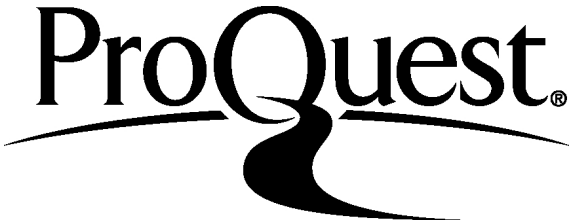
INTEGRATED TALENT MANAGEMENT IN HEALTH CARE: A DELPHI STUDY

by

Susan D. Ohnmacht

A Dissertation Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Health Administration

University of Phoenix



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ABSTRACT

Twenty-two percent of nurse leaders reported a formal succession planning process in place, and by 2020, the expected shortfall for qualified nurse leaders will exceed 67,000. A review of the literature review showed most succession planning programs focused on chief executive succession, and much less on nurse leader succession. The problem is health care leaders fail to establish and promote strategic programs for nurse leaders to identify and develop high-potential performers, build leadership capability and sustainability, and facilitate smooth leadership transitions through high-potential deployment. The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions. Fourteen panelists participated in the three-round Delphi study that included an open-ended questionnaire, a Likert-type item survey, and a ranking assessment. Using descriptive statistics to analyze the data, the panelists' responses were grouped according to identifying, developing, and deploying high-potential performers, and organizational strategy, to determine positions for succession planning. The categories were aligned with phases of an open systems framework to show the relationships between phases of succession planning. The critical finding of the research study suggested succession planning should not be managed as an isolated activity but developed as part of a comprehensive organizational strategy to increase the pipeline of leadership talent. The results of this study reinforced the critical need to include nurse leader succession planning as part of the strategic plan in health care organizations.

DEDICATION

I dedicate this dissertation to my family. My parents, Gertrude and Walter Ohnmacht, raised me to value education, pursue excellence, embrace opportunity, and never give in to discouragement. My brothers, Mark Ohnmacht and Kurt Ohnmacht, provided me with ongoing support and motivation and were always there to listen. My nephew, Tyler Ohnmacht, and my niece, Briana Ohnmacht, were my greatest fans, and reminded me of the reasons for the journey.

To my extended family, Shirley and Bill Stabile, Pat and Gus Vanderbeek, Ann and Dominic Laggini, Joan and Bob Dedecker, and Carole and Jimmy Trent, thank you for so many years of love and encouragement.

To my friends, Mandy Cockshutt and Al Prushinski, you were patient, optimistic, and kept me focused during the journey.

To Dr. Jerold J. Principato, my friend and colleague, you provided me with opportunities to expand my horizons, both professionally and personally, and challenged me to expand my mental model.

I thank each of you for being such a special part of my life. I would not be here today without each of you and the special gifts your shared with me.

ACKNOWLEDGMENTS

The knowledge, experience, and coaching support of Dr. Kenneth C. Sherman, blended with his never-ending pursuit of excellence, are just a few of the factors that contributed to my successful doctoral learning journey and the completion of this dissertation. Your colleague Dr. G. Zilla, and your substantive inquiries, critical analyses, thought-provoking emails, and optimistic outlook kept me on track and made the entire process a valuable learning experience. Your patience and humor throughout the entire dissertation process provided me with the motivation to succeed and make this final destination a reality. Thank you, thank you, and thank you.

To Dr. Patricia Talbert and Dr. Pat D'Urso, thank you for your thoughtful analysis, critical feedback, and continued support throughout the dissertation process. Each of you provided encouragement and support and contributed to my successful dissertation journey.

To Joan Vincent, my mentor, who understood my personal goals and allowed me the flexibility to continue the journey.

To Nan Troiano, my professional colleague and friend, who embraced the journey with me and celebrated every step of the way.

To my doctoral learning buddy, and my friend, Dr. Nechama Chipantiza-Genao, you lived the journey with me every day. We did it!

To Sheila Evans and Margaret Ohnmacht, for your never-ending optimism.

To each of the expert panelists who participated in the Delphi study and provided their experiential input, this study would not have been possible without you.

Thank you all!

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Chapter 1

Introduction

According to a 2013 projection by the U.S. Bureau of Labor Statistics, by 2022 the shortfall for professional nurses will exceed one million, and the need for qualified nurse leaders will exceed more than 67,000 by 2020 (Shirey, 2006). When health care leaders fail to plan for succession, chaotic leadership transitions can occur, and threaten the quality and safety of care delivered to patients (Griffith, 2012; Titzer & Shirey, 2013). Poor patient outcomes affect the organization's cultural sustainability and business continuity (Collins & Collins, 2007a, 2007b; Griffith, 2012; Sammer & James, 2011). Succession planning is one part of an integrated talent management program to identify high-potential performers, foster leadership development, and promote smooth succession from within the organization (Garman & Tyler, 2004; Titzer & Shirey, 2013). Twenty-two percent of nurse leaders reported a formal succession planning process in place, according to a 2014 study by Havens and Jones (American Organization of Nurse Executives [AONE], 2014).

A comprehensive model of succession planning, supported by nurse leaders throughout health care, remains undefined and unsupported from empirical research (Carriere, Muise, Cummings, & Newburn-Cook, 2009; Griffith, 2012; Jones, 2010; Squazzo, 2009). Organizational leaders agree on the value of succession planning (Griffith, 2012; Squazzo, 2009). The efforts dedicated to succession planning are inconsistent, and lack a coordinated approach (Griffith, 2012; Squazzo, 2009).

Described in Chapter 1 are the problem statement, importance of the study for developing future leaders, and a description of the method used to conduct the study.

Included in this chapter is an examination of leadership knowledge about the importance of smooth transitions for health care leaders. Chapter 1 contains a description of the gaps and inconsistencies in developing health care leaders, and the effects from poor transitions of new leaders.

Background

Strong leaders represent a solid foundation for successful organizations (Laframboise, 2011; Ohnmacht, 2012; Trepanier & Crenshaw, 2013). The effects of the aging workforce are beginning to raise concerns among health care leaders across health care settings (Bernthal & Wellins, 2006; Ohnmacht, 2012; Trepanier & Crenshaw, 2013). The number of qualified organizational leaders responsible for business continuity within their organizations is decreasing (Bernthal & Wellins, 2006; Trepanier & Crenshaw, 2013). The workforce includes more than 50 million baby boomers, and in 2014, 40% of the baby boomer workforce became eligible for retirement (Chavez, 2011).

Organizations are at risk for loss of experienced leaders with institutional knowledge, created by the impending retirements (Chavez, 2011; Griffith, 2012). Inexperienced leaders, advancing with limited organizational knowledge and lack of vision are at risk to fail when succeeding experienced leaders (Chavez, 2011; Griffith, 2012). Executives often fail to identify succession as a strategic priority (Carriere et al., 2009; Garman & Tyler, 2007; Titzer et al., 2013). Executive leaders need to plan for identifying and developing high performers as future successors (Carriere et al., 2009; Garman & Tyler, 2007; Titzer, Phillips, Tooley, Hall, & Shirey, 2013).

Talent management is an organizational strategy set up by leaders to develop high-potential performers for advancing as future leaders (Galagan, 2008; Pellant, 2011;

Sobol, Harkins, & Conley, 2007; Sullivan, 2011). Succession planning is part of an integrated talent management program (Cappelli, 2008a; Rothwell, 2010; Silzer & Dowell, 2010; Sullivan, 2011). The goal of succession planning is to create a good fit between a high-potential performer and a specific leadership role (Cappelli, 2008a; Rothwell, 2010; Silzer & Dowell, 2010; Sullivan, 2011). A good fit between the high-potential performer and the organization results in reaching organizational objectives and promoting a culture of success (Cappelli, 2008a; Rothwell, 2010; Silzer & Dowell, 2010; Sullivan, 2011).

The purpose of an integrated talent management program is to align the goals and objectives of the organization with the high-potential performer's wish to advance as a leader (Titzer & Shirey, 2013). Competencies are the building blocks of an integrated talent management program (Griffith, 2012; Ohnmacht, 2012; Sundararajan, 2009). Competencies link performance management, workforce planning, leadership development, and succession management (Griffith, 2012; Ohnmacht, 2012; Sundararajan, 2009). When leaders embrace the value of professional growth and development programs, they strengthen their commitment to developing competent and capable leaders (Armitage, Brooks, & Carlen, 2006; Griffith, 2012; McAlearney, 2006; Ohnmacht, 2012).

Approaches to talent management are inconsistent (Carriere et al., 2009; Griffith, 2012; Morgan & Jardin, 2010; Squazzo, 2009). The scope and expected results of programs are inconsistent (Clake & Winkler, 2006; Collings & Mellahi, 2009; Titzer & Shirey, 2013). Integrated talent management programs lack clarity among industry disciplines, especially throughout health care, and specifically among hospital

organizations (Clake & Winkler, 2006; Collings & Mellahi, 2009; Titzer & Shirey, 2013). Health care leaders lack a harmonized strategy for developing leaders and planning for succession (Carriere et al., 2009; Griffith, 2012; Morgan & Jardin, 2010; Squazzo, 2009). One reason for the absence of harmony is the variation in defining key ideas (Carriere et al., 2009; Griffith, 2012; Kim, 2012; Powell, Duberley, Exworthy, Macfarlane, & Moss, 2013; Titzer & Shirey, 2013).

The use of succession planning, succession management, career planning, career development, and career ladder as similar terms is confusing because each term is unique (Carriere et al., 2009; Dowell, 2010; Kim, 2012; Titzer & Shirey, 2013). The inconsistent definition of talent management ranges from a renaming of human resources management to identifying high-potential talent in an organization (Avedon & Scholes, 2010; Bernthal & Wellins, 2006; Collings & Mellahi, 2009; Silzer & Dowell, 2010). When leaders substitute talent management terms, they increase the confusion about how to develop leaders and plan for succession in a rapidly changing health care environment (Carriere et al., 2009; Conger, 2010; Powell et al., 2013; Titzer & Shirey, 2013).

Statement of the Problem

Strategic transitions of institutional knowledge, culture, and values are decreasing as members of the professional workforce aim for retirement, and the nursing shortage continues to grow (Carriere et al., 2009; Griffith, 2012; Memon, Mangi, & Rohra, 2009; Griffith, 2012; Laframboise, 2011). The general problem is the ineffective transfer of institutional knowledge, culture, and values during leadership transitions (Carriere et al., 2009; Griffith, 2012). Throughout health care, high-performing nurse leaders drive business continuity, strengthen employee engagement, and ensure the delivery of safe,

quality-driven patient care (Blouin, McDonagh, Nedstadt, & Helfand, 2006; Disch, Dreher, Davidson, Sinioris, & Wainio, 2011; Ogden, 2010; Squazzo, 2009). The benefits of succession planning include quality and safety of patient care delivery, business continuity, organizational effectiveness, and cultural sustainability (Griffith, 2012; Sammer & James, 2011; Trepanier & Crenshaw, 2013).

High-potential performers who succeed in mission-critical nurse leader positions have the business skills and leadership skills necessary to achieve the results (Griffith, 2012; Swearingen, 2009). The specific problem is health care leaders fail to establish and promote strategic programs for nurse leaders to identify and develop high-potential performers, build leadership capability and sustainability, and facilitate smooth leadership transitions through high-potential deployment (Trepanier & Crenshaw, 2013). The failures are contributing to poor job performance affecting patient outcomes, low retention rates, high replacement costs, and decreased commitment and loyalty from aspiring leaders (Beyers, 2006; Garman & Tyler, 2007; Redman, 2006; Titzer & Shirey, 2013).

Purpose of the Study

The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions (Griffith, 2012). Mission-critical nurse leaders, for purposes of this study, include the nurse manager to the nurse executive level. Nurse managers are the link between the executive leaders and the frontline nursing staff (Anthony et al., 2005; Titzer, Shirey, & Hauck, 2014). Nurse managers are accountable for creating and

sustaining healthy work environments, and the nurse executive is responsible for developing and sustaining a culture of safety and quality patient care (Anthony et al., 2005; Disch et al., 2011; Titzer et al., 2014).

Rationale and Need for the Study

A review of the literature between 1960 and 2015 revealed limited approaches to developing leaders and succession planning beyond the role of the chief executive officer (CEO; Al Hosis, Plummer, & O'Connor, 2012; Griffith, 2012; Squazzo, 2009). Titzer and Shirey (2013) combined findings in the literature to develop a model for nurse manager succession planning. The fundamentals of succession planning in the literature were consistent with the content identified by the expert panelists of this qualitative Delphi study (Titzer et al., 2013). The existing gap in the literature and in practice is the lack of a comprehensive model, supported by empirical evidence, to support succession planning for nurse leaders at the clinical and executive levels (Griffith, 2012; Trepanier & Crenshaw, 2013). Developing high-potential performers without a plan is disjointed, and the results from succession planning are inconsistent (Griffith, 2012; Trepanier & Crenshaw, 2013).

Executive health care leaders have identified several barriers to developing plans for leadership succession and transition (Coonan, 2005; Garman & Tyler, 2004, 2007; Human Resources Investment Center [HRIC], 2006; LaFramboise, 2011; Squazzo, 2009). Barriers include competing organizational priorities and an insufficient supply of available human and fiscal support for program development (Coonan, 2005; LaFramboise, 2011; Squazzo, 2009; Trepanier & Crenshaw, 2013). The limited number of organizational leaders who are willing to mentor high-potential performers results in a

shortage of internally competent mentors (Coonan, 2005; LaFramboise, 2011; Squazzo, 2009; Trepanier & Crenshaw, 2013). The lack of self-confidence of existing the nurse leaders contributes to the unwillingness of leaders to mentor high-potential performers for advancement opportunities (Titzer et al., 2013).

The decreasing number of leaders who are willing to serve as mentors to high-potential performers limits experiential learning opportunities and transfer of institutional knowledge (LaFramboise, 2011; Titzer et al., 2013). Barriers include time commitment, inexperience to develop organizational strategies for succession and the lack of ability to carry out the plan (Garman & Tyler, 2004, 2007; HRIC, 2006; LaFramboise, 2011; Squazzo, 2009; Titzer et al., 2013; Trepanier & Crenshaw, 2013). An important strategy for health care leaders is to outline the characteristics of mission-critical positions (Swearingen, 2009).

Significance of the Study to Leadership

Health care executives agree with the benefits of a comprehensive leadership development program (Collins & Collins, 2007b; Garman & Tyler, 2004, 2007; Griffith, 2012; HRIC, 2006). They recognize the importance of a plan to advance high-potential performers into mission-critical nurse leader positions (Collins & Collins, 2007b; Garman & Tyler, 2004, 2007; Griffith, 2012; HRIC, 2006). The tragedy that took place on September 11, 2001 and other sudden losses of mission-critical leaders elevated the importance of succession planning (Dye, 2005; Greensgard, 2001; Rothwell, 2010). The loss of key executives of multiple major companies, or in a single, successful corporation, remains a realistic threat not considered previously (Greensgard, 2001; Rothwell, 2010).

Succession planning supports the value of developing next-generation leaders to drive organizational performance (Dye, 2005; Griffith, 2012; Rothwell, 2010; Sobol et al., 2007; Trepanier & Crenshaw, 2013). A comprehensive program to advance high-potential performers mitigates many of the existing barriers for developing leaders and succession planning (Ohnmacht, 2012; Squazzo, 2009; Titzer et al., 2013). Developing high-potential performers with a path for internal advancement is a cost-effective solution (Garman & Tyler, 2004, 2007; Kim, 2012; Silzer & Church, 2010). Succession planning avoids poor organizational fit from an external candidate, builds morale, and lessens the need for organizational learning (Garman & Tyler, 2004, 2007; Kim, 2012; Silzer & Church, 2010).

Health care is a complex business that needs strong leaders to ensure business continuity (Amagoh, 2008; Carriere et al., 2009; Trepanier & Crenshaw, 2013). A benefit of the current study was to provide a better understanding to health care leaders about the risk to organizational performance created by a leadership void (Collins & Collins, 2007b; Titzer et al., 2013). Developing leadership competencies is the first step in succession planning (Beyers, 2006; Perman, 2009; Sobol et al., 2007; Titzer et al., 2013). Succession planning creates organizational sustainability and supports smooth transitions when planned and unplanned leadership changes occur (Beyers, 2006; Perman, 2009; Sobol et al., 2007; Titzer et al., 2013).

Nature of the Study

A Delphi design was chosen for the inquiry because incomplete knowledge existed about using a standardized approach for succession planning to support smooth transitions in mission-critical nurse leader positions (Griffith, 2012; Laframboise, 2011).

The Delphi method of qualitative research involves an examination of a defined study phenomenon by merging expert opinions gathered anonymously when incomplete knowledge about a phenomenon exists (Skulmoski et al., 2007; von der Gracht, 2012). The Delphi design was used to build consensus for fundamentals of succession planning, to support smooth transition into mission-critical nurse leader positions (Vernon, 2009; von der Gracht, 2012).

The goal of Delphi research is to achieve a convergence of opinion and precision (Hallowell & Gambatese, 2010; Skulmoski et al., 2007; Vernon, 2009; von der Gracht, 2012). Convergent opinion develops through coordinated data collection and repeated input from the panelists (Hallowell & Gambatese, 2010; Skulmoski et al., 2007; Vernon, 2009; von der Gracht, 2012). The Delphi research design is systematic and interactive, and involves collecting individual opinions from a panel of experts about a defined topic (Hallowell & Gambatese, 2010; Skulmoski et al., 2007). Panelists can reassess their judgments independently, based on opinions contributed in earlier phases of data collection (Hsu & Sandford, 2007; Skulmoski et al., 2007; von der Gracht, 2008, 2012).

A Delphi study design includes a minimum of two rounds of controlled data collection (Hallowell & Gambatese, 2010; Vernon, 2009; von der Gracht, 2012). The reason for multiple rounds is to improve the certainty of responses (Hallowell & Gambatese, 2010; Vernon, 2009; von der Gracht, 2012). Three rounds in a Delphi study are usually enough (Rowe & Wright, 2011; von der Gracht, 2012). If a high degree of variability occurs in the panelists' responses more data may be needed to evaluate the level of consensus (Rowe & Wright, 2011; von der Gracht, 2012).

Qualitative research is subjective and connected through context (Christiansen, Johnson, & Turner, 2011; Fawcett & Garity, 2009). Qualitative research captures what people say and do as the result of complex world experiences and involves exploring possibilities from participants' viewpoints (Ayres, 2007a; Ratnesar & Mackenzie, 2006). Most researchers aim for objectivity (Fawcett & Garity, 2009; Neuman, 2006). The results of qualitative research include flexible data sources, and subjective experiences of the researcher as part of the field data (Fawcett & Garity, 2009; Neuman, 2006).

Quantitative designs test hypotheses or prove new theories (Ayres, 2007a; Christiansen et al., 2011). Qualitative researchers do not define variables as part of hypotheses testing (Ayres, 2007a; Christiansen et al., 2011). Qualitative researchers explore a compelling issue, event, or phenomenon to understand a culture, describe an experience, or develop a theory (Ayres, 2007a; Christiansen et al., 2011).

Qualitative research designs include case study, phenomenology, grounded theory, and Delphi technique (Connelly, 2010; Crowe et al., 2011; Jacelon & O'Dell, 2005; Roberts, 2008; Shank, 2006; Vernon, 2009). Case study provides a detailed analysis of a real-life complex issue to examine the interrelationships of the specific entity of study (Crowe et al., 2011; Hays & Wood, 2011; Jacelon & O'Dell, 2005; Roberts, 2008; Shank, 2006). Case study is not used for building consensus of expert opinion (Crowe et al., 2011; Hays & Wood, 2011; Jacelon & O'Dell, 2005; Roberts, 2008; Shank, 2006). Phenomenology designs involve describing or exploring issues of interest in a real-life context (Balls, 2009; Connelly, 2010; Shank, 2006; Standing, 2009). Phenomenology designs focus on the experience from the perspective of the participants,

not consensus-driven expert knowledge (Balls, 2009; Connelly, 2010; Shank, 2006; Standing, 2009).

Grounded theory is a method that involves developing new ideas and building specific theories (Crowe et al., 2011; Hays & Wood, 2011; Jacelon & O'Dell, 2005; Roberts, 2008; Shank, 2006). Using constant comparative analysis of empirical data, the grounded theory results from the how or why of an issue (Crowe et al., 2011; Hays & Wood, 2011; Jacelon & O'Dell, 2005; Roberts, 2008; Shank, 2006). Grounded theory, compared with the Delphi design, does not support building consensus to close gaps in knowledge (Christiansen et al., 2011; Vernon, 2009). The goal of Delphi research is to build a level of consensus using a group communication technique (Donohoe & Needham, 2009; Vernon, 2009; von der Gracht, 2012). The Delphi design was used to survey and collect expert opinions about fundamentals of succession planning.

The Delphi Design

The Delphi design is a multistage data collection method used to refine the opinions of a group of people for developing future practices (Dalkey, 1967; von der Gracht, 2008, 2012). The current study included three survey instruments developed to collect the data about the fundamentals of succession planning (Dalkey, 1967; von der Gracht, 2008, 2012). The goal of the data collection was to build a level of consensus among experts through a convergence of opinions to understand, interpret, and experience a phenomenon (Donohoe & Needham, 2009; Keeney, Hasson, & McKenna, 2011; Skulmoski et al., 2007). The study involved gathering information from subject matter experts about the fundamentals of succession planning used to advance high-potential performers into mission-critical nurse leader positions.

The first survey instrument was an open-ended questionnaire intended to gather direct responses from the panelists about the research question without imposing knowledge or preconceived viewpoints (Hsieh & Shannon, 2005; Skulmoski et al., 2007). The study involved analyzing the data collected from responses to the open-ended questions in Round 1, using conventional content analysis (Elo & Kyngas, 2008; Hsieh & Shannon, 2005; Keeney et al., 2011). The researcher coded the data for individual themes, arranged the themes into categories, and clustered the categories according to similar and unlike groups of subcategories (Elo & Kyngas, 2008; Hsieh & Shannon, 2005; Keeney et al., 2011).

The Round 1 data was sorted and subcategorized, and common responses to the open-ended questions emerged (Elo & Kyngas, 2008; Hsieh & Shannon, 2005; Keeney et al., 2011). The results informed the researcher about fundamentals of succession planning used to advanced high-potential performers into mission-critical nurse leader positions (Keeney et al., 2011). After calculating the frequency and percentage of similar responses, fundamentals of succession planning, identified by at least two panelists, were included as survey items for Round 2 (Cramer, Klasser, Epstein, & Sheps, 2008).

During Round 2, the panelists completed a 5-point Likert-type item survey (Allen & Seaman, 2007; Croasmun & Ostrom, 2011; Dawes, 2008). Panelists rated each survey item using a range from 1 (*strongly disagree*) to 5 (*strongly agree*; Association of State and Territorial Dental Directors [ASTDD], 2008; Millar, Thorstensen, Tomkins, Mepham, & Kaiser, 2007). A Cronbach's alpha was calculated to suggest reliability of the Round 2 survey tool (Kember & Leung, 2008; Tavakol & Dennick, 2011). Cronbach's alpha is a statistical measurement of internal consistency used to assess the

interrelatedness of items within a survey (Kember & Leung, 2008; Tavakol & Dennick, 2011). A Cronbach's alpha measure of at least .70 was satisfactory to show reliability of the survey (Connelly, 2011).

The intent of Round 3 was to examine the panelists' responses on a systematic basis (Amagoh, 2008; Herlihy & Dufrene, 2011; Keeney et al., 2011). In Round 3 of the study, the panelists ranked their top five fundamentals of succession planning in order of importance, from 5 (highest rank) to 1 (least high rank). The ranked survey items were sorted according to the categories of an open system (Amagoh, 2008; Katz & Kahn, 1978). An open system includes inputs, throughputs or transformations, and outputs guided by strategy (Amagoh, 2008; Katz & Kahn, 1978). Distributing the items across categories of an open system was the basis for the Round 3 analysis (Amagoh, 2008; Herlihy & Dufrene, 2011; Keeney et al., 2011).

Research Question

The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region about fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions (Griffith, 2012). The following research question served as the basis for the current study:

R1: What is the level of consensus among health care leaders as to the fundamentals of succession-planning programs used to advance high-potential performers into mission-critical nurse leader positions?

Consensus occurs when individual viewpoints from a group change into a single perspective of the group as a whole (Donohoe & Needham, 2009; Skulmoski et al.,

2007). The research question was the foundation for a discussion about a wide range of fundamentals used to support succession planning in health care organizations (Griffith, 2012; Riva, Malik, Burnie, Endicott, & Busse, 2012; Squazzo, 2009; Trepanier & Crenshaw, 2013).

Conceptual Framework

The conceptual framework, described as an anchor for the research study, is a graphic or narrative description of the main constructs to be studied, and the "presumed relationships among them" (Miles & Huberman, 1994, p.18). A description of existing relationships is described based on "logic, theory, and or experience" (Miles & Huberman, 1994, p. 18). The connectivity of the concepts, and the relationship between the constructs evolves from the data analysis of the research study (Miles & Huberman, 1994). The Delphi technique, applied in previous research to identify best practices and strategies for succession planning (Topper, 2006), and competency frameworks (Ferguson, 2008), was used to evaluate the level of consensus for fundamentals of succession-planning programs. The data analysis for the current study was the basis for expanding the proposed succession-planning framework described in the context of an open system.

Katz and Kahn (1978) described the environment of large organizations in the context of an open system of input-throughput-output (Amagoh, 2008). An open system is continuously changing and adapting (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010). Open systems include multiple structures and relationships (subsystems), the connections between subsystems, and the connections to the external demands of the environment (Amagoh, 2008; Katz & Kahn, 1978).

The system and subsystems are dependent on recurrent inputs to keep the system running (Amagoh, 2008; Meyer & O'Brien-Pallas, 2010). System preservation occurs when the inputs are organized and developed into throughputs, which when transformed by energy of the system, become the outputs (Amagoh, 2008; Meyer & O'Brien-Pallas, 2010). Negentropy, also described as negative feedback, is necessary to prevent entropy, or disorder from a loss of inputs, to the system, and promote the adaptability of the system, and subsystems (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010). The result is a steady state, or a dynamic equilibrium, that occurs from the continuous flow of resources in and out of the system (Amagoh, 2008; Katz & Kahn, 1978). Figure 1 is a representation of the phases of an open systems framework, and the basis for developing the conceptual framework for the current research study.

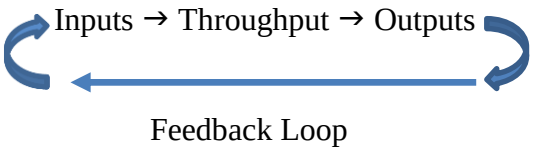

Figure 1. Open systems framework.

Katz and Kahn (1978) described five interactive subsystems of an open system, which include management, supportive, production, maintenance, and adaptive (Amagoh, 2008). The subsystems provide the basis for introducing inputs into the system (supportive), the balancing work structures and input from capital (maintenance), and responding to external demands (adaptive; Katz & Kahn, 1978). The throughput (production) is consistent with an assembly line to ensure the inputs transform to outputs, to balance the energy exchange (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010). The management subsystem rises above all subsystems to ensure connections and

harmony throughout the system and resolve conflicts as they arise at all levels (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010).

Nursing services delivery theory. The nursing services delivery theory (NSDT) is an open systems framework developed to explain the complex nature of nursing work, staffing, and work settings, affected by clinical, organizational, financial, and outcome variables (Meyer & O'Brien-Pallas, 2010). The primary focus of the NSDT was on the production subsystem of the Open Systems Theory (Meyer & O'Brien-Pallas, 2010). Similar to the complex nature of nursing services delivery, reflected in the NSDT, is the complex work of succession planning (Amagoh, 2008; Rothwell, 2010; Titzer & Shirey, 2013). Leader development and succession planning for high-potential performers remain a constant challenge for many health care organizations (Griffith, 2012; Meyer & O'Brien-Pallas, 2010; Squazzo, 2009; Titzer & Shirey, 2013).

For purposes of this discussion, the open system was used as part of the conceptual framework to describe succession planning (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010). The basics of the system (see Figure 2) include the input (identify), throughput or transformation (develop), and output (deploy) of high-potential performers (Meyer & O'Brien-Pallas, 2010). The production system includes planning, acquiring, structuring, coaching and mentoring, and assessing competency of high-potential performers (Meyer & O'Brien-Pallas, 2010). The production subsystem extends across the entire system (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010). The transformation of energy (throughput) occurs when a high-potential performer develops the skills to become a future leader (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010).

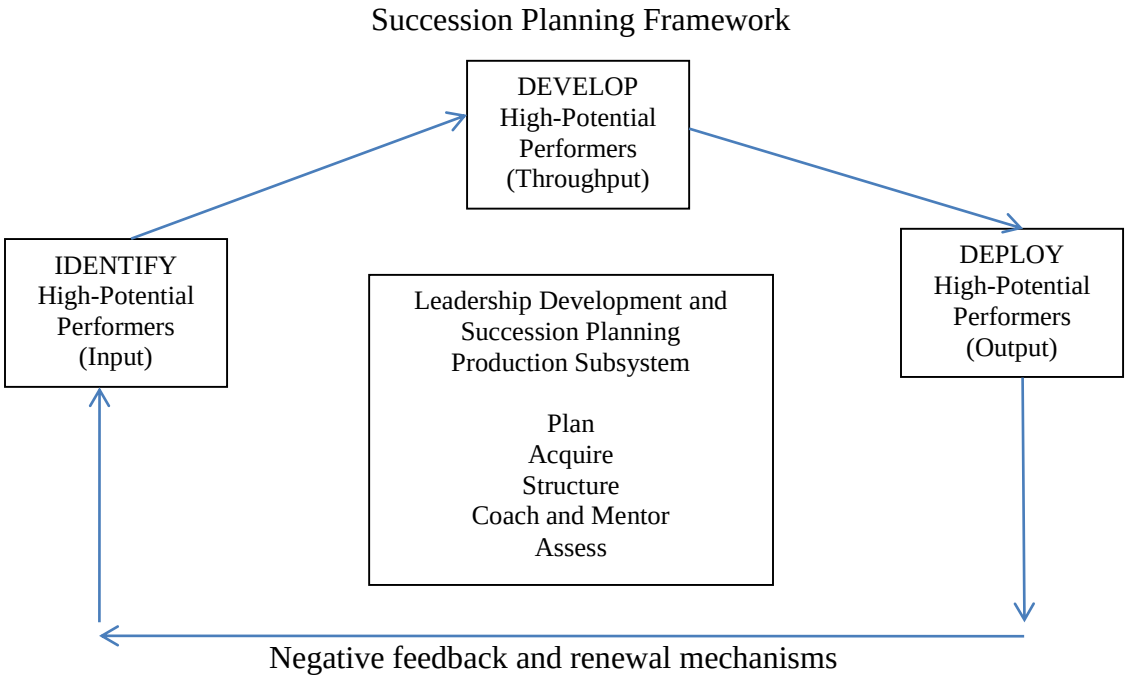

Figure 2. Succession-planning framework.

The maintenance subsystem is consistent with developing the high-potential performer to the point at which the future leader is deployed into a leadership position, and recruiting new high-potential performers continues (Meyer & O'Brien-Pallas, 2010). The adaptive subsystem includes the continued support of the newly identified leader, and evaluation of the high-potential performer as a leader (Meyer & O'Brien-Pallas, 2010). From a systems' perspective, the goal is to achieve smooth transition in mission-critical nurse leader positions. The distribution of the Round 3 ranking results, across the phases of an open system, was the basis for the content used to adapt the NSDT framework to succession planning.

Leadership emergence theory. The conceptual framework included examining the leadership emergence theory, which began as a study of how Christian leaders developed leadership capacity throughout their lifetime (Clinton, 1988). Clinton (1988)

explained leadership as a role of processing, time, and leader response. The core idea of the leadership emergence theory is the leader's ability to interpret critical incidents using knowledge and insights gained through continuing development (Clinton, 1988). A leader's development begins with identifying the building blocks necessary to advance the aspiring leader and progresses to a state of convergence, defined as the fit between the leader and the position (Clinton, 1988; Stadler, 2009). During the leader's development, critical incidents occur that represent turning points in the leader's thinking, and create experiences for future reference, as the journey of the developing leader continues (Clinton, 1988).

Leadership is a study of behaviors used to influence followers based on the context of a situation (Cronin, 1995; Kean & Haycock-Stuart, 2011; Northouse, 2007). If leaders are made and not born, high-potential aspiring leaders need to embrace the leadership journey, and understand the effect of personal values, beliefs, and norms on leadership effectiveness (Nahavandi, 2009). Clinton (1988) defined a leader's development as "a measure of a leader's changing capacity to influence, in terms of various factors, over time" (p. 245). The leadership emergence theory promotes leadership development as a journey, not as an isolated activity or a snapshot in time (Stadler, 2009). The leadership emergence theory was relevant to the current research study because succession planning is a journey of developing high-potential performers, to become future leaders, over time.

Leadership development is fundamental to an integrated talent management program. Limited guidance exists about how leaders develop the principled aspects of leadership (Lord & Hall, 2005; Stadler, 2009). When planning for succession,

developing leaders gain knowledge, apply what they have learned, and develop experience from executive coaching and mentoring (Patterson, 2009; Stadler, 2009).

Conceptual framework summary. When establishing a succession-planning program, the methodology needed to advance high-potential performers into mission-critical nurse leader positions includes structure and process. The complexity of developing and advancing high-potential performers into leadership roles, to succeed existing leaders, was the basis for applying the open systems' structure to succession planning, and adapting the NSDT (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010). Developing the high-potential performer for advancing into future leadership roles was the basis for applying the leadership emergence theory.

Definition of Terms

360-degree feedback assessment: A 360-degree feedback assessment occurs when an individual requests feedback from supervisors, peers, and subordinates about his or her performance and uses the feedback to improve performance (Rothwell, 2010).

Best practice: A best practice consists of a technique, method, or process that, through experience and research, has proven to reliably lead to a desirable result (Camp, 1989; Hamilton, 2011). Best practice is (a) an action relevant to, and supported by evidence, (b) achieving a positive result (outcome), and (c) reproducible (Camp, 1989; Hamilton, 2011).

Best practice strategy: Ideal set of processes, displayed through practice and research, to lead to a desirable result (Hamilton, 2011).

Career ladder: An internal advancement program designed to enhance recruitment and retention, identify role models, establish a reward system for expertise, and foster professional development (Pierson, Liggett, & Moore, 2010).

Career planning: The process used by individuals to develop and carry out defined steps required to achieve career goals (Rothwell, 2010).

Chief nursing officer (CNO): The CNO, also referred to as the chief nurse or chief nurse executive, represents nursing as a discipline (Larkin, 2012). The Joint Commission defines the CNO as the administrative authority for patient care who defines the nursing personnel staffing mix and the staff necessary for providing nursing care to every area of a hospital (Niespodziani, 2010).

Coaching: Coaching is a short-term solution to project management or specific developmental issues to improve performance and skills and is a key strategy of succession planning (Carey, Philippon, & Cummings, 2011; Fielden, Davidson, & Sutherland, 2009; Kunneman, Turchetti, Cresswell, & Sleezer, 2011).

Competency: Competency is the knowledge, skills, abilities, and attributes, including values, cognitive skills, interpersonal skills, embracing of diversity, and change management, that contribute to the effectiveness of a leader (Rothwell, 2011; Zander, 2009).

Competency framework: A competency framework is a set of competencies used to grow and develop talent within an organization and aligned with the organizational strategy (Kunneman et al., 2011).

Competitive advantage: A competitive advantage represents an industry edge for an organization over its competition in which target market customers sense the product

or service promoted by the organization to be better than competitors of the organization (Wang, Lin, & Chu, 2011).

Consensus: Consensus is the evolution of individual viewpoints from a group of individuals to a convergent viewpoint representative of the group as a whole (Donohoe & Needham, 2009; Skulmoski et al., 2007). Von der Gracht (2012) defined consensus as "a percentage higher than the average percentage of majority opinion" (p. 1530), and may range from 51% (Loughlin & Moore, 1979) to 80% (Ulschak, 1983) agreement by panelists.

Fundamental: Part of a system (subsystem) or the structure of a system (Spirkin, 1983).

Entropy: A measure of dysfunctional energy output within a system that negatively affects the order of the system (Meyer & O'Brien-Pallas, 2010).

High-potentials: High-potential individuals "consistently and significantly outperform their peer groups" (Ready, Conger, Hill, & Stecker, 2010b, p. 52) in multiple settings and circumstances, representing the values and culture of the organization in an exemplary manner. High-potential performers demonstrate a high capacity to grow and succeed throughout their careers at a rapid pace (Ready, Conger, & Hill, 2010a, p. 80).

Integrated talent management: Integrated talent management is the process of attracting, identifying, developing, deploying, and retaining the best people to create a competitive advantage and promote organizational sustainability (Rothwell, 2011).

Mentoring: Mentoring is a long-term developmental relationship established between an experienced practitioner and a learner, or protégé, to promote competency development and organizational knowledge of the protégé (Kunneman et al., 2011).

Negative feedback: Flow of resources through the system maintains a dynamic equilibrium and reduces variability in the presence of recurrent inputs and outputs continuous feedback loop (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010).

Open system: A set of two or more dynamic interdependent fundamentals that interact and are affected by a variety of environmental forces with the whole (Longest & Darr, 2008).

Organizational sustainability: Organizational sustainability results from the efforts of organizational leaders to avoid short-term strategies that create inefficiencies, promote environmental waste, and threaten social progress as a way of securing long-term economic performance (Velazquez, Esquer, Munguia, & Moure-Eraso, 2011).

Plan: Describes how to move from the current state to the desired state (Newton, 2014).

Potential: Potential is a description for something that can develop or has the capability to develop (Silzer & Church, 2009).

Process: Defined way (a set of actions) to perform a task (Bucknell, 2013).

Strategy: A dynamic blueprint, idea, or design for how to accomplish a specific goal; the possibilities of how to move from the current state to the desired state (Newton, 2014).

Stretch assignments: Stretch assignments represent developmental opportunities used when considering an individual for a managerial position to determine if the candidate is a match for a position beyond the individual's observed talents (Macaux, 2010).

Structure: The internal coordination, organization, and movement of the content within the system between the fundamentals (Spirkin, 1983).

Subsystem: Part of a system (fundamentals) or the structure of a system (Spirkin, 1983).

Succession management: Succession management represents the daily efforts of organizational leaders to build talent by applying strategies such as coaching and feedback from managers and other identified leadership resources to assist employees in developing to their highest potential (Rothwell, 2010).

Succession planning: Succession planning is the identification of mission-critical positions within an organization and the development of high-potential talent within an organization to meet organizational leadership needs (Rothwell, 2010, 2011).

Succession planning and management: Succession planning and management is a process used to stabilize the tenure of personnel in health care organizations and establish back-up support for mission-critical positions (Rothwell, 2010).

Talent: Talent is a description of an organization's best people (Rothwell, 2010).

Talent management: Talent management is the process of attracting, identifying, developing, deploying, and retaining the best people (Rothwell, 2011).

Assumptions

Assumptions are basic beliefs or conditions accepted as truth that "are not observable or testable" (Neuman, 2006, p. 52; see also Leedy & Ormrod, 2010). The first assumption was panelists in their current health care organizations are experiencing workforce challenges from baby boomer retirements (Chavez, 2011; Rothwell, 2010). The second assumption was panelists were expert nursing leaders who recognized the

need for succession planning to effect smooth transitions of mission-critical nurse leaders (Anthony et al., 2005; Titzer et al., 2014). A third assumption was leaders valued recruiting and developing high-potential candidates (Ready et al., 2010a; Squazzo, 2009; Tiffan, 2009). A fourth assumption was health care organizations support internal leader development programs to secure the future for health care leaders and preserve a competitive advantage (Ready et al., 2010a; Squazzo, 2009; Tiffan, 2009).

A fifth assumption was panelists reported their eligibility for study participation truthfully (Hsu & Sandford, 2007; Skulmoski et al., 2007; Vernon, 2009). An expert in the study self-reported a minimum of 15 years of professional nursing experience in acute care and at least 10 years of progressive nursing leadership experience prior to and including the current position. Expert panelists were masters prepared and held a senior to executive nursing position within their health care organizations. The use of purposive sampling to form an expert panel introduced an inherent bias into the Delphi technique (Chang, Gardner, Duffield, & Ramis, 2010; Sandrey & Bulger, 2008).

