

May 2017

Succession Planning for Nursing Leaders in a College of Nursing

Cheryl Ann Tucker

University of Nevada, Las Vegas, mgtcat5758@gmail.com

Follow this and additional works at: <https://digitalscholarship.unlv.edu/thesesdissertations>

 Part of the [Higher Education Administration Commons](#), and the [Nursing Commons](#)

Repository Citation

Tucker, Cheryl Ann, "Succession Planning for Nursing Leaders in a College of Nursing" (2017). *UNLV Theses, Dissertations, Professional Papers, and Capstones*. 3051.

<https://digitalscholarship.unlv.edu/thesesdissertations/3051>

This Dissertation is brought to you for free and open access by Digital Scholarship@UNLV. It has been accepted for inclusion in UNLV Theses, Dissertations, Professional Papers, and Capstones by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.

SUCCESSION PLANNING FOR NURSING LEADERS IN A COLLEGE OF NURSING

By

Cheryl A Tucker

Bachelor of Science in Nursing
Baylor University School of Nursing
1980

Master of Science in Nursing
Georgia College and State University
1996

A doctoral project submitted in partial fulfillment
of the requirements for the

Doctor of Nursing Practice

School of Nursing
Division of Health Sciences
The Graduate College

University of Nevada, Las Vegas
May 2017

June 5, 2017

This doctoral project prepared by

Cheryl A Tucker

entitled

Succession Planning for Nursing Leaders in a College of Nursing

is approved in partial fulfillment of the requirements for the degree of

Doctor of Nursing Practice
School of Nursing

Carolyn Sabo, Ed.D.
Examination Committee Chair

Kathryn Hausbeck Korgan, Ph.D.
Graduate College Interim Dean

Susan Van Beuge, D.N.P.
Examination Committee Member

Janet Dufek, Ph.D.
Graduate College Faculty Representative

Abstract

The Institute of Medicine (2011) challenged nursing to ensure the nursing workforce includes a sufficient number of academic nurse leaders, nurse educators, and doctorally prepared nurses for the future healthcare needs of the people of the United States. National data reveals a fragile supply of academic nurse educators and leaders. This tenuous resource is shaped by multifaceted factors including: (1) an aging nursing workforce; (2) impending faculty retirements; (3) lack of qualified faculty; and (4) wage disparity between the academic and clinical settings. As these factors collide, it is imperative that academic nursing plan for the future by retaining, developing, and recruiting academic nurse leaders utilizing best practices in succession planning (American Association of Colleges of Nursing [AACN], 2016c; United States Department of Health and Human Services, Health Resources and Services Administration [HRSA], 2014; National Advisory Council on Nursing Education and Practice [NACNEP], 2010; Bureau of Labor Statistics, U.S. Department of Labor 2015; Wendler, Olson-Sitki, & Prater, 2009).

A review of the literature revealed a lack of guidance related to succession planning in academic nursing, hence, this project was developed as an evidence-based practice project to provide academic nurse leaders with a guide for succession planning. The overall purpose of the DNP project was to evaluate the current state of succession planning at a chosen College of Nursing through the assessment of current leadership skills and talents, analysis of future needs for academic nurse leaders, and development of evidence-based recommendations to strengthen and improve the College's succession planning processes.

The succession plan framework applied in this project was the Leadership Succession Planning and Development model created by Wilson (2015) for nursing leaders. The DNP

project allowed the author to provide an executive summary report to serve as the groundwork for the chosen College's nursing leaders to achieve and sustain a highly qualified nursing leadership workforce to meet the future needs of the College of Nursing.

Acknowledgements

First and foremost, I am deeply grateful to my committee chair, Dr. Carolyn Sabo, for her guidance, encouragement, and persistence during my Doctor of Nursing Practice (DNP) journey. She motivated me to do my best work by creating learning opportunities that challenged my thinking and steered me to create a meaningful DNP project. Second, I am grateful to my committee members, Dr. Susan Vanbeuge and Dr. Janet Dufek, for their expert advice and guidance along the way.

