA participants were asked to complete an assessment prior to commencement of the NLA, a second time after a 4-day didactic intensive experience, and a third time at the completion of the 1-year NLA. The results of the self-assessments were evaluated to determine a change in level of competency using aggregate mean scores for each competency domain.



### Findings and Implications

Ten candidates out of the 23-member cohort completed the AONE nurse executive competency assessment prior to commencement of NLA curriculum and a second time following a 4-day educational intensive, for a participation rate of 43%. The scores of the respondents were calculated to determine the mean score for each of the five competency domains for both the first and second assessments. As shown in Table 1, there was an increase in the level of competency in each of the five domains. The greatest improvement change (delta) was in the knowledge of health care environment domain, followed by the communication and relationship building domain. Though the increases in scores for each domain were minimal, this was anticipated due to the short time frame between the first and second assessment. Greater improvement in scores was anticipated at the conclusion of the 12-month NLA.

Table 1

#### *Nurse Executive Competency Assessments*

AONE Nurse Exec Competencies	1st Assessment (mean)	2nd Assessment (mean)	Delta
Professionalism	3.72	3.73	0.01
Leadership	3.31	3.41	0.10
Business Skills	2.82	2.95	0.13
Communication and Relationship Building	3.37	3.60	0.23
Knowledge of Healthcare Environment	2.96	3.22	0.26
Overall Averages	3.33	3.38	0.15

Qualitative data were collected at the conclusion of the 4-day intensive.

Comments from the participants included, “Relationships...opportunity to meet,

network;” “Thoughtfulness that was put into our development;” “The gift of opportunity and recognition;” “Appreciate each other’s strengths and characteristics;” and “Helped to rejuvenate me.” The common theme of appreciation for professional development indicated positive feedback for the NLA project team.

### **Unanticipated Limitations and Outcomes**

An unanticipated outcome was the lack of immediate availability of the assessment results from AONE. An apparent firewall issue was blocking the e-mails containing the results. AONE was contacted several times to e-mail results to the cohort member, which proved cumbersome and inconvenient. I worked with the organization’s information services department to resolve the firewall issue. For the second assessment, there were no issues receiving results in a timely fashion.

An unanticipated limitation of this study was the low response rate of cohort participants completing the assessments. A desired completion rate indicating a majority of the cohort was not obtained, despite several e-mail reminders. The low response rate of 43% provided a limited view of the improvement in nurse executive competencies and knowledge, and prevented generalizability of findings.

### **Project Implications**

The implications of this project extend from the individual to the system. The cohort participants not only learned the didactic content presented to them, but also formed relationships within the group that will be beneficial to them in future projects. Participants developed an understanding of areas outside their specialty. Inpatient leaders learned about ambulatory care, and ambulatory nurses learned about inpatient care.

Participants acquired a broader perspective of how one intervention can have far-reaching implications across the continuum of care.

At the entity and system levels, this project increased the knowledge and competency of cohort participants, which will likely lead to improved outcomes in staff engagement, staff turnover, and time to fill entity- and system-level executive positions. This project also provided networking opportunities and strengthened the cohesiveness of leaders across all entities. This structured NLA promoted positive social change by providing advanced leadership education to leaders in the health care system. With skilled leaders ready to assume executive- or system-level roles, the time to fill these critical positions will be reduced, which will contribute to the sustainability of the health care system.

### **Recommendations**

Continuation of the NLA over the next year will lead to a further increase in nurse executive skills and knowledge. Assessment of cohort participants' strengths and abilities over the year will enable current executive leaders to identify skilled and talented leaders ready to assume key positions to improve organizational sustainability. Development of a succession plan for key executive and system positions addressed a gap in practice for this health care system. Evaluations of the 4-day intensive and monthly roundtable session will enable the project team to make necessary adjustments to the curriculum. Assessment results will also provide information to determine which nurse executive competency domains need increased focus.

### **Contribution of the Doctoral Project Team**

The NLA project team consisted of the system chief operating officer, system chief nurse executive, entity chief nursing officers, director of organizational learning and development, and director of human resources. The team lent their executive expertise and understanding of competencies necessary for system leadership as curriculum was developed. Some members of this team also served as content experts for the intensive and roundtable sessions.