Scope, Limitations, and Delimitations

Scope. The qualitative Delphi design involved expert nurse leaders who knew about the fundamentals used to support a smooth transition in mission-critical nurse leader positions. The study included a purposive sampling technique to select members for the study panel (Black, 1999; Chang et al., 2010; Neuman, 2006). When choosing study participants through purposive sampling, "the researcher hand-picks subjects on the basis of specific characteristics, building up a sample of sufficient size having the desired traits" (Black, 1999, p. 124). An associated risk of purposive sampling is the unknown

threat of not representing of the needed sample from the study population (Black, 1999; Chang et al., 2010; Neuman, 2006).

Data collection included three rounds of questionnaires sent via email. In Round 1, the panelists responded to questions about succession planning and its relationship to strategic management, leadership development, high-potential alignment and leadership development, core competency development, and identifying high-potential performers. The themes (fundamentals of succession planning) identified from data reduction of the first-round responses were the basis of the Round 2 Likert-type item survey instrument. Panelists evaluated each survey item based on their level of agreement from 1 (*strongly disagree*) to 5 (*strongly agree*). In the Round 3 survey instrument, panelists rank-ordered their top five fundamentals of succession planning. The goal of the data analysis was to examine the level of consensus among the panelists about fundamentals for succession planning, to support smooth transition into mission-critical nurse leader positions (Hsu & Sandford, 2007; Skulmoski et al., 2007; Vernon, 2009).

Limitations. The Delphi technique has several limitations in this study. The limitations included bias from use of the Delphi design, the use of purposive sampling, and the time commitment needed to participate in the study (Du Plessis & Human, 2007; Vernon, 2009). Selecting participants for the panel and developing survey questions for the study may have influenced responses and contributed bias to the results of the study (Vernon, 2009). Bias of the selected experts included the threat of unclear aims used to describe reason for exploring the fundamentals of succession planning and building a level of consensus among the panelists (Turoff, 2002; Vernon, 2009). Bias occurs from

the lack of rigor in the Delphi method, the risk of poor execution, and the threat of unclear dialogue between the organizer and the panelists (Vernon, 2009).

The use of a purposive sample for the Delphi technique may have limited the results of the study based on the experience and expertise of the panelists. The sample of nurse leaders chosen from five hospitals in the mid-Atlantic region found between Baltimore, Maryland, and the District of Columbia, may not have been representative of nurse leaders across the United States. The third limitation was the Delphi design and the duration of time needed for the panelists to complete the three rounds of data collection. Sixteen panelists participated in Round 1, 15 panelists participated in Round 2, and 14 panelists participated in all three rounds of the study.

Delimitations. The boundaries of the study represented its delimitations (Leedy & Ormrod, 2010). The first delimitation of the current study was the use of a purposive sample. The use of purposive sampling is both a limitation and delimitation. In the current study, the purposive sample included senior nurse leaders and nurse executives, and did not include other executive leaders or human resource experts.

A second delimitation was the self-reported expertise of the panelists. The ability of the panelists to provide expert opinion about ideas, terms, and fundamentals of succession planning was not confirmed prior to the study (Chang et al., 2010; Sandrey & Bulger, 2008; Vernon, 2009). Because the responses of the panel members were opinions, and based on their experience, confirmation of the qualitative Delphi results was not necessary (Gordon, 1992; Sandrey & Bulger, 2008). The Delphi responses were intended to build consensus about the fundamentals of succession planning for advancing

high-potential performers, not to predict the response of a larger population (Gordon, 1992; Leedy & Ormrod, 2010; Neuman, 2006).

Transferability

In qualitative research, the researcher focuses on the transferability of the study results (Barnes et al., 2012). Transferability of the data is the extent to which the readers of the research findings can associate the results of the study with their own experiences and apply the research findings to their own settings (Barnes et al., 2012; Lincoln & Guba, 1986). Readers of the research decide the transferability, or applicability, of the research results (Barnes et al., 2012).

Readers of the current research study may decide the findings of the current study are transferable to other acute-care health settings (Barnes et al., 2012; Disch et al., 2011; Fawcett & Garity, 2009). The results of the current study might be applicable to smooth transitions in health care leadership roles beyond the role of the mission-critical nurse leaders (Titzer et al., 2013). The unique role of mission-critical nurse leaders may limit the transferability of the results to other industries beyond the health care community (Barnes et al., 2012; Disch et al., 2011; Fawcett & Garity, 2009).

Chapter Summary

Nursing leaders have a responsibility to create and sustain healthy work environments (American Association of Critical Care Nurses, 2005; Kerfoot, 2009; Sammer & James, 2011). When an unexpected void occurs in a mission-critical nurse leader position, leaders of health care organizations risk confusion and loss of employee engagement, creating a threat to business continuity (Griffith, 2012; Trepanier & Crenshaw, 2013). The high volume of baby boomer retirements is a contributing cause

of a growing loss of effective nurse leaders in mission-critical positions throughout the health care community (Griffith, 2012; Redman, 2006). Without programs to promote smooth transitions for succession in mission-critical nurse leader positions, leaders of health care organizations risk threats to their business continuity (Collins & Collins, 2007a; Ponti, 2009; Trepanier & Crenshaw, 2013).

Chapter 1 included the basis for the research topic, background of the problem, statement of the problem and purpose, significance of the study and significance to leadership, nature of the study, and theoretical framework applied. The chapter continued with the research question, definitions of terms, and scope, limitations, and delimitations of the study. The aim of the Delphi study was build consensus among a panel of 16 nursing experts, from five hospitals in the mid-Atlantic region, about fundamentals of succession planning, to support smooth transition into mission-critical nurse leader positions.

Chapter 2 includes a review of the literature. The purpose of the literature review was to examine the history of succession planning and to identify current approaches used for succession planning in health care organizations. Chapter 2 contains approaches to leadership development, succession planning and management, and integrated talent management programs for consideration by healthcare leaders to support smooth leadership transitions for mission-critical nurse leader positions.

Chapter 2

Literature Review

Chapter 2 contains a review of the literature to address the research problem defined in the current study. The research problem is health care leaders fail to establish and promote strategic programs for nurse leaders to identify and develop high-potential performers, build leadership capability and sustainability, and facilitate smooth leadership transitions through high-potential deployment (Trepanier & Crenshaw, 2013). The limited focus on preparing high-potentials for transition into mission-critical nurse leader positions affects the performance of the nursing staff, which can have a direct impact on patient safety (Disch et al., 2011; Redman, 2006; Sammer & James, 2011). The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions (Griffith, 2012). Integrated talent management, leadership development, and succession planning and management, were the focus for the literature review.

Chapter 2 includes three sections: (a) title searches, articles, research documents, and journals researched, (b) historic review, and (c) current findings. The intent of the historical review is to examine the history of succession planning, understand succession planning as part of integrated talent management, and explore best practice strategies used for succession planning. Examining how and why leaders plan for succession provided an understanding of the obstacles to leadership development and succession planning for mission-critical positions nurse leader positions.

Sources for the Literature Review

The literature review included examining available information about best practices for successful transition of nurse leaders at levels from the nurse manager to nurse executive. Included in the literature review was an inquiry into the problem statement and the purpose statement. The search for relevant information included EBSCOhost, CINAHL, and ProQuest databases and Google and Google Scholar search engines. The use of industry websites included health care and non-health-care sites focused on leadership, leadership development, succession management, and succession planning.

The focus of the search began with broad topics, which then narrowed to focus on health care. The literature review is filled with information addressing the value of leadership, leadership development, and succession management and planning. Succession planning is one part of an integrated talent management program (Rothwell, 2010). Leaders often use succession planning interchangeably with other parts of a talent management program such as workforce development, human capital management, and performance management (Barnett & Davis, 2008; Collins & Collins, 2007b; Rothwell, 2010). Throughout the literature, the focus of leadership development and succession planning often addressed executive-level positions such as the CEO and, inconsistently, the nurse manager to executive nurse leader roles.

Documented interviews with executives reflected a consistent message about the value of succession planning. Limited information existed to address the root causes for the absence of succession planning. Table 1 contains a summary of the search terms and

types of sources used to gain information about the problem statement, purpose statement, and research question.

Table 1

Title Searches, Articles, Research Documents, and Journals Researched

Topics	Journals	Books	Articles	Reports and dissertations
Competency, competency framework, leadership competency, coaching, mentoring, 360-degree feedback, multisource feedback	49	9	8	3
Leadership, leadership development, health care leadership	79	7	11	3
Succession planning, succession management, executive succession, succession planning best practices, strategic planning, chief nursing officer succession, chief executive officer succession	76	4	15	2
Talent, talent management, integrated talent management, high-potential performers, leadership talent pool, human capital advantage, human resources management, organizational development, organizational fit	76	5	5	
Qualitative research, Delphi studies, Policy Delphi	48	7		8
Total	328	32	39	16

The published research included many perspectives about strategies and models applied to leadership development and succession planning in health care and the corporate environment. Absent from the literature was a standardized approach used to support the succession planning and transition of nurse leaders.

Listed in Table 2 is a review of the age of the 340 publication titles used as reference material for the current research study. The literature is rich with scholarship about leadership development and succession planning and continues to be a topic of interest, marked by the depth of publications since 2007.

Table 2

Age of References and Number of Titles

Age of references	Number of titles	%
2007 through present	253	74.4
2000 through 2006	46	13.5
Prior to 2000	41	12.1

The next section includes the history of succession planning, organizational challenges caused by poor leadership transition, and reasons for leadership development and succession planning in health care. The section addresses strategies, tactics, and the building blocks necessary to develop an effective leadership development and succession-planning program. The section ends with the organizational challenges experienced by leaders stemming from the inconsistent use of a strategic plan for leadership development and succession planning.

Historical Overview of Succession Planning

Succession planning represents one fundamental of an integrated talent management program. Rothwell (2010) defined succession planning as "a means of identifying critical management positions, starting at the levels of project manager and supervisor and extending up to the highest position in the organization" (p. 6). Succession planning is a description of models used throughout history for planning the successor to the patriarch or matriarch of a family business, to leading the charge on a battlefield, to guiding the future of complex health care organizations (Cappelli, 2008b; Groves, 2011). Organizational leaders adopt succession planning to prepare to succeed a specific leader in a mission-critical position of an organization (Cappelli, 2008b; Rothwell, 2010).

The traditional method of succession planning involved setting up forecasts to plan for replacing leaders in defined executive positions (Cappelli, 2008b; Ip & Jacobs, 2006). Organizational leaders planned for future transitions by identifying, developing, and naming successors from an internal talent pool (Cappelli, 2008b; Ip & Jacobs, 2006; Schiemann, 2009). This method of succession planning reflected an assumed predictability in management decision-making (Cappelli, 2008b). The absence of a plan for succession resulted in a poor fit of employees chosen for specific leadership roles (Cappelli, 2008b; Schiemann, 2009). Limited turnover in executive-level positions resulted in outcomes often reflecting over-trained and underused high-potential performers, or undertrained and often-used internal candidates (Schiemann, 2009).

Traditional succession planning by organizational leaders created disruptions to organizational productivity (Grusky, 1960). Succession planning often resulted in new policies, changes in reporting, and changes to traditional leader roles (Grusky, 1960). The benefits to leader succession included new ideas, adaptability to evolving internal demands, and responsiveness to environmental pressures as the market share evolved (Grusky, 1960). The circumstances of the new leader's arriving, and the organizational knowledge or influence of the successor, affected the result of the succession (Grusky, 1960).

The General Electric Manufacturing Leadership Program was a new way to develop leaders and plan succession (Abetti, 2006; Cappelli, 2008a; Sobol et al., 2007). The General Electric program contributed to developing employees at all levels from the role of trainee to executive (Cappelli, 2008a; Rothwell, 2010). The aim of the program was to blend classroom learning, apply the learning to work experiences, and coach

individuals to grow engaged employees (Cappelli, 2008b; Schiemann, 2009). Engaged employees create many positive results: (a) retention, (b) performance, (c) quality results, (d) customer satisfaction and loyalty, and (e) financial gains (Schiemann, 2009).

By the mid-1950s, most corporate and executive leaders evolved from within organizations (Cappelli, 2008b). Hiring high-potential talent provided a pool of aspiring leaders recognized as candidates for advancement within companies (Cappelli, 2008b; Hughes & Rog, 2008). Executive leaders and human resources officials began to use personality and character trait assessments to identify the high-potential talent when hired (Cappelli, 2008b; Ledlow & Coppola, 2011). Valuable information gained from using the tools was not enough for the executive leaders when planning for succession (Cappelli, 2008b; Ledlow & Coppola, 2011). The assessments failed to predict results of the aspiring leader's job performance (Cappelli, 2008b; Ledlow & Coppola, 2011).

Leadership development and succession planning evolved with the economy (Cappelli, 2008b). By the 1970s, companies experienced a saturation of talent pools with little opportunity for the talent to advance internally (Cappelli, 2008b). The 1980s recession contributed to the loss of jobs, limited developing of leaders, loss of leader roles, and reduced talent pools (Cappelli, 2008b). The economy began to stabilize in the 1990s (Cappelli, 2008b). Early in the 21st century, the value and importance of managing talent, developing aspiring leaders, and planning for succession of key positions in organizations regained a focus (Cappelli, 2008b).

The organizational vision was an important consideration for the succession of top executives (Fiegener, Brown, Prince, & File, 1994). The results of succession planning often resulted in top executives identifying new leaders with similar style and

skills, especially when the change was not the goal (Hall, 1986). The approach to succession planning changed when a consensus-driven philosophy emerged about the manager of the future (Hall, 1986; Rothwell, 2010). Hall (1986) noted the skills for managers included people skills, participative leadership style, the ability to inspire, independence and entrepreneurship, and global thinking.

Leadership style and characteristics of the company, and the previous leader's behavior, represented two areas that affected the successor and performance in the organization (Kesner & Sebora, 1994). Grusky (1960) noted the value of an ally for the successor and the effects of an ally on the successor, while adjusting to the role, and communicating with employees. As early as the mid-1960s, Kotin and Sharaf (1967) identified the direct influence of fit between the successor's management style and the characteristics of the organization.

A focus of succession in the 1970s was the leadership style of the successor and the influence of pre-succession performance as a guide to successor choices (Helmich & Brown, 1972). When deciding on standards for choosing a successor, leadership style affected choices for the candidate (Helmich & Brown, 1972). Another reason for examining the successor and the organization was the leader style of task versus relationship, and the transition that occurred following succession (Helmich, 1975a). According to Helmich (1975a), outsider successors displayed task-oriented leadership styles contrasted with insider successors who displayed employee-centered leadership styles. Within 2 years of succession, task-oriented leaders transitioned to a relationship-based style, and employee-centered leaders transitioned to a greater task orientation

(Helmich, 1975a). Unable to account for the change in styles, Helmich (1975b) suspected the cause was consolidating power experienced by the new CEO.

The theme of choosing the right fit to ensure a successful transition between the successor and the organization continued into the 1970s (Hall, 1986). During the 1970s, reasons for succession included (a) retirement, (b) voluntary resignation, (c) firing, (d) intra-organizational movement, and (e) death (Gephart, 1978). Each reason for succession created a direct influence on the journey and the results of succession (Gephart, 1978).

The focus of succession in the 1980s was the connection between the successor and the effects of changes introduced to the organization (Brady & Helmich, 1984). The degree of post-succession staff changes resulting from the succession was usually greater with outside successors than with insiders (Brady & Helmich, 1984). After the succession, the number of changes introduced by organizational leaders, and made in staff assignments, affected the results of organizational performance (Brady & Helmich, 1984).

Research conducted by Brady and Helmich (1984) on the effect of succession on organizational performance resulted in conflicting results. The first conclusion showed outside successors contributed to profitability in firms more often than inside successors (Brady & Helmich, 1984). The second conclusion highlighted the benefit of an inside successor who succeeded based on planned grooming and coordinated succession planning (Brady & Helmich, 1984).

Kesner and Sebora (1994) examined the results of change created by succession during the 1980s and 1990s. Succession disrupted the momentum within an organization

(Miller, 1993). Organizational failure resulted often when an individual succeeded the company founder (Carroll, 1984). Employees responded to succession with one of two extremes: (a) the successor would save the firm or (b) the successor would never succeed because of the high regard for the predecessor (Greenblatt, 1983). The results lead researchers to focus on the value of smooth transitions during periods of succession (Louis, 1980). Researchers explored the effects of timing, type, and the importance of others' opinions about smooth leader transition (Louis, 1980).

As succession planning evolved, leaders included organizational learning and developing incumbent managers for roles as future successors (Kesner & Sebora, 1994). Gabarro (1988) focused on developing careers before succession, candidate selection, and a way to advance high-potential performers, similar to talent management. The approach was not a guarantee to success (Gabarro, 1988). A plan for continuous learning was needed to guide the effects of succession planning on post-succession results (Kesner & Sebora, 1994).

The result of ideal succession planning was a seamless transition created to preserve continuity in leadership and employee performance (Kesner & Sebora, 1994). As recently as the 1990s, researchers in many scientific communities explored the phenomenon of succession with no single opinion identified among the group (Kesner & Sebora, 1994). Expert views ranged from a focus on leadership styles, changes, and organizational performance, to the effect of change and power transfer on the organization (Kesner & Sebora, 1994). Other areas of focus included how the succession affected individuals' performance (Kesner & Sebora, 1994). A third focus examined the result of succession to preserve a competitive environment and maximize the

organization's competitive advantage (Kesner & Sebora, 1994). A recurrent theme among the many scholarly examinations of succession was the importance of the right fit between the leader and the organization.

The goal of developing the leader was to provide the successor with an opportunity to develop the needed skills beyond the classroom and build relations with others (Fiegener et al., 1994; Longenecker & Schoen, 1978). Lee (1989) noted emerging leaders expanded beyond classroom learning or work assignments and included connecting with others, and experiential learning. The development of leaders occurred over time and was a composite of many opportunities and challenges (Longenecker & Schoen, 1978).

Talent management began in the 1990s as organizational leaders began to recognize the contributions to business continuity created by the talents and skills of their employees (Khatri, Gupta, Gulati, & Chauhan, 2010). Talent management is a composite of human resource roles intended to align with an organization's goals, promote organizational sustainability, and create a competitive business advantage (Khatri et al., 2010). An effective integrated talent management program ensures "the right person with the right skills in the right place at the right time" (Khatri et al., 2010, p. 44). Positive results occur when organizational leaders define ways to advance high-potential performers into current and future roles as leaders within their organization (Khatri et al., 2010).

The succession-progression-development model is a representation of a succession-planning journey, and not a single approach to developing internal talent (Sobol et al., 2007). The succession-progression-development model involves (a)

identifying the high-potentials, and (b) creating an individual professional development plan (IPDP; Sobol et al., 2007). The purpose of the IPDP is to close the gap between the current performance and the desired performance (Sobol et al., 2007). The third fundamental of the model includes developing leaders through coaching and mentoring (Sobol et al., 2007). The result is closing the performance gap (Sobol et al., 2007). A chosen successor in the traditional succession-planning models resulted in replacement planning (Cappelli, 2008b; Schiemann, 2009; Sobol et al., 2007). In contrast to the traditional models, developing an internal talent pool creates a broader approach to identifying, developing, deploying, and successfully retaining high-potential performers (Cappelli, 2008b; Schiemann, 2009; Sobol et al., 2007).

Population

Nurse executives and senior nurse leaders employed in acute-care hospitals ranging from the community setting to the tertiary care medical centers in U.S. health care represented the general population for the current study. An exact number of chief nurse executives and senior nurse leaders in the United States is unknown (National Council of State Boards of Nursing, 2012). The cause for the confusion is because there is no single registry of nurse leaders other than state licensing boards (National Council of State Boards of Nursing, 2012). Membership in the AONE (2015) is voluntary and includes 8,700 licensed professional nurses, including CNOs and other nurse leaders. The Joint Commission set up leadership performance standards and defined qualifications for nurse executives (Schyve, 2009). Within the United States, 5,686 hospitals registered with the American Hospital Association in 2013, of which 87.5% (4,974) were community hospitals (American Hospital Association, 2015).

The specific population for the study included the CNO and senior nurse leaders of five acute-care hospitals within the mid-Atlantic region, found between Baltimore, Maryland, and Washington, DC. The practice setting for the population ranged from tertiary care to the community hospital setting. The benefit to the chosen population was the blended application of knowledge and education (scholarship), with professional experience and development (practice), to avoid a gap between theory and daily practice (leader; Hatcher & Colton, 2007; University of Phoenix [UOPX], 2014).

Leadership in Health Care

As the aging baby boomer workforce continues the journey toward retirement, the need for strong, talented health care leaders intensifies (Griffith, 2012; Titzer & Shirey, 2013). Smooth leadership transitions for building confidence, trust, and stability with employees are necessary because of the increasingly complex nature of health care (Collins, 2009; Garman & Tyler, 2007). The threat of a mass exodus by aging health care leaders creates a risk to preserving a stable work environment for many health care employees (Bernthal & Wellins, 2006; Chavez, 2011; Squazzo, 2009).

The absence of succession planning and management programs in many health care organizations intensifies the risk of failed leadership transitions (Squazzo, 2009). Leaders of health care organizations face the evolving threat of disequilibrium in the supply and demand for competent health care leaders (National Council of State Boards of Nursing, 2012; Titzer & Shirey, 2013). Competent health care leaders embrace the culture, respect the institutional knowledge, and value the strategic future of the organization (Calo, 2008; Collins, 2009; Collins & Collins, 2007a; Manderscheid & Ardichvili, 2008; Rothwell, 2011; Trepanier & Crenshaw, 2013).

Human resources management. To understand the possible reasons for the lack of planning to advance high-potentials to lead and succeed, it is necessary to consider the differences between human resources management and talent management in health care organizations. The traditional focus of human resources management was on employee relations, workforce management, and labor relations (Truss, Gratton, Hope-Hailey, McGovern, & Stiles, 1997). Human resources management represents many broad silos that support leaders in managing their staff (Avedon & Scholes, 2010; Truss et al., 1997). These roles include (a) workforce planning, (b) learning and development, (c) recruiting and applicant tracking, (d) performance management, (e) leadership development, (f) succession planning, and (g) compensation and benefits (Avedon & Scholes, 2010; Silzer & Dowell, 2010).

Human resources management is lacking a connection from one role to another (Rothwell, 2010). Each role contributes to managing people and managing the business of employees' wellbeing in health care successfully (Rothwell, 2010). Various succession-planning models exist across public, private, and governmental organizations. The challenge to the organizational leaders is to decide the proper model using applicable strategies to identify successors who provide the right fit (Khatri et al., 2010). Succession-planning strategies include (a) a single candidate, (b) multiple internal potentials, (c) an external search, and (d) establishment of a high-potential talent pool (Rothwell, 2010).

One reason for the lack of consensus about succession planning is the differences in how organizational leaders approach succession planning and management (Maginn, 2008; Silzer & Church, 2009). Succession planning includes two approaches: (a) a

replacement for a specific mission-critical position, or (b) an opportunity to develop high-potential performers to expand the capacity of a talent pool (Maginn, 2008; Silzer & Church, 2009). An important question asked of the panel was how succession planning fits into their organization's strategic management.

Talent management. Successful talent management describes combined roles linked by competencies that focus on organizational sustainability and business continuity (Cappelli, 2008a; Rothwell, 2010; Silzer & Dowell, 2010; Sundararajan, 2009). Definitions of talent management vary (Cappelli, 2008b; Collings & Mellahi, 2009; Rothwell, 2010; Silzer & Dowell, 2010). The underlying principle is the ability of leaders to predict their human capital needs and create a supply plan to meet the demand (Cappelli, 2008b; Rothwell, 2010; Silzer & Dowell, 2010). An integrated talent management program focuses on identifying, developing, deploying, and retaining high-potential performers for future leadership roles and new business programs (Avedon & Scholes, 2010; Lee & Herring, 2009; Rothwell, 2010; Silzer & Dowell, 2010).

To identify talent within an organization, leaders need to describe the qualities, values, and behaviors expected from candidates qualified to meet the needs of the organization (Alban-Metcalfe & Alimo-Metcalfe, 2009; Yoon, Song, Donahue, & Woodley, 2010). Leaders need to describe ways to measure and manage successes when developing talent, even if the ways to identify talent differ (Yoon et al., 2010). Leaders in industry and health care assess the leadership development capacity of high-potential performers using multiple performance assessment tools (Yoon et al., 2010). The assessment tools measure skill sets, competencies, multisource observations about

leadership characteristics and behaviors, and leadership style and development to set up a gap analysis for the current performance and the desired future state (Yoon et al., 2010).

Alban-Metcalfe and Alimo-Metcalfe (2009) described developing talent as the need to develop the person (leader), and the ways (leadership) to grow leaders. The focus of leader development is on the qualities and the values of the individual (Titzer et al., 2013; Yoon et al., 2010). Leadership development is the result of developing competencies, described as the actions performed, and actions performed in an engaging way described as engaging behaviors (Alban-Metcalfe & Alimo-Metcalfe, 2009). The combined result is improved individual performance, defined as human capital, and the improved business performance referred to as social capital (Alban-Metcalfe & Alimo-Metcalfe, 2009).

The traditional focus of developing long-term succession plans to promote smooth leadership transition was a past luxury for industry and health care (Cappelli, 2008b). Business needs and other demands in health care need to include support for talent management programs (Cappelli, 2008b). Talent management programs support recruiting and retaining talent, promoting leadership development, planning for succession, and strengthening employee engagement in health care (Oakes, Tompson, & Lykins, 2010; Rothwell, 2010).

Leadership development varies according to needs of the organization, culture, and individual talent (Carriere et al., 2009; Squazzo, 2009). To manage internal talent, leaders need to define standards, including competencies, against which to measure the high-potential performers (Maginn, 2008; Squazzo, 2009). An inconsistent approach to developing leader competencies may exist when a gap exists between the organizational

initiatives and the expected leader's performance (Alban-Metcalfe & Alimo-Metcalfe, 2009; Squazzo, 2009; Yoon et al., 2010). By examining the methods leaders use to define the core leadership competencies, various approaches for developing future leaders and succession planning emerged.

Leadership transition. The primary goal during a leadership transition is placing the "right person in the right job at the right time" (Khatri et al., 2010, p. 44) for the right reasons (Anderson, 2009; Galagan, 2008; Paradise, 2009). Strong leaders contribute to achieving results aimed at promoting patient safety, creating a competitive advantage, creating organizational sustainability, and supporting business continuity (Collins & Collins, 2007b; Ferguson, 2008; Redman, 2006; Sammer & James, 2011; Yukl, 2010). Talent management focuses on the individual development and advancement of high-potential performers, whereas roles of human resources management drive organizational change, contribute to employee engagement, and support organizational performance (Avedon & Scholes, 2010; Truss et al., 1997).

Many industrial leaders, including the health care leaders, faced challenges when leveraging the development of high-potential performers for future leader roles (Cappelli, 2008b; Schiemann, 2009). Leaders need to embrace the benefits of coaching, self-reflection, and experiential learning tactics when advancing high-potential performers (Cappelli, 2008b; Schiemann, 2009). The ability of health care leaders to influence, motivate, and mentor staff creates an environment to cultivate high-potential performers as future leaders (Collins & Collins, 2007b; Ferguson, 2008; Redman, 2006; Yukl, 2010).

Without a coordinated strategy to support succession, health care leaders fail to highlight the importance of developing the next generation of leaders (Collins & Collins,

2007b; Lee & Herring, 2009). Succession planning and management in health care historically resulted in advancing high-potential performers with advanced clinical knowledge and technical skills but without an evidence-based assessment of leadership ability (Blouin et al., 2006; LaFramboise, 2011; Sanford, 2011). Health care leaders failed to provide internal opportunities for developing leaders and advancing high-potential performers (Collins & Collins, 2007b). The result was dissatisfaction by internally qualified employees and an increase in risk of adverse events (Collins & Collins, 2007b). Introducing external talent as new leaders may result in leadership disruption caused by loss of a shared vision, or a change in the vision and values created by the new leader (Collins & Collins, 2007b; Pelletier, 2008).

When unplanned or poorly communicated leadership transition occurs, stakeholders experience stress and doubt (Garman & Tyler, 2007; Trepanier & Crenshaw, 2013). As the confusion intensifies without an identified successor, so does the risk for weakened organizational performance (Garman & Tyler, 2007; McConnell, 2006). Chaotic leadership transition contributes to inefficient organizational performance and decreased productivity (Collins & Collins, 2007b; Griffith, 2012; Lee & Herring, 2009).

When an individual in a leadership position fails to display the right fit, employee morale suffers and financial deterioration becomes a threat to the organization (Collins, 2009). Changes in executive nurse leaders require smooth transitions to drive business continuity, strengthen employee engagement, and ensure safe, quality-driven patient care (Disch et al., 2011; Jones, Havens, & Thompson, 2009; Ogden, 2010). Succession planning promotes seamless leadership transitions (Collins, 2009; Griffith, 2012; Trepanier & Crenshaw, 2013).

In a 2010, researchers of the American Medical Association surveyed 117 senior health care executives (Society for Human Resource Management [SHRM], 2011). More than 25% of the leaders taking part in the survey suggested they were not prepared to replace senior leaders if a sudden loss occurred (SHRM, 2011). Less than 7% of health care leaders reported having a plan to deal with a sudden loss of leadership in a mission-critical position (SHRM, 2011). The participants recognized critical nature of succession planning, but less than one third of the respondents showed commitment to a plan (SHRM, 2011). Of even greater concern is that less than 10% of the health care leaders surveyed engaged developing leaders in driving the business objectives of the organization (SHRM, 2011).

Management professionals increasingly believe that smooth leadership transition is critical to organizational sustainability (SHRM, 2011). Similar results in previous studies reinforced the growing need for leaders of health care organizations to create depth of leadership ability and skill, and support smooth leadership transition (Collins, 2009; Garman & Tyler, 2007). Succession planning and management in health care lost focus with executive leaders for many reasons, including a need to cut costs resulting from the unstable economy (Collins, 2009; Garman & Tyler, 2007; SHRM, 2011).

In planning for successful leader transitions, executives need to endorse succession planning as a priority (Carriere et al., 2009; Kim, 2012; Manderscheid & Ardichvili, 2008; Reester, 2008). Although the leaders of many health care organizations agree with the value of succession planning, few act to implement such a program (Carriere et al., 2009; Collins & Collins, 2007a; Kim, 2012; Manderscheid & Ardichvili, 2008). The loss of qualified talent results from a failure to identify high-potential

performers, promote leader development, and advance qualified candidates into leadership positions (Anderson, 2009; Galagan, 2008; Griffith, 2012; Paradise, 2009). A key question asked of the study panel was to describe the systematic efforts they believe organizational leaders should take to develop an effective succession planning process.

Factors affecting health care leadership transition. The rapidly changing health care environment needs a dual-focused commitment from health care executives and senior health care leaders. The exodus of retiring baby boomers from leader roles at all levels, including the health care industry, and specifically mission-critical nurse leader positions, remains a challenge to promoting smooth leadership transitions (Carriere et al., 2009; Chavez, 2011). To prepare for the changes, health care leaders have a responsibility to examine the needs for advancing high-potential performers (Collins, 2009; Collins & Collins, 2007b; Lee & Herring, 2009; Trepanier & Crenshaw, 2013). Health care leaders need to identify the competencies needed for meeting short-term performance measures, and long-term business goals (Collins, 2009; Collins & Collins, 2007b; Griffith, 2012; Lee & Herring, 2009).

Commitment from the CEO, chief human resources leader, and leaders throughout the organization is needed to support leadership development and succession-planning programs (Collins, 2009; McConnell, 2006; Trepanier & Crenshaw, 2013). The program promotes workforce development for advancing future leaders of the organization, and needs a joint commitment from leaders to develop and carry out the program (Collins, 2009; McConnell, 2006; Squazzo, 2009). The responsibility for achieving successful program results falls to the top-level leaders of health care

organizations supported by an organizational strategy to preserve employee engagement and organizational sustainability (Collins, 2009; Oakes et al., 2010).

Collins (2009) highlighted the inconsistencies of succession planning and management programs in health care organizations despite the documented benefit to developing the next tier of leaders in health care. Ninety-three percent of the hospital CEO participants noted the high importance of succession planning to health care organization (Collins, 2009). The data showed health care executives failed to recognize the value of internally cultivated leaders compared with external hires when considering organizational stability and sustainability (Collins, 2009). The various opinions of executives toward the value of internally identified high-potentials provided a reason for why health care leaders differ in their views about leadership development and succession planning (Collins, 2009).

When leader transitions fail, the loss of a new leader and the replacement efforts are costly (Manderscheid & Ardichvili, 2008; Pine & Tart, 2007; Titzer et al., 2013). The results and the confusion created by the unsuccessful leadership transition have both direct and indirect fiscal implications for the financial performance of an organization (Manderscheid & Ardichvili, 2008). The direct and indirect costs associated with leadership turnover may reach as high as 24% of a leader's salary (Manderscheid & Ardichvili, 2008). When nurse manager turnover occurs, the estimated cost is as high as 75-125% of the manager's annual salary (Pine & Tart, 2007).

Replacement costs include costs associated with added recruitment for the position, loss of productivity, and the effects of failed relationships between the leader and the organizational stakeholders (Manderscheid & Ardichvili, 2008). Results from a

study of midlevel managers showed a leader affects an estimated 12.4 individuals' performance (Watkins, 2009). When a leadership transition fails, indirect costs result from developing unsuccessful relationships with direct reports, peers, and bosses (Watkins, 2009). The cost of replacing one or more staff nurses, estimated to range from $66,000-$133,000 per nurse, is a direct result of the loss of employee engagement (Titzer & Shirey, 2013).

Failed leadership transitions occurred 40% to 50% of the time when the recruitment of senior leaders occurred from outside an organization (Collins, 2009; Manderscheid & Ardichvili, 2008; Squazzo, 2009). Developing leaders internally, and planning for succession creates a viable solution for organizations, especially when considering the complex nature of health care (Collins, 2009; Manderscheid & Ardichvili, 2008; Squazzo, 2009). The effects resulting from the lack of a coordinated strategy are well known, and a standardized approach to succession planning in health care remains undefined (Carriere et al., 2009; Griffith, 2012; Redman, 2006).

Inconsistent approaches to succession planning create high costs, loss of productivity, and poor fit between leaders and stakeholders (Collins, 2009; Manderscheid & Ardichvili, 2008; Squazzo, 2009). Reasons for lack of succession planning by health care leaders include high costs and the intensity of resources needed to develop a succession-planning program (Kim, 2012; Squazzo, 2009). Health care leaders pointed to the time, expertise, and support needed when setting up a succession-planning program (Kim, 2012; Lafley & Tichy, 2011; Squazzo, 2009). The results are often cost prohibitive and compete with other strategic priorities (Kim, 2012; Lafley & Tichy, 2011; Squazzo, 2009).

The absence of a single approach to succession planning, used by health care leaders, forces leaders to depend on outdated success paths, creating a threat to the leader's success during transition (Watkins, 2009). One approach for promoting successful leader transition includes six principles: (a) organize to learn, (b) define strategic intent, (c) set up A-item priorities, (d) build the leadership team, (e) secure early wins, and (f) create supporting alliances (Watkins, 2009). Risks to the sustainability of health care organizations include failing to address existing barriers to developing a succession-planning program, and the negative results associated with poor leader transition (Squazzo, 2009; Trepanier & Crenshaw, 2013).

Talent Management and Organizational Culture

The talent management strategy of an individual health care organization varies as much as the cultures and styles of executive leaders throughout health care (Jackson & Watson, 2009). An integrated talent management program supports the strategic results of an organization by promoting organizational stability, high employee morale, engagement, and financial stability supported through business continuity (Collins, 2009; Garman & Tyler, 2007). Succession planning and management contribute to organizational sustainability and business continuity by "having the right people in the right places at the right times to do the right things and get the right results" (Rothwell, 2010, p. 15).

Health care leaders have multiple responsibilities necessary to achieve successful leader transitions. Their responsibilities include: (a) recruit talent to fit the culture, (b) identify and develop the high-potential talent internally, and (c) recognize the value of the high-potentials to the organization's competitive advantage (Memon et al., 2009;

Rothwell, 2010). A succession plan with or without the title contributes to seamless leadership transition, preserves continuity of corporate culture, and shows employees their value to the organization (Collins, 2009; Garman & Tyler, 2007; Lewis, 2009).

Changing demographics of the aging workforce, specifically within the health care arena, threaten the supply and demand of workforce sustainability (Calo, 2008; Collins & Collins, 2007a; Griffith, 2012; Titzer & Shirey, 2013). The strategy needed for developing the future leaders of the workforce reflects the influence of changing demographics (Chavez, 2011; Rothwell, 2011). The demographics include the (a) loss of knowledge transfer created by retiring baby boomers, (b) shortage of workers, and (c) an aging workforce (Chavez, 2011; Rothwell, 2011). A succession-planning program promotes the coordinated transfer of organizational knowledge and supports smooth leadership transitions (Calo, 2008; Collins, 2009; Collins & Collins, 2007a; Manderscheid & Ardichvili, 2008; Redman, 2006; Rothwell, 2011; Titzer & Shirey, 2013).

The competitive advantage. Health care leaders have a responsibility to recruit and retain smart and capable employees "to promote organizational sustainability and preserve a competitive advantage" (Ohnmacht, 2012, p. 62; see also Ogden, 2010; Sobol et al., 2007; Squazzo, 2009). To do so, the leaders must examine and show their understanding of the value created by high-potential performers to strengthen the organizational performance (Bernthal & Wellins, 2006; Carriere et al., 2009; Chavez, 2011; Lee & Herring, 2009). Efforts introduced by health care leaders to increase the depth of leader readiness may prevent some of the future leadership challenges faced in health care (Carriere et al., 2009; Chavez, 2011; Titzer et al., 2013).

Health care leaders recognize the growing need for leadership development and succession planning, and remain slow to respond to the leadership development challenge (Collins, 2009; Garman & Tyler, 2007; SHRM, 2011; Squazzo, 2009). The failure of health care leaders to create programs for advancing high-potentials contributes to challenging and even difficult leader transitions (Collins, 2009; Collins & Collins, 2007b; Griffith, 2012; Lee & Herring, 2009; Silzer & Church, 2010; Squazzo, 2009). Senior leaders who fail to respond to the changing needs of their health care organizations are at risk for loss of employee engagement and loss of performance results (Garman & Tyler, 2007; Trepanier & Crenshaw, 2013).

Ineffective leadership transitions affect patient safety and cause the potential loss of market share, organizational sustainability, and readiness for meeting the challenges of current and future business needs (Avedon & Scholes, 2010; Disch et al., 2011; Lee & Herring, 2009). A threat against the sustainability of the organization's competitive advantage develops without a coordinated strategy to promote leadership development programs (Agha, Alrubaiee, & Jamhour, 2012). Core leadership competencies represent the behavioral values of an organization and vary according to organizational culture and strategic initiatives (Agha et al., 2012; Squazzo, 2009).

Organizational culture and business strategy alignment. Culture defines the everyday environment of the health care organization and includes (a) employee behavior, (b) organizational attitudes, and (c) behaviors allowed throughout the organization (Atchison & Carlson, 2009; Pellant, 2011; Schiemann, 2009). Every health care organization has a unique organizational strategy that exists for leadership development and succession planning and management, if one exists at all (Lee &

Herring, 2009). A single strategy developed for every organization would fail to meet the unique talent management needs of health care organizations and their cultures (Atchison & Carlson, 2009; Garonzik & Larrere, 2011; Lee & Herring, 2009). Talent management is not a driver of culture in health care organizations, but a result of the culture (Mandhanya & Shah, 2010; Pellant, 2011).

The strategy used by health care leaders to commit to talent management creates a talent brand for the employees (Mandhanya & Shah, 2010; Pellant, 2011). The successful development of a talent brand in organizations builds loyalty and commitment from employees, contributes to employee retention and satisfaction, and promotes productivity (Mandhanya & Shah, 2010; Pellant, 2011). A talent brand also provides an organization with the opportunity to advance the high-potential performers, preserve a competitive advantage, and promote business continuity (Mandhanya & Shah, 2010; Pellant, 2011).

Researchers at the Society for Human Resource Management Foundation (Society for Human Resource Management Foundation [SHRMF], 2007) tried to identify the most pressing human capital challenges faced by C-suite executives across business entities. The study included 526 C-suite participants from the same number of companies out of 6,024 invitations sent (SHRMF, 2007). Of the study sample, 60 (11.4%) participants were from health care, second to 82 (15.6%) participants from the manufacturing industry (SHRMF, 2007). Seventy-two percent of the participants were human resources executives in the C-suite (SHRMF, 2007).

The SHRMF (2007) study involved examining the opinions of C-suite executives' company challenges of human capital issues. The top four challenges identified by the

participants were (a) succession planning (75%), (b) providing leaders with the skills they need to succeed (71%), (c) recruiting and selecting talent to fill positions (69%), and (d) engaging and retaining talent (67%). After analyzing the results of the study, the SHRMF researchers summarized the rank order of the largest human capital challenges for the future. The challenges included (a) succession planning, (b) recruiting and selecting talent, and (c) engaging and retaining talent and providing leaders the skills needed for success (SHRMF, 2007).