Dedication

To my caring and loving husband and family, thank you for your encouragement, patience, and faith in me and our Lord that He would see us through the many educational, professional, and personal challenges we faced during this graduate school journey. The pallet art hanging in our den, created by P. Graham Dunn, communicates perfectly how much I appreciate you, “Our family is a circle of strength and love founded on faith, joined in love, kept by God, together forever.”

To my friends and nursing colleagues, I am appreciative of your friendship and support over the years. I am especially grateful to Dr. Martha Bradshaw who saw potential in me during the autumn of my career. Her guidance facilitated the development of my writing style and laid the groundwork for my first publication in 2013.

Table of Contents

Abstract.....	iii
Acknowledgements.....	v
Dedication.....	vi
Table of Contents.....	vii
List of Tables.....	ix
List of Figures.....	x
Chapter 1: Introduction.....	1
Discussion of Phenomenon of Interest.....	1
Problem Statement.....	5
Purpose Statement.....	5
Chapter 2: Review of Literature.....	6
Review of Literature Presentation.....	6
Needs Assessment and Description of the Project.....	12
Mission, Goals, and Objectives Statements.....	14
Chapter 3: Theoretical Framework.....	16
Leadership Succession Planning and Development Framework Presented by Wilson (2015).....	16
Wilson's (2015) Succession Planning Steps.....	18
Chapter 4: Project Plan.....	23
Project Plan Description.....	23
Evaluation Plan.....	28
Chapter 5: Project Implementation and Results.....	29

Data Collection Process and Results	29
Data Presentation	33
Discussion of the Project Results.....	37
Discussion: Implementing the Framework.....	46
Limitations	47
Sustainability	48
Dissemination of Results	49
Appendix A: Succession Planning Assessment Questionnaire: Organizational Demographic Data	50
Appendix B: Succession Planning Assessment Questionnaire: Talent Pool.....	51
Appendix C: Succession Planning Assessment Questionnaire: Promotion and Preparation	52
Appendix D: Project Timeline	53
Appendix E: Succession Planning: Executive Summary Report.....	54
Appendix F: Wolters Kluwer Health License Terms and Conditions	61
References.....	65
Curriculum Vitae	74

List of Tables

Table 1. Faculty Demographic Data	31
Table 2. Faculty Qualifications, Rank, and Salary	32
Table 3. Faculty Responsibilities	33

List of Figures

Figure 1. Leadership Succession Planning and Development	17
--	----

Chapter 1

Introduction

The Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) in *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011) challenge nursing to create innovative transformational systems, creative financing, and evidence-based practice models that will transform the healthcare industry (Cary, 2013). The doctorally prepared academic nurse leader holds a strategic leadership role essential to successfully meeting the IOM's (2011) challenges. By 2020, the IOM (2011) recommends 80 percent of the nursing workforce possess a bachelor's degree in nursing and a doubling of the number of doctorally prepared nurses. Obtaining these goals will take innovative academic nurse leaders who prepare for the demands of academia, clinical practice, and clinical education.

Discussion of Phenomenon of Interest

Wendler, et al. (2009) forecast that by 2020 up to 75% of the nurse leaders employed in the United States will retire. The magnitude of the current nursing faculty and academic leaders impending retirements are articulated in the *National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers 2013 National Workforce Survey of RNs* (Budden, Zhong, Moulton, & Cimiotti, 2013). The survey determined that 72% of nursing faculty are age 50 or older; indicating a large group of nursing leaders will be retiring in the next ten to fifteen years. More troublesome is that currently only 14% of full-time nursing faculty are younger than age 40 (Budden et al., 2013) indicating younger nurses are not choosing academia as a career path. The IOM (2011) has challenged national nursing organizations, academic institutions, schools of nursing, and healthcare organizations with the task of focusing on this issue to ensure the nursing workforce includes a sufficient number of academic nurse leaders, nursing educators,

and doctorally prepared nurses for the future healthcare needs of the people of the United States (Cary, 2013).