The NLA project team members were also active participants in the selection of NLA cohort participants. The project team had a vested interest in the success of this cohort and offered insight regarding targeted outcomes to determine NLA success. Future plans for the NLA include a transition to a clinical leadership academy and extending the opportunity to health care leaders outside of nursing. Creation of an interprofessional leadership academy will provide a unique experience and offer the cohort members a broader perspective of system leadership.

### **Strengths and Limitations of the Project**

The main strength of the NLA was the pool of knowledgeable and skilled candidates to supplement both system and entity executive leadership succession plans. Succession plans can help ensure seamless and stable leadership transitions. Other strengths of the project included an increase in nurse executive skills and competencies, which can be used in candidates' current roles and can lead to improved employee engagement and strengthened relationships among the cohort members both within entities and across the system.

Limitations of the project were that cohort participants were limited to nursing and restricted to 23 members. For a health care system that includes 15,000-plus employees and approximately 600 leaders, 23 cohort participants represented less than 4% of the leadership team. Limiting the cohort to nursing also narrowed the span of projects the team would complete. In the current health care environment, most projects require interprofessional teams because identified opportunities for improvement are rarely specific to nursing. Future consideration of an interprofessional leadership academy will be beneficial to the health care system.

## Section 5: Dissemination Plan

Dissemination of findings from an evidence-based practice project is the last step of the process according to Melnyk's model and the Johns Hopkins model (Dang & Dearholt, 2018; Melnyk & Fineout-Overholt, 2015). Dissemination of findings should involve internal and external audiences. For my project, which involved creating an advanced nursing leadership academy, my dissemination plan included internal dissemination as well as submission of an article to a nursing leadership journal and a poster presentation to a nursing conference.

### **Internal Dissemination**

Internal dissemination within the health care system was another way to share the success of this project. Presentations to executive leadership within the health care system, as well as future cohort candidates, may increase the awareness and perceived value of the NLA. Creating a brochure and posting information on the health care system recruitment Internet site was another important dissemination strategy. The NLA can be used as a recruitment tool for potential employees who may see the commitment the health care system has regarding leadership development.

### **External Dissemination**

It is important to consider the audience when writing the manuscript to ensure their interest matches the manuscript (Morton, 2013). The appropriate audiences for dissemination include nursing and health care leadership. The nursing journal I selected was the *Journal of Nursing Administration*. This journal focuses on patient care leadership, and the intended audience includes nurse executives, directors of nursing, and

nurse managers in hospitals, community health organizations, and ambulatory care environments. The audience and focus of the journal closely align with the NLA. The strengths of publishing a journal article is the broad audience a published article can reach. The article will be seen by anyone who subscribes to this journal, as well as anyone searching a nursing database using appropriate search terms that match my article. I plan to reach out to colleagues who have published articles for their help in reviewing and critiquing my article to ensure it meets the standards of the journal. If the journal editors ask for revisions, I will follow their recommendations. If the article is not accepted, I will submit to another nursing leadership journal such as *Nursing Management*.

The conference I plan to submit an abstract to is the American Organization of Nurse Executives (AONE) annual conference. The framework for the NLA is the AONE nurse executive competencies, and this conference would be the perfect venue to present a poster or conduct a podium presentation on developing executive competencies for the purpose of succession planning and executive leadership development. Strengths of this format include the ability to present live, answer questions from the audience, and network with interested professionals. Limitations of this dissemination method are that it is limited to the audience attending. When presenting at a conference, I make it a habit to have my contact information available for the audience and a copy of my poster, slides, or other handouts so the attendee will have my contact information.

### **Analysis of Self**

This doctoral project provided me with an in-depth insight into the need for succession planning as part of an organizational strategy. Focusing on the nurse executive competencies and associated curriculum helped me advance my leadership ability and expand my leadership potential. Given my desire to move to an executive leadership position, the NLA project provided me with increased awareness of the talents necessary for such a position and an understanding of the competencies I need to focus on for professional development. This project also expanded my knowledge of project management and working with an executive-level interprofessional team. Performing a literature search and analyzing evidence helped me learn how to evaluate similar programs and develop a program that met the needs of the health care system while honing my evidence-based practice skills. My professional passions include professional development and evidence-based practice, and the NLA project was the perfect fit.