An integrated talent management strategy aligns organizational goals with business goals for strategy and performance (Avedon & Scholes, 2010). The literature supported the value of leadership development for nurse leaders in the health care arena (Disch et al., 2011; Sherman & Pross, 2010). The gap in succession planning and management exists because the traditional practice of replacing nurse leaders failed to include workforce planning, leadership development, and succession management (Titzer et al. 2014; Trepanier & Crenshaw, 2013).

The literature search revealed many examples about the value of succession planning for top-level executives. The literature lacked a discussion about a consistently applied model used for leadership development and succession planning to ensure smooth clinical transitions for nursing leaders at multiple levels of responsibility (Blouin et al., 2006; Griffith, 2012; Redman, 2006). Developing future nurse leaders begins at the frontline of professional nursing practice and progresses along a leadership development journey (Block & Manning, 2007; McGarry-Ross, 2007; Titzer & Shirey, 2013; Trepanier & Crenshaw, 2013). Advancing high-potential performers as future leaders for succession is systematic and involves both traditional and experiential

learning (Block & Manning, 2007; Griffith, 2012; Rothwell, 2010; Titzer & Shirey, 2013).

The effectiveness of nurse leaders is critical to the successful performance of health care organizations (Anthony et al., 2005; Disch et al., 2011; Kerfoot, 2009; Swearingen, 2009; Titzer et al., 2014; Wong & Cummings, 2007). Examined in the available literature were similar leader roles that need successful leadership transition, such as the CEO. Results of the literature review included the experiential learning from CEO succession planning, and identified best practices and principles (Collins, 2009; Garman & Tyler, 2007; Griffith, 2012; Groves, 2011; SHRMF, 2007).

Organizational strategies for talent management. Organizational leaders use various best practice strategies to integrate career planning, and succession planning and management (Rothwell, 2010). Strategies include (a) deciding when succession planning and career planning are suitable (b) developing program policies, (c) defining measurable goals, (d) identifying program stakeholders, and (e) deciding stakeholder accountability (Rothwell, 2010). Other important considerations include (a) job duty clarification; (b) defining workforce competencies; (c) workforce management and assessment; (d) alignment of workforce with the organizational strategy; and (e) identifying, developing, and deploying high-potential talent (Rothwell, 2010). Narrowing the gaps between the aspiring leader and the developed high-potential performer contributes to a readiness for leader placement, promotes organizational knowledge transfer, and retains the developed talent (Rothwell, 2011; Squazzo, 2009). Retention of developed talent in a leadership position provides an assessment of leadership development and the effectiveness of the

program in preparing aspiring leaders for smooth leadership transition (Griffith, 2012; Titzer & Shirey, 2013).

When developing high-potential performers for future leadership roles, leaders of health care organizations need to set up a list of strategies and initiatives used to discover current strengths and gaps in performance (Alban-Metcalfe & Alimo-Metcalfe, 2009; Sobol et al., 2007). After completing a gap analysis, a mentor and an aspiring leader create an IPDP to define learning initiatives, identify opportunities for closing the performance gaps, and remove barriers to performance (Orr, Sneltjes, & Dai, 2010; Titzer & Shirey, 2013). Adopting best practices to promote career development and succession planning and management throughout the health care organization supports advancing high-potential talent (Rothwell, 2010; Scott, Rogelberg, & Mattson, 2010).

Best practices of talent management contribute to the sustainability of an organization and strengthen its competitive advantage (Rothwell, 2010; Scott et al., 2010). An integrated talent management program needs a foundation on which to build the strategies and link the parts of the program across roles (Berger & Berger, 2011). Competencies provide the necessary foundation (Dalziel, 2011; Orr et al., 2010).

Competency and Competency Framework

Many definitions of competency are linked to the roots of McClelland's (1973) original work. McClelland's description of competencies lacked a definition of competency in his original work (Barrett & Depinet, 1991). McClelland (1973) described a competency as an unconscious characteristic such as a motive, skill, trait, body of knowledge, or a self-image or social role. A commonly used definition of competency includes the knowledge, skills, abilities (KSAs) and attitudes, qualities, or

characteristics about subject matter, which develop over time (Barrett & Depinet, 1991; Dye & Garman, 2006; McClelland, 1973; Orr et al., 2010).

Developing competencies creates common language based on the strategic strengths and priorities of an organization (Conger, 2010; Rothwell, 2010). The competency framework supports present workflow and links to future business priorities for organizational sustainability (Conger, 2010; Rothwell, 2010; Zander, 2009). Competencies represent the measurable behaviors used to assess the progress of developing leaders, identify the gaps for more learning, and evaluate the readiness of aspiring leaders for future leadership roles (Conger, 2010; Jones, 2010; Ruyle & Orr, 2010).

The value of a competency framework. The benefits of competency development include a definition of the KSAs needed by leaders and key employees to preserve current performance, achieve performance expectations, and contribute to the organization's strategic goals and business objectives (Kahane, 2008; Trepanier & Crenshaw, 2013). An integrated competency-based leadership development and succession-planning strategy results in organizational sustainability, achieves a competitive advantage, facilitates smooth leadership transition, and strengthens the long-term performance of an organization (Lee & Herring, 2009; Perman, 2009; Scott et al., 2010). A critical fundamental of a competency framework is the link between strategic organizational objectives and personal objectives of the high-potential performer (Potter & Cotter, 2007; Stefl, 2008).

Competencies provide individuals with clarity of performance expectations and identify opportunities for developing future leaders in the workforce (Dye & Garman,

2006; Potter & Cotter, 2007; Stefl, 2008). Evidence-based leadership competencies represent a best practice used to support integrated talent management practices in health care organizations for developing leaders and planning leader succession (Orr et al., 2010; Potter & Cotter, 2007; Shipman, 2007; Stefl, 2008). Competencies developed by leaders of health care organizations support various leadership roles (American College of Healthcare Executives [ACHE], 2011; AONE, 2011; Dye & Garman, 2006; Healthcare Leadership Alliance, 2010; National Center for Healthcare Leadership [NCHL], 2011). The competency frameworks have many likenesses, and each one supports fundamentals of leadership development and succession planning (ACHE, 2011; AONE, 2011; Dye & Garman, 2006; Healthcare Leadership Alliance, 2010; NCHL, 2011; Rothwell, 2010).

Leadership values and core competencies. The mission, vision, and values of a health care organization are the basis for cultural norms of an organization, and reflect the organization's philosophy and connection with its stakeholders (Longest & Darr, 2008). As part of the talent management strategy, health care leaders identify their core leadership values, describe the associated values-driven behaviors, and promote the importance of relationship building (Dalziel, 2011; Orr et al., 2010; Sobol et al., 2007). A leadership competency model is the link between the core leadership values and organizational behaviors, and provides a foundational taxonomy for standards of leadership accountability (Lee & Herring, 2009; Yost & Plunkett, 2010). Competencies, defined by the organizational leaders, are the basis of a successful talent management strategy (Dalziel, 2011; Scott et al., 2010; Ulrich & Ulrich, 2011).

Every health care organization has a personality or culture that represents a composite of shared beliefs and values not unlike the unique personality of a leader (Lee & Herring, 2009; Longest & Darr, 2008). Successful health care organizations include the importance of financial results into the performance standards (Atchison & Carlson, 2009). The competencies reflect the KSAs needed to support the organization's strategic initiatives, promote business continuity, develop and preserve a competitive advantage, and strategically align the efforts with traditional human resources roles (Dalziel, 2011; Ulrich & Ulrich, 2011).

The competency model becomes the basis for managing organizational talent (Lee & Herring, 2009; Scott et al., 2010; Yost & Plunkett, 2010). Competency-based talent management roles include (a) performance appraisal of leaders, (b) individual development of aspiring leaders and high-potentials, and (c) recognition and reward programs (Lee & Herring, 2009; Scott et al., 2010; Yost & Plunkett, 2010). The last role needed for competency-based talent management programs is leadership education, training, and development programs (Lee & Herring, 2009; Scott et al., 2010; Yost & Plunkett, 2010). The expected results of the learning experiences are aimed at meeting current performance needs and matching talent to the future needs for business objectives, organizational strategies, and sustainability (Lee & Herring, 2009; Scott et al., 2010; Yost & Plunkett, 2010).

Limitations to competency frameworks. Many organizational leaders face challenges that result from identifying too many competencies when developing or adopting a competency framework. Some organizational leaders expect aspiring leaders to focus on developing 30-50 competencies (Conger, 2010; Garonzik & Larrere, 2011;

Rothwell, 2010). When leaders define a competency framework with too many competencies, they dilute the leader's development (Conger, 2010; Garonzik & Larrere, 2011; Rothwell, 2010). The developing leader struggles with ranking the most important competencies needed to excel in a defined leadership role (Conger, 2010; Ruyle & Orr, 2010).

Competency frameworks are the foundation of the leadership development experience (Conger, 2010; Dalziel, 2011; Ruyle & Orr, 2010). The leaders of many organizations develop competency frameworks adopted by recognized leaders in the business industry to drive internal leadership development (Conger, 2010). This approach often fails because the competencies lack a connection to the organization's culture, its strategic initiatives, and its organizational brand (Conger, 2010; Jones, 2010; Joyce, 2010; Kahane, 2008; Mandhanya & Shah, 2010).

The value of developing a competency framework represents the link between the competencies and the organization's mission, vision, values, and culture (Conger, 2010; Jones, 2010; Lee & Herring, 2009; Ruyle & Orr, 2010). Integrating competencies into leadership development includes experiential learning, mentoring, coaching, observations from others, and training sessions (Conger, 2010; Patterson, 2009; Yost & Plunkett, 2010). The barriers to success occur when competencies fail to represent the efforts of the organization to align strategies and communicate expectations (Jones, 2010; Kahane, 2008; Lee & Herring, 2009; Lovelock, Wirtz, & Chew, 2009). The benefit of developing a competency framework is implementing guidelines to support business continuity, sustainability, and performance management (Carriere et al., 2009; Jones, 2010; Kahane, 2008; Lee & Herring, 2009; Lovelock et al., 2009).

Leadership is a journey, and leaders need to show their ability to develop and preserve healthy work relationships (American Association of Critical Care Nurses, 2005; Sherman & Pross, 2010; Yukl, 2010). Effective leaders display an ability to influence key stakeholders and achieve the strategic initiatives of the organization (Ferguson, 2008; Sherman & Pross, 2010; Yukl, 2010). When developing a competency framework, organizational leaders have a responsibility to define the KSAs necessary for leader development, with the intended goal of achieving wanted business results (Cappelli, 2008b; Conger, 2010). When developing future leaders in the organization, leaders need to identify high-potential performers and develop aspiring leaders using various best practice strategies (Conger, 2010; Lee & Herring, 2009; Squazzo, 2009; Yost & Plunkett, 2010).

A competency framework used to advance high-potential performers into future leadership roles within an organization provides one part of a leadership development program to support succession throughout a health care organization (Alban-Metcalfe & Alimo-Metcalfe, 2009; Batcheller, 2011; Ohnmacht, 2012). Health care leaders adopt complementary strategies such as instruments used to assess leadership style, attitude, and personality, inconsistently (Conger, 2010; Dalziel, 2011; Ruyle & Orr, 2010). Organizational leaders who use complementary strategies to link leaders (human capital) and leadership (social capital) create a competent and engaged workforce (Alban-Metcalfe, Alban-Metcalfe, & Alimo-Metcalfe, 2009). Participants in the study were asked to identify fundamentals of succession planning used within their organizations currently to identify high-potential performers for future leadership opportunities.

Applying the Competency Framework to Leadership Development

Differences in organizational cultures and strategic initiatives drive the likenesses and differences among the competency frameworks, and are the reasons that one size does not fit all (Garman & Johnson, 2006; Kahane, 2008; Scott et al., 2010; Titzer & Shirey, 2013). Organizational leaders must also assess the style, attitude, and personality of the high potential to ensure the right fit between the candidate and the organizational culture (Conger, 2010; Dalziel, 2011; Robinson, Fetters, Riester, & Bracco, 2009; Ruyle & Orr, 2010). Competency frameworks differ based on the role and performance metrics as well as the organization's culture and strategic plan (Calhoun et al., 2008; Sherman, Eggenberger, Bishop, & Karden, 2007; Stefl, 2008; Yoon et al., 2010). Some leaders use an existing product and some develop the content internally (Calhoun et al., 2008; Scott et al., 2010). The critical fundamental of a competency framework is the fit of the competencies with an organization's culture and strategic initiatives (Calhoun et al., 2008; Scott et al., 2010).

Competencies represent the values-based cultural behaviors of the organization and the behaviors needed for aspiring leaders and current leaders to succeed (Dalziel, 2011; Lee & Herring, 2009; MacMillan-Finlayson, 2010Ruyle & Orr, 2010). An aspiring leader develops competencies in many ways and always needs a baseline assessment to discover current strengths and developmental opportunities (Conger, 2010; Silzer & Church, 2010; Yost & Plunkett, 2010). After health care leaders define the leadership competencies consistent with an organization's culture and leadership strategy, the next step in the health care leadership development is to identify high-potential performers in the organization.

Identifying high-potentials. Organizational leaders define high-potentials differently. High-potentials performers represent employees within an organization who have "the right stuff" (Lombardo & Eichinger, 2000, p. 321) to develop, succeed, and show an ability to learn from experience (Martin & Schmidt, 2010; Ready et al., 2010a). A study of more than 20,000 emerging stars, in more than 100 organizations, involved examining the (a) employees' view of the employer, (b) the employer's management style, and (c) the employees' reaction to economic changes (Martin & Schmidt, 2010).

Qualities of high-potential employees included ability and adaptability to complex learning, a wish to engage in the organization and its mission, and ambition to align personal goals and professional development strategically with organizational objectives (Martin & Schmidt, 2010). In recognizing the three qualities (ability, engagement, and aspiration) needed for high-potentials to succeed, high performers often fail to achieve a high-potential status because of a flaw in one of the three identified areas (Martin & Schmidt, 2010). An analysis of the high-potentials correlated with high performers, showed only about 30% of the high-performer population were also high-potentials (Martin & Schmidt, 2010).

Another study included a survey of 45 companies in the global market (Ready et al., 2010a). The study examined the strategies used by the leaders of the companies to identify high-potentials and noted three fundamentals essential to their success (Ready et al., 2010a). High-potentials showed: (a) competence and credibility, (b) willingness to master new types of technical expertise, and (c) recognition that behavior evolves from an affiliated fit to a teacher and a role model (Ready et al., 2010b). High-potentials showed what Ready et al. (2010a) defined as "X factors" (p. 81). The X factors represent

intangible qualities that contribute to developing high-potential status in an organization (Ready et al., 2010a). Ready et al. (2010b) described four X factors: (a) being driven to excel; (b) having a capability to identify, absorb, and operationalize new ideas; (c) being explorers and risk takers; and (d) having dynamic sensors that prevent derailment. Ready et al. (2010b) noted high-potentials manage to be in the "right place at the right time" (p. 54) for the right reasons (see also Silzer & Church, 2010; Sobol et al., 2007).

When developing high-potential performers, a critical error committed in many organizations is the significant amount of effort used on developing future leaders who display the same skill set as the incumbent (Rothwell, 2010). Future leaders need new skills to rise above the growing complexities of the health care environment and to drive the quality, safety, sustainability, and business continuity necessary for continued success (Squazzo, 2009; Robinson et al., 2009). After organizational leaders define the competencies and identify the high-potential performers, an IPDP maps the strategy for developing the high-potential performer (Conger, 2010; MacMillan-Finlayson, 2010; Rothwell, 2011; Yost & Plunkett, 2010). Leadership development involves applying many approaches to an individual's development, but the leaders of each organization must decide their capacity to support and carry out the individual's professional growth and development journey (Kahane, 2008; Sobol et al., 2007; Squazzo, 2009). Success in developing competency occurs when learners identify their most preferred learning styles and show the motivation needed to achieve wanted results (Byham & Byham, 2010).

Developing high-potentials in an organization benefits from an approach referred to as the 70/20/10 learning model (Byham & Byham, 2010; Lombardo & Eichinger, 2000). The 70% refers to experiential learning (Byham & Byham, 2010; Lombardo &

Eichinger, 2000). The 20% account for relationship learning and the 10% refer to traditional training sessions (Byham & Byham, 2010; Kunneman et al., 2011; Lombardo & Eichinger, 2000). The role of the developing leader includes defining the strategies used to develop the learning objectives and identifying expected results (Byham & Byham, 2010).

When organizational leaders fail to identify the competencies needed for future leaders, high-potential performers are at risk for failure (Lombardo & Eichinger, 2000; MacMillan-Finlayson, 2010; Martin & Schmidt, 2010; Ready et al., 2010a; Titzer et al., 2013). Executive leaders throughout health care must identify the expected leader competencies and promote best practices to support individual development of the high-potential performers (Lombardo & Eichinger, 2000; Martin & Schmidt, 2010; Ready et al., 2010a). High-potential performers decide developmental needs using the competency framework to meet the performance necessary to succeed as a future leader within the organization (Collins, 2009; Redman, 2006; Titzer et al., 2013). Panelists were asked to identify the how their organizations identify high-potential performers.

Developing leaders. The suitable strategy for developing current leaders and those who aspire to become future leaders of an organization needs to focus on the transition from the current role and performance to the needed growth and development for the future role (Ohnmacht, 2012). Best practices for developing health care leaders include experiential and relationship learning strategies (Byham & Byham, 2010; Hernez-Broome & Hughes, 2004; Ohnmacht, 2012; Rothwell, 2010). Experiential "learning includes many strategies such as (a) new job assignments, (b) job rotations, (c) off-the-job experiences, (d) in-place developmental assignments, (e) cross-functional

assignments, and (f) stretch assignments" (Ohnmacht, 2012, p. 64; see also Hernez-Broome & Hughes, 2004; Macaux, 2010; Rothwell, 2010). The majority of professional development occurs through experiential learning assignments (Hernez-Broome & Hughes, 2004, Ohnmacht, 2012; Rothwell, 2010). Experiential learning opportunities provide the learner with a unique learning experience immersed in choosing whether to show the learned skill, or apply the skill in the work setting (Ohnmacht, 2012; Rothwell, 2010).

The greatest benefit gained from relationship learning experiences occurs when high-potential leaders apply a developmental skill to a new experience associated with a moderate to high risk of failure (Byham & Byham, 2010; Hernez-Broome & Hughes, 2004; Ohnmacht, 2012). Relationship learning strategies include (a) 360-degree feedback, (b) job shadowing, (c) timely feedback from coaches during observational experiences, (d) progressive feedback provided by mentors and professional colleagues, (e) shared learning experiences, and (f) networking (Ohnmacht, 2012; Rothwell, 2010; Swearingen, 2009). Training strategies used for the ongoing development of high-potentials include the more traditional learning methods (Byham & Byham, 2010; Hernez-Broome & Hughes, 2004; Kunneman et al., 2011). Examples of training strategies include (a) self-study modules, (b) content management systems (online learning sessions), and (c) external seminars and conferences focused on leader development (Byham & Byham, 2010; Hernez-Broome & Hughes, 2004; Kunneman et al., 2011; Ohnmacht, 2012).

The challenge to organizational leaders extends beyond a responsibility to develop aspiring leaders from within, and includes the responsibility of retaining the

great leaders who are attracted to the organization (Ready, Hill, & Conger, 2008). Leaders, who are willing to mentor high-potential performers within their departments, and promote the growth of high-potentials to explore opportunities beyond the boundaries of their daily domains, deserve high praise (Ohnmacht, 2012; Ready, 2004). The unwillingness of organizational leaders to mentor the developing high-potential employee represents one of the major barriers to an organization's ability to develop its future leaders and plan for smooth leadership transition (LaFramboise, 2011; Trepanier & Crenshaw, 2013).

High-potentials and frontline leader development. Many of the high-potentials identified and targeted for leadership development are aspiring frontline leaders. The benefits of leadership development provided to the aspiring leaders include opportunities to improve quality, teamwork, and efficiency while navigating the complexity of health care organizations (Curtis, De Vries, & Sheerin, 2011; Greenfield, 2007; McAlearney, 2008b). Leadership development opportunities also contribute to promoting healthy work environments, innovation, and improved safety (Curtis et al., 2011; Greenfield, 2007; McAlearney, 2008b; Sammer & James, 2011).

Silzer and Church (2009) challenged organizational leaders to explore talent in an organization and identify their expectations for high-potential performers (see also Ohnmacht, 2012). Silzer and Church (2009) asked "Potential for what" (p. 377). By setting up a talent pool of high-potential performers aligned to meet future leadership needs, leaders of health care and industrial organizations can manage internal talent effectively and meet strategic business objectives simultaneously (Ohnmacht, 2012; Silzer & Church, 2009).

Leaders of health care organizations who fail to promote leadership development create negative results that directly affect the quality and efficiency of the health care organizations (Disch et al., 2011; Griffith, 2012). Examples of results adversely affected by ineffective leadership include: (a) the caliber of the workforce, (b) the efficiency of education and development, (c) employee turnover and associated costs, and (d) strategic priorities (McAlearney, 2008b; Titzer et al., 2013). Leadership development programs guide aspiring leaders with high potential to build relationships, strengthen their ability to influence, learn to motivate, and engage their colleagues (Collins & Collins, 2007a, 2007b; Curtis et al., 2011; Sanford, 2011). Developing the nursing leadership talent pool contributes to the readiness for health care leaders to ensure competence, clinical expertise, business intelligence, employee engagement, and retain intellectual capital (Curtis et al., 2011; Sanford, 2011).

Health care organizational leaders remain inconsistent in their commitment to developing high-potential performers, citing barriers created by limited personnel and their availability, knowledge, and finances (Kim, 2012; Landry, Hernandez, Shewchuk, & Garman, 2010; Squazzo, 2009). Failure to identify and develop high-potentials creates a barrier to ensuring health care organizational leaders preserve competence, engaged employees, and retention of intellectual capital (Curtis et al., 2011; Silzer & Church, 2009). The literature clearly showed the threats posed to health care organizations when chaotic leader transition occurs (Collins & Collins, 2007b; Garman & Tyler, 2007; Manderscheid & Ardichvili, 2008; Squazzo, 2009). The focused development of aspiring frontline leaders strengthens productivity, teamwork, quality, and efficiency (Curtis et al., 2011; Silzer & Church, 2009; Titzer & Shirey, 2013).

Leadership Skill Assessment and Development

One challenge met by health care leaders is how to identify high-potentials and promote leadership opportunities for these individuals to add value to health care organizations (Martin & Schmidt, 2010; Trepanier & Crenshaw, 2013). Multisource assessments provide discovery to organizational leaders and human resources professionals about fit between high-potential aspiring leaders and the organization (Fleenor, Taylor, & Chappelow, 2011; Reissig, 2011; Tosti & Addison, 2009). A 360-degree assessment includes an assessment of an aspiring leader from multiple individuals at various levels within an organization (Fleenor et al., 2011; Reissig, 2011; Tosti & Addison, 2009). Information gathered from bosses, supervisors, peers, direct reports, self-assessment of the individual, and other key stakeholders with whom the employee interacts allows for a detailed assessment of skill (Fleenor et al., 2011; Reissig, 2011; Tosti & Addison, 2009).

The use of the 360-degree assessment creates transparency in an organization, and the way the communication of observations occurs is critical (Fleenor et al., 2011; Reissig, 2011; Tosti & Addison, 2009). The employee has the opportunity to examine individual strengths and opportunities for improvement (Fleenor et al., 2011; Reissig, 2011; Tosti & Addison, 2009). After reviewing the comments, the employee works with a coach to develop an IPDP (Fleenor et al., 2011; Reissig, 2011; Tosti & Addison, 2009). The IPDP becomes the employee's road map for professional development using a combination of techniques to advance the high-potential performer into a leadership role (Rothwell, 2011; Titzer & Shirey, 2013).

Closely linked to the information obtained from a 360-degree assessment is the importance of a committed mentors and coaches to promote developing high-potentials within the organization (Fleenor et al., 2011; Gorringe, 2011; Reissig, 2011). The use of the terms mentoring and coaching interchangeably creates confusion among many individuals (Fielden et al., 2009). Mentoring describes a long-term developmental relationship set up between an experienced practitioner and a learner, or protégé, to promote the competency development and organizational knowledge of the protégé (Kunneman et al., 2011).

Coaching is a short-term solution to project management or a specific developmental issue to improve performance and skills (Fielden et al., 2009; Kunneman et al., 2011). Multisource information, coaching, and mentoring are key strategies to support leadership development and succession planning in organizations (Fleenor et al., 2011; Reissig, 2011; Tosti & Addison, 2009). Many organizations recognize the value of the strategies identified yet a limited commitment exists to setting up such programs (Fleenor et al., 2011; Reissig, 2011; Tosti & Addison, 2009). The systematic approach used to align high-potential aspiring leaders with targeted leadership positions was explored in the current study.

Mentoring high-potentials. Mentoring is an ongoing and collaborative connection between a leader and an aspiring leader (Fielden et al., 2009; Kunneman et al., 2011). High-potential aspiring leaders and committed mentors create professional development plans that guide leadership development experiences through on-the-job developmental opportunities (Fielden et al., 2009; Fleenor et al., 2011; Gorringe, 2011; Kunneman et al., 2011; Reissig, 2011). Mentoring is successful when mentors model

behaviors, use their own experiences to guide aspiring leaders, and promote opportunities for a protégé by identifying networking and other professional growth opportunities throughout the organization (Kunneman et al., 2011).

As an employee continues the leadership development journey, the mentor provides continuing observations to the employee about his or her professional growth and development, strengths, challenges, and recommendations for improvement (Fleenor et al., 2011; Gorringe, 2011; Reissig, 2011). Mentoring is successful when the interactive discussions links thinking, feeling, and action (Fielden et al., 2009). The effectiveness of the collaboration occurs when the protégé develops the expertise, applies it to the work environment, and communicates the learned experiences to the mentor (Fielden et al., 2009; Kunneman et al., 2011).

Organizational leaders have opportunities to work with high-potential aspiring leaders through continuing collaboration (Fielden et al., 2009; Fleenor et al., 2011; Kunneman et al., 2011). Mentors are the key to successful multisource observations, but not all mentors have the skills to coach learners through the developmental phase of becoming a leader (Fleenor et al., 2011). Using the IPDP as a template for bridging the gap between the current performance and the future state provides high-potential performers with a concurrent assessment of progress (Fleenor et al., 2011; Groves, 2007; Reissig, 2011). Without commitment from the executive leadership team to advancing high-potential performers, the result is failure (Fleenor et al., 2011; Groves, 2007; Reissig, 2011).

Coaching high-potentials. A developing leader needs a coach to assess the skill and ability of successful interventions at four levels of performance: (a) the self, (b) the

work team, (c) the organization, and (d) the external environment (Gorringe, 2011). The self-assessment focuses on emotional intelligence shown by the developing high potential (Fleenor et al., 2011; Gorringe, 2011). Emotional intelligence includes "self-awareness, self-regulation, motivation, and resilience" (Gorringe, 2011, p. 21; see also Fleenor et al., 2011). The assessment further examines the high-potential performer's ability to surrender old habits and performance patterns to meet future challenges (Fleenor et al., 2011; Gorringe, 2011). The work team assesses the ability of an aspiring leader to engage with colleagues, set up goals, and achieve results based on the collaboration of the group (Fleenor et al., 2011; Gorringe, 2011).

The assessment of organizational culture shows the ability of a high-potential employee to understand the direct and implicit rules of an organization, and display the values and competencies of the organization to organizational leaders (Fleenor et al., 2011; Gorringe, 2011). The last assessment involves examining an aspiring leader's ability to understand the external forces affecting the climate of an organization (Fleenor et al., 2011; Gorringe, 2011). External forces include politics, and regulatory and compliance agencies, and represent an opportunity for the developing leader to show an understanding of the skills necessary to blend these forces (Fleenor et al., 2011; Gorringe, 2011). The purpose of coaching with every learning experience is to pass on awareness and learning that promote and strengthen an aspiring leader's performance within an organization (Fleenor et al., 2011; Gorringe, 2011).

Coaching is a focused on one or more events (Fleenor et al., 2011). Unlike the career-long mentor relationship, the coaching role needs a high-potential performer to identify key individuals in collaboration with a mentor to ease developing specific skills,

or those skills at which the coach excels (Ledlow & Coppola, 2011). Coaching needs relationship building and is a key fundamental of an effective succession-planning program (Carey et al., 2011; Carriere et al., 2009; Ledlow & Coppola, 2011; Reissig, 2011). Occasionally a mentor might become a coach, and then often the roles diverge (Carey et al., 2011; Carriere et al., 2009; Ledlow & Coppola, 2011; Reissig, 2011). Panelists were asked to identify strategies used to develop core leadership competencies.

Leadership Transition Through Succession Planning and Management

The limited commitment by health care organizational leaders to succession planning and management creates a void when an unexpected leadership transition occurs. Organizational leaders, especially in health care, face the challenge of inadequate support for setting up leadership development programs (Griffith, 2012; Squazzo, 2009; Trepanier & Crenshaw, 2013). Limited finances directly affect the ability of health care organizational leaders to develop and promote internal leadership development and a formalized succession planning and management program (Griffith, 2012; Squazzo, 2009; Trepanier & Crenshaw, 2013).

Critical to the success of any health care organization is the strength of its nursing leadership (Sherman & Pross, 2010; Swearingen, 2009; Titzer et al., 2014; Wong & Cummings, 2007). The nursing department accounts for a large percentage of the workforce of a health care organization. Often the nursing department includes 50% or more of the total workforce of a health care organization (Hogan, Moxham, & Dwyer, 2007; Q. Plater, personal communication, September 19, 2011). The successful transition of nurse leaders into mission-critical nurse leader positions is a critical factor in the success of health care organizations (Griffith, 2012; LaFramboise, 2011; Trepanier &

Crenshaw, 2013). The effectiveness of the nurse leaders affects the ability of the nursing staff to deliver quality care according to the six aims of quality (safe, effective, patient-centered, timely, efficient, equitable) defined by researchers at the Institute of Medicine (2011).

Leadership is a journey through the professional growth and development of a high-potential individual (Hernez-Broome & Hughes, 2004; Robinson et al., 2009; Sobol et al., 2007). The ability of a developing leader to accentuate strengths and minimize leadership weaknesses contributes to advancing the developing leader's journey of growth and development (Carriere et al., 2009; Hernez-Broome & Hughes, 2004; Shirey, 2008). The absence of a consistently applied succession-planning framework, to promote smooth transitions into mission-critical nurse leader positions, supports the value of performing a non-experimental qualitative Delphi design to build consensus for fundamentals of succession planning.

Gaps: The Lack of Consensus

Health care organizations are complex, challenging to manage effectively, and lag behind other industries in strategic practices such as succession planning (Landry et al., 2010). Thirty-one percent of hospital leaders reported using a succession-planning strategy (Titzer & Shirey, 2013) compared to between 38% and 65% of health care systems (Landry et al., 2010). The AONE (2014) reported the findings of Havens' recent study to the members of AONE, and noted only 22% of those surveyed pointed to the presence of a formal nurse leader succession-planning program. Much of the work published in the literature applies to CEO leadership development and transition (Collins, 2009; Garman & Tyler, 2004, 2007; Griffith, 2012; McAlearney, 2008b; Sullivan, 2011).

Leaders of health care organizations are inconsistent in the approach used to advance high-potential performers, and align high potentials with a strategic leadership role (Collins, 2009; Cummings et al., 2008; Squazzo, 2009; Titzer & Shirey, 2013). The benefits of a succession planning and management strategy are to avoid compromise to an organization's business continuity, sustainability, and competitive advantage (Collins & Collins, 2007a, 2007b; Curtis et al., 2011; Sanford, 2011). One of the root causes for the inconsistency of organizational planning for succession may be the absence of a succession-planning strategy aligned with an organization's overall business strategy (Cummings et al., 2008; Hills, 2009; Larcker & Saslow, 2014).

A current gap is the limited evidence for how leaders identify high-potential performers, and how leaders ensure the right fit between the future leader and the identified leadership role (Cummings et al., 2008; Sherman & Pross, 2010). Without a strategy for how to plan for succession, organizational leaders may fail to define the specific positions appropriate for succession planning (Larcker & Saslow, 2014). The result is a gap in competence, connection, and culture, which represent the three C's of organizational fit (Hills, 2009). An unresolved issue among executives in health care organizations is to decide whether a one-size-fits-all succession-planning framework is a realistic possibility (Griffith, 2012; Hills, 2009; McAlearney, 2008a).

A benefit of conducting the current qualitative Delphi study was to discover fundamentals of succession planning, used currently, to advance high-potential performers into mission-critical nurse leader positions. Topper (2006) examined leadership changes in privately controlled businesses and developed a framework to confront the complexities of leadership succession. Loo and Thorpe (2003) examined

training and development for first-line nurse managers and identified needs for management skills training, specifically in the areas of financial management and management of human resources. Titzer and Shirey (2013) developed a concept analysis, examining the need for, and importance of, a strategic and systematic succession planning method for nurse managers, and applicable to other levels of leader succession.

The Delphi Technique

Delphi studies, from their beginning, have involved requesting systematic responses, providing a method to collate the responses, summarizing the opinions provided, and blending the opinions provided by a panel of experts from earlier responses (Hsu & Sandford, 2007). The original Delphi, or Classical Delphi, is a technique used by researchers to discover the level of consensus among expert panelists about a specific issue or topic (Keeney et al., 2011; Meskell, Murphy, Shaw, & Casey, 2014; Turoff, 2002). In Classical Delphi, the researcher engages a homogenous panel of experts to respond to an issue using a set of open-ended questions (Keeney et al., 2011; Meskell et al., 2014; Turoff, 2002). After the researcher analyzes the responses, panelists, using their expert opinion, rate or rank a list of statements developed from the responses (Keeney et al., 2011; Meskell et al., 2014; Turoff, 2002). The Classical Delphi involves a minimum of two rounds, and may include added rounds depending on when a level of consensus is reached (Keeney et al., 2011; Meskell et al., 2014; Turoff, 2002).

A variation of the Classical Delphi is the Policy Delphi (Turoff, 2002). The intent of the Policy Delphi technique is not to produce a decision, but to elicit from the group multiple alternatives for consideration in developing a decision about a specific policy issue (Linstone & Turoff, 2011; Turoff, 2002). In Policy Delphi, the researcher engages

a group of individuals to explore both consensus and disagreement about a specific issue (Benton, Gonzalez-Jurado, & Beneit-Montesinos, 2013; Donohoe & Needham, 2009; Meskell et al., 2014; Turoff, 2002). The researcher examines opposing views and considers alternatives to discover whether the group can reach a compromise (Donohoe & Needham, 2009; Meskell et al., 2014; Turoff, 2002). The intent of Policy Delphi is to discover the full range and polarity of viewpoints from a diverse panel of experts to enable the researcher to make a decision (Benton et al., 2013; Meskell et al., 2014; Turoff, 2002).

Within the fields of nursing and health research, the Delphi technique has been used for both developing a level of consensus and as a strategy for producing ideas (Keeney et al., 2011; Shariff, 2015). The Classical Delphi technique has been used to discover a level of consensus about a policy issue, a position statement, or any other set of ideas or issues needing group consensus (Keeney et al., 201; Serena et al., 2012). Serena and colleagues (2012) used a Delphi approach to discover the level of consensus for principles of wound care research. Fletcher-Johnston, Marshall, and Straatman (2011) used the Delphi technique to identify research priorities about adolescents with life-threatening diseases for clinicians and academics in Canada.

When exploring research opportunities, Delphi studies have provided the basis for setting up nursing research priorities and ranking focus areas identified for research (Blackwood, Albarran, & Latour, 2010; Keeney et al. 2011; Malcolm et al., 2009; Shariff, 2015). The Delphi method was the basis for research conducted by Blackwood, Albarran, and Latour (2010) to decide research priorities for adult intensive care nurses. Malcolm, Knighting, Forbat, and Kearney (2009) applied the Delphi method to decide

research priorities for children's hospice care. Leaders of the World Health Organization gathered an international group of experts, and applied the Delphi method to explore opportunities for closing the knowledge gap between the delivery of safe and unsafe primary care (Cresswell et al., 2012).

Delphi design was suitable for the current study because the expected results were not predetermined responses or a defined hypothesis to test (Ayres, 2007a; Christiansen et al., 2011; von der Gracht, 2008, 2012). The use of the Delphi method was valuable in multiple studies about manpower forecasting, which is an integral strategy to plan for organizational productivity and goal attainment (Bunn & Wright, 1991; Milkovich, Annoni, & Mahoney, 1972). The value of group opinion compared to a single individual's opinion is the basis for the use of Delphi technique (Keeney et al., 2011; von der Gracht, 2008; 2012). The Delphi design may serve to discover a level of consensus for identifying fundamentals of succession planning to guide a smooth leadership transition between the current leader and the successor (Skulmoski et al., 2007; Vernon, 2009).

The Delphi approach is an opportunity to identify expert opinion, achieve a level of consensus in practice, apply the results to practice, and embrace the opportunity to validate the content in a larger professional practice arena (von der Gracht, 2012). The advantages of Delphi include the contributions of experts who offer individual opinions to developing a consensus-driven result as an entity (Skulmoski et al., 2007; Vernon, 2009). Developing a succession-planning program in health care organizations is a complex issue, needs subjective expertise and experience of subject matter, and entails

the collective judgment of experts to discover a transferable approach (Barnes et al., 2012; Vernon, 2009).

Chapter Conclusion

The literature review included evidence of many approaches for executive leadership development and succession planning based on similar best practices (Collins & Collins, 2007a; Groves, 2007; Haynes & Ghosh, 2008; Henry, 2011; Ponti, 2009). The strategic approaches, supported by various competency models, lacked a consistent framework applicable to mission-critical nurse leader succession (Collins & Collins, 2007a; Groves, 2007; Haynes & Ghosh, 2008; Henry, 2011; Ponti, 2009). Succession planning varies in the basic belief of whether the program represents (a) a core organizational strategy supported by executive leadership or (b) just another competency-based training program managed by human resources (Collins & Collins, 2007b; Kim, 2012).

For some organizations, a formal leadership development strategy is cost prohibitive (Collins & Collins, 2007a; Kim, 2012; Landry et al., 2010). The result is the absence of a formalized program designed to develop organizational leaders internally, and transition these leaders effectively into mission-critical nurse leader positions (Collins & Collins, 2007a; Kim, 2012; Landry et al., 2010). The interview questions for the research study explored how health care leaders identify high-potential performers, define core competencies, set up programs to develop leaders, and plan for deployment by aligning the high potential with a defined leadership position.

Chapter Summary

The definition, scope, and expected results of integrated talent management programs are inconsistent (Clake & Winkler, 2006; Collings & Mellahi, 2009; Griffith, 2012). Integrated talent management programs lack clarity among industry disciplines, especially throughout health care, and specifically among hospital organizations (Clake & Winkler, 2006; Collings & Mellahi, 2009; Griffith, 2012). Health care leaders apply various approaches to advancing the leadership development of high-potential performers (Alban-Metcalfe et al., 2009; Griffith, 2012; Morgan & Jardin, 2010; Squazzo, 2009). The result is result is an inconsistent approach to succession planning of high-potential performers (Alban-Metcalfe et al., 2009; Griffith, 2012; Morgan & Jardin, 2010; Squazzo, 2009).

The resulting gap is the absence of a succession-planning strategy, aligned with the organization's strategic business goals, to advance high-potential performers into mission-critical nurse leader positions internally (Alban-Metcalfe et al., 2009; Morgan & Jardin, 2010; Squazzo, 2009). Much of the work noted in the literature applies to CEO leadership development and transition (Collins, 2009; Garman & Tyler, 2004, 2007; McAlearney, 2008b; Sullivan, 2011). Organizational leaders need a coordinated strategic plan for leadership development, and succession planning, to support smooth transition into mission-critical nurse leader positions (Blouin et al., 2006; Disch et al., 2011; Hills, 2009; Larcker & Saslow, 2014).

The implications for health care organizational leaders who fail to achieve smooth leadership transitions in mission-critical positions include direct effects on the quality and safety of patient care (Disch et al., 2011; Griffith, 2012; Kerfoot, 2009). Ineffective

leadership transition creates an adverse effect for strengthening employee engagement and results in loss of organizational sustainability (Blouin et al., 2006; Garman & Tyler, 2004, 2007). Developing a standardized approach to succession planning to advance high-potential aspiring leaders provides health care leaders with a readily available talent pool to fill a planned or unplanned leadership void (Griffith, 2012).