The American Association of Colleges of Nursing (AACN) is a professional organization that advances excellence in higher education nursing programs. AACN provides data related to student enrollment and faculty information within baccalaureate, master's, and doctoral programs. The *Special Survey on Vacant Faculty Positions for Academic Year 2016-2017 (Special Survey)* (AACN, 2016c) reported 56.2% of member schools had 1567 full-time faculty openings during the 2016-2017 academic year. Another 16.2% of the institutions conveyed a need for additional faculty to meet the demands of a growing source of qualified applicants. Of the vacant full-time positions, 9.7% had 50% or more of the workload dedicated to academic leadership responsibilities (AACN, 2016c). Furthermore, the affiliated schools identified the following top issues related to appointing additional full-time faculty: “limited pool of doctorally prepared faculty (65.8%); finding faculty with the right specialty mix (65.3%); noncompetitive salaries (63.0%); finding faculty willing and able to teach clinical courses (29.0%); high faculty workload (23.4%); and finding faculty willing and able to conduct research (20.0%)” (AACN, 2016c, p. 15). The United States Department of Health and Human Services, Health Resources and Services Administration (HRSA, 2014) brief, *The Future of the Nursing Workforce: National- and State-Level Projections 2012-2025*, and the AACN (2016c, 2017), recognized the future of the nursing workforce is dependent on a fragile supply of academic nurse leaders and educators.

The *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) maintains that Doctor of Nursing Practice (DNP) graduates may assist in alleviating the nursing faculty shortage by taking courses focused on education and entering faculty ranks. Yet, Fulton

and Lyon (2005) predicted the faculty shortage would grow more critical as the DNP nurse leader seeks employment in the clinical setting where salaries are more representative of their level of education. Current, nursing employment data indicates this predication was correct as discovered by The AACN's *Special Survey* (AACN, 2016c) which reported some member schools are encountering barriers related to the ability to appoint DNP prepared family nurse practitioner faculty due to high practitioner salaries. Unless nursing reforms faculty salaries and workload; the doctorally prepared advanced practice nurse is no more likely to seek employment in academia than the doctor of philosophy prepared nurse (Kelly, 2010; McDermid, Peters, Jackson, & Daly, 2012; Vogelsang, 2014). The *Special Survey* (AACN, 2016c) acknowledges that these concerns continue to persist as member schools identified the most critical recruitment barriers facing them today including: “noncompetitive salaries (33.5%); limited pool of doctorally prepared faculty (24.0%); finding faculty with the right specialty mix (21.0%); finding faculty willing and able to conduct research (5.4%); finding faculty willing and able to teach clinical courses (5.0%); and high faculty workload (3.5%)” (AACN, 2016c, p. 16).

The aging of academic nurse leaders, faculty shortages, budget constraints within academic institutions, and doctorally prepared nurses' attraction to higher compensation in clinical settings indicates a growing need for formal institutional succession planning to maintain sufficient numbers of academic nurse leaders for the future (AACN, 2017; McDermid et al., 2012; NACNEP, 2010; Vogelsang, 2014). John Maxwell (2007), an author and leadership expert, commented that “You and I will be judged by how well the people we invested in carried on after we are gone...In the end, we will be judged according to the Law of Legacy. A leaders lasting value is measured by succession” (pp. 263-264).

Succession planning is a key organizational strategy that advances the development of individuals for future leadership positions within an organization while preserving productivity and long-term success (Griffith, 2012; Shirey, 2008; Trepanier & Crenshaw, 2013; Vogelsang, 2014). Yet, healthcare organizations are behind other business industries in leadership development and succession planning (American Management Association [AMA], 2011; Hader, Saver, & Steltzer, 2006; Trepanier & Crenshaw, 2013). American Management Association/Corporate Learning Solutions (AMA, 2011) surveyed 117 senior healthcare leaders and discovered that less than 10% of healthcare organizations maintain a robust leadership pipeline. A few years later, Patidar, Gupta, Azbik, and Weech-Maldonado (2016) reviewed the American Hospital Association (AHA) Annual Survey Database discovering 45% of member hospitals lack a succession planning program. Denker, Sherman, Hutton-Woodland, Brunell, and Medina (2015) reported that 59% of nurse leaders employed in the state of Florida plan to retire in the next 10 years and 73.5% revealed a lack of succession planning programs to replace the retiring leaders signifying a looming nursing leadership crisis.