This project will continue over the next year and will be followed by successive annual cohorts. Survey results and evaluations from current cohorts will shape future cohorts to allow for continual program improvement. I will continue to monitor long-term outcomes related to the NLA, including time to fill key system and executive positions, employee engagement scores, and number of NLA cohort members who are promoted to executive- and system-level positions.

Other than the limited participation in the competency assessment survey, challenges with the project were minimal and mainly related to time commitment from the cohort members and the executive speakers. I was fortunate to have a project assistant



who supported the NLA with overseeing scheduling, sending calendar appointments and email reminders, and keeping participants on track. For the next cohort, expectations regarding the survey will be explained from the beginning, and specific completion timelines will be provided. Another change that will be implemented for the next cohort is to ask members to provide topics they feel they would like to learn more about. Having a better understanding of the members' learning needs will allow us to customize the NLA curriculum to better meet the needs of the participants.

An unanticipated benefit of the NLA was the relationships that were formed among the cohort participants. After the 4-day intensive, the group bonded and asked to be seated together at an organizational leadership conference. Most of the cohort participants did not know each other prior to the NLA, so this was a wonderful development.

I learned that nursing professionals are appreciative of the time offered to them for their professional development. Leaders spend most of their time doing for others, and when they have the rare opportunity to participate in a program focused on them, they are humbled and thankful. I am confident that participants will become more skilled and knowledgeable leaders as a result of this program, and the organization will also benefit. The health care system will have a pool of executive leadership candidates and a succession plan to ensure the sustainability and success of the organization, which will benefit the community. I am hopeful that external dissemination of the NLA and associated outcomes will further spread the benefits.

## **Summary**

The current health care environment requires nurse leaders with executive-level leadership competencies and knowledge. The NLA provided a comprehensive learning opportunity and developed nurse leaders who are prepared to assume executive- and system-level leadership positions. This project can be replicated at single-entity health care organizations or multiple-entity health care systems. Having a pool of potential executive talent is a valuable asset of health care organizations that cannot be neglected in today's competitive health care environment.

## References

- Advisory Board Company. (2014). *The national prescription for nurse engagement*. Retrieved from <https://www.advisory.com/-/media/Advisory-com/Research/NEC/Research-Study/2014/National-Prescription-for-Nurse-Engagement/National-Prescription-for-Nurse-Engagement.pdf>
- American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Washington, D.C.: Author.
- American Nurse Credentialing Center. (2014). *Magnet Recognition Program application manual* (3rd ed.). Silver Spring, MD: American Nurse Credentialing Center.
- American Organization of Nurse Executives. (2011). *AONE nurse executive competencies assessment tool*. Chicago, IL: Author.
- American Organization of Nurse Executives. (2015). *AONE Nurse Executive Competencies*. Chicago, IL: Author.
- American Organization of Nurse Executives. (2016). *System CNE white paper: The effective system nurse executive in contemporary health systems: emerging competencies*. Chicago, IL: American Organization of Nurse Executives. Retrieved from <http://www.aone.org/resources/aone-system-cne-white-paper.pdf>
- Baby-boomer nurse retirement wave hits, magnifying nurse shortages for the next decade. (2018). Retrieved from <https://www.amnhealthcare.com/latest-healthcare-news/nurse-retirement-wave-hits/>
- Benner, P. (1982). From novice to expert. *American Journal of Nursing*, 82(13), 402-407. <https://journals.lww.com/ajnonline/pages/default.aspx>