The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions (Griffith, 2012). Chapter 2 contained a historical review of succession planning, integrated talent management, the development and use of a competency framework for leadership development and succession planning and management, and the rationale for using a qualitative Delphi study. Chapter 3 includes a description of the method for the study, the reason for conducting the study, the study population, the data collection procedures, and the procedures for getting consent and preserving confidentiality of the panelists.

Chapter 3

Methodology

Chapter 3 includes a description of the qualitative Delphi technique and the appropriateness of the method and design for the current study. The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions (Griffith, 2012). The chapter contains the goals defined for the research study, the population and sample, and the rationale and procedures for data collection. The discussion includes the topic of trustworthiness (credibility, applicability, dependability, and confirmability) and the procedure to perform data analysis.

Research Method Appropriateness

A qualitative method was suitable for the current research study to evaluate the level of consensus for fundamentals of succession planning, to support smooth transition into mission-critical nurse leader positions (Trepanier & Crenshaw, 2013). When deciding the research method, one must consider the research question and align the purpose of the data collection with the intended results of the study (Skulmoski et al., 2007; Winsett & Cashion, 2007). As an inductive qualitative method, the Delphi includes a continuing review of data and supports the inclusion of new ideas as more data is collected and analyzed (Neuman, 2006).

Qualitative research results in data sources representing individual responses to a question or specific aim intended to explore, discover, understand, or describe the general meaning of a phenomenon (Ayres, 2007a; Neuman, 2006). Qualitative research captures

what people say and do as the result of complex world experiences, exploring possibilities from participants' viewpoints (Ratnesar & Mackenzie, 2006). A qualitative research method results in a detailed and deep understanding of a phenomenon by developing possible explanations, and theories (Gnisci, Bakeman, & Quera, 2008).

Qualitative research includes broad, open-ended questions, and the aim is to understand the phenomenon in specific settings without manipulating the data (Ayres, 2007a; Golafshani, 2003). A qualitative Delphi method provides the researcher with detailed responses from participants who are experts about a problem (Linstone & Turoff, 2011; Meskell et al., 2014; Turoff, 2002). The qualitative Delphi method is suitable for the current study because incomplete knowledge exists about a consistent model of succession planning, used to advance high-potential performers into mission-critical nurse leader positions (Griffith, 2012; Titzer & Shirey, 2013).

Dalkey and Helmer (1963) developed the traditional Delphi technique to increase knowledge about complex social problems and issues existing in public and private disciplines and industries (Okoli & Pawlowski, 2004; Vernon, 2009). Originally developed as a forecasting tool for an Air Force project sponsored by the RAND Corporation, the Delphi technique is a structured communication process used to collect independent opinions from experts (Adler & Zigler, 1996; Linstone & Turoff, 2002). The Delphi design represents a shift from empirical linear analysis to a convergence of expert opinion (Donohoe & Needham, 2009; von der Gracht, 2008, 2012).

Advantages of a Delphi design include: (a) subject anonymity, (b) structured responses and ease of access to experts, (c) design simplicity and flexibility of use, and (d) an iterative data collection process (Donohoe & Needham, 2009; Keeney et al., 2011).

The iterations used to engage the opinions of expert panelists and the cost-effective approach to conducting the investigation contribute to the ease of the data collection (Donohoe & Needham, 2009; Keeney et al., 2011). The aim of iterative feedback is to discover the level of consensus, and narrow an existing gap, about a problem or phenomenon (Adler & Zigler, 1996; Linstone & Turoff, 2002; Skulmoski et al., 2007; von der Gracht, 2012). Benefits of achieving a consensus from independent expert opinion include broadening policy, creating theory, forecasting, developing models, and identifying and ranking issues, eventually leading to increased knowledge (Vernon, 2009; von der Gracht, 2008, 2012).

Several disadvantages exist when using a Delphi design. Disadvantages include the potential risk for researcher bias, and a lack of clarity in purpose among panelists created by the fluid and flexible nature of the technique (Keeney et al., 2011; Vernon, 2009). A third disadvantage includes a lesser amount of rigor produced by anonymity and absence of accountability for individual responses (Keeney et al., 2011; Vernon, 2009). Other concerns include panelist attrition before finishing the study and the threat of a gap between the expected and the current knowledge of the chosen experts (Hatcher & Colton, 2007; Keeney et al., 2011; Vernon, 2009). The benefit of using a purposive sample from the study population allows the researcher to control these risks and minimize threats to the study results (Hasson, Keeney, & McKenna, 2000; Keeney et al., 2011).

Research Design Appropriateness

The research question drives the design of the research study, and the design provides the road map for conducting the study (Aslam & Emmanuel, 2010, Winsett &

Cashion, 2007). The Delphi design is a method used to achieve a group opinion on a specific problem or issue when knowledge is limited (Hsu & Sandford, 2007; Skulmoski et al., 2007, von der Gracht, 2008, 2012). In the current study, the Delphi design included structured communication applied to a group of expert nurse leaders of five acute-care hospitals (Grisham, 2009; Hsu & Sandford, 2007; Skulmoski et al., 2007). The goal of the communication was to discover the level of consensus about fundamentals of succession planning, to advance high-potential performers into mission-critical nurse leader positions (Grisham, 2009; Hsu & Sandford, 2007). The study involved examining the context of the responses, not the statistical significance of the data (Donohoe & Needham, 2009; Okoli & Pawlowski, 2004).

The Delphi study involved examining a particular phenomenon using multiple surveys to strengthen the credibility of the results (Briedenhann & Butts, 2006; von der Gracht, 2008). The qualitative Delphi included a quantitative inquiry, using a sequence of surveys, to examine the fundamentals of succession planning used by health care leaders support smooth leadership transitions (Briedenhann & Butts, 2006). In Round 1, a brainstorming session using six open-ended questions, followed by a content analysis, resulted in knowledge about fundamentals of succession planning (Barrett, 2007; Xu & Storr, 2012).

The content analysis was the basis for the quantitative parts of the Delphi study (ASTDD, 2008; Donohoe & Needham, 2009; von der Gracht, 2008; 2012). In Round 2, panelists completed a Likert-type item survey, to explore the level of agreement for results of the content analysis (Donohoe & Needham, 2009). In Round 3 the panelists completed a ranking of the top five fundamentals of succession planning (Donohoe &

Needham, 2009). The results of the ranking were distributed across the categories of an open system (input, throughput, output) and strategy (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010).

Sampling Frame

Critical to the success of a qualitative Delphi design was selecting the subject matter experts to join the study (Powell, 2003; Skulmoski et al., 2007). A purposive sample, also known as a judgment sample, was the method used to recruit the sample for the current study (Hasson et al., 2000; Keeney et al., 2011; Marshall, 1996; Vernon, 2009). Purposive sampling is a common, intentional sampling technique used to select subject matter experts most familiar with the content examined by the research question (Hasson et al., 2000; Marshall, 1996; Suri, 2011). The nurse executive and senior nursing leaders, from five hospitals in the mid-Atlantic region, found between Baltimore, Maryland, and Washington, DC, represented the sample for the study.

A qualitative Delphi study involves blending the opinions of subject matter experts to achieve a group response for future practice (Donohoe & Needham, 2009; Skulmoski et al., 2007; Turoff, 2002; Yousuf, 2007). The subjective experience and judgment of the researcher provided the basis for choosing a panel of subject matter experts (Hasson et al., 2000; Keeney et al., 2011; Suri, 2011). Purposive sampling contributes to reaching a uniform sampling of experts (Keeney et al., 2011; Marshall, 1996; Vernon, 2009). Purposive sampling strengthens exploring the phenomenon, and seeks to understand a culture, develop a theory, and describe an experience (Keeney et al., 2011; Marshall, 1996; Vernon, 2009).

Without sample size standards, most Delphi panels range from 10 to 50 experts (Meskell et al., 2014; Turoff, 2002). The individual conducting the research controls the size of the panel (Meskell et al., 2014; Turoff, 2002). The size of the panel is not statistically representative of the sample (Adler & Ziglio, 1996; Linstone & Turoff, 2002). Researchers can gain good results with a small uniform group of 10-15 experts (Adler & Ziglio, 1996; Linstone & Turoff, 2002).

When selecting experts, they must match the characteristics needed to meet the intent of the study (Adler & Ziglio, 1996; von der Gracht, 2008). When the expert panel is diverse, a larger panel may benefit the inquiry; however, larger panels result in slight gains (Adler & Ziglio, 1996; von der Gracht, 2008). Researchers who limit the number of experts and survey rounds, limit risk for the law of diminished returns for new information and response fatigue (Benton, Gonzalez-Jurado, & Beneit-Montesinos, 2013; Keeney et al., 2011).

Understanding that researchers gain good results with a small homogenous group of 10-15 experts, 35 nurse leaders were invited to take part in the study (Donohoe & Needham, 2009; Okoli & Pawlowski, 2004; Skulmoski et al., 2007). The number of leaders invited to take part accounted for possible decreased response rates and withdrawal of panelists during the three rounds of collecting data (Donohoe & Needham, 2009; Okoli & Pawlowski, 2004; Skulmoski et al., 2007). The best blend of nurse leaders to take part in the study included the CNO and between two and four senior nurse leaders who reported to the CNO from each hospital.

The researcher gained permission to use the property and to approach employees to take part in the study from the nurse executive of each hospital (see Appendix A). The

researcher asked for the organizational charts from each CNO to identify the nursing leaders for each acute-care hospital. The request included a list of senior nurse leader positions and their contact information. Permission was granted by each CNO to obtain contact information, which included name, email address, and office telephone number for each person identified on the chart (see Appendix B). A random selection of six senior nurse leaders, and the CNO for each hospital were invited to take part in the study.

An invitation was sent to each potential panelist through SurveyMonkey to ask the nurse leader to take part in the study. SurveyMonkey includes a secure multilevel forum for supporting documents and data collection (SurveyMonkey, 2013). SurveyMonkey supports storage of study invitations, agreements to take part in a study, consent forms, letters of confidentiality, and demographic questionnaires (SurveyMonkey, 2013).

The expert panelists invited to take part in the study self-reported experience and expertise based on four researcher-defined characteristics (Adler & Zigler, 1996). The expert panelists reported a minimum of 15 years of professional nursing experience in acute care and at least 10 years of progressive nursing leadership experience before and including the current position. The expert panelists were masters prepared and held a senior to executive nursing-level position within the health care organization at the start of the study.

Ethical Behavior

Researchers have a responsibility to act ethically, preserve the confidentiality of the study participants and their responses, and above all, do no harm (Houghton, Casey, Shaw, & Murphy, 2010; Shank, 2006). By explaining the benefits and risks of a research

study, a researcher follows the principles of beneficence and nonmaleficence (Houghton et al., 2010; Shank, 2006). Open and honest behavior with a path throughout the study, displays transparency to the participants and builds trust between the investigator and the expert (Houghton et al., 2010; Shank, 2006).

Informed consent. Informed consent is voluntary (Houghton et al., 2010; Shank, 2006). Researchers ask for consent before the start of studies (Houghton et al., 2010; Shank, 2006). The consent explains the purpose of the study, and the benefits and possible risks of the study (Houghton et al., 2010; Shank, 2006).

Those taking part in the study received information for what to expect during the study and the choice to withdraw from the study if desired (Houghton et al., 2010; Shank, 2006). The consent recognized the person who took part in the study voluntarily as an adult 18 years old or older (Donohoe & Needham, 2009; Houghton et al., 2010; Shank, 2006; Skulmoski et al., 2007). The consent included how the data would be managed and secured, and the researcher's duty to the confidentiality and anonymity of the panelists (Donohoe & Needham, 2009; Houghton et al., 2010; Shank, 2006).

Participation in the study was voluntary. The consent provided potential panelists with the choice to take part or not take part in the study by checking the proper response on the paper consent form. By checking the "I agree to the above terms" response on the consent form, the panelists showed their willingness to take part voluntarily in the research study described. Panelists admitted they were not a member of a protected category of participants (minors, pregnant women when considered part of the labeled research group of women, prisoners, or cognitively impaired (Donohoe & Needham, 2009; Houghton et al., 2010; Shank, 2006). Invited panelists who returned the ink-signed

consent form with "I do not accept the above terms" checked, or who failed to return a signed consent form, declined to take part in the research study.

Individuals who received an invitation to take part in the study could choose not to take part or choose to withdraw from the study any time. An individual who chose not to take part or chose to withdraw from the study before, during, or after data collection ended was asked to send a request in writing via email to the researcher. If a panelist withdrew from the study, no penalty or loss of benefit to the individual would occur. An email was sent to the individuals, reminding them of the confidentiality agreement and expressing thanks for interest or taking part in the study.

After consenting to take part in the study, a second email with a unique link to the electronic survey via Survey Monkey was sent. To confirm their consent to take part in the research study, the experts entered their names, email addresses, and date at the start of each round of surveys. Each panelist in the research study was assigned a code with a unique identifier. The researcher listed the panelists in order according to first name. Coding the first panelist name was A1 followed by the second and third letters of the last name, the third and second letters of the first name, and the total number of panelists included in the study. The following panelist codes were B2 (C3, D4, etc.), followed by the same procedure for last and first name, and the total number of panelists included in the study minus 1 (minus 2, minus 3, etc.). For example, if John Doe was the third of 16 panelists in the study, the code was C3OEHO13.

The list of panelists and associated codes remained in a separate file. Every response from a single panelist was identified using the panelist code followed by R and a number beginning with 1 and ending with the total number of responses provided by

each panelist. For example, if C3OEHO13 provided six responses, the response codes were C3EOHO13_R1 through C3EOHO13_R6.

The study began with 16 panelists, decreased by one panelist for each of the successive survey rounds, and ended with 14 panelists who took part in all three rounds. The panelists who failed to complete all rounds of the study did not ask to withdraw from the study (Christiansen et al., 2011). None of the data collected during the study was deleted (Christiansen et al., 2011). Attrition creates bias and might affect the transferability of study results; however, attrition does not compromise the credibility of the data (Christiansen et al., 2011). A discussion of the attrition rate of expert panelists appears in Chapter 4.

Confidentiality. The reason for a confidentiality agreement is to protect the study panelists (Houghton et al., 2010; Shank, 2006). Each panelist in the study completed a confidentiality agreement after completing the consent (Houghton et al., 2010; Shank, 2006). The confidentiality agreement suggested a panelist would not to disclose confidential or proprietary information about the study, or to a third party, without written approval from the researcher (Houghton et al., 2010; Shank, 2006). The researcher signed a confidentiality agreement to tell those taking part in the study she would be the only person to access the subjects' data. Any association between the study panelist and individual responses remained confidential, known only to the researcher.

Data security. An Internet-based location for data collection and analysis needs a secure link between the researcher and the panelist. The researcher needs access to the data server that stores the collected research data. Multiple levels of security are present within the SurveyMonkey website (see Appendix C). A Secure Sockets Layer, and

Transport Layer Security technology protocol is used to protect the data by using both data encryption and server authentication (SurveyMonkey, 2013). The data remains secured behind a firewall for added protection (SurveyMonkey, 2013). Access to the site requires a password (SurveyMonkey, 2013). Questionnaires, surveys, and data transmission occurred over secured, encrypted Secure Socket Layer connections (SurveyMonkey, 2013).

During the study, the researcher preserved data on a password-protected flash drive, locked in a cabinet in her home, when not in use. At the end of the study, the flash drive and all research data were placed in a sealed envelope and stored in a safety deposit box at a local bank. At the end of three years, data will be destroyed using the industrial shredder in the bank.

Instrumentation and Data Collection

When using a qualitative approach to research, the researcher becomes the instrument (Barrett, 2007; Xu & Storr, 2012). Unlike the definitive data points collected during quantitative research, the qualitative researcher is central to data collection and interpretation throughout the research (Barrett, 2007; Xu & Storr, 2012). As an instrument, the researcher collected data about fundamentals of succession planning used by health care organizations to advance high-potential performers into mission-critical nurse leader positions. Scholarly research support combined with personal knowledge and individual perspectives help to advance the knowledge gained through data collection (Barrett, 2007; Xu & Storr, 2012).

The participation and the flow of information and responses were linear. Panelists received an invitation to take part in the study. When prospective panelists

agreed to take part in the study, the next step was to complete the consent form. After panelists provided consent to take part in the study, they signed a confidentiality agreement and completed the eligibility questionnaire as an assessment for inclusion in the study.

The eligibility questionnaire provided the basis for inclusion or exclusion of the subject matter experts in the study. SurveyMonkey provided a gatekeeper role. Panelists completed the needed forms (signed consent form and confidentiality agreement) and qualified for inclusion in the study before receiving the first questionnaire. The geographic location for the research study was a virtual environment with a sample that extended between Baltimore, Maryland, and Washington, DC.

Three research instruments developed for the study provided the basis for the data collection: an open-ended questionnaire, a 5-point Likert-type item survey, and a ranking assessment (Hsu & Sandford, 2007). Using three instruments was two-fold. Repeated surveys are intended to move the group toward a convergence of opinion (Willis, 2007). Important to the validity of the survey results, multiple tools compensate for the strengths and weaknesses of each tool when collecting data (Willis, 2007).

After panelists competed the first questionnaire, the researcher examined the data, identified similar themes or patterns, coded, and sorted the responses. The nurse leaders identified fundamentals of succession planning used to advance high-potential performers (Barrett, 2007; Xu & Storr, 2012). A constant comparative analysis of the data was used (Barrett, 2007; Xu & Storr, 2012). The goal was to define and refine convergence and divergence of codes and categories to discover new knowledge about the phenomenon

under study (Barrett, 2007; Xu & Storr, 2012). The content analysis and data reduction were the basis for developing the next research instruments.

The Field Test

Researchers conduct a field test to improve the design of a questionnaire or interview questions (Capella University, 2011; Esposito, 2009). The field test enables the researcher to decide the interview questions, and find out if the questions are understandable by the sample population (Capella University, 2011; Esposito, 2009). Field test panelists may include practitioners, faculty, or researchers respected for their expertise (Capella University, 2011). Two expert health care professionals with extensive backgrounds in succession planning, and a researcher whose Delphi study was published by the American Psychological Association (APA) were asked to take part in the field test.

The Pilot Study

Five nurse executives from local acute-care hospitals in the District of Columbia with membership in the District of Columbia Hospital Association (DCHA) received an invitation via email to take part in the pilot study (see Appendix D). The nurse executives of the DCHA member hospitals represented nurse leaders in positions with knowledge and experience about leader transition in mission-critical positions nurse leader positions (Keeney et al., 2011; Shank, 2006). The president of the DCHA provided the contact information for each CNO.

The group of panelists who took part in the pilot study received a separate consent document (see Appendix E) attached to the email invitation. After reading the consent, the respondents chose (a) “I accept the above terms” or (b) “I do not accept the above

terms" by checking a box on the consent form. After choosing to accept or not accept the terms of the consent, the respondents signed and dated the document, and returned the consent form to the researcher via fax or via email as a scanned document.

On receiving the signed and dated consent, respondents who agreed to take part in the pilot study received a link via email to complete the confidentiality agreement (see Appendix F) and self-assessment of inclusion criteria (see Appendix G). Panelists who met eligibility received the Round 1 open-ended questionnaire and glossary of terms to promote consistent understanding of terms. The panelists in the pilot study completed an evaluation (see Appendix H) of the open-ended questions proposed for the Round 1 survey instrument and the time needed to complete the survey (Christiansen et al., 2011; Yeatman et al., 2011).

Face validity refers to the effectiveness of an instrument to measure the areas of knowledge examined by the interview questions (Christiansen et al., 2011; Krippendorff, 2004; Polit & Beck, 2004). The Pilot Study panelists assessed the clarity and readability of the questions and indicated the length of time needed to complete the open-ended questionnaire (Christiansen et al., 2011; Vernon, 2009). A pilot study of the survey instrument allowed the researcher to adjust the questions if suggested (Christiansen et al., 2011; Grisham, 2009; Powell, 2003; Skulmoski et al., 2007). The pilot study was a way to identify and mitigate potential for ambiguity in the questions (Christiansen et al., 2011; Grisham, 2009; Powell, 2003; Skulmoski et al., 2007).

An added benefit of the pilot study was a validation of the time estimated to complete the questionnaire (Christiansen et al., 2011; Grisham, 2009; Powell, 2003; Skulmoski et al., 2007). Panelists were asked to return the questionnaire within 1 week

of receipt. On completion of the questionnaire, panelists were thanked for their participation and provided the information necessary to contact the researcher with any further questions.

Data Collection

Delphi Round 1. Before the start of Round 1, each candidate received an email with an invitation to take part in the study (see Appendix I). Contained in the email were the purpose of the study, a description of the Delphi design, timelines for the study, and a description of the potential panelists and the sample frame (Keeney et al., 2011). The email invitation contained the consent as a separate attachment. After reading the consent, the respondents made one of two choices: (a) "I accept the above terms" or (b) "I do not accept the above terms." After choosing to accept or not accept the terms of the consent, the respondents signed and dated the document and returned it to the researcher via fax or via email as a scanned document. On receiving the signed and dated consent document, respondents who agreed to take part in the study received a link via email to complete the confidentiality agreement and a self-assessment of inclusion criteria for study participation.

The potential panelists self reported their experience and expertise. Inclusion or exclusion in the study occurred based on the responses provided. The expert panelists self-reported a minimum of 15 years of professional nursing experience in acute care and at least 10 years of progressive nursing leadership experience before and including the current position. The expert panelists were masters prepared and held a senior to executive nursing level position within the health care organization. Excluded individuals were taken to the end of the SurveyMonkey document and received a thank

you message for taking time to consider participating in the study. Individuals who met the inclusion criteria were forwarded automatically to the instructions to complete the Round 1 questionnaire.

The open-ended questions in Round 1 were developed to explore key areas lacking consensus in the literature. Round 1 included six open-ended questions for the panelists to answer based on current practice in their respective organizations. The panelists had access to the glossary of terms used throughout the study to promote the consistent interpretation of terms used in the questions (see Appendix J). The focus areas of the Round 1 questionnaire included an examination of succession-planning strategy and program development, identifying and developing high-potentials, aligning the high-potential performer with a defined leadership role, and developing core leadership competencies.

The panelists had 2 weeks to return responses. Panelists who failed to respond within 1 week received an email reminder asking them to complete the questionnaire within the next 7 days. Panelists who failed to return the completed questionnaire at the 14-day mark received an email asking them to complete the questionnaire within 48 hours or withdraw from the study.

When panelists completed the Round 1 questionnaire, the researcher analyzed the responses using open coding. Panelists who chose to withdraw from the study were instructed to send a written request via email to the researcher. One panelist failed to complete Round 2 and Round 3, and one panelist failed to complete Round 3. Multiple reminders were sent to the panelists and neither panelist responded or requested withdrawal from the study. Panelists who failed to complete the study received a thank

you message, a reassurance that all data would remain confidential and secured, and a reminder of the commitment made by the panelist to maintain the confidentiality of the study.

Delphi Round 2. The responses collected during Round 1 were coded, analyzed for fundamentals of succession planning, and clustered according to similarities and differences (Skulmoski et al., 2007; Srnka & Koeszegi, 2007). The results of the Round 1 data were the basis for developing the 5-point Likert-type item survey for Round 2 (Skulmoski et al., 2007; Srnka & Koeszegi, 2007). In the Round 2, panelists scored each survey item (see Appendix K).

The purpose of Round 2 was to discover the level of consensus among the panelists about data analyzed from Round 1 (Dawes, 2008; Keeney et al., 2011; Millar et al., 2007; Skulmoski et al., 2007). Each panelist received instructions on how to complete the 5-point Likert-type item survey. The scoring ranged from 1 (strongly disagree) to 5 (strongly agree) to suggest the level of agreement with each survey item (Dawes, 2008; Keeney et al., 2011; Millar et al., 2007).

Round 2 included the same follow-up procedure used during Round 1. On completing the Round 2 surveys, nonparametric and descriptive statistics were used to analyze the data (Eberman & Cleary, 2011; Kesten & Lambrecht, 2010; von der Gracht, 2012). The researcher calculated the median, frequency, and percentage of the responses for each fundamental (Eberman & Cleary, 2011; Kesten & Lambrecht, 2010; von der Gracht, 2012).

The median is a more fitting statistical measure than the mean for analyzing the data because the median represents the midpoint of the responses, or the 50th percentile

(Steinberg, 2008; Zikmund, Babin, Carr, & Griffin, 2010). Fifty percent of the responses are higher and 50% of the responses are lower than the midpoint value and not influenced by outliers (Steinberg, 2008). In contrast, the mean represents the average and can be pulled disproportionately to one side or the other because of the influence of outliers (Steinberg, 2008). Round 2 survey items with a median measure of 3.5 and greater advanced to Round 3 (Steinberg, 2008; Zikmund et al., 2010). The purpose of Round 3 was to examine the level of consensus among the panelists for fundamentals of succession planning using a rank assessment (Connelly, 2011; Finstad, 2010).

Delphi Round 3. The researcher provided the panelists with the list of the fundamentals of succession planning and the median score for each item from Round 2 (Hsu & Sandford, 2007; Huglin, Johnsen, & Marker, 2007). During Round 3, the researcher asked each panelist to rank the top five fundamentals in order of importance using 5 (highest rank) to 1 (least high rank; ASTDD, 2008; Keeney et al., 2011; see Appendix L). Delphi Round 3 follow-up procedures involved the same process used during Round 1 and Round 2.

Concluding Round 3, the researcher calculated the mean, frequency, and standard deviation of each response (ASTDD, 2008; Delaney, 2009; Steinberg, 2008). The mean is an indication of central tendency (Delaney, 2009; du Plessis & Human, 2007; Steinberg, 2008). The mean represents the level of group convergence in suggesting fundamentals of succession planning (Delaney, 2009; du Plessis & Human, 2007; Steinberg, 2008). The use of the mean promotes viewpoints and provides a wide-range opinion of the panel members' responses intended to build a level of consensus (Briedenhann & Butts, 2006; von der Gracht, 2012). The standard deviation indicates the

polarity or disagreement of the panel responses (Delaney, 2009; du Plessis & Human, 2007; Steinberg, 2008).

Descriptive statistics reflect the sample population, and do not infer conclusions (Delaney, 2009; Steinberg, 2008). A Delphi study is undertaken to "represent the synthesis of opinion of the particular group, no more, or less" (Day & Bobeva, 2005, p. 113). The ranked responses were distributed across categories consistent with an open system of inputs, throughputs, and outputs, and strategy (Amagoh, 2008; Katz & Kahn, 1978).

Consensus. Consensus is a reflection of the panel's agreement or disagreement with a statement (von der Gracht, 2008). The definition of consensus varied in the literature, and ranged from 50% to 80% (Hasson et al., 2000; Williams & Webb, 1994). Von der Gracht (2012) defined consensus as a "percentage higher than the average percentage of majority opinion" (p. 1530), where majority represents more than 50% of the responses. Crisp, Pelletier, Duffield, Adams, and Nagy (1997) noted stability in the responses throughout multiple iterations of a study is more reliable as a determinant of consensus.

The approach used by Meskell and colleagues (2014) to decide the level of consensus included sorting the panelists' total responses into a high, moderate, low, or no level of consensus for each statement. Level of consensus is based on the percentage of responses in one of the groupings (Jokiniemi, Haatainen, Meretoja, & Pietila, 2015; Meskell et al., 2014). Level of consensus is high when agreement among the panelists is 70% or greater, moderate when agreement is 60% or greater, and low when agreement is 50% or greater (Jokiniemi et al., 2015; Meskell et al., 2014). When the percentage of

responses is less than 50%, no level of consensus occurs (Jokiniemi et al., 2015; Meskell et al., 2014).

Trustworthiness of Data

Qualitative inquiry differs from quantitative inquiry (Ryan-Nicholls & Will, 2009). To assess rigor, validity and reliability are most suitable for quantitative methods (Ryan-Nicholls & Will, 2009). Four ideas defined by Lincoln and Guba (1986) provided a framework for evaluating the trustworthiness (rigor) of qualitative research, and specifically, the Delphi design. The four ideas are credibility, applicability, dependability, and confirmability (Engels & Kennedy, 2007; Keeney et al., 2011; Lincoln & Guba, 1986; Tobin & Begley, 2004).

Credibility. Credibility describes the extent to which the results of the research and the analysis of the data collected are believable to the reader (Engels & Kennedy, 2007; Tobin & Begley, 2004). The fit between the views of the respondents and the views of the researcher add to or detract from the credibility of the data collection and analysis (Tobin & Begley, 2004). The results of the research reflect an accurate representation of the integration between the responses of the subject matter experts and the recommendations of the researcher (Keeney et al., 2011; Tobin & Begley, 2004).

The first round of the Delphi study involved a discovery session of the fundamentals of succession planning to advance high-potential performers into mission-critical nurse leader positions. Panelists identified current leadership development and succession planning efforts in place in their respective organizations. The expert panelists provided responses to six open-ended questions (Green et al., 2007; Hatcher &

Colton, 2007; Krippendorff, 2004). The data was coded to identify emerging themes or fundamentals of succession-planning programs.

In Round 2, the panelists showed their level of agreement with the fundamentals identified from the content analysis from the Round 1 responses. The panelists rated each survey item from 1 (strongly disagree) to 5 (strongly agree). In Round 3 of the Delphi study, panelists ranked their top five fundamentals of succession planning (ASTDD, 2008). Responses were examined by spreading the fundamentals across the phases of an open system including strategy, inputs (identify), throughputs (develop), and outputs (deploy; Amagoh, 2008; Katz & Kahn, 1978).

Applicability. Applicability describes the extent to which results determined from Delphi studies are applicable to the life experiences of the readers of the research (Ferguson, 2004; Keeney et al., 2011; Tobin & Begley, 2004). Because Delphi studies take place within a specific context of policy issues, the applicability of the results may be limited and support the value of more inquiry (Engels & Kennedy, 2007; Ferguson, 2004; Tobin & Begley, 2004). Researchers ensure data and coding categories are representative of the data (Ryan-Nicholls & Will, 2009). Added responsibilities are to ensure (a) diligence in trying to disprove or discount conclusions about data and (b) triangulation of collecting and analyzing data (Ryan-Nicholls & Will, 2009).

Method triangulation describes the use of more than one method of data collection within the same study design (Casey & Murphy, 2009). The qualitative Delphi design included three distinct survey instruments to evaluate the level of consensus of expert panelists about a phenomenon (Donohoe & Needham, 2009; Skulmoski et al., 2007).

The benefit gained from the use of method triangulation is preserving trustworthiness of the data collected during the research study (Casey & Murphy, 2009).

Data anomalies. Data anomalies threaten the trustworthiness of collecting, analyzing, and interpreting data (Williams & Morrow, 2009). Data anomalies are outliers (Cousineau, 2010; Gurunlu Alma, Kurt, & Ugur, 2011). Reasons for anomalies may not be recognizable, might potentially distort the data analysis, and might contribute to faulty conclusions (Cousineau, 2010; Gurunlu Alma, Kurt, & Ugur, 2011). An example of a potential anomaly in this research study was an individual who completed the data entry according to the guidelines but mentally reversed the Likert-type scoring scale. The anomaly occurred if a panelist scored 1 = *strongly agree* instead of 5 = *strongly agree*.

Researchers must account for data anomalies in the data analysis and address them in the limitations of the study (Neuman, 2006). Because removal of data outliers can be a strong bias affecting the reliability of the study, data analysis included the outliers (Friis & Sellers, 2009). Because the research sample was a purposive sample, outliers might not have represented random variability but might represent a subpopulation representative of diversity in members of the expert panel (Black, 1999).

Dependability. Dependability refers to the stability of the data collected during the research study, shown by auditing (Keeney et al., 2011; Tobin & Begley, 2004). Individuals conducting research have a responsibility to ensure a logical way of performing the inquiry (Tobin & Begley, 2004). A Cronbach's alpha measure served as a determination of the reliability of the Round 2 Likert-type item scale survey (Connelly, 2011; Croasmun & Ostrom, 2011; Tavakol & Dennick, 2011).

Cronbach's alpha is a measure of the internal consistency of a survey to discover the interrelatedness of the survey items (Croasmun & Ostrom, 2011; Kember & Leung, 2008; Tavakol & Dennick, 2011). The Cronbach's alpha measure ranges from 0 to 1, with a minimum of .70 recognized to be a satisfactory correlation for reliability of the survey (Connelly, 2011; Tavakol & Dennick, 2011). The higher the value approaching 1, the greater the consistency between the items measured (Connelly, 2011; Tavakol & Dennick, 2011). A low Cronbach's alpha might suggest an error in understanding or the sampling method (Connelly, 2011; Tavakol & Dennick, 2011). The researcher had a responsibility to ensure the survey items were measuring fundamentals of succession planning used by leaders in health care organizations to advance high-potential performers into mission-critical nurse leader positions.

Content analysis adds dependability to the data analysis (Keeney et al., 2011; Tobin & Begley, 2004). After completing a manual analysis of the Round 1 responses, the results of the analysis were transferred into a word processing program (Tobin & Begley, 2004). Every response provided by a panelist received a unique code that linked the response to the panelist to sort responses according to similar units of meaning (Ayres, 2007b; Green et al., 2007). These actions provided a standardized method to become systematically immersed in the data (Ayres, 2007b; Green et al., 2007). Coding data is a way to compare and contrast data units, and to sort the likenesses and differences into clusters (Ayres, 2007b; Green et al., 2007).

Researchers must consider the threat of bias when performing content analysis of research data using an open-coding procedure (Elo & Kyngas, 2008). Revisiting previously coded data to recheck the coding decisions created an audit trail should

another person conduct the same inquiry (Keeney et al., 2011; Srnka & Koeszegi, 2007). Using a software program such as NVivo is a logical way to trace the research inquiry (Tobin & Begley, 2004). The researcher entered the responses to the open-ended questions into NVivo 10 to find out if there were more coding opportunities. The benefit of using a software program is to test the plausibility and confirmability of the emerging themes from the content analysis (Miles, Huberman, & Saldana, 2014).

Confirmability. Confirmability is a traceable path of responses to the original sources of the data (Skulmoski et al., 2007; Tobin & Begley, 2004). The absence of bias contributes to objectivity, and the presence of objectivity reflects neutrality (Ryan-Nicholls & Will, 2009; Tobin & Begley, 2004). A detailed description of the Delphi data collection and analysis contributes to the ease of a data audit (Keeney et al., 2011; Ryan-Nicholls & Will, 2009; Tobin & Begley, 2004).

Transferability. Transferability is the degree to which qualitative research is applicable to the readers of the research based on the results of the research and the readers' own experiences (Ali & Yusof, 2011; Barnes et al., 2012). Transferability of qualitative research differs from generalizability of quantitative research (Barnes et al., 2012; Okoli & Pawlowski, 2004). Quantitative research findings from large sample populations can be generalized in contrast to the smaller sample populations of qualitative research, which may or may not be representative of a general population (Barnes et al., 2012; Okoli & Pawlowski, 2004). Schofield (2002) described generalizability in the context of goodness of fit between the research results and the readers of the research when considering the applicability of the concepts and research conclusions, consistent with the concept of transferability (Okoli & Pawlowski, 2004).

Wolcott (1994) referred to the many interpretations of a social setting and each reader's individualized interpretation of the research, concluding the concept of transferability was more appropriate to the reader's decisions about Delphi research results than the concept of generalizability.

The Delphi research findings may be transferable to other health care settings (Barnes et al., 2012). Results from the expert panel reflected the knowledge and experience of health care leaders across multiple contexts and settings. Those who consider the results of the current study applicable to their own succession planning experiences may choose to transfer the results to their own workplace setting (Barnes et al., 2012).

Data Analysis

The current study involved a three-round qualitative Delphi design (see Figure 3). The aim of the data analysis was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession planning, to support smooth transition into mission-critical nurse leader positions (Griffith, 2012). The questions used to collect data in a Delphi design have a direct effect on the method of data analysis (Skulmoski et al., 2007).

Content analysis is a continuous, systematic, and detailed way to sort data from which patterns, themes, or biases emerge (Elo & Kyngas, 2008; Leedy & Ormrod, 2010; Shank, 2006). Describing a phenomenon, increasing understanding, and developing knowledge are reasons for conducting a content analysis (Elo & Kyngas, 2008; Hsieh & Shannon, 2005; Smith & Firth, 2011). Content analysis begins early in the qualitative

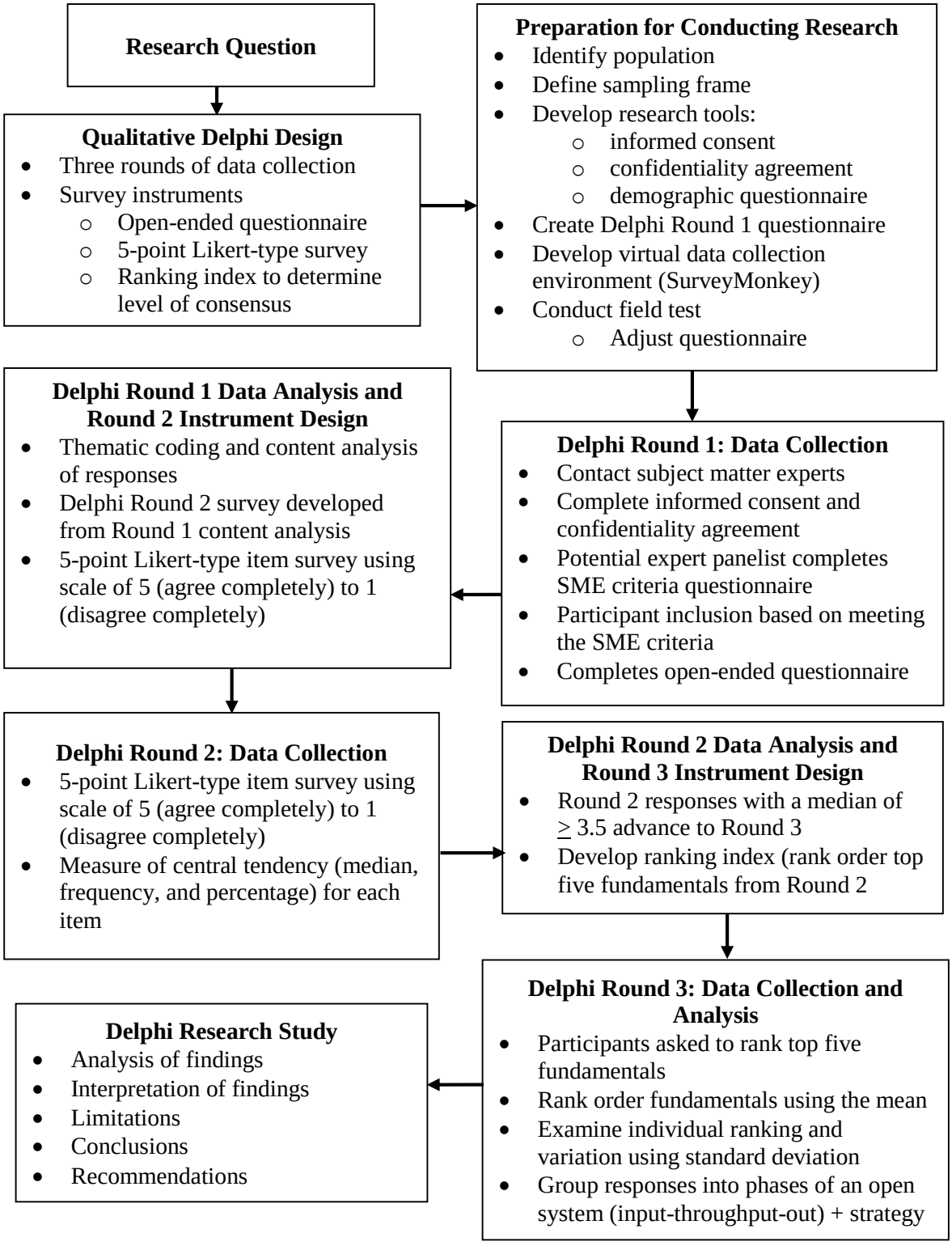

Figure 3. Three-round qualitative Delphi design research study.

inquiry and repeats throughout the study (Elo & Kyngas, 2008; Hsieh & Shannon, 2005; Priest, Roberts, & Woods, 2002). Open coding provides an opportunity to read the data at first for purposes of clarity and to make notes about key words and phrases during the early review (Elo & Kyngas, 2008; Shank, 2006).

Key words and phrases provide the basis for the coding used to identify repetitive themes and outlier themes, create category lists, and assign the data (Elo & Kyngas, 2008; Hsieh & Shannon, 2005; Smith & Firth, 2011). Coding progresses by grouping the first category lists according to higher or broader order categories (Elo & Kyngas, 2008; Priest et al., 2002). The intent of the data reduction is to associate the similar and unlike groups, and to summarize and combine the range of coded responses (Elo & Kyngas, 2008; Priest et al., 2002). The result is developing a picture driven by the level of consensus of the expert panel (Elo & Kyngas, 2008; Smith & Firth, 2011).