Minnick, Norman, Donaghey, Fisher, and McKirgan (2010) conducted a leadership survey of 105 doctoral nursing research programs revealing 62% of the programs had no formal succession plan indicating a significant need for succession planning within academic nursing. Fifty-nine percent of the schools with an executive nurse leader age 60 or older (n=41) had no plan. The survey discovered the most common methods utilized for succession planning were informal mentorship and internal leadership development. These results indicate that systematic succession planning in academic nursing is lacking.

Problem Statement

The pending retirements of academic nurse leaders, current faculty shortages, budget shortfalls, and noncompetitive salaries reveal an immediate need for succession planning strategies to maintain an ample source of academic nurse leaders (AACN, 2017; McDermid et al., 2012; NACNEP, 2010; Vogelsang, 2014). These growing challenges require academic nurse leaders to conduct periodic organizational assessments, identify succession planning issues, establish action plans, mentor future leaders, and develop succession plans for schools of nursing (American Organization of Nurse Executives [AONE], 2015; Griffith, 2012; Prestia, Dyess, & Sherman, 2014). “Nurse executives have a responsibility to assess current leadership talent; define the needs of the future; develop strategies for succession planning;” (Sherman, Bishop, Eggenberger, & Karden, 2007, p. 93) and appropriate the necessary resources for recruiting and mentoring the next generation of academic nurse leaders (Wood, 2014). While the need for succession planning in academic nursing has been illuminated in the nursing literature, there is a lack of guidance in the literature on how to construct and evaluate succession plans for schools of nursing (Johnson, Cantwell, & Wagner, 2016).

Purpose Statement

This DNP project was designed to determine succession planning needs in a large metropolitan College of Nursing located in the southern region of the United States through the assessment of current leadership skills and talents, analysis of future needs for academic nurse leaders, and development of evidence based recommendations for succession planning enhancement to meet the future leadership needs of the College of Nursing.

Chapter 2

Review of Literature

Review of Literature Presentation

The Future of the Nursing Workforce: National- and State-Level Projections 2012-2025 (HRSA, 2014) and *The American Association of Colleges of Nursing Faculty Shortage Fact Sheet* (AACN, 2017) clearly articulate the future of the nursing workforce is dependent on a fragile supply of nursing education leaders. This delicate supply is shaped by a multifaceted set of factors, including an aging nursing workforce; impending faculty retirements; wage disparity between the academic and clinical settings; lack of qualified faculty; and increasing numbers of qualified nursing applicants (AACN, 2017; Bureau of Labor Statistics U.S. Department of Labor, 2015; McDermid et al., NACNEP, 2010; Wendler et al., 2009). As these factors collide, it is imperative that current nursing leaders develop succession plans to recruit, retain, and develop future academic nurse leaders (Feldman, Greenberg, Jaffe-Ruiz, Kaufman, & Cignarale, 2015).

Historical Perspective of the Nursing Faculty Shortage

Since the 1980s, nursing as a profession has experienced cyclical patterns of expanding and shrinking growth trends, with some periods registering a 25% decline (HRSA, 2014). As student enrollments dwindled in the 1980s, nursing faculty positions were reduced through attrition, non-rehires, and graduate students seeking other career opportunities (Young & Bliss, 1995). Fitzpatrick and Heller (1980) attributed the faculty shortage to graduate program's focus on the role of the clinical specialists and nurse practitioners instead of the teaching role. Ten years later, the National League for Nursing (NLN) (1992) reported that 10 percent of master's prepared students were prepared for the role of faculty while the others were preparing for advanced clinical practice or administration. The decline in young graduate prepared nursing

educators, accelerated the nursing faculty shortage in the 1990s (AACN, 1992; Mezibov, 1994; Princeton, 1992; Rosenfeld, 1992; Young & Bliss, 1995).