- Blouin, A. S., McDonagh, K. J., Neistadt, A. M., & Helfand, B. (2006). Leading tomorrow's healthcare organizations. *Journal of Nursing Administration*, 36(6), 325-330. doi: 10.1097/00005110-200606000-00009
- Boston-Fleischhauer, C. (2016). Nurse executives wearing 2 hats as strategic leaders. *Journal of Nursing Administration*, 46(10), 487-489. doi:10.1097/NNA.0000000000000390
- Burns, J. M. (1978). *Leadership*. New York, NY: Harper and Row.
- Capuano, T. A. (2013). Achieving succession planning and implementation: One healthcare network's story. *Healthcare Management Forum*, 26(3), 136-144. doi:10.1016/j.hcmf.2013.06.003
- Carriere, B. K., Muise, M., Cummings, G., & Newburn-Cook, C. (2009). Healthcare succession planning: An integrative review. *Journal of Nursing Administration*, 39(12), 548-555. doi: 10.1097/NNA.0b013e3181c18010
- Collins, S. K. & Collins, K. S. (2007). Succession planning and leadership development : Critical business strategies for healthcare organizations. *Radiology Management*, 29(1), 16-21.
- Collins, J., & Porras, J. I. (1997). *Built to last: Successful habits of visionary companies*. New York, NY: HarperCollins Publishers Inc.
- Crawford, C. L., Omery, A., & Spicer, J. (2017). An integrative review of 21st-century roles, responsibilities, characteristics, and competencies of chief nurse executives: A blueprint for the next generation. *Nursing Administration Quarterly*, 41(4), 297-309. doi: 10.1097/NAQ.0000000000000245

- Dang, D., & Dearholt, S. L. (2018). *Johns Hopkins nursing evidence-based practice: Model and guidelines* (3rd ed.). Indianapolis, IN: Sigma Theta Tau.
- Davenport, T. O. (2015). How HR plays its role in leadership development. *Strategic HR Review, 14*(3), 89-93. doi:10.1108/SHR-04-2015-0033
- Desai, M. N., Lockett, A., & Paton, D. (2015). The effects of leaders' succession and prior leader experience on post-succession organizational performance. *Human Resource Management, 55*(6), 967-984. doi:10.1002/hrm.21700
- Dolan, T. (2005). Increasing succession planning. *Healthcare Executive, 20*(3), 6. doi: 10.1097/NNA.0b013e318261938b
- Fayol, H. (1949). *General and industrial management*. London, England: Pitman.
- Fennimore, L., & Wolf, G. (2011). Nurse manager leadership development: Leveraging the evidence and system-level support. *Journal of Nursing Administration, 41*(5), 204-210. doi: 10.1097/01.NNA.0000525954.96084.35
- Garman, A. N., & Tyler, J. L. (2004). What kind of CEO will your hospital need next? *Trustee, 57*(9), 38-40. [https://www.researchgate.net/journal/0041-3674\\_Trustee\\_the\\_journal\\_for\\_hospital\\_governing\\_boards](https://www.researchgate.net/journal/0041-3674_Trustee_the_journal_for_hospital_governing_boards)
- Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Washington, D.C.: National Academies Press.
- Jones, C. B. (2004). The costs of nurse turnover part 1: An economic perspective. *Journal of Nursing Administration, 34*(12), 562-570. <https://journals.lww.com/jonajournal/pages/default.aspx>
- Jones, C. B., Havens, D. S., & Thompson, P. A. (2008). Chief nursing officer retention

and turnover: A crisis brewing? Results of a national survey. *Journal of Healthcare Management*, 53(2), 89-106.

<https://journals.lww.com/jhmonline/pages/default.aspx>

Lewis, D. (2009). Who's next? Succession planning paves a path to your organization's future. *Biomedical Instrumentation and Technology*, 43(6), 438-443.