Delphi Round 1. The researcher downloaded the responses to the questions of the Round 1 questionnaire from the SurveyMonkey website, and transferred them into a word processing document (Keeney et al., 2011). Each data response was assigned a unique code to identify the fundamental of succession planning (Elo & Kyngas, 2008; Hsieh & Shannon, 2005; Neuman, 2006). Transcribing each statement was exact according to the responses received from the subject matter experts (Keeney et al., 2011). The initial exploration of the data began by reading the transcribed responses to each question in Round 1.

During the first read-through, the researcher printed the document of transcribed responses and examined the data as a document (Elo & Kyngas, 2008; Hsieh & Shannon, 2005; Shank, 2006). First impressions, similar words, themes, or ideas were marked in

the margins of the document (Elo & Kyngas, 2008; Hsieh & Shannon, 2005; Shank, 2006). Any response or part of a response that might cause a reader to pause for clarity, reread the responses, and began to code the data for likenesses and differences was highlighted (Elo & Kyngas, 2008; Keeney et al., 2011). Coding the data divided the text into segments with similar fundamentals (Srnka & Koeszegi, 2007). The next step was to identify the similar fundamentals about succession planning (Keeney et al., 2011; Neuman, 2006; Shank, 2006; Srnka & Koeszegi, 2007).

The purpose of a code is to describe the meaning of the text (Elo & Kyngas, 2008; Keeney et al., 2011). The researcher created a list of codes identifying each fundamental defined by the expert panel after coding each part of the text (Hsieh & Shannon, 2005). Likenesses were combined and the list of codes was reduced into a smaller list of fundamentals for succession planning (Elo & Kyngas, 2008; Keeney et al., 2011; Srnka & Koeszegi, 2007).

The researcher assigned each response a code (Elo & Kyngas, 2008; Keeney et al., 2011). The coded responses were sorted into clusters (Hsieh & Shannon, 2005). The clusters represented the fundamentals of leadership development and succession planning most often discussed by the expert panelists (Elo & Kyngas, 2008; Keeney et al., 2011). After collapsing the individual responses and reviewing the unique identifying statements, the researcher collapsed the list of coded responses into a statement representative of each fundamental (Keeney et al., 2011). Wording the fundamentals of succession planning was important to ensure the meaning of the coded response remained consistent after combining the statements (Hsieh & Shannon, 2005; Keeney et al., 2011).

The wording used for each fundamental remained as close as possible to one original statement provided by the panelists (Hsieh & Shannon, 2005; Keeney et al., 2011).

The data reduction involved examining the research problem to create knowledge transition from specific to general (Hsieh & Shannon, 2005; Srnka & Koeszegi, 2007). By examining the major and minor themes throughout the data collection period, an assessment of similar responses occurs by using an inductive approach to sorting, coding, and connecting the data (Rosedale & Fu, 2010). Similar responses provided by at least two panelists reflected a common succession-planning program fundamental and advanced from Round 1 to the Round 2 (Cramer et al., 2008). Single responses were coded and listed as part of the data but not included as part of the Round 2 survey (Cramer et al., 2008; Hsieh & Shannon, 2005).

Delphi Round 2. The results of the coded responses from the Round 1 questions provided the basis for the content of the Round 2 survey instrument, a 5-point Likert type item survey (Allen & Seaman, 2007; Ayres, 2007b; Keeney et al., 2011). The purpose of Round 2 was to evaluate the level of consensus among the panelists about data analyzed from Round 1 (Donohoe & Needham, 2009; Keeney et al., 2011). Panelists' responses from the completed Round 2 surveys were listed on Excel spreadsheet (Keeney et al., 2011).

The Round 2 data analysis included the use of descriptive statistics, including the median, frequency, and percentage (Delaney, 2009; Eberman & Cleary, 2011; Keeney et al., 2011; Kesten & Lambrecht, 2010). A median measure of 3.5 or greater indicated the panelists' tendency toward agreement with the fundamentals of succession planning (Allen & Seaman, 2007; Finstad, 2010; Zikmund et al., 2010). Round 2 survey items

with a median of less than 3.5 represented a neutral position or tendency toward disagreement and did not advance to Round 3 (Zikmund et al., 2010). The Round 2 responses with a median of 3.5 and greater advanced to Round 3.

Delphi Round 3. In Round 3, the panelists completed a ranking assessment. The panelists ranked their top five succession-planning fundamentals using a 5 (highest rank) to 1 (least high rank; ASTDD, 2008; Herlihy & Dufrene, 2011; Keeney et al., 2011). When panelists completed Round 3, survey responses for each survey item were listed on an Excel spreadsheet (Donohoe & Needham, 2009; Keeney et al., 2011). The mean score, frequency, and standard deviation for each response were calculated (ASTDD, 2008; Huglin et al., 2007; Kesten & Lambrecht, 2010; McElhinney, 2010; Steinberg, 2008). The mean score for each ranked response, listed from highest to lowest, provided the basis for the ranking index (ASTDD, 2008; Donohoe & Needham, 2009; Keeney et al., 2011).

The fundamentals of succession planning were examined next as an open system. The panelists' responses were sorted according to the phases of an open system, including inputs (identify), throughputs or transformations (develop), and outputs (deploy) supported by an organizational strategy (Amagoh, 2008; Katz & Kahn, 1978). The distribution of ranked responses across categories of an open system was examined.

Summary

The quality and safety of patient care are affected by the absence of a smooth leadership transition in mission-critical nurse leader positions. The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region about the fundamentals of succession-planning

programs, to support smooth transition into mission-critical nurse leader positions (Griffith, 2012). The Delphi design was suitable because the study involved building consensus from subject matter experts about the fundamentals of succession planning. The benefit to the study panelists was the opportunity to apply the findings of this research study to their individual health care organizations and standardize their approach to succession planning. Chapter 4 contains the results of the data collection and reduction, and the findings from the data analysis.

Chapter 4

Results

The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions (Griffith, 2012). The Delphi design was suitable because a group of experts shared ideas about a complex issue, succession planning, to build consensus for the fundamentals of a succession-planning program. The panel of nurse executives and senior nurse leaders completed a series of three Web-based surveys.

Before starting the research study, the researcher conducted a field test on the Round 1 open-ended question survey. A field test is an expert review of survey questions to assess the suitability of the questions for the intended audience. A pilot study was used to assess the face validity of the questions and determine the time needed to complete the questionnaire before starting the full research study. Face validity is an assessment of question clarity and panelists' understanding of the questions posed in a questionnaire. Following the pilot study, 16 expert panelists were asked to identify fundamentals of succession planning used to advance high-potential performers into mission-critical nurse leader positions.

In Round 1, panelists completed a survey of six open-ended questions. Panelists answered questions about: (a) how succession planning fits into an organization's strategic management, (b) how organizational leaders develop succession planning, and (c) how organizations align high-potential leaders with targeted leadership positions. Panelists identified: (a) how organizations promote high-potential leader development

within the context of succession planning, (b) strategies used to develop leadership competencies, and (c) ways to identify high-potential performers within an organization.

The coded data from the panelists' responses to the open-ended questions was the basis for the content of the Round 2 survey. Round 2 involved using a Likert-type item survey to assess the extent to which panelists agreed with the identified fundamentals for a succession-planning program. In Round 3, panelists ranked their top five fundamentals of succession planning. After grouping the ranked responses, the fundamentals for succession planning were examined as an open system of inputs, throughputs, and outputs, and strategy.

Included in Chapter 4 is a detailed description of the qualitative Delphi method. The description includes the procedures for: (a) panelist selection in the field test and research study, (b) obtaining consent, (c) thematic content analysis, and (d) data reduction. The chapter concludes with the results of the panelists' ranking for fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions.

Field Test

The purpose of the field test was to assess the credibility of the Round 1 questionnaire for the study sample of nurse leaders. The field test is a way to identify and remove obstacles for participants when answering the open-ended questions during the study. Two expert healthcare professionals with extensive backgrounds in succession planning, and a Delphi researcher published by the APA took part in the field test.

The focus of the open-ended questions was to gain information from senior nurse leaders about the fundamentals of succession planning. No changes were made to the

open-ended questions. In a field test, participants do not usually complete the questionnaire.

Pilot Study

Nurse executives from the five acute care hospitals in the District of Columbia with membership in the DCHA took part in the pilot study. The nurse executives received an email invitation to take part in the pilot study conducted between July 5, 2013, and July 26, 2013. The invitation contained an introduction to the pilot study, information about how to contact the researcher, and instructions for how to complete the consent form. The email included the consent form as a separate attachment. All five of the invited panelists returned consent forms within 14 days. On return of the ink-signed consent to take part in the study, the panelists received an email with a unique link to SurveyMonkey, and were asked to complete the questionnaire within 1 week.

The online survey included a confidentiality agreement, a glossary of terms, and six open-ended questions. Following the open-ended questions was a questionnaire to ask panelists about the clarity of the consent and open-ended questions, and the time needed to complete the survey. Because of out-of-office vacation messages received, the time frame for the field test was extended for seven days. Four of five participants who signed consent forms completed the field test.

Following the pilot study, small changes were made to the Round 1 questionnaire. All four of the pilot study participants approved of Questions 1, 2, 3, 5, and 6. Three participants approved of Question 4, and one participant suggested a clarification to the word *align*: "How does your organization align leader potential and leadership development with succession planning?" Based on the responses, Question 4 was revised

to improve clarity: “How does your organization promote the development of a high-potential leader within the context of succession planning?”

Overview of the Delphi Study

To select the study participants, 35 nurse leaders received invitations, 19 of whom returned signed consent forms, and 16 of whom took part in Round 1 because three individuals did not meet eligibility for study participation. One panelist did not have 15 years of acute-care experience. One panelist did not consider herself a senior nurse leader despite her position on the organizational chart, and one panelist listed on the organizational chart was not a nurse. The study began when the researcher contacted the institutional gatekeeper for each organization, in this case represented by the CNO, on June 25, 2013, via email and asked for a nursing leadership organizational chart. Added information asked for included a list of senior nurse leader positions and contact information (name, email, office telephone number) for the CNO and each person identified on the organizational list as a senior nurse leader.

On receiving the information, the CNO and senior nurse leaders from each organization were listed in an Excel spreadsheet. A randomized list of nurse leaders from each organization was created using the random function in Excel. The CNO and first six names of senior nurse leaders on the randomized list were included in the purposive sample.

The spreadsheet data remained on a password-protected flash drive in a locked cabinet in the home of the researcher when not in use, until completing the study. On completion of the study, the flash drive was placed in a sealed envelope and stored it in a

safety deposit box. At the end of 3 years, the data and flash drive will be destroyed using the industrial shredder in the bank.

On July 30, 2013, the researcher identified 35 prospective Delphi panelists. The CNO and the first six senior nurse leaders on the randomized list for each of the five hospitals in the mid-Atlantic region received email invitations to take part in the Delphi study. The goal was to achieve a sample of 15-25 expert nurse leaders.

The email invitation included a description of the study, the researcher's contact information for questions or concerns, and instructions for how to complete the consent form, with the consent form included as a separate attachment. On return of the ink-signed consent to take part in the study, the panelists received an email with a unique link to SurveyMonkey. Panelists were asked to complete the Round 1 questionnaire with as much detail as possible.

To ensure the study included a sample of at least 15, reminder emails were sent to 35 potential panelists between August 7, 2013, and August 13, 2013. The emails yielded 19 ink-signed consent forms. One of five CNOs did not return a signed consent, despite multiple reminders. The CNO agreed verbally to take part in the study before the researcher emailed the invite letter. After sending the reminder emails, two extra individual emails were sent to the CNO to seek her participation. No response was received. One contributing reason might have been the concurrent implementation of software to support an integrated electronic medical record in that particular CNO's hospital.

Panelists self-reported subject matter expert eligibility to take part as expert panelists. The most notable difference in the responses was six panelists from four of the

five hospitals admitted previous experience with succession planning, and the absence or limited focus of succession planning in their current organizations. Each expert panelist for the study reported a minimum of 15 years of professional nursing experience in acute care and at least 10 years of progressive nursing leadership experience before and including the current position. Each expert panelist reported educational preparation at the master's level and each was a senior to executive nurse leader within a health care organization during the study. Of the 19 ink-signed consent forms received, 16 panelists met the subject matter expert eligibility and three panelists did not.

Round 1 of the Delphi study began with 16 panelists. Fifteen (93.75%) panelists completed Round 2 after multiple reminders, as described in the research procedure. The same level of attrition occurred for Round 3, despite the reminders, and Round 3 ended with responses from 14 (93.33%) expert panelists. Possible reasons for attrition of panelists included the time to take part in the study, family, job, health and fitness commitments, loss of interest, or too many competing interests and priorities. No responses to emails were received to explain the reasons for not completing the study.

Procedure. The qualitative Delphi study included three rounds of data collection. Round 1 included six open-ended questions, answered by the panelists, to explore fundamentals of succession planning used to advance high-potential performers into mission-critical nurse leader positions. Coding of the data collected from responses to the Round 1 open-ended questions provided the content for the Likert-type item survey in Round 2. Responses to the Likert-type item survey ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). The Round 3 survey was developed using survey items from Round 2 with a median measure of 3.5 or higher. A summary of the data reduction is in Table 3.

Table 3

Summary of Data Reduction for Each Round

Categories	Text segments	Statements (fundamentals)
Round 1: Number of panelists = 16	235	37
Round 2: Number of panelists = 15	28	28
Round 3: Number of panelists = 14	28	28

Round 1. Round 1 data collection occurred between August 7, 2013 and August 29, 2013. Survey distribution occurred on receiving the ink-signed consent forms. As with the pilot study, multiple out-of-office vacation responses were the cause of a delay in obtaining consent. Panelists who failed to complete the survey within 7 days of the electronic distribution received an email reminder to complete the survey. If the survey remained incomplete at 14 days, a second email reminder was sent asking panelists to complete the survey within 48 hours or withdraw from the study. All 16 consented panelists completed by Round 1 open-ended survey.

In Round 1, panelists provided discovery about succession planning and strategic management, leadership development, the alignment and leadership development of high-potentials, core competency development, and identifying high-potential performers. The researcher downloaded 96 responses to the six open-ended questions from 16 panelists from SurveyMonkey, printed them, and examined them for similar words, themes, and ideas, which she noted in the margins of the document. The study involved examining data for likenesses and differences, and then dividing the data into 235 text segments of the same or similar fundamentals of leadership development and succession planning.

Text segments were grouped into common fundamentals, examined for frequency of response by the panelists, sorted, and subdivided into 37 items. Twenty-eight survey items emerged about fundamentals of succession planning used to advance high-potential performers into mission-critical nurse leader positions. A fundamental identified by at least two panelists provided a measure to advance from Round 1 to the Round 2 survey. The individual responses of the panelists included nine fundamentals that were not advanced to Round 2.

Round 2. The Round 2 data collection period extended from October 2, 2013 to October 18, 2013. Round 2 included the same follow-up procedure used in Round 1 for unreturned survey responses. In the Round 2 survey, the panelists examined the 28 survey items developed from coding responses to the open-ended questions in Round 1. Panelists marked their level of agreement with each of the items ranging from 1 (strongly disagree) to 5 (strongly agree).

The analysis of responses for Round 2 included the use of descriptive statistics. The researcher calculated the median, frequency, and percentage of agreement for each survey item. A median of 3.5 was necessary to include the fundamental in the Round 3 ranking assessment. Round 2 survey items with a median measure of less than 3.5 represented a neutral position or tendency toward disagreement. A median measure of 4.0 and higher for each of the 28 survey items showed a high level of agreement for the fundamentals of succession planning. The 28 survey items were the basis for the ranking index in Round 3.

Round 3. The Round 3 data collection period of the Delphi study began November 1, 2013, and ended November 17, 2013. Round 3 included a ranked

assessment of the fundamentals of succession planning. The goal was to build a level of consensus about the implicit intrinsic order of the fundamentals. The panelists individually ranked what they believed to be the five most important fundamentals for succession planning to advance high-potential performers into mission-critical nurse leader positions. Using the mean and frequency of response, each fundamental was ranked according to level of importance.

The individually ranked fundamentals in Round 3 were sorted into the four phases of an open system. Responses were grouped according to strategy, input (identify), throughput or transformation (develop), and output (deploy). To complete Round 3, the responses were analyzed as an open system.

Data Analysis

The aim of the three-round qualitative Delphi research design was to gather data using a systematic and detailed approach to answer the research question. Panelists identified fundamentals of succession planning used to advance high-potential performers into mission-critical nurse leader positions. A content analysis was suitable to identify themes and subthemes from the responses to the open-ended questions in Round 1, categorize the major and minor themes, and create knowledge transition from specific themes to general themes identified by the panelists.

After completing the data reduction in Round 1, panelists showed their level of agreement with each of the succession-planning fundamentals by completing the Round 2 Likert-type item survey. Based on the results of the Round 2 survey, each panelist ranked the five most important fundamentals of succession planning according to level of

importance in Round 3. The results of the individual rankings were grouped, and the responses were analyzed in the context of an open system.

Round 1: Thematic Coding

This section contains a summary of the coding and analysis from the responses to the Round 1 survey. The first approach to data collection in Delphi research begins as either exploratory, by gathering opinions of panelists, or confirmatory, by providing a predetermined list of issues to the panelists. For purposes of this research study, an exploratory approach involved responses to six open-ended questions provided by an expert panel of nurse leaders. Listed in Table 4 are the six open-ended questions for the Round 1 survey.

Table 4

Round 1 Survey: Open-Ended Survey Questions

Number	Question
1	How does succession planning fit into an organization's strategic management? (Strategy)
2	What are the systematic efforts an organization should take to develop an effective succession planning process? (Strategy)
3	How does an organization systematically determine the alignment (right fit) of a high-potential leader with a targeted leadership position? (Deploy)
4	How does your organization promote the development of a high-potential leader within the context of succession planning? (Develop)
5	What are the strategies used to develop core leadership competencies in your organization? (Develop)
6	What is the process an organization uses to identify high-potential performers? (Identify)

Sixteen panelists responded to the survey. The thematic coding procedure included four steps. The first step involved printing the responses and transferring the content to a single document. Next, responses were read as a document, noting first impressions of similar words and phrases in the margins of the work product. Key

phrases were highlighted, and likenesses and differences were noted among the responses throughout the document.

The third step in the thematic coding of the Round 1 responses was coding the data. Coding data involves identifying similar responses within each response about leadership development and succession planning. Responses were grouped and condensed into a list of 28 survey items that represented fundamentals and subcategories of succession planning.

The purpose of developing code is to provide a description of the meaning of the text. Each text part was listed, coded and reduced into a smaller list of major and minor themes (fundamentals of succession planning). The last step was to group the responses representative of the fundamentals of succession planning used most often among health care leaders to advance high-potential performers into mission-critical nurse leader positions.

Themes identified from the panelists' responses with a frequency percentage of at least 13% meant two panelists identified the fundamental in their response to the question. Using thematic coding to analyze the data, identify similar responses, and develop a summary of common themes is a fitting way to group data and identify likenesses of open-ended questions in a Delphi study. Isolated responses from the panelists with a frequency percentage of 6 (n = 1), not consistent with the themes identified in the content analysis, were not included in the final grouping of themes when developing the Round 2 survey.

The results of the thematic content coding for each of the open-ended questions are in Tables 5 through 10 (n = number of themes, and % = the percentage of panelist

responses in which the theme occurred). Common themes (n = 2) advanced from Round 1 to Round 2. A coding comparison was performed using NVivo 10 to decide if there were more coding opportunities based on grouping of responses.

Thematic categories identified for Question 1. Table 5 includes the results of the responses coded from Question 1, which was as follows: How does succession planning fit into an organization's strategic management? Forty-four percent of the expert panelists identified succession planning as a key ingredient of strategic management and believed succession planning creates organizational sustainability. Panelist K11ADAH6 stated "Succession planning is integral to an organization's ability to move forward seamlessly through normal changes in personnel and leadership."

Table 5

Thematic Commonalities for Question 1: How Does Succession Planning Fit into an Organization's Strategic Management?

Fundamentals in common	*n*	%
Organizational sustainability	7	44
Strategic management	7	44
Retention of high performers promotes smooth transition in critical positions	5	31
Identify key positions	3	19
Recognize potential and identify future leaders	3	19
Supports strong foundation for organizational leadership	3	19
Not been emphasized or focused on enough in the organization	2	13

Thirty-one percent of the respondents noted the importance of strategic retention efforts of high performers to promote smooth transitions during turnover in critical positions as an important fundamental for succession planning. Panelist L12OSAH5 stated: "The right leadership impacts quality, employee engagement, and patient and staff satisfaction; [and] in order to keep high level consistency in results, the next leader has to

be ready to step up." Nineteen percent of respondents identified succession planning as important to support a strong foundation for organizational leadership. Panelist E5EAO12 noted: "[Succession planning] can be a foundational piece to ensure that competent people are groomed for entry into important positions as they become open." Other benefits of succession planning into an organization's strategic management include identifying key positions (19%) and retaining high performers to promote smooth transitions for critical positions (19%).

Thirteen percent of the panelists (A1ACRA16 and D4ILIL13) point out that while succession planning was not emphasized in their current organizations, succession planning in their previous organizations was effective in developing future leaders. These comments were not included in the Round 2 survey because they were not identified as fundamentals of a succession-planning program. Of note, the comments are reflective of the individual perspectives of the expert panelists. Panelists A1ACRA16 and D4ILIL13 were not from the same organization.

Thematic categories identified for Question 2. Listed in Table 6 are the responses coded from the results of Question 2 of which the panelists were asked about systematic efforts organizational leaders should take to develop effective succession planning. Fifty-six percent of the panelists identified professional development and talent management as key strategies, and believed the organization should attract high-potential talent into entry-level leadership roles and develop the individuals internally. Panelist J10ANBE7 stated: "The organization should identify and develop leaders in the organization, and allow them to participate in new activities to develop as leaders." Forty-four percent of the panelists considered participation by leaders and executives as

coaches, and mentors, to high-potential performers to be an important strategy. Panelist H8RONA9 stated: "High performers should be provided opportunities to take part in key efforts and initiatives in the organization and provided coaching and feedback on their performance."

Table 6

Thematic Commonalities for Question 2: What Are the Systematic Efforts an Organization Should Take to Develop an Effective Succession Planning Process?

Fundamentals in common	*n*	%
Professional development	9	56
Talent management	9	56
Coach and mentor	7	44
Identify key positions	4	25
Succession planning expectations	4	25
Organizational fit	3	19

Twenty-five percent of the panelists noted the importance of identifying key leadership positions within the organization to plan for succession and define organizational expectations for succession planning. Nineteen percent of the respondents identified employee fit with the organization as an important consideration for succession planning. Panelist K11ADAH6 stated: "Identify key leadership positions [and] continue to monitor growth and developing interests and try to match talent and interest to organizational need for a win/win." One of the panelists (6%) identified recognition incentives as a retention strategy. The response was not advanced to Round 2.

Thematic categories identified for Question 3. Explored in Question 3 (see Table 7) were fundamentals of succession planning used to align a high-potential leader with a targeted leadership position. Forty-four percent of the panelists identified the importance of discovering the fit between high-potential leaders and organization's

mission, vision, values, and culture for a defined leadership position. Panelist J10ANBE7 stated: "The leader should display the characteristics and values which align with the organization's values." Of equal importance, panelists identified the importance of a leader's ability to coach and mentor high-potential leaders for a targeted leadership position.

Table 7

Thematic Commonalities for Question 3: *How Does an Organization Systematically Determine the Alignment (Right Fit) of a High-Potential Leader With a Targeted Leadership Position?*

Fundamentals in common	*n*	%
Organizational fit	7	44
Coach and mentor	7	44
Competency assessment	6	38
Multi-level performance assessments	6	38
High performers and leadership potential	5	31
Manager development internship program	4	25

Thirty-eight percent of the panelists identified matching competency assessment of potential leaders and the competencies needed for success in a particular leadership role, and the value of multilevel assessments. Panelist P16INZU1 stated: "Identify key characteristics of [the] leadership position and evaluate [the] potential leader against that criteria." Thirty-one percent of respondents pointed out the need to identify high-potential performers, discover leadership potential, and mentor aspiring leaders to assess the fit of a high-potential leader with a targeted leadership position. Panelist G7ALRA10 stated: "Competencies need to be developed for each level of leadership, and incumbents assessed both quantitatively and qualitatively for potential and fit." Twenty-five percent

of the panelists noted the benefit of having a leader development program to groom the next in line.

Thematic categories identified for Question 4. The topic explored in Question 4 (see Table 8) was how leadership promotes developing a high-potential leader within the context of succession planning throughout the panelist's organization. Sixty-three percent of the panelists pointed out they work in organizations whose leaders promote developing a high-potential leader within the context of succession planning through leadership development programs. Panelist A1ACRA16 noted: "We have offered various leadership opportunities and training to individuals who have potential."

Table 8

Thematic Commonalities for Question 4: How Does Your Organization Promote the Development of a High-Potential Leader Within the Context of Succession Planning?

Fundamentals in common	*n*	%
Leadership development program	10	63
Stretch assignments	6	38
Coach and mentor	6	38
Competency assessment	3	19
Advanced degrees and education	2	13
No plan for development of the high-potential	5	31

Thirty-eight percent of the panelists suggested high-potential leader development occurs through integrating stretch assignments, and a coaching and mentoring program, to promote skill development and promote added leadership development experiences. Panelist I9MINA8 stated: "Talented and motivated leaders are given challenging assignments to help develop their skills and give them added experience. This is done with the support of a mentor."

Other fundamentals important to developing the high-potential leader included competency assessment (19%) and advanced degrees and education (13%). Panelist N14OEET3 stated: "Mentoring, encouraging leadership development courses, encouraging and financially supporting advanced degrees" contributes to high-potential development. Thirty-one percent of the panelists, representing four of five panelist organizations, pointed out the absence of an organizational strategy to promote developing high-potentials for succession planning. Isolated strategies for developing high-potentials, not advanced to Round 2, included an external search of qualified candidates and the ability to attract and retain the best people.

Thematic categories identified for Question 5. Explored in Question 5 were ways to develop core leadership competencies in the panelists' organizations (see Table 9). Sixty-three percent of the panelists pointed to mentoring and coaching by organizational leaders to develop leadership competencies, and advance high-potential performers. Panelist A1ACRA16 stated: "We have engaged in the Studer Group which has coached us greatly on how to develop these competencies and how to hold people responsible for meeting these responsibilities."

Fifty percent of the panelists mentioned internal leadership classes. Thirty-eight percent of the panelists supported using competency assessments and reassessment methods to develop core leadership competencies within the organization. Panelist M13VAEH4 noted: "[We] use the AONE leadership competencies as a tool along with other standards such as JCAHO [Joint Commission and] Magnet."

Table 9

Thematic Commonalities for Question 5: What Are the Strategies Used to Develop Core Leadership Competencies in Your Organization?

Fundamentals in common	*n*	%
Coach and mentor	10	63
Internal leadership classes	8	50
Competency assessment and development	6	38
External leadership programs	3	19
External resources	3	19
Stretch assignments	2	13
Manager orientation	2	13
Frontline leadership development	2	13

Panelists supported using external leadership development programs (19%) and other undefined external resources (19%) for competency development. Thirteen percent of the panelists supported using stretch assignments, manager orientation, and frontline leadership development programs. One respondent (6%) identified advanced degrees in leadership and one respondent (6%) identified management retreats to support developing core leadership competencies. Neither of these responses advanced to Round 2.

Thematic categories identified for Question 6. The topic explored in Question 6 was the how organizational leaders to identify high-potential performers (see Table 10). Forty-four percent of the panelists suggested performance assessments at multiple levels, including 360-degree assessments and annual performance appraisals, are tools leaders use within their organizations to identify high-potential performers. Panelist H8RONA9 stated: "Other organizations utilize performance evaluation tools to document fundamentals of performance and potential for leadership. My organization uses the Studer model for assessment of high-middle-low performers."

Table 10

Thematic Commonalities for Question 6: What Is the Process an Organization Uses to Identify High-Potential Performers?

Fundamentals in common	*N*	%
Multilevel performance assessments	7	44
High-potential assessment	7	44
Learning and development opportunities	4	25
Talent management	2	13

Equally supported by 44% of the respondents was a formal assessment of high-potential performers to decide eligibility for participation in leadership development programs. Panelist P16INZU noted: "[Peers, managers, and directors complete] the evaluation process. The [high-potential receives] appointments to lead committees, projects, [and other learning opportunities]." Twenty-five percent of the panelists identified learning and development opportunities offered to high-potential performers as a benefit. Thirteen percent of the panelists pointed out the value of talent management to identify high-potential performers. Isolated approaches included formal assessment centers (6%), keen interviewing skills (6%), outcome measures (6%), and productivity measures (6%). The isolated fundamentals were not advanced to Round 2.

Theme Development

The primary themes identified from the results of the open-ended survey in Round 1 appear in Appendix M. The data analysis included examining the responses for the same or similar text segments focused on identifying fundamentals of a succession-planning program, and listing the responses according to themes identified. The purpose of the coding was to identify the fundamentals of succession planning used by leaders of health care organizations to advance high-potential performers into mission-critical nurse

leader positions. Coded responses were grouped according to likenesses and differences representative of the data collected. The most notable difference in the responses was six panelists from four of the five hospitals had previous experiences with succession planning, and little or no focus on succession planning within their current organizations.

The next step in analyzing the fundamentals identified from the responses to the open-ended questions was to explore any connection between major and minor ideas. Using an inductive approach to sort, code, and connect the data was an opportunity to examine likenesses in responses. The use of similar succession-planning fundamentals emerged from panelist responses to more than one survey question. Further examination of the contributing reasons to this phenomenon is in Chapter 5.

Using the Round 1 responses, the researcher developed 28 survey items to represent the fundamentals of succession planning used by nurse leaders to advance high-potential performers into mission-critical nurse leader positions. Question 1 and 2 included three statements each focused on strategy and program development. Question 3 included six statements, and focused on deploying high-potentials. Question 4 included five questions focused on developing high-potentials, and Question 5 included eight statements focused on developing leadership competencies. The last question included three statements on identifying high-potentials.

Round 2: Likert-Type Item Survey

The thematic findings from the qualitative data analysis completed in Round 1 provided the basis for the fundamentals of succession planning evaluated by the panelists in Round 2. Panelists received a Likert-type item survey with 28 statements describing fundamentals of succession planning (see Appendix N). Panelists selected one of the

agreement choices that ranged from 1 (strongly disagree) to 5 (strongly agree) for each survey item. Fifteen expert panelists responded to the survey.

On completing the Round 2 survey, reliability testing of the data occurred by calculating a Cronbach's alpha coefficient. Cronbach's alpha is a measure of internal consistency and measures the interrelatedness or correlating items assessed in a survey. A measure between .70 and 1.0 is a signal of internal consistency, and is indicative of satisfactory reliability for a survey. The Cronbach's alpha measure was .91 for the Round 2 survey. The Cronbach's measure was a mark that Round 2 survey items were 91% reliable in surveying the panel about fundamentals of succession planning at the time of the survey. The Cronbach's alpha is not a measure of consistency or stability over time. Future results of the same survey could vary with a different set of panelists, or if repeated at another time with the same group, results may be different.

The findings from the Round 2 data analysis appear as descriptive statistics in Appendix O. The researcher calculated the median response for each statement, and examined the level of consensus about fundamentals of succession planning, which is a complex phenomenon. The intent of the median calculation for the Round 2 survey responses was to identify the panelists' general level of agreement or disagreement as a group for with each fundamental of succession planning. A median value of 3.5 or greater signaled the panelists' tendency toward agreement with the fundamental. The median value of 11 (39.29%) responses was 5 (strongly agree) and the median value of 17 (60.71%) responses was 4 (*agree)*.

Round 3: Ranking Assessment

The researcher did not revise, reword, or reduce the 28 survey items that described fundamentals of succession planning from Round 2. The median score calculated for each item was at least 4. In the final round of the Delphi study, 14 expert panelists received the Round 3 survey via a unique link to SurveyMonkey. Panelists ranked the top five of the 28 fundamentals from 5 (highest rank) to 1 (least high rank). The goal of the individual ranking was to examine the panelists' responses, and group the fundamentals of succession planning in the context of an open systems framework, inclusive of inputs, throughputs, and outputs, supported by an organizational strategy.

In Round 3, the panelists' ranking of their top five fundamentals reflected a distributed opinion about fundamentals of succession planning as an open system. The descriptive statistics used to analyze the individual responses included the mean, frequency, and standard deviation for each response. The individual ranking of the fundamentals ranged from a mean of 0.500 to 0.071, and a standard deviation of 0.5189 to 0.2673. Five fundamentals received no ranking (see Appendix P). When reviewing the fundamentals of succession planning as an open system, the panelists' responses were spread across the phases of inputs, throughputs, and outputs, and strategy (see Table 11).

Table 11

Prioritized Fundamentals of a Succession-planning Program From Panelists' Ranking

Phase of open system	Responses (*n*)	Responses (%)
Strategy	26	37.14
Input (identify)	8	11.43
Throughput (develop)	21	30.00
Output (deploy)	15	21.43

Thirty-seven percent of the panelists ranked strategy as the most important fundamental of succession planning. Thirty percent of the panel ranked developing high-potential performers (throughput) as the second most important consideration of succession planning. Twenty-one percent of the panel ranked the actual deployment of high-potential performers (output) into a leadership position as the third important step in succession planning. The remaining 11% of the panelists' responses focused on identifying the high-potential performers (inputs) for succession planning (see Appendix Q).

Summary

Chapter 4 included a presentation and summary of the findings of the qualitative and descriptive statistical analyses, and data reduction gathered from the data collected during the qualitative Delphi study. Panelists responded to three rounds of data collection: (a) an open-ended six-question survey in Round 1, (b) a 28-item Likert-type item survey in Round 2, and (c) a ranking index survey in Round 3. The Delphi study is a mostly qualitative analytical approach, with a quantitative part, intended to gain added knowledge, and a better understanding of a phenomenon, through content development.

Thirty-five nurse leaders were invited to take part in the study. Sixteen nurse leaders took part in the start of the study, and 14 nurse leaders took part in all three of the survey rounds. Although the group was homogenous, based on eligibility for participation, and employment as a nurse within one of the five hospitals found in the mid-Atlantic region, the sample size was small and included various clinical settings.

Round 1 of the Delphi study consisted of a qualitative analysis of 16 panelist responses to six open-ended questions intended to elicit fundamentals about succession

planning. The responses were analyzed manually and entered into NVivo software to determine if additional opportunities existed for coding or reducing the data. The reason for using NVivo was to test the plausibility and confirmability of the emerging themes. The results of the coding from the NVivo software did not provide added information to code or reduce the data. The data collection period involved assessing similar responses using an inductive approach to sort, code, and connect the data.

Round 2 of the Delphi study included developing 28 survey items reflective of succession-planning fundamentals described by the panelists in the first phase of the study. The intent for Round 2 was to discover the level of agreement for each fundamental of succession planning identified by the panelists' responses to the Round 1 open-ended questions, using a Likert-type item survey. The researcher grouped the data collected from the Round 2 survey to measure the central tendency using the median, a more accurate measure of the midpoint than the mean, which can be pulled disproportionately to either side.

The goal of Round 3 was to build consensus among the panel for fundamentals of succession planning by examining the individual responses of the panelists from a systems perspective. The individual rankings of prioritized succession-planning fundamentals were distributed into groups matching the phases of an open system. The phases of an open system include inputs (identify), throughputs (develop), and outputs (deploy) supported by an organizational strategy. An important consideration for results in a Delphi study is that Delphi represents a synthesis of opinions from a limited number of participants. Included in Chapter 5 are the interpretation of the study results, the implications and recommendations for organizational leaders, a discussion of the study

limitations, and links between the current findings and future research opportunities for leadership succession.

Chapter 5

Conclusions and Recommendations

The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions (Griffith, 2012). Nurse executives and senior nurse leaders identified fundamentals of succession-planning programs, used by leaders of health care organizations, to advance high-potential performers into mission-critical nurse leader positions using the Delphi technique. The results of the study reinforced the current challenges, faced by health care leaders, to adopt a comprehensive model of leadership development and succession planning (Griffith, 2012; Trepanier & Crenshaw, 2013).

The successful transition of nurse leaders into mission-critical positions has a direct effect on patient safety, staff engagement, clinical results, and business continuity for health care organizations (Griffith, 2012; Sammer & James, 2011; Trepanier & Crenshaw, 2013). A strategy for succession planning needs to address the organizational culture and the five rights of people, place, time, things, and results (Rothwell, 2010). Strong leaders, the fit of new leaders, and a strategy to promote smooth leadership transition for mission-critical nurse leader positions are the results of succession planning (Crews, 2010; Trepanier & Crenshaw, 2013).

In Chapter 1, the challenges faced by health care leaders included retiring baby boomers and the effects of chaotic leadership transitions (Carriere et al., 2009; Griffith, 2012; Memon et al., 2009; Shirey, 2008; Trepanier & Crenshaw, 2013). Other challenges included the loss of institutional knowledge transfer and the barriers to developing and

advancing high-potential performers internally (Carriere et al., 2009; Griffith, 2012; Memon et al., 2009; Shirey, 2008; Trepanier & Crenshaw, 2013). The specific problem was health care leaders fail to establish and promote strategic programs for nurse leaders to identify and develop high-potential performers, build leadership capability and sustainability, and facilitate smooth leadership transitions through high-potential deployment (Trepanier & Crenshaw, 2013).

Chapter 2 included an extensive examination of the literature as a context for the research question. The chapter involved examining the published research for the many viewpoints about succession planning, programs for developing leaders, and models of succession planning. Based on examining the literature, a universal best practice approach to succession planning, applied by health care leaders, to promote smooth transition of mission-critical nurse leaders, failed to emerge.

The gaps in the literature included the absence of an organizational strategy for succession planning, how leaders identify high-potential performers, and inconsistent approaches to developing high-potential performers to advance into future leadership roles. The intent of the open-ended questions in Round 1 was to address the gaps identified, and explore current practices used to support leader development and succession planning. Chapter 3 included a detailed description of the method for the current qualitative Delphi research study.

Chapter 4 included a description of responses from the expert panelists who identified fundamentals of succession planning used to advance high-potential performers into mission-critical nurse leader positions. Sixteen leaders provided responses to the Round 1 questions. Ninety-six responses to six open-ended questions grouped for

likenesses and differences were divided into 235 text segments of the same or similar fundamentals on leadership development and succession planning. The text segments were grouped and subcategorized into 37 common themes and subthemes about the fundamentals of succession planning, and examined for frequency of response by panelists (Elo & Kyngas, 2008; Keeney et al., 2011). Twenty-eight survey items were developed to represent the fundamentals of succession planning used to advance high-potential performers into mission-critical nurse leader positions.

Panelists scored each of the 28 survey items to show their level of agreement, and each survey item resulted in a median score of at least 4.0 in Round 2. All 28 statements were advanced to Round 3. In Round 3, panelists ranked their top five fundamentals for a succession-planning program from 5 (highest rank) to 1 (least high rank). Twenty-three of the 28 fundamentals identified received at least a single ranking. The fundamentals of succession planning were sorted into topic areas of strategy, input (identify), throughput (develop), and output (deploy), consistent with the structural phases of an open system.

Chapter 5 includes a discussion of the research results, contribution of the findings to the existing body of literature, and significance of succession planning to organizational leaders. Included in the next sections are the limitations of the existing study, implications for leadership and future research, and recommendations for future studies. The chapter closes with a summary of the research study.

Findings and Interpretations: Fundamentals of Succession Planning

In Round 1 the panelists responded to six open-ended questions about the fundamentals of succession planning used by health care leaders to advance high-potential performers into mission-critical nurse leader positions. Panelists responded to

questions about (a) how succession planning fits into an organization's strategic management, (b) how organizational leaders develop an effective succession planning process, and (c) how organizations align high-potential leaders with targeted leadership positions. Panelists identified (a) how organizations promote high-potential leader development within the context of succession planning, (b) strategies used to develop leadership competencies, and (c) processes for identifying high-potential performers within an organization.

The Round 2 Likert-type item survey and Round 3 ranking assessment survey were the basis for the conclusions drawn about the fundamentals of succession-planning programs used to advance high-potential performers into mission-critical nurse leader positions. The individual rankings of prioritized succession-planning fundamentals were distributed into four topic areas matching the phases of an open system. The emerging fundamentals about succession planning, consistent with an open systems framework, include: (a) strategy, (b) identify (input), (c) develop (throughput), and (d) deploy (output). Figure 4 is a representation of how the panelists' responses about succession-planning fundamentals were grouped in the context of an open system.