In 1995 Young and Bliss asked the question, are “Nursing Faculty – An Endangered Species?” At the time, faculty shortage was present and a severe shortage was predicated for the future. Contributing factors to the shortage included decreased student enrollments in the 1980s; aging and retirement of nursing faculty; fewer nurses pursuing nursing education as a career; noncompetitive salaries with other practice areas of nursing; decreased numbers of graduate programs preparing teachers; increased employment opportunities for nurses with graduate degrees; and a lack of job security (Young & Bliss, 1995).

In 2005 the AACN released a white paper on the *Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply* which listed the most significant contributing factors to the continued shortage were aging faculty, future faculty retirements, and a scarce supply of younger faculty replacements. The long-term strategies recommended to address these pressing issues included developing a positive message of the rewards of the faculty role; expanding the cohort of nursing faculty through recruitment of younger nurses into academia; financial aid assistance for nurses desiring to enter academia; enrichment of the work environment by providing better salaries and benefits; provision of faculty development opportunities; mentoring relationships created with a seasoned faculty member; and use of phased retirement plans for productive retirement age faculty (AACN, 2005).

It is interesting to see from this historic perspective the majority of the factors contributing to the faculty shortage over the last thirty years continue to this day. Two factors

that are no longer contributing factors to the current nursing faculty shortage are the decline in nursing student enrollment and lack of faculty job security (AACN, 2016a, 2017).

Contributing Factors to the Current Nursing Faculty Shortage

The aging of the current nursing workforce contributes to the faculty shortage with 50% of the nurses currently employed over the age of 50 (AACN, 2015). The *2015-2016 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing* (AACN, 2016b) reported the average age of nursing faculty as 53 years where as the average age for doctorally-prepared faculty by rank was 62 years for professors, 57 years for associate professors, and 51 years for assistant professors. Additionally, the *2013 National Workforce Survey of RNs* (Budden et al., 2013) revealed that 72% of nursing faculty are age 50 or older indicating an emerging shortage of nursing faculty as these nurse leaders begin to retire. Furthermore, many master's-prepared nurse practitioners are remaining in clinical practice due to a wage disparity between the clinical setting and academia. The master's-prepared nurse practitioner earns on average \$97,083 annually while the average salary for a master's-prepared assistant nursing professor is \$77,022 (AACN, 2017).

According to the *2015-2016 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing* (AACN, 2016a) survey, 49,813 qualified nursing applicants were declined admission to schools of nursing “due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints” (AACN, 2017, p. 1). Of the schools responding to the survey, two-thirds indicated faculty shortages and insufficient funding as contributing factors to not accepting all qualified applicants (AACN, 2016a, 2016c; Budden et al., 2013). The AACN's *Special Survey* reported the current national nurse faculty vacancy rate at 7.9% (AACN, 2016c). Additionally, AACN (2016a) reported that 12,548 qualified applicants

were declined admission to master's and doctoral programs primarily because of a shortage of faculty. This is unfortunate because the pool of potential faculty is not as robust as it needs to be.

An inadequate supply of potential faculty contributes to the diminished supply of future academic nurse leaders who are needed to guide schools of nursing into the future. Furthermore, the *2015-2016 Salaries of Deans in Baccalaureate and Graduate Programs in Nursing* (Pang, Li, Stauffer, & Trautman, 2016) reported 23% of the top academic leaders are 65 years or older with another 55% between the ages of 55 to 64. The retirement of experienced academic nurse leaders within the next decade will produce a dwindling source of potential candidates from which a future academic nurse leader would emerge. Consequently, the current leaders in academic nursing need to focus on succession planning strategies including preparing and mentoring the next generation of academic leaders to establish a smooth transition in leadership. (Campbell, 2012; Fang, & Kesten, 2017; Trepanier & Crenshaw, 2013; Vogelsang, 2014).

Succession Planning in Academic Nursing

Griffith (2012) states succession planning is a process of preselecting an individual for a leadership role and then preparing the aspiring leader to assume the role in the future. The AONE (2015) *Nurse Executive Competencies* affirms succession planning is one of the key components of the leadership role. During a nursing leadership shortage, succession planning plays an essential role in the profession of nursing. Shirey (2008) asserts that succession planning supports seamless leadership transition; enduring positive performance of the organization; and inspires individual professional growth.