<http://www.aami-bit.org/?code=aami-site>

MacDonald, I. (2017). More than 1 in 4 baby boomer nurses plan to retire in a year, survey shows. Retrieved from

<http://www.fiercehealthcare.com/healthcare/nursing-shortage-baby-boomers-registered-nurses-retirement-amn-healthcare-bls>

MacMillan-Finlayson, S, (2010). Competency development for nurse executives. *Journal of Nursing Administration* 40(6), 254-257. doi: 10.1097/NNA.0b013e3181df0f7e

McNally, K. & Lukens, R. (2006). Leadership development: An external-internal coaching partnership. *Journal of Nursing Administration*, 36(3), 155-161. doi: 10.1097/00005110-200603000-00010

Meadows, M. T. (2016). New competencies for system chief nurse executives. *Journal of Nursing Administration*, 46(5), 235-237. doi:10.1097/NNA.0000000000000336

Melnyk, B. M., & Fineout-Overholt, E. (2015). *Evidence-based practice in nursing and healthcare: A guide to best practice* (3rd ed.). Philadelphia, PA: Wolters Kluwer.

Morton, P. G. (2013). Publishing in professional journals, Part I, Getting started. *AACN Advanced Critical Care*, 24(2), 162-168. doi:10.1097/NCI0b013e318285db7c

Pedersen, A., Sorensen, J., Babcock, T., Bradley, M., Donaldson, N., Donnelly, J. E., &

- Edgar, W. (2018). A nursing leadership immersion program. *Journal of Nursing Administration, 48*(3), 168-174. doi: 10.1097/NNA.0000000000000592
- Porter-O'Grady, T. (2015). Through the looking glass: Predictive and adaptive capacity in a time of great change. *Nursing Management, 46*(6), 22-29. doi: 10.1097/01.NUMA.0000465397.67041.bc
- Porter-O'Grady, T., & Malloch, K. (2010). *Innovation leadership: Creating the landscape of healthcare*. Boston, MA: Jones and Bartlett.
- Posner, B. Z., & Kouzes, J. M. (1988). Development and validation of the leadership practices inventory. *Educational and Psychological Measurement, 48*(2), 483-496. <http://journals.sagepub.com/home/epm>
- Rothwell, W. J. (2016). *Effective succession planning: Ensuring leadership continuity and building talent from within* (5th ed.). New York, NY: American Management Association.
- Sanborn, B. J. (2017). As baby boomer nurses retire, concern grows about national shortage. Retrieved from <https://www.healthcarefinancenews.com/news/baby-boomer-nurse-retire-concern-grows-about-national-shortage>
- Sanford, K. D. (2011). The case for nursing leadership development. *Healthcare Financial Management, 65*(3), 100-106. [https://www.researchgate.net/journal/0735-0732\\_Healthcare\\_financial\\_management\\_journal\\_of\\_the\\_Healthcare\\_Financial\\_Management\\_Association](https://www.researchgate.net/journal/0735-0732_Healthcare_financial_management_journal_of_the_Healthcare_Financial_Management_Association)
- Sherman, R. O., Patterson, P., Schmidt, T., & Dahl, J. (2014). Perioperative nurse leader

perspectives on succession planning. *Journal of Nursing Economics*, 32(4), 186-194. <http://www.nursingeconomics.net/cgi-bin/WebObjects/NECJournal.woa>

Sherman, R. O. (2014). The cost of nurse leader turnover. Retrieved from

<http://www.emergingrnleader.com/high-cost-nurse-leader-turnover/>

Stefl, M. E. (2008). Common competencies for all healthcare managers: The Healthcare Leadership Alliance model. *Journal of Healthcare Management*, 53(6), 360-373.

<https://journals.lww.com/jhmonline/pages/default.aspx> Tourangeau, A. E., &

McGilton, K. (2004). Measuring leadership practices of nurses using the leadership practices inventory. *Nursing Research*, 53(3), 182-189.

<https://journals.lww.com/nursingresearchonline/pages/default.aspx>

Trepanier, S., & Crenshaw, J. T. (2013). Succession planning: A call to action for nurse executives. *Journal of Nursing Management*, 21, 980-985. doi:

10.1111/jonm.12177

U.S. Department of Health and Human Services. (2005). *Introduction to program evaluation for public health programs: A self-study guide*. Retrieved from

<https://www.cdc.gov/eval/guide/CDCEvalManual.pdf>

West, M., Smithgall, L., Rosler, G., & Winn, R. (2016). Evaluation of a nurse leadership development programme. *Nursing Management*, 22(10), 26-31. doi:

10.7748/nm.22.10.26.s29