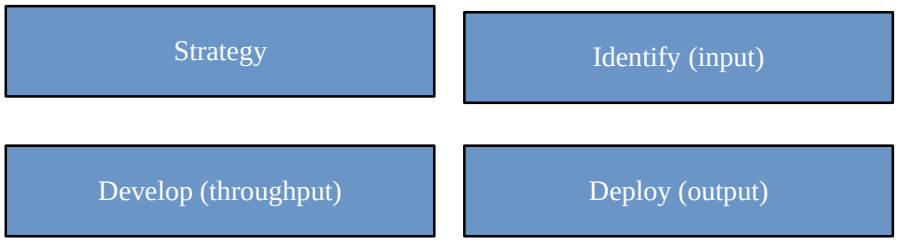

Figure 4. Succession planning topic areas.

Topic 1: Strategy. Panelists identified the importance of organizational strategies aimed to attract leaders at entry-level leadership roles, retain talented staff, and set up a way to educate and grow talented staff internally. Talent management is a multifunction

program, linked by a competency framework, and used to plan for an organization's human capital needs (demand), and build capacity (supply) to meet the demand (Cappelli, 2008b; Rothwell, 2010; Silzer & Dowell, 2010). Panelists identified organizational leaders' ability to recruit, retain, and develop high-potential performers as a key driver toward organizational sustainability and smooth leadership transition (Martin & Schmidt, 2010). Aligning the organization's culture, brand, and key qualities needed for success in leader positions are contributing factors to the success of high-potential performers within the internal talent pool (Collings & Mellahi, 2009; Mandhanya & Shah, 2010; Pellant, 2011). Health care leaders strive to develop a competitive advantage in hopes of preserving an organization's sustainability (Collings & Mellahi, 2009; Ohnmacht, 2012; Squazzo, 2009).

Topic 2: Identify (input). The importance of organizational fit emerged as key when identifying high-potential performers as future organizational leaders. Panelists identified the value of providing employees with the opportunity to assess their fit into the organization as an important consideration for advancing as a future leader. Panelists supported a progression of activity for internal leader development, noting the importance of organizational fit. Organizational leaders achieve objectives and create cultures of success when a good fit exists between the leader and the organization and between the leader and the leadership role (Galagan, 2008; Paradise, 2009; Sobol et al., 2007).

Organizational leaders have a responsibility to identify key leadership positions and aim for developing high-potential performers as a strategy to strengthen the internal talent pool (Fibuch & Van Way, 2012; Griffith, 2012). Panelists identified a leader's ability to attract talent at entry level leader roles, identify leadership development

opportunities, and retain the talented staff as contributing reasons for successful fit in leader positions. A benefit of a strategic succession-planning program, realized throughout the organization, is preventing chaos often associated with leader transitions (Collins, 2009; Manderscheid & Ardichvili, 2008).

Topic 3: Develop (throughput). The expert panelists identified many strategies to educate and develop high-potential performers for future leadership roles. Panelists identified internal leadership development programs and external resources, guidelines from the regulatory and compliance agencies such as The Joint Commission, and professional organizations such as the American Organization for Nurse Executives. Best practices used to develop health care leaders included a combination of experiential learning and relationship learning strategies (Hernez-Broome & Hughes, 2004; Ohnmacht, 2012; Rothwell, 2010).

Experiential learning accounts for the greatest portion of professional development and includes various strategies, such as stretch assignments, cross-functional assignments, and new job assignments (Hernez-Broome & Hughes, 2004; Macaux, 2010, Ohnmacht, 2012; Rothwell, 2010). Relationship learning strategies include 360-degree feedback, feedback from coaches during observational experiences, shared learning experiences, and continuous feedback from coaches and mentors (Rothwell, 2010; Shipman, 2007; Swearingen 2009). Organizational leaders who set expectations, and provide coaching and mentoring support to developing high-potentials, provide opportunities for high-potential performers to learn, grow, and succeed (Kunneman et al., 2011; Reissig, 2011). Panelists identified coaching and mentoring as strategies used to support developing a succession-planning program, to identify aligning

high-potential leaders with a targeted leadership position, and to develop the high-potential leader. The panelists' failure to distinguish between coaching and mentoring was consistent with the literature findings pointing to the confusion between the strategies noted in the literature (Fielden et al., 2009).

Topic 4: Deploy (output). Multilevel performance assessments such as the 360-degree assessment, annual performance evaluations, and peer review are tools for mentors and peers to evaluate high-potential performers and developing leaders (Conger, 2010; Silzer & Church, 2010). The benefit of using multiple assessment tools is to examine a high-potential performer's strengths and developmental opportunities when aiming for future leader roles against a performance standard (Reissig, 2011; Tosti & Addison, 2009). Once identified, high-potential performers and mentors have a baseline performance level on which to create an IPDP in preparation for transition into a mission-critical nurse leader position (Conger, 2010; Jones, 2010; McCallin et al., 2009; Ruyle & Orr, 2010). The standard against which to assess and measure the high-potential performer's readiness to deploy into a leadership position is a competency framework (Alban-Metcalfe & Alimo-Metcalfe, 2009; Conger, 2010; Ruyle & Orr, 2010; Yoon et al., 2010).

Competencies are the building blocks for leadership development and should reflect the values-based cultural behaviors necessary for leaders to succeed within an organization (Dalziel, 2011; Lee & Herring, 2009; Ruyle & Orr, 2010). A competency framework is the link between leadership competencies and the mission, vision, values, and culture of an organization (Conger, 2010; Jones, 2010; Lee & Herring, 2009; Ruyle & Orr, 2010). When deploying high-potential performers into leadership positions,

leaders use competencies to identify baseline performance, assess metrics to identify learning gaps, set up a learning plan, and evaluate progress (Conger, 2010; M. D. Jones, 2010; Ruyle & Orr, 2010). The expected result is successful deployment and smooth transition into a mission-critical nurse leader position.

Findings and Interpretations of Research Results

The critical finding of the research study was succession planning should not be managed as an isolated activity but developed as part of a comprehensive organizational strategy to increase the pipeline of leadership talent. Succession planning is important to health care organizations to ensure organizational sustainability and business continuity, and promote patient safety, as noted from the coded responses of the panelists from the content analysis. The panelists identified the benefits of engaging high-potential performers for future leadership roles and aligning employees for succession in leadership positions to assure a cultural fit between the organization and the employee. Twenty-five percent of the panelists noted the most common barrier to succession planning for nurse leaders in their current organizations was the absence or limited focus of a well-defined strategy to advance high-potential performers into mission-critical nurse leader positions.

The general problem is the ineffective transfer of institutional knowledge, culture, and values during leader transitions (Armitage et al., 2006; Carriere et al., 2009; Griffith, 2012; Hazarika, 2009; Martin & Schmidt, 2010). The specific problem is health care leaders fail to establish and promote strategic programs for nurse leaders to identify and develop high-potential performers, build leadership capability and sustainability, and facilitate smooth nurse leaders transition (Trepanier & Crenshaw, 2013). The panelists

identified fundamentals and practices of succession-planning programs used to support smooth transition into mission-critical nurse leader positions. The data resulted in broad groups of similar practices used by nurse executives and senior nurse leaders to promote leadership development and plan for succession in health care organizations.

When examining the fundamentals of succession planning in the context of strategy, identifying, developing, and deploying high-potential performers, strategy was the highest ranked topic based on the convergent results of the ranking index. The lack of an evidence-based, comprehensive succession-planning strategy to advance high potentials and plan for succession, contributes to high costs, loss of productivity, and poor fit between leaders and stakeholders (Collins, 2009; Griffith, 2012; Squazzo, 2009). When planning for succession, the Delphi panelists indicated that organizational leaders should define their strategy in terms of what leadership positions are included in the succession plan, and how leaders conduct succession planning in the context of advancing high-potential performers.

When health care leaders prioritize leadership development and succession planning, they gain a competitive advantage by promoting organizational sustainability and business continuity (Anderson, 2010). High-potential performers benefit from multilevel performance assessments, blended with coaching and mentoring support from leaders and executives, to provide rich learning experiences to increase the depth of internally qualified talent (Reissig, 2011; Tosti & Addison, 2009). The panelists suggested health care leaders should attract talent at entry-level leadership roles and develop the talent for future leadership opportunities.

Succession planning as an open systems framework. The current research was the basis for examining succession planning as an open system (structure) using an adaptation of the NSDT, and applying the leadership emergence theory (process). The basic fundamentals of an integrated talent management program and a robust succession-planning strategy include identifying, developing, and deploying high-potential performers to succeed incumbents as future leaders within the organization (Lord & Hall, 2005; Rothwell, 2010; Stadler, 2009). The conceptual framework evolved based on the data analysis from Round 4, and provided the basis for the assumptions, methods, and overall guidance of the study.

In Round 2, the panelists collectively indicated they agreed or strongly agreed with each of the fundamentals of succession planning. In Round 3, each panelist ranked the five most important fundamentals of succession planning. The panelists' responses were spread across 23 of the 28 fundamentals of a succession-planning program coded from the Round 1 responses. Figure 5 is a representation of the highest ranked individual results in Round 3, distributed across strategy, identify (input), develop (throughput), and deploy (output).

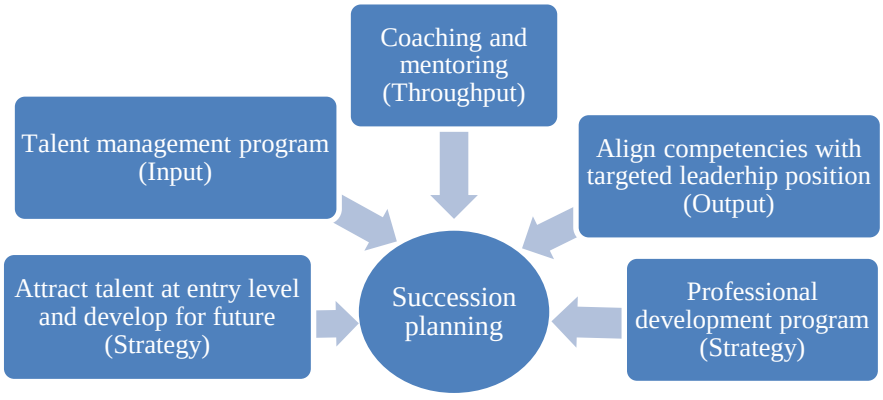

Figure 5. Delphi Round 3: Highest ranked individual fundamentals.

The conceptual framework, shown in Figure 6, is a suggested adaptation of the NSDT, based on the open systems framework for succession planning. The Round 3 ranking of panelists' individual responses, when distributed across all phases of succession planning as an open system, included strategy, with a series of inputs, throughputs, and outputs. Succession planning, when viewed as an open systems framework, is dependent on a negative feedback loop that maintains a dynamic equilibrium of the system, and provides continuous inputs into the system by interacting with the external environment (Meyer & O'Brien-Pallas, 2010).

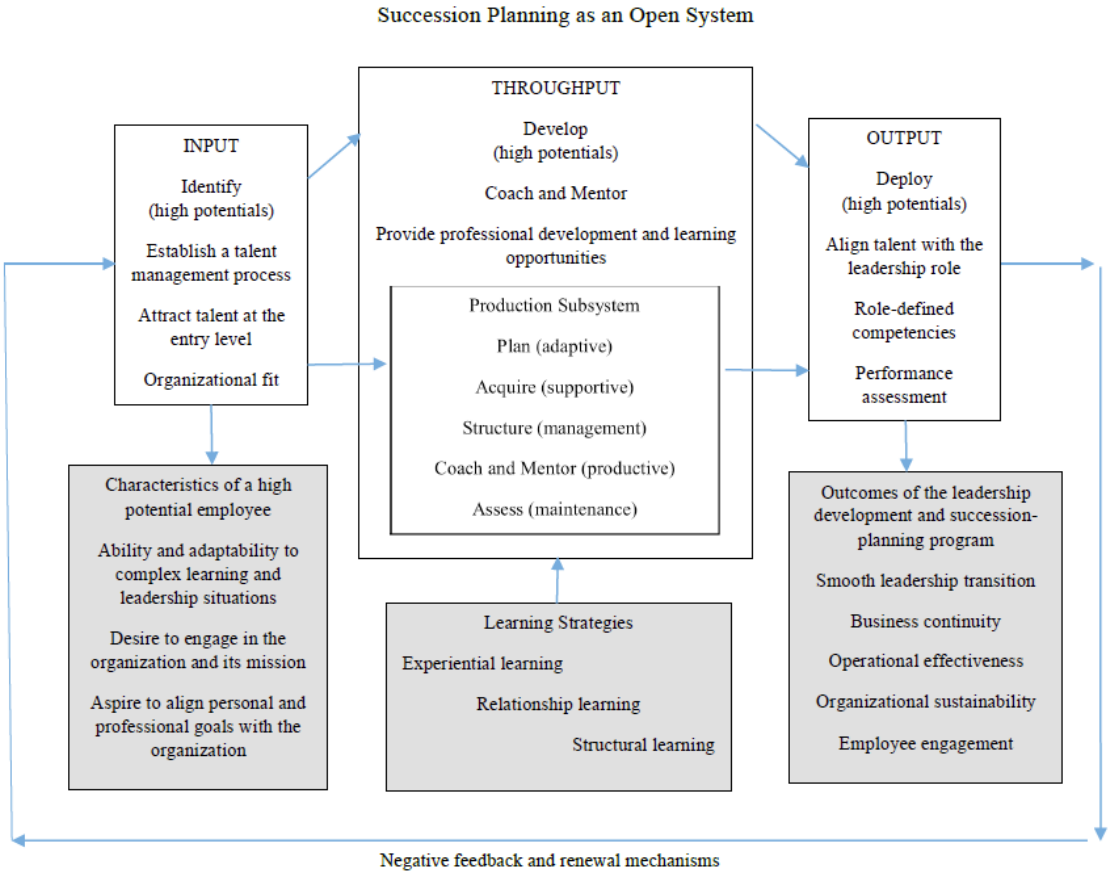

Figure 6. Succession-planning framework.

Negative feedback, described as negentropy, is necessary to prevent entropy, or the chaotic disorder resulting from a loss of inputs, to the system, and promote the

adaptability of the system, and subsystems (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010). Attracting new talent, or human capital, internally and externally, based on the organizational strategy for determining which positions need succession planning, becomes the continuous source of inputs for developing leaders and planning for the succession of incumbent leaders. The result is a steady state, or a dynamic equilibrium, that occurs from the continuous flow of resources in and out of the system (Amagoh, 2008; Katz & Kahn, 1978).

The approach used by health care leaders to identify high-potential performers and support the continuous nature of succession planning becomes part of the strategy for the program (Al Hosis, Plummer, & O'Connor, 2012). An open system continues to work when inputs, the identified high-potential performers, become the system's throughput by developing high-potential performers (Al Hosis et al., 2012). Through a series of learning opportunities (throughput), a high-potential employee displays the competencies needed to deploy as a successful leader in the organization (Conger, 2010; Griffith, 2012; Orr et al., 2010).

The output phase of the succession planning system reflects advancing the high-potential performer when matched with a specific role. Deploying new leaders into aligned leadership roles results in responses with the external environment (output) including peers, subordinates, and organizational leaders (Echtenkamp, 2004). The responses are an indication of the leader's efforts to adapt and uphold a balance in performance (Echtenkamp, 2004).

Many of the panelists described an informal program without a strategy defined by their executives. Developing high-potential performers, successfully, for focused

nurse leader positions strengthens the leadership pipeline to support smooth transitions into mission-critical nurse leader positions (Griffith, 2012; Trepanier & Crenshaw, 2013). The production subsystem, which focuses on the throughput (leader development) of the open system (succession planning), is indicative of the strategic approach needed by an organization to develop and sustain an effective succession-planning program.

Each of the shaded areas contains a list of considerations, supported in the literature, for each phase of the system. When identifying the high-potential performer, health care leaders must consider the organization's mission, vision, values, and strategic objectives, to ensure the candidate is a good fit (Conger, 2010; Jones, 2010; Silzer & Dowell, 2010; Sullivan, 2011, Tye, 2012). Strategies applied to developing high-potential performers can be distributed consistent with the 70/20/10 learning model (Byham & Byham, 2010; Lombardo & Eichinger, 2000).

Answer to the research question. The research question framed the study, aligned the purpose of the research study, and was the driving force for using the Delphi research method (Riva et al., 2012). The current Delphi study involved addressing the purpose of the study through a single research question (Christiansen et al., 2011). Nurse executives and senior nurse leaders' responded to six open-ended questions that served as the basis for information discovery during the first round of the three-round Delphi study. Content analysis of the Round 1 data was the basis for the Round 2 and Round 3 surveys intended to evaluate and rank the data gathered to answer the research question (Christiansen et al., 2011).

The research question was as follows:

R1: What is the level of consensus among health care leaders as to the fundamentals of a succession-planning program used to advance high-potential performers into mission-critical nurse leader positions?

The study panelists identified fundamentals and practices of succession-planning programs used to support smooth transition into mission-critical nurse leader positions. During Round 1, the 235 text segments derived from the panelists' responses to the open-ended questions were consolidated into 37 themes, and reduced to 28 succession-planning fundamentals. Based on the individual ranking of the succession-planning fundamentals, the panelists ranked 23 of the 28 fundamentals as important. The data analysis and reduction resulted in broad groups of similar practices, distributed according to four main topic areas, which were representative of similar practices used to develop leaders and plan for succession. The convergence of opinion by the Delphi panel resulted in identifying, developing, and deploying high-potential performers, guided by an organizational strategy for how succession planning is applied in the organization. The basic fundamentals of succession planning were consistent with establishing a methodology for succession planning using an open systems framework of inputs (identify), throughputs (develop), and outputs (deploy), supported by an organizational strategy.

Alignment With Conceptual Framework

The basic fundamentals of an integrated talent management program and a robust succession-planning strategy include identifying, developing, and deploying high-potential performers to succeed incumbents as future leaders within the organization (Lord & Hall, 2005; Rothwell, 2010; Stadler, 2009). The conceptual framework was

examined for its applicability to the complex nature of leadership development and succession planning in health care organizations (Katz & Kahn, 1978; Echtenkamp, 2004). Included in the conceptual framework for the current research study was the NSDT, based on an open systems framework, and the leadership emergence theory for developing high-potential performers who aspire to become organizational leaders. The conceptual framework provided the basis for the assumptions, methods, and overall guidance of the study.

Nursing services delivery theory and open systems. The NSDT, developed to reflect the complexity of nursing work, staffing, and the care delivery environment, is based on the open systems theory (Meyer & O'Brien-Pallas, 2010). The researcher adapted the NSDT as a method for advancing internal talent into future leadership roles within the organization to support smooth transition of mission-critical nurse leaders. Health care leaders can set up an open system environment to support leadership development and succession planning in which high-potential performers, who desire to advance as future organizational leaders, become the system's inputs (Katz & Kahn, 1978; Echtenkamp, 2004).

Succession planning, when viewed as an open system framework, is dependent on a negative feedback loop that maintains a dynamic equilibrium of the system, and provides inputs into the system by interacting with the external environment (Meyer & O'Brien-Pallas, 2010). The negative feedback and renewal system, or the negentropy of the system, is the energy generated to keep the system running, and in order. Organizational leaders have the responsibility of identifying what positions are in need of a succession plan, and developing the criteria used to identify high-potential performers.

As the system continues to be reenergized with new energy, or new inputs by identifying high-potential performers, the system remains an open system. Without continued inputs, the system becomes a closed system, and will eventually shut down.

The production system, applied to the succession planning framework, includes planning, acquiring, structuring, coaching and mentoring, and assessing competency of high-potential performers (Meyer & O'Brien-Pallas, 2010). The production subsystem extends across the entire system of succession planning (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010). The activities of the production system can be spread across the four main topic areas discussed earlier in Chapter 5 represented by strategy, identifying, developing, and deploying high-potential performers. The transformation of energy (throughput) occurs when a high-potential performer develops the skills to enter the leadership pipeline in preparation for deployment as a future leader of the organization (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010). The replenishing of the system occurs when new high-potential performers are identified and their leadership development begins.

Leadership emergence theory. High-potential performers who aspire to become future leaders embark on a leadership development journey (Stadler, 2009). Consistent with the leadership emergence theory, high-potentials continue to develop their leadership skills, and build upon their experiential and relationship learning experiences throughout their leadership development journey (Hernez-Broome & Hughes, 2004; Macaux, 2010, Ohnmacht, 2012; Rothwell, 2010). Developing future leaders, and planning for succession includes verifying a good fit between the organizational culture and the high-potential performer. Promoting the leadership journey for high-potential

performers as future organizational leaders strengthens the leadership pipeline, and supports the smooth transition of high-potential performers into mission-critical nurse leader positions (Campbell & Smith, 2014; Fibuch & Van Way, 2012; Griffith, 2012).

Significance of the Study

The role of the health care leader includes the ability to carry out strategic initiatives, achieve established targets, and meet the complex needs of the stakeholder community (Schyve, 2009; UOPX, 2014). An unplanned gap in leadership has the potential to create doubt among the workforce and affect organizational performance, resulting in potential compromise to patient care (Collins & Collins, 2007b; Davila & Ramirez-Pina, 2014; Disch et al., 2011). Building on the results of the current study, health care leaders need to develop a criteria-based plan for how to determine the key positions for nurse leader succession as part of the program strategy.

The anticipated shortfall of 67,000 qualified nurse leaders by 2020 intensifies the need for health care executives to establish a succession-planning program to advance high-potential performers into mission-critical nurse leader positions (Griffith, 2012; Shirey, 2006; Titzer & Shirey, 2013). When health care leaders prioritize leadership development and succession planning, they gain a competitive advantage by promoting organizational sustainability and business continuity (Anderson, 2010). Succession planning, when viewed as an open system, is dependent on a negative feedback loop that provides continuous inputs into the system based on the interactions with the external environment. From an organizational perspective, talent, or human capital, becomes the continuous source of inputs into the system (Rothwell, 2010). The research findings in the current study reinforced the value of attracting high-potential talent into the

organization for entry-level leadership roles, and developing the talent for future leadership opportunities within the organization.

When planning for the succession of incumbents, and developing high-potential performers to advance as future organizational leaders, health care leaders have a responsibility to recognize the various leadership styles and the diversity of organizational cultures (Jackson & Watson, 2009; Valentine, 2011). More importantly, how health care leaders approach leadership development and succession planning is not a "one size fits all" (Garman & Johnson, 2006; Kahane, 2008; Scott et al., 2010; Titzer & Shirey, 2013). Health care leaders want similar results from an integrated talent management program when developing leaders, and the path followed and strategies used to achieve the results reflect the cultural differences of health care organizations (Jackson & Watson, 2009; Valentine, 2011). The current research findings reinforced the importance of aligning the leader with the organization, and determining the right fit between the leader and the leadership role, by assessing the high-potential performer against role-defined competencies.

A successful strategy for strengthening the leadership pipeline in health care organizations includes advancing high-potential performers as future leaders, to promote smooth transition in mission-critical nurse leader positions (Davila & Ramirez-Pina, 2014; Fibuch & Van Way, 2012; Griffith, 2012). The aging population and shrinking nursing workforce, marked by more than 10,000 baby boomers retiring daily, are contributing to a dwindling pool of effective health care leaders and the doubt of the health care workers (Chavez, 2011; Ogden, 2010). Health care leaders need a strategy for identifying high-potential performers to ensure succession planning as an open system

continues to work. The Delphi panel suggested establishing a talent management program as a means of identifying high-potential talent within the organization.

Researchers in and out of the health care industry have indicated the value of succession planning at many levels within organizations (Griffith, 2012; Rothwell, 2010; Titzer & Shirey, 2013). The benefits of succession planning include strengthening the leadership pipeline, preventing chaos associated with the absence of strong leaders, and promoting organizational sustainability (Collins, 2009; Disch et al., 2011; Khatri et al., 2010; Ogden, 2010). Research findings in the current study indicated nurse leaders endorse the value of succession planning to advance high-potential performers as future leaders into mission-critical nurse leader positions, even in the absence of a structured succession-planning program. The value of succession planning and advancing high-potential performers as the future leaders of organizations both in and out of the health care industry is addressed in the next section about best practices in high-potential development.

Best practices in high-potential development. Experts from the NCHL (2010) suggested recruitment efforts in health care often include outreach to other industry experts. Health care leaders employ expert candidates for targeted positions including leadership, service excellence, information technology, and innovation (NCHL, 2010). Leaders at Booz Allen Hamilton (2014) defined succession planning as an insurance plan for organizations and noted the equally important strategies of individual development and identification of critical positions within the organization. PricewaterhouseCoopers (2006) leaders examined emerging practices among government agencies and noted the value of high-potential programs as an exceptional strategy to nurture and grow senior

talent. Many agree the need for a leadership development and succession-planning strategy is greater in health care, and intensified by shortages at all levels of leadership, not only the executive level (NCHL, 2010).

Knowledge experts from the NCHL explored organizations both in and outside the health care industry as a means of identifying best practices for talent management and succession planning (NCHL, 2010). Results from the search included the ten best practices to support talent management and succession planning (NCHL, 2010). Consistent among the results was the value of high-potential employee development adopted as a strategy to expand the internal talent pool as leadership transitions emerge (Booz Allen Hamilton, 2014; NCHL, 2010; PricewaterhouseCoopers, 2006).

In 2002, the CEO of the North Shore-Long Island Jewish Health System committed to investing in workforce development and promoting internal talent (NCHL, 2010). The aim of the strategic initiative was to support the organization's efforts to develop leaders from within and meet the future challenges of health care (NCHL, 2010). Consistent with the results of the current Delphi study, leaders of the North Shore-Long Island Jewish Health System developed a strategic program focused on the fundamentals of advancing high-potential performers as future leaders within the organization (NCHL, 2010). The program included identifying, selecting, assessing, and developing high-potential individuals. Strategies used were consistent with the findings of the current Delphi study (NCHL, 2010).

Leaders at PepsiCo described their succession-planning strategy using four fundamentals to decide the company's demands for current and future leaders (Hartley, 2011). The four fundamentals included a needs assessment to connect the talent needs

with the organizational business strategy (Hartley, 2011). The needs assessment resulted in a gap analysis to determine the supply and demand of talent available to meet both the current needs, and future needs of the organization (Hartley, 2011). The third fundamental, described as the three B's, included broaden, buy, and bond (Hartley, 2011). Leaders broaden the existing talent to maximize their potential, buy (recruit) external talent to diversify the current state, and bond with (engage) existing talent to promote retention (Hartley, 2011). The goal is to ensure an acceptable supply of talent to meet the current and future needs of the company (Hartley, 2011).

The fourth fundamental is measure for tracking progress to ensure continuing improvement of the company's global leadership performance (Hartley, 2011). Consistent with other best practice companies, PepsiCo begins their succession planning with an organizational strategy reflective of the company's business strategy (Hartley, 2011). The succession planning philosophy at PepsiCo reflects the phases of an open system (input, throughput, output), consistent with the conceptual framework for the current research study.

When the new CEO and CNO at Virginia Mason Medical Center in Seattle, Washington assumed their executive leader roles in 2000, they set out to create a cultural transformation (Kaplan & Tachibana, 2012; Kenney, 2015). A strategic priority was to respect and focus on the people, to attract and develop the best team, and not just the superstars (Kaplan & Tachibana, 2012; Kenney, 2015). To accomplish their goal, the leaders at Virginia Mason Medical Center described two focus areas for internal development (Kaplan & Tachibana, 2012; Kenney, 2015). The focus of talent management was aligning the people capabilities with the organizational needs, and the

focus of succession planning was identifying individuals with the potential to fill future leader roles (Kaplan & Tachibana, 2012; Kenney, 2015).

The talent management strategy at Virginia Mason included six principles: (a) recruit, (b) set direction, (c) ongoing feedback, (d) rewards and guidance, (e) develop, and (f) succession plan (Kaplan & Tachibana, 2012; Kenney, 2015). To retain and grow the leaders internally, talent reviews were conducted annually, using pre- and post-assessments of individuals interested in advancing as leaders internally (Kaplan & Tachibana, 2012; Kenney, 2015). The executive team reviewed the talent profiles, and made recommendations for individual development using an IPDP (Kaplan & Tachibana, 2012; Kenney, 2015). The leaders adopted the 70/20/10 development philosophy (Kaplan & Tachibana, 2012; Kenney, 2015).

When creating a versatile team, an important consideration is to understand the leader's potential (Kaplan & Tachibana, 2012; Kenney, 2015). The leaders at Virginia Mason examined a leader's potential as the blend of ability, engagement, and aspiration (Kaplan & Tachibana, 2012; Kenney, 2015; Martin & Schmidt, 2010). As noted previously in this manuscript, advancing high-potentials for future leader roles must show progress in all three areas (Martin & Schmidt, 2010).

At Virginia Mason, all leaders have a succession plan, and when a successor is prioritized, the plan for advancing is fast-tracked, and focused on the expected result (Kaplan & Tachibana, 2012; Kenney, 2015). When assessing positions for succession, the leaders at Virginia Mason consider both the strategic importance of the position, and the retirement risk of the position (Kaplan & Tachibana, 2012; Kenney, 2015). Leader success requires transparency, trust, and teamwork (S. Saha, personal communication,

July 17, 2014). The leaders at Virginia Mason learned (a) trust is fundamental, (b) follow-up is essential, and (c) developing leaders is not an isolated event, but a journey (Kaplan & Tachibana, 2012; Kenney, 2015). The leaders learned that when developing future leaders and planning for succession, if done right, a full commitment from the current leadership team results in developing engaged leaders (Kaplan & Tachibana, 2012; Kenney, 2015).

Health care leaders face challenges in defining what the high-potential performer is and is not, when developing high-potential performers (Campbell & Smith, 201**4**; Martin & Schmidt, 2010; Stomski & Attkisson, 2013). Martin and Schmidt (2010) described the differences between high-potential employees and high-performing employees, noting that high-potential employees consistently display specific characteristics. High-potential employees: a) demonstrate ability and adaptability to complex learning and leadership situations, b) desire to engage in the organization and its mission, and c) aspire to align personal and professional goals with the organization (Martin & Schmidt, 2010). The challenge faced by organizational leaders is how to assess high-potentials for ability, engagement, and motivation (Cummings et al., 2008; Stomski & Attkisson, 2013; Wan, 2011).

Organizational leaders recognize high-potentials for their ability to deliver strong results credibly, master new types of technical expertise to broaden their influence, and display behaviors consistent with organizational role models and mentors (Ready et al., 2010a). Without an organizational strategy to identify high-potentials, reflective of the organization's mission, vision, values, and opportunities, organizational leaders face many challenges in defining what the high-potential represents within their respective

organizations (Stomski & Attkisson, 2013). The absence of an organizational strategy to guide identifying the high-potential performer, and discover the high-potential performer's readiness to advance in the organization, limits effective results from succession-planning programs (Fibuch & Van Way, 2012; Griffith, 2012; Kim, 2012). When distributing the panelists' responses, strategy ranked as the leading category of succession planning fundamentals, consistent with the gaps identified in the literature review.

Ready, Conger, Hill, and Stecker (2010b) described "anatomy" of a high-potential with four "X factors" including: a) drive to excel, b) catalytic learning capability, c) enterprising spirit, and d) dynamic sensors. Ready and colleagues (2010b) suggested leaders review current practices for identifying, developing, and keeping high-potential employees, to prevent an imbalance between the supply and demand of available talent. Leaders of many top performing global companies assess high-potentials using leadership style inventories, personality tests, values inventories, behavioral interviews, and 360-degree feedback (Sorensen & Timmerman, 2012; Stomski & Attkisson, 2013). Results of the current study were consistent with the industry leaders' use of multilevel and multidimensional performance assessments to determine the fit between high-potential performers and leadership roles.

Transferability of results. Readers of the current research study may decide the findings of the current study to be transferable to other acute-care health settings (Barnes et al., 2012; Disch et al., 2011; Fawcett & Garity, 2009). The results of the current study might be applicable to smooth transitions in health care leadership roles beyond the role of the mission-critical nurse leaders (Titzer et al., 2013). The unique role of mission-

critical nurse leaders may limit the transferability of the results to other industries beyond the health care community (Barnes et al., 2012; Disch et al., 2011; Fawcett & Garity, 2009).

Leaders who embrace the results of the current study might champion the value of a succession-planning strategy to industry leaders beyond health care who anticipate planned leadership transition over the next few years. An added benefit to a comprehensive succession-planning program is matching an internal candidate with the skills needed for a specific leader role when an unplanned leadership transition occurs. The results of the study included the value of identifying high-potential performers for future leadership positions, and recruiting high-potential performers to aim for leadership development at entry levels within the organization. The value of a talent management program in health care includes advancing high-potential performers to succeed as future organizational leaders (Kim, 2012; Ogden, 2010; Ohnmacht, 2012).

Health care leaders who support succession-planning programs embrace the value of advancing high-potential performers and approach the initiative as a system, not as a single event (Kim, 2012; Ogden, 2010). Effective talent management programs need an integrated approach, supported by competencies, to coordinate recruitment, performance management, workforce planning, leadership development, and succession management (Ohnmacht, 2012; Sundararajan, 2009). Members of the expert panel identified the importance of staff development, performance management driven by multisource feedback, and coaching and mentoring strategies supported by a competency-based assessment (Dye, 2005; HRIC, 2006; Rothwell, 2010; Sobol et al., 2007).

The results of the Delphi study supported the value of managing succession as an open system, dependent on inputs, throughputs, and outputs, and guided by an organizational strategy for developing high-potential performers. By developing an integrated talent management program, health care leaders apply a systematic approach to advancing high-potential performers into mission-critical nurse leader positions. When totaling the data for fundamentals of succession planning, the panelists' ranked assessments focused on organizational strategy and high-potential development (throughput), followed by deploying (output) and identifying (input) high-potential performers (Amagoh, 2008; Meyer & O'Brien-Pallas, 2010).

Panelists agreed on the need by organizational leaders to assess the cultural fit between the employee and the organization when defining future leadership opportunities. Leaders of professional health care organizations, such as AONE and the ACHE, set up competencies for nurse leaders and health care leaders (ACHE, 2011; AONE, 2011). When health care organizational leaders define the expectations for health care leaders, the value of the competencies intensifies (Rothwell, 2010, 2011; Sobol et al., 2007).

Competencies defined for a specific leadership role support the alignment of the leader with the organizational culture (Rothwell, 2010, 2011; Sobol et al., 2007). Competencies become even more important to ensure the right fit between the person and the role (Rothwell, 2010, 2011; Sobol et al., 2007). The organizational fit of a new leader is the key to successful employee engagement that drives organizational performance, business continuity, and promotes a competitive advantage (Garman & Tyler, 2007; Ogden, 2010).

The gap in results. Consistent with the gaps in literature, the panelists failed to identify the contributing causes for the lack of an organized strategy for advancing high-potentials within their current organizations. While absent from the results of the current study, several known reasons contribute to the absence of an organizational strategy for succession planning in health care (Garman & Tyler, 2004, 2007; HRIC, 2006; Squazzo, 2009; Trepanier & Crenshaw, 2013). Competing organizational priorities and an inadequate supply of leaders to plan and develop the programs represent barriers to strategic planning for succession in health care organizations (Griffith, 2012; HRIC, 2006; Squazzo, 2009; Trepanier & Crenshaw, 2013). Another critical need, in demand, for leader development and succession planning, is internally competent mentors (Griffith, 2012; HRIC, 2006; Squazzo, 2009; Trepanier & Crenshaw, 2013).

A gap in the results existed between the depth of the panelist responses and the reasons for absence of an organizational strategy to support succession planning. The panelists ranked the fundamentals of succession planning, and their responses were consistent with an open system of inputs, throughputs, and outputs, supported by an organizational strategy. Findings in the literature reflected the absence of an organizational strategy, and an undefined approach used to identify high-potential performers as two of the gaps for developing future nurse leaders. Of interest, the panel's totaled results showed strategy as the most important priority of succession planning, and identifying the high-potential performer as the lowest priority in succession planning. A discussion of potential factors contributing to these results appears in the Recommendations for Future Studies section.

Limitations to the Study

The limitations of the study are principally related to the weaknesses of the study. The use of purposive sampling, the depth of panelists' experience in succession planning, and the panelists' opinions about the most important phases of succession planning, may limit the transferability of the study. The panelists represented a sample of nurse executives and senior nurse leaders chosen based on their self-reported expertise as nurse leaders and their role as a senior nurse leaders.

The homogeneity of the study panelists and the small sample size may have affected the transferability of the study (Ferguson, 2004; Neuman, 2006). The recommended sample size for a Delphi study varies according to researchers and ranges from as few as four to as many as 3,000 panelists (Cantrill, Sibbald, & Buetow, 1996; Keeney et al., 2011; Skulmoski et al., 2007). Researchers reviewed many Delphi studies and noted sample sizes between 10 and 100 panelists (Meskell et al., 2014; Keeney et al., 2011). Researchers suggested a minimum response rate of 70% for each round to preserve rigor (Cramer et al., 2008; Keeney et al., 2011). The study began with a sample size of 16 in Round 1 (100%), decreased to 15 (93.75%) responses in Round 2, and ended with 14 (87.5%) responses in Round 3.

The researcher consolidated the responses to the open-ended questions, performed a content analysis, and reduced the data into surveys for Round 2 and Round 3. In Round 3, the results of the ranking index, viewed as an open system of inputs, throughputs, and outputs, contributed to the perspective that succession planning is continuous, and not an isolated event. The absence of a strategy for succession-planning programs, described by some nurse leaders taking part in the study, may have limited the results. Panelists'

responses reflected a knowledge base about succession planning as a blend of current and previous experience with and without a formalized approach to succession planning by their current employers.

The nature of the Delphi study is to build a level of consensus from the individual knowledge and opinions provided by each member of the expert panel. The three-round Delphi study provided several iterations of the information gathered in Round 1 for the panelists to consider their own responses and decide their agreement or disagreement with the data gathered. The totaled responses from the panelists in ranking the fundamentals of succession planning pointed to the importance of examining succession planning as a system, and not as a series of isolated events.

Another limitation was not combining responses between Round 2 and Round 3. The 28 survey items in Round 2 each received a median score of at least 4.0, which exceeded the minimum needed for responses to advance from Round 2 to Round 3. The study method pointed to advancing all fundamentals with a median of 3.5 and greater from Round 2 to Round 3. The individual results of Round 3 might have been different if the researcher had consolidated the statements to a smaller number of choices for the panel to rank.

Recommendations for Future Studies

Building on the findings of the current research, future research opportunities include exploring fundamentals of succession planning used in health care organizations without a defined strategy to advance high-potential performers for leadership positions, in the context of an open system. By examining organizations of a regional or state hospital association, a researcher could gain a broader perspective of leader development

and succession planning practices for nurses and other health care leaders. As part of the study, a researcher might also explore strategies applied to succession planning for chief executives within the same health care organizations to discover existing practices applicable to mission-critical nurse leader succession.

A second research opportunity includes evaluating existing succession planning frameworks in place in health care organizations. The research recommendation is to examine the methodologies used to develop and implement an organization's succession plan, and determine how the organizational leaders evaluate the effectiveness of their succession planning efforts. Discovery from the research may provide leaders with lessons learned about identifying, developing, and deploying high-potential performers for mission-critical nurse leader positions.

A third recommendation for future research is to explore the advantages and disadvantages of succession planning for mission-critical nurse leader roles within health care organizations. Long-term stability in executive leader roles has the potential to promote an inertia-bound culture created by constancy of equilibrium (Tye, 2012). The research might provide insight into the value of internal versus external leader candidates for mission-critical leadership roles within a health care organization when a cultural transformation is needed or in progress. New generations of leaders have the potential to foster quantum leaps in an organization's cultural transformation and build a critical mass intended to spark the needed cultural shift (Tye, 2012).

A fourth recommendation for future research is to expand the current Delphi study to a larger sampling of participants within the same organizations. An expanded scope of participants, such as chief executives, chief operating officers, and chief human

resource officers might provide added insight to the organizational challenges and current practices used to advance high-potential performers. An examination of succession planning philosophies and perspectives by executive teams in health care organizations might reveal an alternative perspective to a homogenous sampling of nurse executives and senior nurse leaders within each organization.

Recommendations for Leadership

Health care leaders have a responsibility to ensure seamless leadership transitions for organizational leaders. The goal and expected result of any leadership transition is to ensure "the right person with the right skills in the right place at the right time" (Khatri et al., 2010, p. 44). Successful leadership transitions result in organizational success, a critical mass of engaged employees, heighten the competitive advantage of the organization, and promote business continuity (Carriere et al., 2009; Squazzo, 2009).