Succession planning literature in academic nursing reveals a formal process for identifying and developing new leaders is a rare practice and was not mentioned as a strategy for

leadership development until the mid to late 2000s (Griffith, 2012; Malloch & Porter-O'Grady, 2015; McCallin, Bamford-Wade, & Frankson, 2009). Minnick et al. (2010) surveyed 105 institutions of higher education that prepared nurse researchers at the doctoral level and discovered 62% had no formal succession planning strategies. Dreher, Glasgow, Cornelius, and Bhattacharya (2012) conducted a survey of 624 doctoral nursing faculty revealing that only 20% of the respondents agreed that succession planning discussions were very visible at their institution. Lacking from these reports are solutions to the impending academic nurse leadership shortage, namely in the form of recommendations related to succession planning.

Hannon (2014) conducted a qualitative research study investigating succession planning in healthcare organizations. This investigator discovered that succession planning improved organizational ability to fill vacant leadership positions, decreased recruitment costs, improved career opportunities for emerging leaders, and increased participant commitment to the organization. A limitation to the study may be the potential bias of the participants who were already top leadership high performers committed to the organization. These individuals may have responded optimistically to the researcher's questions.

In a survey by Pang et al. (2016), they reported that 39% of top academic leaders holding the position of Dean, Chair, or Director have been in their position less than two years. This indicates that many schools of nursing were being guided by leaders new to the role. Berman (2015), the Dean of a private school of nursing, identified the compelling need to develop future academic leaders because the majority of master's and doctoral programs focus on clinical expertise and research with minimal instruction in leadership competencies. The Dean implemented a leadership development program for eight faculty (10% of the 80 full-time faculty) who were identified as emerging leaders. The Dean designed the seminar topics around

budgeting, school governance and legal issues, leadership competencies, diversity, academic policy, human resources, and student affairs. Upon completion of the program six themes were discovered conveying: “(1) a peer cohort was supportive; (2) a desire for real-life application; (3) no previous exposure to leadership content or experiences; (4) new perceptions of themselves as leaders; (5) good preparation for academic nursing leadership roles; and (6) broadly applicable in medium to large private organizations” (Berman, 2015, pp. 301-302). A positive outcome of the program included the upward mobility of several participants who accepted leadership positions in various schools of nursing. One limitation identified in the study was expressed in theme six which was the lack of available resources to implement a similar program in an institution of smaller size.

The research related to succession planning in academic nursing points to positive outcomes in most cases. The pending retirements of experienced academic nurse leaders, current nursing faculty shortages, and wage disparities between clinical and faculty practice indicate a pressing need for academic nursing to develop and implement succession planning strategies to restore the supply of academic nurse leaders (AACN, 2017; Campbell, 2012; McDermid et al., 2012; NACNEP, 2010; Vogelsang, 2014). From 2008 to 2017, the RWJF has addressed this need through the *Nurse Faculty Scholars* (RWJF, 2009) program which provides junior nursing faculty career development awards related to mentorship, leadership training, salary, and research support. Institutional level academic nurse leaders who desire to follow RWJF’s decade of influence should actively engage in succession planning to identify, prepare, empower, and mentor high potential individuals at the institutional level grooming them to step into future leadership positions (Blauvelt, & Spath, 2008; Campbell, 2012; Mattone, Xavier, & Fitz-enz, 2013; Rothwell, 2016).

Needs Assessment and Description of the Project

Introduction

A maturing nursing workforce, healthcare industry growth, and an aging population are prompting the need for succession planning in academic nursing (Bureau of Labor Statistics U.S. Department of Labor, 2015; Wendler et al., 2009). Two thirds of the schools of nursing are struggling to keep up with student enrollment demands due to a lack of qualified nursing faculty and sufficient funds (AACN, 2016a, 2016c; Budden et al., 2013). The 2013 National Workforce Survey of RNs (Budden et al., 2013) reports the number of younger nurses employed in academic nursing roles is declining with only 14% of nursing faculty age 40 or younger. Thus, the group of emerging leaders is limited. Furthermore, work-life balance is a fundamental value in the next generation of academic nurse leaders; therefore, they are not necessarily interested in a life-long commitment to the demands of academic life (Candela, Gutierrez, & Keating, 2013), thus the need for succession planning in academic nursing.