The benefit gained from a strategic initiative to support leadership development and succession planning in health care organizations is developing a strong internal platform for identifying, developing and retaining high-potential performers in consideration of future leader roles. Executive coaches and mentors provide experiential learning to high-potential performers to create opportunities for emerging new ways of thinking and producing solutions. A benefit of a robust leadership development and succession-planning program might be recruiting new employees with ambitions for future leadership roles within the organization. Consistent with the perspectives gained from the expert panel, organizational leaders should attract talent at entry-level leadership roles and develop such individuals for future leadership opportunities within the health care organization.

Critical to the success of any leadership transition is a leader's ability to understand the organizational culture, discover fit with the role, and grow the organization beyond its current performance (Tye, 2012). Professional nurses who aspire to become formal nurse leaders and nurse executives are key stakeholders in health care leaders' efforts to explore planning, developing, and coordinating a succession-planning strategy. Advancing high-potential performers, including frontline professional nurses, is an opportunity to build on the organizational strategy for succession planning and to test the path of success through frontline nurse education and development. Providing frontline nurses with experiential and relationship learning, blended with the traditional learning strategies, provides an excellent baseline opportunity to launch a leadership development and succession-planning program within a health care organization.

Summary

Introduced in Chapter 1 was the basis for the current research study. The specific problem explored was health care leaders fail to establish and promote strategic programs to advance high-potential performers, build leadership capability and sustainability, and facilitate smooth leadership transitions through high-potential deployment (Trepanier & Crenshaw, 2013). A strategic organizational initiative to support succession planning for mission-critical nurse leader positions is a cost-effective solution for leader transition (Garman & Tyler, 2004, 2007; Silzer & Church, 2010).

The results of an organizational succession-planning strategy include (a) successful leader alignment with the organization, (b) frontline staff engagement, (c) enhanced employee morale, and (d) minimal organizational learning for a qualified external candidate (Griffith, 2012; Squazzo, 2009). Health care leaders identified many

barriers to organizational support, and the presence of coordinated strategies necessary to promote successful leadership transitions (Garman & Tyler, 2004, 2007; HRIC, 2006; Squazzo, 2009; Trepanier & Crenshaw, 2013). Competing organizational priorities, limited resources, and high costs are contributing reasons for inconsistencies of an organizational succession-planning strategy (Coonan, 2005; Garman & Tyler, 2004, 2007; HRIC, 2006; Squazzo, 2009).

The expert panelists in the current research study identified fundamentals of succession planning used to advance high-potential performers into mission-critical nurse leader positions. In Round 3, the study panelists individually ranked their five most important fundamentals. The totaled responses of the ranking showed the importance of each phase of succession planning when viewed as an open system of inputs, throughputs, and outputs, supported by an organizational strategy (Katz & Kahn, 1978; Meyer & O'Brien-Pallas, 2010).

An organizational strategy to lessen the harmful effects created by a leadership void, real or potential, is needed for leaders to manage effectively, the complex nature of health care (Collins & Collins, 2007b; Griffith, 2012). The results of the Delphi study represent a synthesis of opinion in support of succession planning for aspiring nurse leaders, to support smooth transition into mission-critical nurse leader positions. Consistent with the literature review, panelists agreed with the importance of strategic coordination and leadership development as key fundamentals for succession planning in health care (Garman & Tyler, 2004, 2007; Rothwell, 2010; Sobol et al., 2007; Squazzo, 2009).

Conclusion

Health care is a complex business (Carriere et al., 2009; Squazzo, 2009). Health care leaders must be able to adapt and respond to constant change and doubt amid the challenge of upholding an organization's business continuity (Carriere et al., 2009; Squazzo, 2009). A cost-effective solution to plan for succession noted in the literature is developing a path for high-potential performers leading toward internal advancement (Coonan, 2005; Garman & Tyler, 2004, 2007; Silzer & Church, 2010). A succession planning strategy results in boosting morale by aligning current leaders with aspiring leaders, and mitigating the threat of a steep learning curve for a new leader (Garman & Tyler, 2004, 2007; HRIC, 2006; Silzer & Church, 2010). An effective integrated talent management program promotes organizational success and ensures "the right person with the right skills in the right place at the right time" (Khatri et al., 2010, p. 44).

The future of complex health care organizations needs stellar leadership from mission-critical nurse leaders to promote organizational sustainability, improve business continuity, and preserve a competitive advantage. Planned or unplanned leadership transitions of mission-critical nurse leaders have a direct impact on employee engagement and the safety of patient care delivery (Disch et al., 2011; Khatri et al., 2010; Jones et al., 2009; Ogden, 2010; Squazzo, 2009). Strategies used by health care leaders to promote smooth transitions for mission-critical nurse leaders strengthen employee engagement and ensure safe, quality-driven patient care delivery (Disch et al., 2011; Ogden, 2010). The absence of a succession-planning strategy might be a contributing cause to workplace chaos, doubt, and employee discontent when changes occur in

mission-critical nurse leader positions (Disch et al., 2011; Khatri et al., 2010; Ogden, 2010).

The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions (Griffith, 2012). The panelists of the current Delphi study identified many practice fundamentals used to support leadership development and succession planning. Panelists supported the value of a strategic program within health care organizations to support leadership development and succession planning to advance high-potential performers into mission-critical nurse leader positions.

Succession planning is continuous. Adapting the NSDT to succession planning, based on the open systems framework, provided an approach using the succession-planning fundamentals ranked highest by the expert panel. When totaling the panelists' responses according to the phases of an open system, the results were distributed among strategy, identify (input), develop (throughput or transformation), and deploy (output).

Future research may include the use of a qualitative Delphi method and other research designs to expand the knowledge for developing a comprehensive approach to succession planning to advance high-potential frontline staff aspiring to become leaders. Future researchers might consider exploring real and potential challenges to developing an organizational strategy for succession planning in health care organizations, using open systems theory. Implications for future research include examining the connections among organizational culture, identifying high-potential performers, strategic leadership development, succession-planning programs, and leader fit within a health care

organization. The results of this study reinforced the critical need to include nurse leader succession planning as part of the strategic plan in health care organizations.

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Appendix A

Premises, Recruitment and Name (PRN) Use Permission

UNIVERSITY OF PHOENIX

PERMISSION TO USE PREMISES, NAME, AND/OR SUBJECTS

(Facility, Organization, University, Institution, or Association)

District of Columbia Hospital Association (DCHA)

Check any that apply:

☐ I hereby authorize _____, student of University of Phoenix, to use the premises (facility identified below) to conduct a study entitled (insert title of research study or a brief description of research study)

☒ I hereby authorize Susan Diane Ohnmacht, student of University of Phoenix, to recruit subjects for participation in a study entitled Integrated Talent Management in Health Care.

☒ I hereby authorize Susan Diane Ohnmacht, student of University of Phoenix, to use the name of the facility, organization, university, institution, or association identified above when publishing results from the study entitled Integrated Talent Management in Health Care.

Signature 2/18/12 Date

Robert A. Malson

Name

President, District of Columbia Hospital Association (DCHA)

Title

1152 15th Street Northwest #900, Washington, DC 20005

Address of Facility

1

University of Phoenix®

PREMISES, RECRUITMENT AND NAME (PRN) USE PERMISSION

Johns Hopkins Bayview Medical Center

Name of Facility, Organization, University, Institution, or Association

Please complete the following by check marking any permissions listed here that you approve, and please provide your signature, title, date, and organizational information below. If you have any questions or concerns about this research study, please contact the University of Phoenix Institutional Review Board via email at IRB@phoenix.edu.

(X) I hereby authorize Susan D. Ohnmacht, student of University of Phoenix, to use the premises (facility identified below) to conduct a study entitled "Integrated Talent Management in Health Care."

(X) I hereby authorize Susan D. Ohnmacht, student of University of Phoenix, to recruit subjects for participation in a study entitled Integrated Talent Management in Health Care. The purpose of the study is to develop a consensus-driven best practice framework to support smooth transition in mission critical nurse leader positions, such as the chief nursing officer (CNO). Participants will be asked to describe current leadership development and succession planning programs, and to identify the best practice strategies used to identify, develop, and deploy high potential performers and expand capacity in the talent pool.

☐ I hereby authorize Susan D. Ohnmacht, student of University of Phoenix, to use the name of the facility, organization, university, institution, or association identified above when publishing results from the study entitled Integrated Talent Management in Health Care.

Maria V Koszalka [redacted]

Signature Date

Maria V. Koszalka, Ed.D., R.N.

Name

Vice President, Patient Care Services

Title

Address of Facility

4940 Eastern Avenue, Baltimore, MD 21224

University of Phoenix®

PREMISES, RECRUITMENT AND NAME (PRN) USE PERMISSION

The Johns Hopkins Hospital

Name of Facility, Organization, University, Institution, or Association

Please complete the following by check marking any permissions listed here that you approve, and please provide your signature, title, date, and organizational information below. If you have any questions or concerns about this research study, please contact the University of Phoenix Institutional Review Board via email at IRB@phoenix.edu.

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Karen Haller dd — 3/20/13

Signature — Date

Karen Haller, Ph.D., R.N.B.

Name

Vice President for Nursing and Patient Care Services

Title

Address of Facility

601 N. ~~Caroline Street~~ Broadway, Baltimore, MD 21287

1

University of Phoenix®

PREMISES, RECRUITMENT AND NAME (PRN) USE PERMISSION

Howard County General Hospital

Name of Facility, Organization, University, Institution, or Association

Please complete the following by check marking any permissions listed here that you approve, and please provide your signature, title, date, and organizational information below. If you have any questions or concerns about this research study, please contact the University of Phoenix Institutional Review Board via email at IRB@phoenix.edu.

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☐ I hereby authorize Susan D. Ohnmacht, student of University of Phoenix, to use the name of the facility, organization, university, institution, or association identified above when publishing results from the study entitled Integrated Talent Management in Health Care.

Sharon P. Hadsell [redacted]

Signature Date

Sharon P. Hadsell, RN, MSN

Name

Senior Vice President and Chief Nursing Officer

Title

Address of Facility

5755 Cedar Lane, Columbia, MD 21044

1

University of Phoenix®

PREMISES, RECRUITMENT AND NAME (PRN) USE PERMISSION

Sibley Memorial Hospital

Name of Facility, Organization, University, Institution, or Association

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☐ I hereby authorize Susan D. Ohnmacht, student of University of Phoenix, to use the name of the facility, organization, university, institution, or association identified above when publishing results from the study entitled Integrated Talent Management in Health Care.

Joan Vincent 10/3/2013

Signature Date

Joan M. Vincent, RN, MSN

Name

Senior Vice President, Patient Care Services and Chief Nursing Officer

Title

Address of Facility

5255 Loughboro Road, NW, Washington, DC 20016

1

University of Phoenix®

PREMISES, RECRUITMENT AND NAME (PRN) USE PERMISSION

Suburban Hospital

Name of Facility, Organization, University, Institution, or Association

Please complete the following by check marking any permissions listed here that you approve, and please provide your signature, title, date, and organizational information below. If you have any questions or concerns about this research study, please contact the University of Phoenix Institutional Review Board via email at IRB@phoenix.edu.

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☐ I hereby authorize Susan D. Ohnmacht, student of University of Phoenix, to use the name of the facility, organization, university, institution, or association identified above when publishing results from the study entitled Integrated Talent Management in Health Care.

Signature Date

Barbara Jacobs, RN, MSN

Name

Senior Director/Chief Nurse Officer

Title

Address of Facility

8600 Old Georgetown Road, Bethesda, MD 20814

1

Appendix B

Data Access and Use Permission Form

University of Phoenix®

DATA ACCESS AND USE PERMISSION

District of Columbia Hospital Association

Please check mark any of the following statements that you approve regarding the study and data described below:

(X) I hereby authorize Susan D. Ohnmacht, a student of University of Phoenix who is conducting a research study titled "Integrated Talent Management in Health Care" access to, and use of, the data described as follows: Name, email address, and office telephone number of chief nursing officers for use in the aforementioned research study. The data will be used to recruit study participants. Each study participant will be de-identified with a unique code, and participant responses will be linked with unique identifiers. In granting this permission, I understand the following (please check mark each of the following as applicable):

(X) The data will be maintained in a secure and confidential manner.

☐ The data may be used in the publication of results from this study.

(X) This research study must have IRB approval at the University of Phoenix before access to the data identified here is provided to Susan D. Ohnmacht.

(X) Access to, and use of, this data will not be transferred to any other person without my/our express written consent.

☐ The source of the data may be identified in the publication of the results of this study.

(X) Relevant information associated with this data will be available to the dissertation chair, dissertation committee, school as may be needed for educational purposes.

Robert Malson
Print Name

Signature

President, DC Hospital Association

1152 15th Street, NW, Suite 900, Washington, DC 20005

3/7/2013
Date

Researcher Signature/Acknowledgement

03/07/2013
Date

Current version 032012

University of Phoenix®

DATA ACCESS AND USE PERMISSION

Johns Hopkins Bayview Medical Center

Please check mark any of the following statements that you approve regarding the study and data described below:

(X) I hereby authorize Susan D. Ohnmacht, a student of University of Phoenix who is conducting a research study titled "Integrated Talent Management in Health Care" access to, and use of, the data described as follows: Name, email address, and office telephone number of chief nursing officer and senior nurse leaders, and nursing organizational charts for use in the aforementioned research study. The data will be used to recruit study participants. Each study participant will be de-identified with a unique code, and participant responses will be linked with unique identifiers. In granting this permission, I understand the following (please check mark each of the following as applicable):

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(X) Relevant information associated with this data will be available to the dissertation chair, dissertation committee, school as may be needed for educational purposes.

Marla V. Koszalka, RN, Ed.D.
Print Name

3-18-13
Date

Marla V Koszalka
Signature

Susan D. Ohnmacht
Researcher Signature/Acknowledgement

Vice President Patient Care Services

03-19-2013
Date

4940 Eastern Avenue, Baltimore, MD 21224

Current version 032012

University of Phoenix®

DATA ACCESS AND USE PERMISSION

Howard County General Hospital

Please check mark any of the following statements that you approve regarding the study and data described below:

(X) I hereby authorize Susan D. Ohnmacht, a student of University of Phoenix who is conducting a research study titled "Integrated Talent Management in Health Care" access to, and use of, the data described as follows: Name, email address, and office telephone number of chief nursing officer and senior nurse leaders, and nursing organizational charts for use in the aforementioned research study. The data will be used to recruit study participants. Each study participant will be de-identified with a unique code, and participant responses will be linked with unique identifiers. In granting this permission, I understand the following (please check mark each of the following as applicable):

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(X) Relevant information associated with this data will be available to the dissertation chair, dissertation committee, school as may be needed for educational purposes.

Sharon P. Hadsell, RN, MSN — 3/18/13

Print Name — Date

Sharon P. Hadsell — Susan D. Ohnmacht

Signature — Researcher Signature/Acknowledgement

Senior Vice President and Chief Nursing Officer — 03/19/2013

5755 Cedar Lane, Columbia, MD 21044 — Date

Current version 032012

University of Phoenix®

DATA ACCESS AND USE PERMISSION

The Johns Hopkins Hospital

Please check mark any of the following statements that you approve regarding the study and data described below:

(X) I hereby authorize Susan D. Ohnmacht, a student of University of Phoenix who is conducting a research study titled "Integrated Talent Management in Health Care" access to, and use of, the data described as follows: Name, email address, and office telephone number of chief nursing officer and senior nurse leaders, and nursing organizational charts for use in the aforementioned research study. The data will be used to recruit study participants. Each study participant will be de-identified with a unique code, and participant responses will be linked with unique identifiers. In granting this permission, I understand the following (please check mark each of the following as applicable):

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Karen Haller, Ph.D., R.N.B. — Print Name

3/20/13 — Date

Karen Haller, dc — Signature

Susan D. Ohnmacht — Researcher Signature/Acknowledgement

Vice President for Nursing and Patient Care Services

601 N. ~~Caroline Street~~ BROADWAY, Baltimore, MD 21287

03/21/2013 — Date

Current version 032012

University of Phoenix®

DATA ACCESS AND USE PERMISSION

Sibley Memorial Hospital

Please check mark any of the following statements that you approve regarding the study and data described below:

(X) I hereby authorize Susan D. Ohnmacht, a student of University of Phoenix who is conducting a research study titled "Integrated Talent Management in Health Care" access to, and use of, the data described as follows: Name, email address, and office telephone number of chief nursing officer and senior nurse leaders, and nursing organizational charts for use in the aforementioned research study. The data will be used to recruit study participants. Each study participant will be de-identified with a unique code, and participant responses will be linked with unique identifiers. In granting this permission, I understand the following (please check mark each of the following as applicable):

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Joan M. Vincent, RN, MSN
Print Name

Joan Vincent
Signature

Senior Vice President, Patient Care Services
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5255 Loughboro Road, NW, Washington, DC 20016

03/13/2013
Date

Susan D. Ohnmacht
Researcher Signature/Acknowledgement

03/13/2013
Date

Current version 032012

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DATA ACCESS AND USE PERMISSION

Suburban Hospital

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(X) I hereby authorize Susan D. Ohmmacht, a student of University of Phoenix who is conducting a research study titled "Integrated Talent Management in Health Care" access to, and use of, the data described as follows: Name, email address, and office telephone number of chief nursing officer and senior nurse leaders, and nursing organizational charts for use in the aforementioned research study. The data will be used to recruit study participants. Each study participant will be de-identified with a unique code, and participant responses will be linked with unique identifiers. In granting this permission, I understand the following (please check mark each of the following as applicable):

(X) The data will be maintained in a secure and confidential manner.

☐ The data may be used in the publication of results from this study.

(X) This research study must have IRB approval at the University of Phoenix before access to the data identified here is provided to Susan D. Ohmmacht.

(X) Access to, and use of, this data will not be transferred to any other person without my/our express written consent.

☐ The source of the data may be identified in the publication of the results of this study.

(X) Relevant information associated with this data will be available to the dissertation chair, dissertation committee, school as may be needed for educational purposes.

Barbara Jacobs, RN, MSN — 3/14/13

Print Name — Date

Signature — Susan D. Ohmmacht

Researcher Signature/Acknowledgement

Senior Director/Chief Nurse Officer — 03/14/2013

8600 Old Georgetown Road, Bethesda, MD 21044 — Date

Current version 032012

Appendix C

Evidence of Survey Monkey Account

Invoice No. 20768966 Page 1 of 1

SurveyMonkey™

Invoice #20768966

Close Print

Feb 21, 2013

Paid on February 21, 2013

DESCRIPTION	USER NAME	BILLING PERIOD	QUANTITY	PRICE	AMOUNT
Gold Plan	sohnmacht	Feb 21, 2013 - Feb 20, 2014	1	$300	$300

Total: $300

BILLING DETAILS

Susan Ohnmacht
6636 Byrns Place
McLean
Virginia
22101
United States
703-790-0079

Purchase Order Number:

NOTES

Subscription Renewal Charge

PAYMENT INFORMATION

Payment made on February 21, 2013

Payment Method: AMERICAN EXPRESS
Card Number(last 4 digits): 8002

PAID

SurveyMonkey
285 Hamilton Avenue, 5th fl., Palo Alto, CA 94301
Our Tax ID (EIN): 37-1581003. **Contact:** billing@surveymonkey.com

https://www.surveymonkey.com/billing/invoice/20768966/8ee6a1681ad8212cfaceb56f997... 2/23/2013

SurveyMonkey

Invoice #22302740

Close Print

Feb 21, 2014

Paid on February 21, 2014

DESCRIPTION	USER NAME	BILLING PERIOD	QUANTITY	PRICE	AMOUNT
Gold Plan	schmachk	Feb 21, 2014 - Feb 20, 2015	1	$300	$300

Total: $300

BILLING DETAILS

Susan Ohnmacht
6838 Byrns Place
McLean
Virginia
22101
United States
703-790-0079

Purchase Order Number:

NOTES

Subscription Renewal Charge

PAYMENT INFORMATION

Payment made on February 21, 2014.

Payment Method: AMERICAN EXPRESS
Card Number(last 4 digits): 8002

PAID

SurveyMonkey
285 Hamilton Avenue, 5th fl., Palo Alto CA 94301
Our Tax ID (EIN): 37-1581003. Contact: billing@surveymonkey.com

Invoice No. 24075956 Page 1 of 2

SurveyMonkey

Invoice #24075956

[Close] [Print]

Feb 21, 2015

Paid on Feb 21, 2015 5:30 AM UTC

DESCRIPTION	USER NAME	BILLING PERIOD	QUANTITY	PRICE	AMOUNT
Gold Plan	schmacht	Feb 21, 2015 - Feb 20, 2016	1	$300	$300
					Total: $300

BILLING DETAILS

[illegible]
6636 Byrne Place
McLean
Virginia
22101
United States
[illegible]

NOTES

Subscription Renewal Charge

PAYMENT INFORMATION

Payment made on Feb 21, 2015 5:30 AM UTC

Payment Method: AMERICAN EXPRESS
Card Number (last 4 digits): [illegible]

PAID

https://www.surveymonkey.com/billing/invoice/[illegible] 3/7/2015

Invoice No. 24075956 Page 2 of 2

SurveyMonkey
101 Lytton Avenue, Palo Alto CA 94301
Our Tax ID (EIN): [illegible] Contact: billing@surveymonkey.com

Appendix D

Request for Participation in Research Pilot Study

Pilot Study: Request for Participation

Date

Subject: Invitation to Participate in Pilot Study

Dear Sir or Madam,

My name is Susan Ohnmacht and I am a student at the University of Phoenix in the Doctor of Health Administration program. I am conducting research entitled "Integrated Talent Management in Health Care." The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions.

Your participation in the study is requested as a pilot study participant. The purpose of conducting the pilot study is to optimize the interview questions for appropriateness to the research population to ensure clarity and comprehension for future participant responses. The pilot study provides participants the opportunity to work through operational and logistical obstacles prior to engaging the sampling frame for the actual study.

Five participants from member hospitals of the DCHA, with knowledge about transition in mission-critical nurse leader positions will be invited to represent the pilot study group. Members of the pilot study group will not participate in the actual study. The participants will receive an electronic copy of the glossary of terms used throughout the study to ensure each participant applies the same definition to terms used in the

questionnaire. After reviewing the glossary of terms, each pilot study participant will be asked to review the web-based questionnaire using SurveyMonkey. The goal of the pilot study is to ensure the participants' comprehension of the questions in the questionnaire.

Your privacy and confidentiality as a participant in this study are of great importance. Your participation in the pilot study is completely voluntary. If you choose not to participate or want to withdraw from the pilot study you may do so at any time without penalty or loss of benefit to yourself.

The results of the study may be published but your identity remains restricted, known only to the researcher. Your results will remain confidential. The results of the study will not identify any of the participants and will be published using aggregate data only. The researcher signs a confidentiality agreement for the study and is the only person with access to the subject's data. The results will be made available to you at the conclusion of the study. Identity of the research subject is restricted, known only to the researcher. The data is stored in a secured environment, and will remain confidential by the researcher to the fullest extent possible.

There are no foreseeable risks to you in the pilot study. The potential benefit of your participation is the contribution to the body of knowledge of how health care organizations identify and develop high-potential performers, build leadership capacity, capability, and sustainability, and facilitate a smooth leadership transition through deployment of the high-potential performers. Specifically, your participation may contribute to determining the fundamentals of succession planning to advance high-potential performers into mission-critical nurse leader positions.

Each respondent in the pilot study must complete an informed consent to participate in the pilot study. The respondent must make one of two choices after reading the informed consent document: (a) "I accept the above terms" or (b) "I do not accept the above terms." After choosing to accept or not accept the terms of the informed consent, the respondent must sign and date the document, and return to the researcher via fax or via email as a scanned document. The participant's willingness to participate in the pilot study indicates an understanding that the research data will be maintained in a confidential manner to the fullest extent possible.

When the researcher receives the completed informed consent document, and the respondent accepts the terms of informed consent, the respondent will receive an email with a link to complete a confidentiality statement and a subject matter expert eligibility questionnaire. If the respondent meets the inclusion criteria for participation in the study as a subject matter expert, the participant will be taken automatically to the pilot study Delphi open-ended questions followed by a pilot study evaluation questionnaire. If the respondent does not meet the inclusion criteria for participation in the study as a subject matter expert, the respondent will be taken to the end of the survey and receive an email with a thank you message. When the researcher receives the informed consent document, and the respondent does not agree to the terms of informed consent, the respondent will receive an email with a thank you message.

The informed consent document is attached. Please read the document carefully, check the appropriate box, sign and date the document, and return to the researcher via fax @ xxx-xxx-xxxx or via email as a scanned document to xxxxxxxxx@xxx.xxx. Upon receipt of the informed consent document, you will receive an email link to

SurveyMonkey to complete the next steps in the process. If you have any questions pertaining to the research study, please do not hesitate to contact me. I can be reached at xxx-xxx-xxxx or by email at xxxxxxxxx@xxx.xxx.

Respectfully,

Susan D. Ohnmacht

Appendix E

Informed Consent: Participants 18 Years of Age and Older

Informed Consent: Participants 18 years of age and older

Dear Participant,

My name is Susan Ohnmacht and I am a student at the University of Phoenix working on a Doctor of Health Administration degree. I am doing a research study entitled "Integrated Talent Management in Health Care." The purpose of this qualitative Delphi study is to build consensus among nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions.

Your participation as a participant in the research study will involve a data collection process known as the Delphi technique. The data collection process consists of three web-based questionnaires (known as rounds) aimed to achieve consensus. The first round of the study is a web-based survey of open-ended questions aimed at building consensus among a sample of 15-25 participant subject matter experts. The second round of the study will be a 5-point Likert-type item web-based survey developed from the results of the open-ended questions answered in the first round intended to assess your agreement or disagreement with each response. The third round of the study used the data collected in the second round as the basis for a web-based survey to rank order the priority responses. Each participant was asked to rank her top five responses with a priority ranking of 5 (highest priority) to 1 (least high priority).

This research will be carried out over a period of two to three months. The amount of time required to complete each questionnaire (or round) will vary, but should not exceed 15-20 minutes. There are no right, or wrong, answers to the questions. This study is seeking your expert opinion.

Your participation in this research study is voluntary. You can decide to be a part of this study or not. Once you start, you can withdraw from the study at any time without any penalty or loss of benefits. The results of the research study may be published but your identity will remain confidential and your name will not be made known to any outside party. If you choose to not participate or to withdraw from the study at any time, you may do so without penalty or loss of benefit to yourself. If you choose to withdraw from the study before, during, or after data collection is completed, you will be required to submit your request in writing via email to the researcher.

In this research, there are no foreseeable risks to you. Although there may be no direct benefit to you, a possible benefit from your being part of this study is the contribution to the body of knowledge in how health care organizations engage talent. Talent management strategies support processes used to identify and develop high-potential performers, build leadership capacity, capability, and sustainability, and facilitate a smooth leadership transition through deployment of the high-potential performers. Specifically, your participation may contribute to building a level of the fundamentals of succession planning, to support smooth transition into mission-critical nurse leader positions.

If you have any questions about the research study, please call me at xxx-xxx-xxxx or by email at xxxxxxxxx@xxx.xxx. For questions about your rights as a study

participant, or any concerns or complaints, please contact the University of Phoenix Institutional Review Board via email at IRB@phoenix.edu.

As a participant in this study, you should understand the following:

1. You may decide not to be part of this study or you may want to withdraw from the study at any time. If you want to withdraw, you can do so without any problems. If you choose to withdraw from the study before, during, or after data collection is completed, you will be required to submit your request in writing via email to the researcher.
2. Your identity will be kept confidential. Identity of the research subject is restricted, known only to the researcher.
3. Susan Ohnmacht, the researcher, has fully explained the nature of the research study and has answered all of your questions and concerns.
4. The data collection process consists of three web-based data collection tools. There will be no in-person or phone interviews during the data collection process. The researcher will code the data to assure that your name is protected.
5. Data will be kept in a secure and locked area. The data will be kept for three years, and then destroyed.
6. The results of this study may be published using de-identified aggregate data.

"By signing this form, you agree that you understand the nature of the study, the possible risks to you as a participant, and how your identity will be kept confidential. When you sign this form, this means that you are 18 years old or older and that you give your permission to volunteer as a participant in the study that is described here."

Each respondent is required to check one of the following:

(☐) I accept the above terms. (☐) I do not accept the above terms. (CHECK ONE)

Signature of the interviewee _____Date _____

Signature of the researcher _____Date _____

Current version 032012

Appendix F

Letter of Confidentiality

INTEGRATED TALENT MANAGEMENT IN HEALTH CARE
SUSAN D. OHNMACHT

CONFIDENTIALITY STATEMENT

As a researcher working on the above research study at the University of Phoenix, I understand that I must maintain the confidentiality of all information concerning all research participants as required by law. Only the University of Phoenix Institutional Review Board may have access to this information. "Confidential Information" of participants includes but is not limited to: names, characteristics, or other identifying information, questionnaire scores, ratings, incidental comments, other information accrued either directly, or indirectly through contact with any participant, and/or any other information that by its nature would be considered confidential. In order to maintain the confidentiality of the information, I hereby agree to refrain from discussing or disclosing any Confidential Information regarding research participants, to any individual who is not part of the above research study or in need of the information for the expressed purposes on the research program. This includes having a conversation regarding the research project or its participants in a place where such a discussion might be overheard; or discussing any Confidential Information in a way that would allow an unauthorized person to associate (either correctly or incorrectly) an identity with such information. I further agree to store research records whether paper, electronic or otherwise in a secure locked location under my direct control or with appropriate safe guards. I hereby further agree that if I have to use the services of a third party to assist in the research study, who will potentially have access to any Confidential Information of participants, that I will enter into an agreement with said third party prior to using any of the services, which shall provide at a minimum the confidential obligations set forth herein. I agree that I will immediately report any known or suspected breach of this confidentiality statement regarding the above research project to the University of Phoenix, Institutional Review Board.

_____	_____	_____
Signature of Participant	Printed Name	Date
_____	_____	_____
Signature of Researcher	Printed Name	Date

Current version 032012

Appendix G

Subject Matter Expert Eligibility Assessment

Subject Matter Expert Eligibility Questionnaire

1. Do you hold a senior to executive nurse level position in your organization?

   ○ YES ○ NO

2. Have you completed a master's degree in nursing or related field?

   ○ YES ○ NO

3. Do you have a minimum of 15 years of professional nursing experience in acute care?

   ○ YES ○ NO

4. Do you have at least 10 years of progressive nursing leadership experience prior to and including your present position?

   ○ YES ○ NO

If you answered yes to each question, you qualify for inclusion in the study. Thank you for taking the time to complete this demographic questionnaire.

Appendix H

Pilot Study Delphi

Letter of Confidentiality

University of Phoenix

As a researcher working on the above research study at the University of Phoenix, I understand that I must maintain the confidentiality of all information concerning all research participants as required by law. Only the University of Phoenix Institutional Review Board may have access to this information. "Confidential Information" of participants includes but is not limited to: names, characteristics, or other identifying information, questionnaire scores, ratings, incidental comments, other information accrued either directly or indirectly through contact with any participant, and/or any other information that by its nature would be considered confidential. In order to maintain the confidentiality of the information, I hereby agree to refrain from discussing or disclosing any Confidential Information regarding research participants, to any individual who is not part of the above research study or in need of the information for the expressed purposes on the research program. This includes having a conversation regarding the research project or its participants in a place where such a discussion might be overheard; or discussing any Confidential Information in a way that would allow an unauthorized person to associate (either correctly or incorrectly) an identity with such information. I further agree to store research records whether paper, electronic or otherwise in a secure locked location under my direct control or with appropriate safe guards. I hereby further agree that if I have to use the services of a third party to assist in the research study, who will potentially have access to any Confidential Information of participants, that I will enter into an agreement with said third party prior to using any of the services, which shall provide at a minimum the confidential obligations set forth herein. I agree that I will immediately report any known or suspected breach of this confidentiality statement regarding the above research project to the University of Phoenix, Institutional Review Board.

By entering my name, email and date below, I understand the above statements and DO agree to hold in strict confidence, and not disclose to any third party, confidential information pertaining to this study except as approved in writing by the researcher and participants. I understand that this agreement shall terminate five years after the effective date.

Susan Ohnmacht

Susan Ohnmacht
July 1, 2013

***To validate your Electronic consent, please type your name, email and date.**

Name:

Email:

Date:

Subject Matter Expert Eligibility Assessment

*Do you hold a senior to executive nurse level position in your organization?

- Yes
- No

*Have you completed a master's degree in nursing or related field?

- Yes
- No

*Do you have a minimum of 15 years professional nursing experience in acute care?

- Yes
- No

*Do you have at least 10 years of progressive nursing leadership experience prior to and including your current position?

- Yes
- No

Pilot Study Delphi Open-Ended Glossary of Terms

Glossary of Terms

To promote a common understanding among study participants, please refer to the following Glossary of Terms when answering the open ended questions:

360-degree feedback assessment: A 360-degree feedback assessment occurs when an individual requests feedback from supervisors, peers, and subordinates about his or her performance, and uses the feedback to improve performance (Rothwell, 2010).

Chief Nursing Officer: The Chief Nursing Officer, also referred to as the chief nurse or chief nurse executive, represents nursing as a discipline (Larkin, 2012). The Joint Commission defines the chief nursing officer as the administrative authority for patient care, who determines the nursing personnel staffing mix and the staff necessary for providing nursing care to every area of the hospital (Niespodziani, 2010).

Coaching: Coaching is a short-term solution to project management or specific developmental issues, to improve performance, and skills, and a key strategy of succession planning (Carey, Philippon, & Cummings, 2011; Fielden, Davidson, & Sutherland, 2009; Kunneman et al., 2011).

Competency: Competency is the knowledge, skills, abilities, and attributes, including values, cognitive skills, interpersonal skills, embracing of diversity, and change management that contributes to the effectiveness of a leader (Rothwell, 2011; Zander, 2009).

Competency framework: A competency framework is a set of competencies used to grow and develop talent within an organization and aligned with the organizational strategy (Kunneman et al., 2011).

Competitive advantage: A competitive advantage represents the development of an industry edge for an organization over its competition in which target market customers perceive the product or service promoted by the organization to be better than competitors of the organization ((Wang, Lin, & Chu, 2011).

High potentials: High potential individuals "consistently and significantly outperform their peer groups" in multiple settings and circumstances, representing the values and culture of the organization in an exemplary manner (Ready, Conger, & Hill, 2010). High potentials demonstrate a high capacity to grow and succeed throughout their careers in the organization at a rapid pace (Ready et al., 2010, p. 80).

Integrated talent management: Integrated talent management is the process of attracting, identifying, developing, deploying, and retaining the best people to create a competitive advantage and promote organizational sustainability (Rothwell, 2011).

Mentoring: Mentoring is a long-term developmental relationship established between an experienced practitioner and learner, or protégé, to promote competency development and organizational knowledge of the protégé (Kunneman et al., 2011).

Organizational sustainability: Organizational sustainability results from the efforts of organizations to avoid short-term strategies that create inefficiencies, promote environmental waste, and threaten social progress as a way of securing long-term economic performance (Velazquez, Esquer, Munguia, & Moure-Eraso, 2011).

Potential: Potential is a description for something that can develop or has the capability to develop (Silzer & Church, 2009).

Stretch assignments: A stretch assignment represents a developmental opportunity used when considering an individual for a managerial position to determine if the candidate is a match for a position beyond the individual's demonstrated talents (Macaux, 2010).

Succession management: Succession management represents the daily efforts of an organization to build talent by applying strategies such as coaching and feedback from managers and other identified leadership resources to assist employees in developing to their highest potential (Rothwell, 2010).

Succession planning: Succession planning is the identification of mission critical positions within an organization, and the development of high potential talent within the organization to meet organizational leadership needs (Rothwell, 2010, 2011).

Succession planning and management: Succession planning and management is a process used to stabilize the tenure of personnel in health care organizations and establish back up support for mission critical positions (Rothwell, 2010).

Talent: Talent is a description of an organization's best people (Rothwell, 2010).

Talent management: Talent management is the process of attracting, identifying, developing, deploying, and retaining the best people (Rothwell, 2011).

Pilot Study Delphi Open-Ended Questions (1-6)

The purpose of the Pilot Study is for you to provide feedback on the open-ended questions in this study to assess the clarity and readability of the questions as well as determine the relevance of the interview questions to answering the research question. The pilot study also provides the researcher with an indication of how much time the participant requires to answer the questions. The research question asks:

What is the level of consensus among health care leaders as to the elements of a succession planning program used to advance high-potential performers into mission-critical nurse leader positions?

Instructions for Open-Ended Questions

For each question below, two response boxes have been included: Box 1: Response to question. Box 2: Provide feedback and evaluate the following Open-Ended Questions for content, clarity, etc.

***1. How does succession planning fit into an organization's strategic management?**

***2. What are the systematic efforts an organization should take to develop an effective succession planning process?**

***3. How does an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position?**

***4. How does an organization align leader potential and leadership development with succession planning?**

***5. What are the strategies used to develop core leadership competencies in your organization?**

***6. What is the process an organization uses to identify high potential performers?**

Pilot Study Questionnaire Evaluation

Multiple Choice Question Instructions

Please answer the following questions based upon your experience in answering and evaluating the Open-Ended Questions, as well as your overall experience with the survey process.

***Please indicate how many minutes you spent answering the open-ended questions:**

- ◯ 1-15 minutes
- ◯ 16-20 minutes
- ◯ 21-25 minutes
- ◯ 26-30 minutes
- ◯ More than 30 minutes

***Was the Request for Participation in Research Pilot Study easy to understand?**

- ◯ Yes
- ◯ No

If no, what changes do you recommend?

***Was the informed consent easy to understand?**

- ◯ Yes
- ◯ No

If no, what changes do you recommend?

Pilot Study Questionnaire Evaluation

Please answer the questions following each of the interview questions to indicate your understanding of the question, the clarity of the question. The research question is:

What is the level of consensus among health care leaders as to the elements of a succession planning program used to advance high potential performers into mission critical nurse leader positions?

***Question 1: How does succession planning fit into an organization's strategic management?**

	Yes	No
Is the question stated clearly?	◯	◯
Is the question easy to understand?	◯	◯
Does Question 1 answer a key construct of the research question?	◯	◯

If no to any of the questions what changes do you recommend?

***Question 2: What are the systematic efforts an organization should take to develop an effective succession planning process?**

	Yes	No
Is the stated clearly?	◯	◯
Is the question easy to understand?	◯	◯
Does Question 2 answer a key construct of the research question?	◯	◯

If no to any of the questions, what changes do you recommend?

***Question 3: How does your organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position?**

	Yes	No
Is the stated clearly?	◯	◯
Is the question easy to understand?	◯	◯
Does Question 3 answer a key construct of the research question?	◯	◯

If no to any of the questions, what changes do you recommend?

Pilot Study Questionnaire Evaluation

***Question 4: How does your organization align leader potential and leadership development with succession planning?**

	Yes	No
Is the stated clearly?	◯	◯
Is the question easy to understand?	◯	◯
Does Question 4 answer a key construct of the research question?	◯	◯

If no to any of the questions, what changes do you recommend?

***Question 5: What are the strategies used to develop core leadership competencies in your organization?**

	Yes	No
Is the stated clearly?	◯	◯
Is the question easy to understand?	◯	◯
Does Question 5 answer a key construct of the research question?	◯	◯

If no to any of the questions, what changes do you recommend?

***Question 6: What is the process used by your organization to identify high potential performers?**

	Yes	No
Is the stated clearly?	◯	◯
Is the question easy to understand?	◯	◯
Does Question 6 answer a key construct of the research question?	◯	◯

If no to any of the questions, what changes do you recommend?

Thank You for Your Participation

Thank you for taking time to participate in the research field test for the research study entitled "Integrated Talent Management in Health Care."

If you have any questions pertaining to the research study, please do not hesitate to contact me.

I can be reached at xxx-xxx-xxxx or by email at xxxxxxxxx@xxx.xxx.

Appendix I

Letter of Request for Participation in the Research Study

Date

Subject: Request to participate in a University of Phoenix Doctoral Research Study

Dear Sir or Madam,

My name is Susan Ohnmacht and I am a student at the University of Phoenix in the Doctor of Health Administration program. I am conducting research entitled "Integrated Talent Management in Health Care." The purpose of this qualitative Delphi study was to build consensus among 16 nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession-planning programs, to support smooth transition into mission-critical nurse leader positions

Your participation in this research study is requested. Your participation in the study is completely voluntary. If you choose not to participate or want to withdraw from the study you may do so at any time without penalty or loss of benefit to yourself.

There are no foreseeable risks to you. The potential benefit of your participation is the contribution to the body of knowledge of how health care organizations identify and develop high-potential performers, build leadership capability and sustainability, and facilitate a smooth leadership transition through deployment of the high-potential performers. Specifically, your participation may contribute to determine the level of consensus of fundamentals for a succession-planning program, used to advance high-potential performers into mission-critical nurse leader positions.

This research will be carried out over a two to three month period of time, or less, using an online forum for data collection. SurveyMonkey is a professional business

online survey company, using a multilevel secure system to house the data on a server behind a secured firewall. The researcher signs a confidentiality agreement for the study and is the only person who will have access to the research data. Responses will be recorded without using your name, and the link between you and your data is restricted, known only to the researcher.

The study has specific inclusion criteria. After completing the informed consent and returning to the researcher, you will be sent a link to SurveyMonkey via email. The link will take you to a confidentiality agreement and a demographic assessment. Your demographic responses will determine your eligibility for inclusion in the study.

Data collection using the Delphi technique consists of three questionnaires (known as rounds) aimed to build a level of consensus among the participants about fundamentals of succession-planning programs. The data collection includes an open-ended questionnaire, a 5-point Likert-type item survey, and a ranking index. The amount of actual time required to complete each questionnaire (or round) will vary but should require no more than 15-20 minutes to complete each one. There are no right, or wrong, answers to the questions. This study is seeking your expert opinion.

Your privacy and confidentiality as a participant in this study are of great importance. The results of the study will not identify any of the participants and may be published using aggregate data only. The results will be made available to you at the conclusion of the study. Your identity is restricted and remains known only to the researcher. The data is stored in a secured environment, and will remain confidential by the researcher to the fullest extent possible.

During the study, data will be maintained on a password-protected flash drive, and locked in a cabinet in the home of the researcher when not being used. When the study is completed, the flash drive and all research data collected and analyzed during the study will be placed in a sealed envelope and stored in a safety deposit box at a local bank for three years. At the end of three years, the data will be destroyed using the industrial shredder in the bank.

The benefit of using a qualitative Delphi design in a research study is the validation of responses to the research questions provided by an expert panel of participants. For purposes of this study, experts are defined as a nurse who: (a) holds a senior to executive nurse level position, (b) completed a master's degree in nursing or related field, (c) self-reports a minimum of 15 years of professional nursing experience in acute care, and (d) has at least 10 years of progressive nursing leadership experience prior to present position.

Each respondent in the research study must complete an informed consent to participate in the study. The respondent must make one of two choices after reading the informed consent document: (a) "I accept the above terms" or (b) "I do not accept the above terms." After choosing to accept or not accept the terms of the informed consent, the respondent must sign and date the document, and return to the researcher via fax or via email as a scanned document. The participant's willingness to participate in the research study indicates an understanding that the research data will be maintained in a confidential manner to the fullest extent possible.

When the researcher receives the completed informed consent document, and the respondent accepts the terms of informed consent, the respondent will receive an email

with a link to complete a confidentiality statement and a subject matter expert eligibility questionnaire. If the respondent meets the inclusion criteria for participation in the study as a subject matter expert, the participant will be taken automatically to the research study Delphi Round 1 open-ended questions. If the respondent does not meet the inclusion criteria for participation in the study as a subject matter expert, the respondent will be taken to the end of the survey and receive an email with a thank you message. When the researcher receives the informed consent document, and the respondent does not agree to the terms of informed consent, the respondent will receive an email with a thank you message.

The informed consent document is attached. Please read the document carefully, check the appropriate box, sign and date the document, and return to the researcher via fax @ 202-537-3219 or via email as a scanned document to sohnmacht@msn.com. Upon receipt of the informed consent document, you will receive an email link to SurveyMonkey to complete the next steps in the process. If you have any questions pertaining to the research study, please do not hesitate to contact me. I can be reached at xxx-xxx-xxxx or by email at xxxxxxxxx@xxx.xxx.

Respectfully,

Susan D. Ohnmacht

Appendix J

Delphi Round 1 Open-Ended Questions

Letter of Confidentiality

University of Phoenix℠

As a researcher working on the above research study at the University of Phoenix, I understand that I must maintain the confidentiality of all information concerning all research participants as required by law. Only the University of Phoenix Institutional Review Board may have access to this information. "Confidential Information" of participants includes but is not limited to: names, characteristics, or other identifying information, questionnaire scores, ratings, incidental comments, other information accrued either directly or indirectly through contact with any participant, and/or any other information that by its nature would be considered confidential. In order to maintain the confidentiality of the information, I hereby agree to refrain from discussing or disclosing any Confidential Information regarding research participants, to any individual who is not part of the above research study or in need of the information for the expressed purposes on the research program. This includes having a conversation regarding the research project or its participants in a place where such a discussion might be overheard; or discussing any Confidential Information in a way that would allow an unauthorized person to associate (either correctly or incorrectly) an identity with such information. I further agree to store research records whether paper, electronic or otherwise in a secure locked location under my direct control or with appropriate safe guards. I hereby further agree that if I have to use the services of a third party to assist in the research study, who will potentially have access to any Confidential Information of participants, that I will enter into an agreement with said third party prior to using any of the services, which shall provide at a minimum the confidential obligations set forth herein. I agree that I will immediately report any known or suspected breach of this confidentiality statement regarding the above research project to the University of Phoenix, Institutional Review Board.

By entering my name, email and date below, I understand the above statements and DO agree to hold in strict confidence, and not disclose to any third party, confidential information pertaining to this study except as approved in writing by the researcher and participants. I understand that this agreement shall terminate five years after the effective date.

Susan Ohnmacht

Susan Ohnmacht
July 29, 2013

***To validate your consent as a participant in the research study entitled Integrated Talent Management in Health Care, please type your name, email, and date.**

Name:

Email:

Date:

Subject Matter Expert Eligibility Assessment

***Do you hold a senior to executive nurse level position in your organization?**

- Yes
- No

***Have you completed a master's degree in nursing or related field?**

- Yes
- No

***Do you have a minimum of 15 years professional nursing experience in acute care?**

- Yes
- No

***Do you have at least 10 years of progressive nursing leadership experience prior to and including your current position?**

- Yes
- No

Delphi Round 1 Instructions for Open-Ended Questions

Instructions on How to Complete Delphi Round 1

Thank you for completing your consent form, confidentiality agreement, and demographic questionnaire indicating that you meet the inclusion criteria for this study and that you are willing to participate as an expert panelist. Please read the following instructions about the first round Delphi questionnaire. The aim of this study is to build consensus among nursing experts from five hospitals in the mid-Atlantic region, about the fundamentals of succession planning, to support smooth transition into mission-critical nurse leader positions.

The research question of this study asks "what is the level of consensus among health care leaders as to the elements of a succession planning program used to advance high-potential performers into mission-critical nurse leader positions? The Delphi Round 1 questionnaire includes open-ended questions intended to provide expert knowledge about the research question. Participants are asked to describe current leadership development and succession planning programs, and to identify the strategies used to identify high potential performers, align the right fit of a leader with a leadership position, and develop leadership competencies. Please be as detailed in your responses as possible.

Important to the compilation of data throughout the study, the researcher needs to be able to identify your responses, using a master code list, as the Delphi process has individual feedback to every panel member built into the process. When you have completed the open-ended questions, please click the "Submit" button.

Thank you,

Susan D. Ohnmacht

Delphi Round 1 Open-Ended Glossary of Terms

Glossary of Terms

To promote a common understanding among study participants, please refer to the following Glossary of Terms when answering the open ended questions:

360-degree feedback assessment: A 360-degree feedback assessment occurs when an individual requests feedback from supervisors, peers, and subordinates about his or her performance, and uses the feedback to improve performance (Rothwell, 2010).

Chief Nursing Officer: The Chief Nursing Officer, also referred to as the chief nurse or chief nurse executive, represents nursing as a discipline (Larkin, 2012). The Joint Commission defines the chief nursing officer as the administrative authority for patient care, who determines the nursing personnel staffing mix and the staff necessary for providing nursing care to every area of the hospital (Niespodziani, 2010).

Coaching: Coaching is a short-term solution to project management or specific developmental issues, to improve performance, and skills, and a key strategy of succession planning (Carey, Philippon, & Cummings, 2011; Fielden, Davidson, & Sutherland, 2009; Kunneman et al., 2011).

Competency: Competency is the knowledge, skills, abilities, and attributes, including values, cognitive skills, interpersonal skills, embracing of diversity, and change management that contributes to the effectiveness of a leader (Rothwell, 2011; Zander, 2009).

Competency framework: A competency framework is a set of competencies used to grow and develop talent within an organization and aligned with the organizational strategy (Kunneman et al., 2011).

Competitive advantage: A competitive advantage represents the development of an industry edge for an organization over its competition in which target market customers perceive the product or service promoted by the organization to be better than competitors of the organization ((Wang, Lin, & Chu, 2011).

High potentials: High potential individuals "consistently and significantly outperform their peer groups" in multiple settings and circumstances, representing the values and culture of the organization in an exemplary manner (Ready, Conger, & Hill, 2010). High potentials demonstrate a high capacity to grow and succeed throughout their careers in the organization at a rapid pace (Ready et al., 2010, p. 80).

Integrated talent management: Integrated talent management is the process of attracting, identifying, developing, deploying, and retaining the best people to create a competitive advantage and promote organizational sustainability (Rothwell, 2011).

Mentoring: Mentoring is a long-term developmental relationship established between an experienced practitioner and learner, or protégé, to promote competency development and organizational knowledge of the protégé (Kunneman et al., 2011).

Organizational sustainability: Organizational sustainability results from the efforts of organizations to avoid short-term strategies that create inefficiencies, promote environmental waste, and threaten social progress as a way of securing long-term economic performance (Velazquez, Esquer, Munguia, & Moure-Eraso, 2011).

Potential: Potential is a description for something that can develop or has the capability to develop (Silzer & Church, 2009).

Stretch assignments: A stretch assignment represents a developmental opportunity used when considering an individual for a managerial position to determine if the candidate is a match for a position beyond the individual's demonstrated talents (Macaux, 2010).

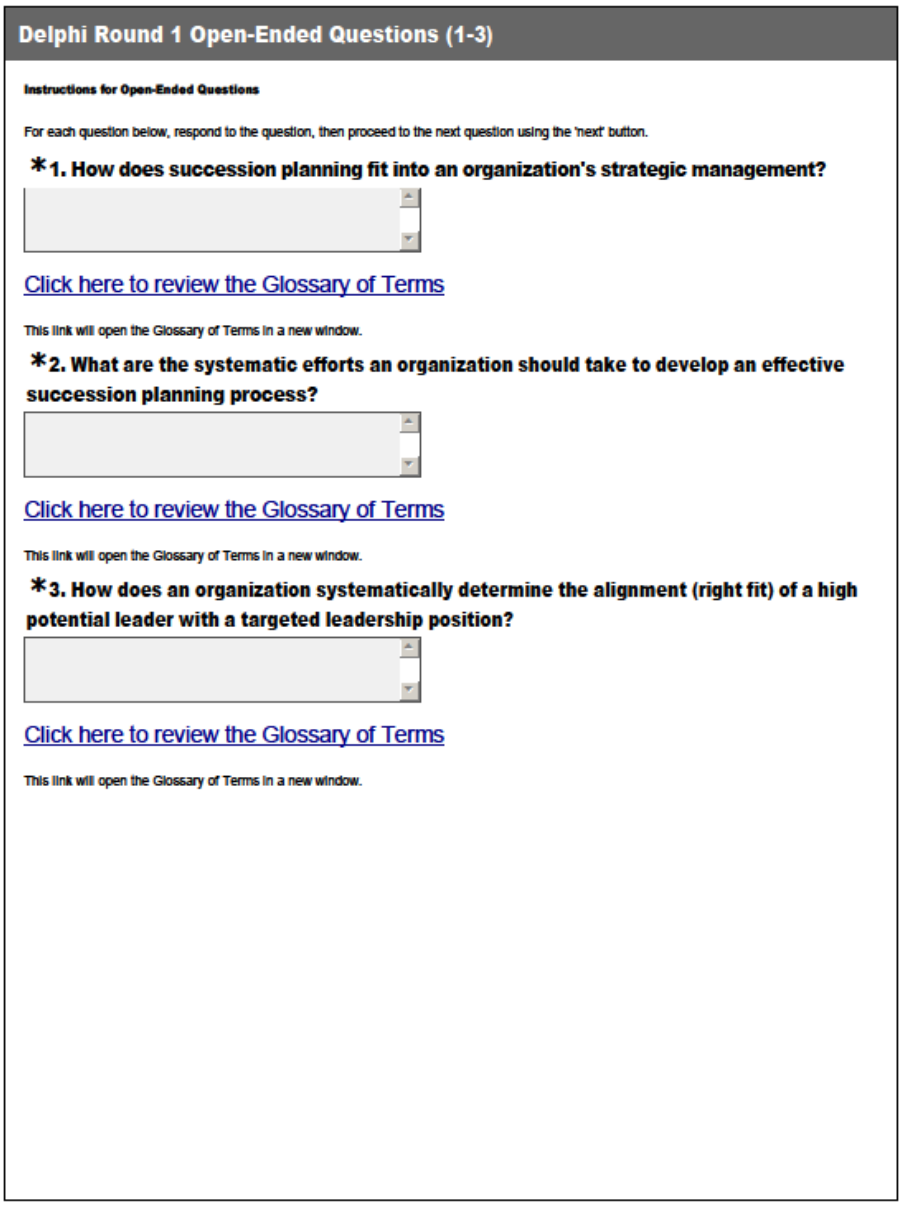
Succession management: Succession management represents the daily efforts of an organization to build talent by applying strategies such as coaching and feedback from managers and other identified leadership resources to assist employees in developing to their highest potential (Rothwell, 2010).

Succession planning: Succession planning is the identification of mission critical positions within an organization, and the development of high potential talent within the organization to meet organizational leadership needs (Rothwell, 2010, 2011).

Succession planning and management: Succession planning and management is a process used to stabilize the tenure of personnel in health care organizations and establish back up support for mission critical positions (Rothwell, 2010).

Talent: Talent is a description of an organization's best people (Rothwell, 2010).

Talent management: Talent management is the process of attracting, identifying, developing, deploying, and retaining the best people (Rothwell, 2011).



Delphi Round 1 Open-Ended Questions (1-3)

Instructions for Open-Ended Questions

For each question below, respond to the question, then proceed to the next question using the 'next' button.

***1. How does succession planning fit into an organization's strategic management?**

Click here to review the Glossary of Terms

This link will open the Glossary of Terms in a new window.

***2. What are the systematic efforts an organization should take to develop an effective succession planning process?**

Click here to review the Glossary of Terms

This link will open the Glossary of Terms in a new window.

***3. How does an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position?**

Click here to review the Glossary of Terms

This link will open the Glossary of Terms in a new window.

Delphi Round 1 Open-Ended Questions (4-6)

***4. How does your organization promote the development of a high potential leader within the context of succession planning?**

Click here to review the Glossary of Terms

This link will open the Glossary of Terms in a new window.

***5. What are the strategies used to develop core leadership competencies in your organization?**

Click here to review the Glossary of Terms

This link will open the Glossary of Terms in a new window.

***6. What is the process an organization uses to identify high potential performers?**

Click here to review the Glossary of Terms

This link will open the Glossary of Terms in a new window.

Thank You for Your Participation

Thank you for taking time to participate in Round 1 of this research study entitled "Integrated Talent Management in Health Care."

If you have any questions pertaining to the research study, please do not hesitate to contact me.

I can be reached at xxx-xxx-xxxx or by email at xxxxxxxxx@xxx.xxx.

Appendix K

Delphi Round 2 Likert-Type Item Survey

Letter of Confidentiality

University of Phoenix

As a researcher working on the above research study at the University of Phoenix, I understand that I must maintain the confidentiality of all information concerning all research participants as required by law. Only the University of Phoenix Institutional Review Board may have access to this information. "Confidential information" of participants includes but is not limited to: names, characteristics, or other identifying information, questionnaire scores, ratings, incidental comments, other information accrued either directly or indirectly through contact with any participant, and/or any other information that by its nature would be considered confidential. In order to maintain the confidentiality of the information, I hereby agree to refrain from discussing or disclosing any Confidential information regarding research participants, to any individual who is not part of the above research study or in need of the information for the expressed purposes on the research program. This includes having a conversation regarding the research project or its participants in a place where such a discussion might be overheard; or discussing any Confidential information in a way that would allow an unauthorized person to associate (either correctly or incorrectly) an identity with such information. I further agree to store research records whether paper, electronic or otherwise in a secure locked location under my direct control or with appropriate safe guards. I hereby further agree that if I have to use the services of a third party to assist in the research study, who will potentially have access to any Confidential information of participants, that I will enter into an agreement with said third party prior to using any of the services, which shall provide at a minimum the confidential obligations set forth herein. I agree that I will immediately report any known or suspected breach of this confidentiality statement regarding the above research project to the University of Phoenix, Institutional Review Board.

By entering my name, email and date below, I understand the above statements and DO agree to hold in strict confidence, and not disclose to any third party, confidential information pertaining to this study except as approved in writing by the researcher and participants. I understand that this agreement shall terminate five years after the effective date.

Susan Ohnmacht
October 2, 2013

***To validate your consent as a participant in the research study entitled Integrated Talent Management in Health Care, please type your name, email, and date.**

Name:

Email:

Date:

Delphi Round 2: Instructions for Completing Likert-Type Item 5-Point Scale ...

The second round of this Delphi study lists all of the responses from panel members in Round 1. These responses have been content-analyzed and similar responses grouped together to ensure that the survey is not repetitive and easily completed. The meaning of the responses has not changed.

You will see a 5-point scale next to each statement. The scale is numbered 1 to 5. Please click the radio button you believe best describes your agreement or disagreement with the importance of the elements of succession planning programs, used by health care organizations, to advance high-potential performers into mission-critical nurse leader positions, to determine best practices. The numbers correspond to a response as listed:

1. Strongly Disagree

2. Disagree

3. Neither disagree or agree

4. Agree

5. Strongly Agree

When you have completed the second round survey, please click the "Submit" button to return your responses. Thank you for your continued participation in this research study.

Sincerely,

Susan D. Ohnmacht

Delphi Round 2: Likert-Type Item Survey Questions ~ Page 1

***Rate each of the following statements on a scale of 1 to 5.**

1=Strongly Disagree to 5=Strongly Agree

	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
1. Succession planning is a key component of strategic management and creates organizational sustainability.	○	○	○	○	○
2. An organization's strategic management plan should include a strategy to recognize, identify, and develop future leaders from within the talent pool.	○	○	○	○	○
3. Succession planning is critical to the establishment of a strong leadership foundation for the organization.	○	○	○	○	○
4. To develop an effective succession planning process, the organization should have a defined strategy to identify key leadership positions, and provide resources to the leaders for how to conduct the succession planning process.	○	○	○	○	○
5. To develop an effective succession planning process, the organization should attract talent into the organization at entry level leadership roles and develop the individual for future leadership opportunities.	○	○	○	○	○
6. To develop an effective succession planning process, an organization should have a process to provide professional development and learning opportunities for talented staff and developing leaders.	○	○	○	○	○

Delphi Round 2: Likert-Type Item Survey Questions ~ Page 2

***Rate each of the following statements on a scale of 1 to 5.**

1=Strongly Disagree to 5=Strongly Agree

	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
7. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by identifying the high performers, determining leadership potential, and evaluating their capacity to grow and succeed beyond their role responsibilities at a rapid pace.	○	○	○	○	○
8. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by determining the employee's fit with the organization (mission/vision/values), the culture, and the specific leadership role.	○	○	○	○	○
9. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by identifying the competencies necessary for success in a particular leadership role and evaluating the performance of the potential leader against the defined competencies.	○	○	○	○	○
10. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by conducting multi-level performance assessments, such as 360-degree evaluations.	○	○	○	○	○
11. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by mentoring and providing ongoing feedback to the developing leader.	○	○	○	○	○
12. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by implementing a manager development internship program, including interim leadership appointments and stretch assignments, to groom a potential candidate as the next in line for a targeted leadership position.	○	○	○	○	○

Delphi Round 2: Likert-Type Item Survey Questions ~ Page 3

***Rate each of the following statements on a scale of 1 to 5.**

1=Strongly Disagree to 5=Strongly Agree

	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
13. Within the context of succession planning, high potential leaders are developed through coaching and mentoring.	○	○	○	○	○
14. Within the context of succession planning, high potential leaders are identified and developed through the use of ongoing performance assessments and goal setting.	○	○	○	○	○
15. Within the context of succession planning, high potential leaders are developed through leadership education and development programs.	○	○	○	○	○
16. Within the context of succession planning, high potential leaders are developed through the use of challenging assignments (stretch assignments) to facilitate skill development and provide additional leadership experiences.	○	○	○	○	○
17. Within the context of succession planning, high potential leaders are developed through advanced degrees and education.	○	○	○	○	○

Delphi Round 2: Likert-Type Item Survey Questions ~ Page 4

***Rate each of the following statements on a scale of 1 to 5.**

1=Strongly Disagree to 5=Strongly Agree

	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
18. Internal leadership classes are used to develop core leadership competencies within the organization.	○	○	○	○	○
19. Frontline leadership development programs are used to develop core leadership competencies within the organization.	○	○	○	○	○
20. The manager orientation program is a strategy used to develop core leadership competencies within the organization.	○	○	○	○	○
21. External leadership development programs are used to develop core leadership competencies within the organization.	○	○	○	○	○

Delphi Round 2: Likert-Type Item Survey Questions ~ Page 5

***Rate each of the following statements on a scale of 1 to 5.**

1=Strongly Disagree to 5=Strongly Agree

	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
22. Mentoring and coaching contribute to the development of core leadership competencies within the organization.	○	○	○	○	○
23. Established competency assessments and feedback, using an established competency assessment methodology, contribute to the development of core leadership competencies within the organization.	○	○	○	○	○
24. Stretch assessments contribute to the development of core leadership competencies within the organization.	○	○	○	○	○
25. External resources, such as the Studer group, Magnet standards, and the Joint Commission provide guidelines and strategies that contribute to the development of core leadership competencies within the organization.	○	○	○	○	○

Delphi Round 2: Likert-Type Item Survey Questions ~ Page 6

*Rate each of the following statements on a scale of 1 to 5.

1=Strongly Disagree to 5=Strongly Agree

	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
26. To identify high potential performers, organizations develop a talent management process, which includes learning and development opportunities.	○	○	○	○	○
27. To identify high potential performers, organizations conduct performance assessments at multiple levels using strategies such as 360-degree assessments and annual performance appraisals.	○	○	○	○	○
28. To identify high potential performers, organizational leaders at multiple levels conduct a formal assessment process for leadership development programs using established criteria.	○	○	○	○	○

Appendix L

Delphi Round 3 Ranking Index

Delphi Round 3: Instructions for Ranking Index

University of Phoenix

The goal of this round is to evaluate the level of consensus of elements for a succession planning program, to support smooth transition in mission-critical nurse leader positions, to determine best practices. The third round of the Delphi study lists the mean value of the responses from panel members in Round 2 and asks the expert panelists to identify and prioritize the top five themes (elements). Please consider your responses based on your individual and the collective responses in Round 2. Please rank your top five choices in order of importance from 5 (highest rank) to 1 (least highest rank). Please consider each of the statements carefully, and reflect on the research question to be answered from this study:

What is the level of consensus among health care leaders as to the elements of a succession planning program used to advance high potential performers into mission-critical nurse leader positions?

In Round 3, please consider your ranking of the top five strategies proposed from Round 2 in the context of the group response (median) to each benchmark. When you have completed the third round survey, please click the "Submit" button to return your responses. Thank you for your continued participation in this research study.

Susan D. Ohnmacht
October 31, 2013

***To validate your consent as a participant in the research study entitled Integrated Talent Management in Health Care, please type your name, email, and date.**

Name:

Email:

Date:

The median response from each statement in Round 2 is listed for your reference.

Rank your top five choices in order of importance from

5 (Highest Rank) to 1 (Least Highest Rank).

	1	2	3	4	5
1. Succession planning is a key component of strategic management and creates organizational sustainability. **Median-5**	○	○	○	○	○
2. An organization's strategic management plan should include a succession planning strategy to recognize, identify, and develop future leaders from within the talent pool. **Median-5**	○	○	○	○	○
3. Succession planning is critical to the establishment of a strong leadership foundation for the organization. **Median - 5**	○	○	○	○	○
4. To develop an effective succession planning process, the organization should have a defined strategy to identify key leadership positions, and provide resources to the leaders for how to conduct the succession planning process. **Median-5**	○	○	○	○	○
5. To develop an effective succession planning process, the organization should attract talent into the organization at entry level leadership roles and develop the individual for future leadership opportunities. **Median-5**	○	○	○	○	○
6. To develop an effective succession planning process, an organization should have a process to provide professional development and learning opportunities for talented staff and developing leaders. **Median-5**	○	○	○	○	○
7. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by identifying the high performers, determining leadership potential, and evaluating their capacity to grow and succeed beyond their role responsibilities at a rapid pace. **Median-4**	○	○	○	○	○
8. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by determining the employee's fit with the organization (mission/vision/values), the culture, and the specific leadership role. **Median-4**	○	○	○	○	○
9. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by identifying the competencies necessary for success in a particular leadership role and evaluating the performance of the potential leader against the defined competencies. **Median-5**	○	○	○	○	○
10. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by conducting multi-level performance assessments, such as 360-degree evaluations. **Median-4**	○	○	○	○	○
11. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by mentoring and providing ongoing feedback to the developing leader. **Median-5**	○	○	○	○	○
12. Leaders within an organization systematically determine the alignment (right fit) of a high potential leader with a targeted leadership position by implementing a manager development internship program, including interim leadership appointments and stretch assignments, to groom a potential candidate as the next in line for a targeted leadership position. **Median-4**	○	○	○	○	○
13. Within the context of succession planning, high potential leaders are developed through coaching and mentoring. **Median-5**	○	○	○	○	○
14. Within the context of succession planning, high potential leaders are identified and developed through the use of ongoing performance assessments and goal setting. **Median-4**	○	○	○	○	○
15. Within the context of succession planning, high potential leaders are developed through leadership education and development programs. **Median-4**	○	○	○	○	○
16. Within the context of succession planning, high potential leaders are developed through the use	○	○	○	○	○

of challenging assignments (stretch assignments) to facilitate skill development and provide additional leadership experiences. **Median-4**					
17. Within the context of succession planning, high potential leaders are developed through advanced degrees and education. **Median-4**	○	○	○	○	○
18. Internal leadership classes are used to develop core leadership competencies within the organization. **Median-4**	○	○	○	○	○
19. Frontline leadership development programs are used to develop core leadership competencies within the organization. **Median-4**	○	○	○	○	○
20. The manager orientation program is a strategy used to develop core leadership competencies within the organization. **Median-4**	○	○	○	○	○
21. External leadership development programs are used to develop core leadership competencies within the organization. **Median-4**	○	○	○	○	○
22. Mentoring and coaching contribute to the development of core leadership competencies within the organization. **Median-5**	○	○	○	○	○
23. Established competency assessments and feedback, using an established competency assessment methodology, contribute to the development of core leadership competencies within the organization. **Median-4**	○	○	○	○	○
24. Stretch assessments contribute to the development of core leadership competencies within the organization. **Median-4**	○	○	○	○	○
25. External resources, such as the Studer group, Magnet standards, and the Joint Commission provide guidelines and strategies that contribute to the development of core leadership competencies within the organization. **Median-4**	○	○	○	○	○
26. To identify high potential performers, organizations develop a talent management process, which includes learning and development opportunities. **Median-5**	○	○	○	○	○
27. To identify high potential performers, organizations conduct performance assessments at multiple levels using strategies such as 360-degree assessments & annual performance appraisals. **Median-4**	○	○	○	○	○
28. To identify high potential performers, organizational leaders at multiple levels conduct a formal assessment process for leadership development programs using established criteria. **Median-4**	○	○	○	○	○

Appendix M

Central Themes for Delphi Round 1 Open-Ended Questions

Q#	Central Themes (Fundamentals of Succession Planning)
Q1	The central themes identified for Question 1 focused on succession planning as a key component of an organization's strategic management and responsible for creating organizational sustainability. Succession planning should include identification of key positions in the organization. Succession planning should include a plan to recognize, identify, and develop future leaders from within an organizational talent pool. Succession planning is critical to the establishment of a strong leadership foundation for the organization, retains high performers, and allows for smooth transition when turnover occurs in critical positions.
Q2	The primary themes identified for Question 2 focused on the systematic efforts of an organization to develop a succession-planning program. Responses included identifying key positions in the organization within the strategic plan and educating leaders about the value of an organizational succession-planning strategy. Organizations define strategy and provide resources to the leaders on how to conduct the succession planning process. Organizations should implement programs and identify opportunities to attract, and engage staff with the desire to lead clinically, or operationally. Organizations should attract talent into the organization at the entry level of leadership, and develop the individual for future leadership opportunities. The organization should have a process for educating and "growing" staff, and provide professional development and learning opportunities for developing leaders. The organization should coach and mentor talent.
Q3	The key themes identified in Question 3 focused on the alignment (fit) of a high-potential leader with a targeted leadership position. Alignment occurs when the organization identifies high performers, determines leadership potential, and evaluates the potential's capacity to grow and succeed beyond current responsibilities at a rapid pace. Organizations determine alignment by examining the employee's fit with the mission, vision, values, culture, and specific role targeted. Assessment of fit occurs by identifying competencies necessary for success in a particular leadership role and evaluating the performance of the potential leader against established criteria. Other fundamentals include the use of multilevel performance assessments, such as 360-degree evaluations. Mentoring high-potential performers and providing ongoing feedback to the high-potential provides opportunity to assess and evaluate the fit of the employee with the targeted leadership role. Another way to determine alignment of the high-potential is to implement a manager development internship program, include interim leadership appointments, and stretch assignments, to engage a potential candidate to be groomed as next in line.

Q#	Central Themes (Fundamentals of Succession Planning)
Q4	Themes identified for Question 4 addressed the development of high-potential in the context of succession planning. Responses included coaching, mentoring, and the use of ongoing performance assessments and goal setting. Leadership education and development programs, and the use of stretch assignments contribute to skill development and provide additional leadership experiences. Responses included advanced degrees and educational opportunities.
Q5	The central themes for Question 5 to develop core competencies within the organization included the use of internal leadership classes and frontline leadership development programs. Panelists suggested the use of manager orientation programs and external leadership development programs. Strategies suggested by the panelists included the use of coaching and mentoring to develop the core competencies needed by high-potentials for future leadership roles.
Q6	The primary themes for Question 6 addressed the processes used by an organization to identify high-potential performers in health care organizations. The development of a talent management process to provide learning and development opportunities for high-potentials, and allow organizational leaders to determine the individual's potential. The use of 360-degree assessments and annual performance appraisals of the high-potential. Organizational leaders at multiple levels conduct a formal assessment process and use established criteria to identify and assess high-potentials for participation in leadership development programs.

Appendix N

Round 2 Likert-type Items Developed From Central Themes in Round 1

Survey item	Fundamental of Succession Planning
1	Succession planning is a key component of strategic management and creates organizational sustainability.
2	An organization's strategic management plan should include a succession-planning strategy to recognize, identify, and develop future leaders from within the talent pool.
3	Succession planning is critical to the establishment of a strong leadership foundation for the organization.
4	To develop an effective succession planning process, the organization should have a defined strategy to identify key leadership positions, and provide resources to the leaders for how to conduct the succession planning process.
5	To develop an effective succession planning process, the organization should attract talent into the organization at entry-level leadership roles and develop the individual for future leadership opportunities.
6	To develop an effective succession planning process, an organization should have a process to provide professional development and learning opportunities for talented staff and developing leaders.
7	Leaders within an organization systematically determine the alignment (right fit) of a high-potential leader with a targeted leadership position by identifying the high performers, determining leadership potential, and evaluating their capacity to grow and succeed beyond their role responsibilities at a rapid pace.
8	Leaders within an organization systematically determine the alignment (right fit) of a high-potential leader with a targeted leadership position by determining the employee's fit with the organization (mission/vision/values), the culture, and the specific leadership role.
9	Leaders within an organization systematically determine the alignment (right fit) of a high-potential leader with a targeted leadership position by identifying the competencies necessary for success in a particular leadership role and evaluating the performance of the potential leader against the defined competencies.
10	Leaders within an organization systematically determine the alignment (right fit) of a high-potential leader with a targeted leadership position by conducting multi-level performance assessments, such as 360-degree evaluations.
11	Leaders within an organization systematically determine the alignment (right fit) of a high-potential leader with a targeted leadership position by mentoring and providing ongoing feedback to the developing leader.
12	Leaders within an organization systematically determine the alignment (right fit) of a high-potential leader with a targeted leadership position by

Survey item	Fundamental of Succession Planning
	implementing a manager development internship program, including interim leadership appointments and stretch assignments, to groom a potential candidate as the next in line for a targeted leadership position.
13	Within the context of succession planning, high-potential leaders are developed through coaching and mentoring.
14	Within the context of succession planning, high-potential leaders are identified and developed through the use of ongoing performance assessments and goal setting.
15	Within the context of succession planning, high-potential leaders are developed through leadership education and development programs.
16	Within the context of succession planning, high-potential leaders are developed through the use of challenging assignments (stretch assignments) to facilitate skill development and provide additional leadership experiences.
17	Within the context of succession planning, high-potential leaders are developed through advanced degrees and education.
18	Internal leadership classes are used to develop core leadership competencies within the organization.
19	Frontline leadership development programs are used to develop core leadership competencies within the organization.
20	The manager orientation program is a strategy used to develop core leadership competencies within the organization.
21	External leadership development programs are used to develop core leadership competencies within the organization.
22	Mentoring and coaching contribute to the development of core leadership competencies within the organization.
23	Established competency assessments and feedback, using an established competency assessment methodology, contribute to the development of core leadership competencies within the organization.
24	Stretch assessments contribute to the development of core leadership competencies within the organization.
25	External resources, such as the Studer group, Magnet standards, and the Joint Commission provide guidelines and strategies that contribute to the development of core leadership competencies within the organization.
26	To identify high-potential performers, organizations develop a talent management process, which includes learning and development opportunities.
27	To identify high-potential performers, organizations conduct performance assessments at multiple levels using strategies such as 360-degree assessments and annual performance appraisals.
28	To identify high-potential performers, organizational leaders at multiple levels conduct a formal assessment process for leadership development programs using established criteria.

Appendix O

Frequency Distribution, Percentage, and Median for Delphi Round 2 Responses

Statement #	SA	A	N	D	SD	Median
1	12 (80%)	3 (20%)	0 (0%)	0 (0%)	0 (0%)	5.0
2	13 (87%)	2 (13%)	0 (0%)	0 (0%)	0 (0%)	5.0
3	10 (67%)	5 (33%)	0 (0%)	0 (0%)	0 (0%)	5.0
4	10 (67%)	5 (33%)	0 (0%)	0 (0%)	0 (0%)	5.0
5	13 (87%)	2 (13%)	0 (0%)	0 (0%)	0 (0%)	5.0
6	14 (93%)	1 (7%)	0 (0%)	0 (0%)	0 (0%)	5.0
7	7 (47%)	5 (33%)	2 (13%)	1 (7%)	0 (0%)	4.0
8	6 (40%)	5 (33%)	2 (13%)	2 (13%)	0 (0%)	4.0
9	8 (53%)	4 (27%)	3 (20%)	0 (0%)	0 (0%)	5.0
10	6 (40%)	5 (33%)	3 (20%)	0 (0%)	1 (7%)	4.0
11	10 (67%)	3 (20%)	1 (7%)	1 (7%)	0 (0%)	5.0
12	5 (33%)	7 (47%)	2 (13%)	0 (0%)	1 (7%)	4.0
13	8 (53%)	6 (40%)	1 (7%)	0 (0%)	0 (0%)	5.0
14	3 (20%)	11 (73%)	1 (7%)	0 (0%)	0 (0%)	4.0
15	6 (40%)	9 (60%)	0 (0%)	0 (0%)	0 (0%)	4.0
16	3 (20%)	9 (60%)	1 (7%)	0 (0%)	0 (0%)	4.0
17	6 (40%)	8 (53%)	1 (7%)	0 (0%)	0 (0%)	4.0
18	6 (40%)	5 (33%)	1 (7%)	2 (13%)	0 (0%)	4.0
19	7 (47%)	7 (47%)	0 (0%)	0 (0%)	1 (7%)	4.0
20	3 (20%)	8 (53%)	2 (13%)	1 (7%)	1 (7%)	4.0
21	6 (40%)	8 (53%)	1 (7%)	0 (0%)	0 (0%)	4.0
22	10 (67%)	3 (20%)	0 (0%)	2 (13%)	0 (0%)	5.0
23	5 (33%)	9 (60%)	0 (0%)	1 (7%)	0 (0%)	4.0
24	5 (33%)	8 (53%)	1 (7%)	1 (7%)	0 (0%)	4.0
25	5 (33%)	7 (47%)	3 (20%)	0 (0%)	0 (0%)	4.0
26	8 (53%)	4 (27%)	1 (7%)	2 (13%)	0 (0%)	5.0
27	4 (27%)	8 (53%)	0 (0%)	3 (20%)	0 (0%)	4.0
28	4 (27%)	5 (33%)	3 (20%)	3 (20%)	0 (0%)	4.0

Note. *n* = 15. SA = Strongly Agree; A = Agree; N = Neither; D = Disagree; SD = Strongly Disagree

Appendix P

Ranking Index for Delphi Round 3 Responses

Statement #	Frequency	Mean	Standard Deviation	Response Ranking				
				5	4	3	2	1
9	7	0.500	0.519	1	5	1	0	0
13	7	0.500	0.519	0	2	3	0	2
6	6	0.429	0.514	1	2	1	1	1
5	6	0.429	0.514	0	0	3	0	3
26	6	0.429	0.514	0	0	1	1	4
1	5	0.357	0.497	5	0	0	0	0
2	5	0.357	0.497	4	0	0	1	0
4	4	0.286	0.469	2	1	0	0	1
22	3	0.214	0.426	0	1	1	0	1
8	2	0.143	0.363	1	0	0	1	0
7	2	0.143	0.363	0	1	0	1	0
25	2	0.143	0.363	0	0	0	0	1
27	2	0.143	0.363	0	0	1	1	0
11	2	0.143	0.363	0	0	0	2	0
16	2	0.143	0.363	0	0	0	2	0
19	2	0.143	0.363	0	0	0	2	0
12	1	0.071	0.267	0	1	0	0	0
14	1	0.071	0.267	0	0	1	0	0
17	1	0.071	0.267	0	0	1	0	0
18	1	0.071	0.267	0	0	1	0	0
10	1	0.071	0.267	0	0	0	1	0
24	1	0.071	0.267	0	0	0	1	0
23	1	0.071	0.267	0	0	0	0	1
3	0	0.000	0.000	0	0	0	0	0
15	0	0.000	0.000	0	0	0	0	0
20	0	0.000	0.000	0	0	0	0	0
21	0	0.000	0.000	0	0	0	0	0
28	0	0.000	0.000	0	0	0	0	0

Note. $n = 14$.

Appendix Q

Ranking for Delphi Round 3 Responses as an Open System

Statement #	Strategy	Input (Identify)	Throughput (Develop)	Output (Deploy)
1	A5, E5, G5, K5, M5			
2	H5, I5, L5, N5, P2			
3				
4	D5, I4, J5, L1			
5	F3, G1, I3, L3, O1, P1			
6	A1, G2, J3, K4, L4, P5			
7				B4, I2
8				A2, O5
9				F5, H4, J4, M4, N4, O4, P3
10				L2
11				J2, K2
12				P4
13			E4, G4, H3, I1, J1, K3, N3	
14			D3	
15				
16			H2, O2	
17			G3	
18			E3	
19			D2, F2	
20-21				
22			F4, M3, N1	
23			E1	
24			M2	
25			A4, M1	
26		A3, D1, F1, H1, K1, N2		
27		E2, O3		
28				
% Responses	37.1%	11.42%	30.00%	21.42%

Note. $n = 14$.

AUTHOR BIOGRAPHY

Susan D. Ohnmacht, MSN, MS, RN, NEA-BC, is an independent consultant for health care operations and innovative workflow design. She is the former director of clinical process design at Sibley Memorial Hospital/Johns Hopkins Medicine. Using human-centered design (inspiration, ideation, and implementation) blended with the principles of LEAN, Ms. Ohnmacht was responsible for developing innovative approaches to clinical practice, patient safety, service excellence, and leadership development, to promote an exceptional patient experience. Ms. Ohnmacht received her Bachelor of Science degree in nursing from Albright College in Reading, Pennsylvania. She later pursued her master's degree from Marymount University in Arlington, Virginia, where she earned a Master of Science degree in nursing administration and organizational effectiveness. Ms. Ohnmacht can be reached at: sohnmacht@msn.com.