Population Identification

The target population for data collection included the academic nurse leaders, administrators, educators, and researchers at a large metropolitan College of Nursing located in the southern region of the United States.

Project Sponsor and Key Stakeholders

Key stakeholders in this project included academic nurse leaders, administrators, educators, and researchers of the identified College of Nursing. Additional stakeholders were those impacted by the lack of leadership: the nursing students in the college as well as the future employers of the college's graduate nurses. The involvement of senior executive academic nurse leadership was critical to provide authorization for and access to resources required to assist in

the assessment and collection of data for this project. The identified executive academic nurse leader for this project is the Associate Dean of the identified College of Nursing. The Associate Dean collaborated with the project author, the DNP student, to assist the student in meeting established project goals and timelines.

Organizational Assessment

In 1954, the identified University established a College of Nursing in a large metropolitan area located in the southern region of the United States. The public University provides a liberal arts education and offers a comprehensive array of studies in nursing, including baccalaureate, master's and doctoral degrees. The nursing academic unit currently has 49 full-time faculty in various education, research, and leadership roles.

Assessment of Available Resources

The DNP project author was the primary resource for the collection of publicly accessible data and the subsequent analysis of the data. The Associate Dean of the college of nursing provided information and clarification regarding the publicly available faculty and organizational demographic data as requested by the DNP project author. A quiet private office, equipped with a computer, Internet access, and printer, were available for the DNP project author to utilize during data collection and analysis.

Team Selection and Formation

The team members for this project were the DNP project author and the Associate Dean for the identified College of Nursing.

Cost Benefit Analysis

The DNP project author funded the minimal costs for the assessment, analysis, succession strategies, and project report. The identified College of Nursing did not incur any expenses. No funding was necessary for project completion.

Defining the Scope of the Project

The scope of the DNP project included the following components: (a) assessment of the current academic nursing leadership skills and talents of the selected College of Nursing; (b) analysis of the assessment data and forecasting of future academic nurse leader needs; and (c) development of succession planning strategies for the identified College of Nursing.

Mission, Goals, and Objectives Statements

Mission

The mission of this DNP project was to assess a United States, southern region, large metropolitan, College of Nursing's current academic nursing leadership skills and talents, analyze future academic nurse leader needs, and develop strategies for succession planning. The DNP project provided the infrastructure for the college's academic nurse leaders to achieve and sustain a highly qualified group of academic leaders to meet the college's future leadership needs.

Goal

The goal of the project was to generate a narrative report for a large metropolitan College of Nursing located in the southern region of the United States that describes the college's current state of academic nursing leadership, projects future leadership needs, and develops strategies for succession planning.

Objectives

The objectives of this project were to ascertain the current succession plan of the selected College of Nursing; to assess the academic nursing leadership skills and talents of the faculty; to analyze the assessment data and forecast future academic leadership needs; and to recommend evidence based strategies for succession planning for the identified College of Nursing by the end of the 2016-2017 academic year.

Chapter 3

Theoretical Framework

Succession planning has been an integral business strategy for identifying and developing future business leaders, yet healthcare has only recently begun to focus on succession planning as an essential organizational strategy. The shortage of nursing teachers, researchers, and leaders, due to retirements, means that much experiential wisdom will be lost. This requires that academic nurse leaders identify and develop talented emerging faculty colleagues who can be cultivated as future leaders. A review of the nursing literature produced only a few succession planning models or frameworks utilized in nursing. Various primary and non-research literature was reviewed including databases, the Internet, and online book stores. Using ‘succession planning’ and ‘nursing’ and ‘model’ or ‘framework’ as keywords, OneSearch, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed databases were searched for resources and articles published within the last 10 years. The search identified 16 resources, six of which discussed a specific succession planning framework or model.

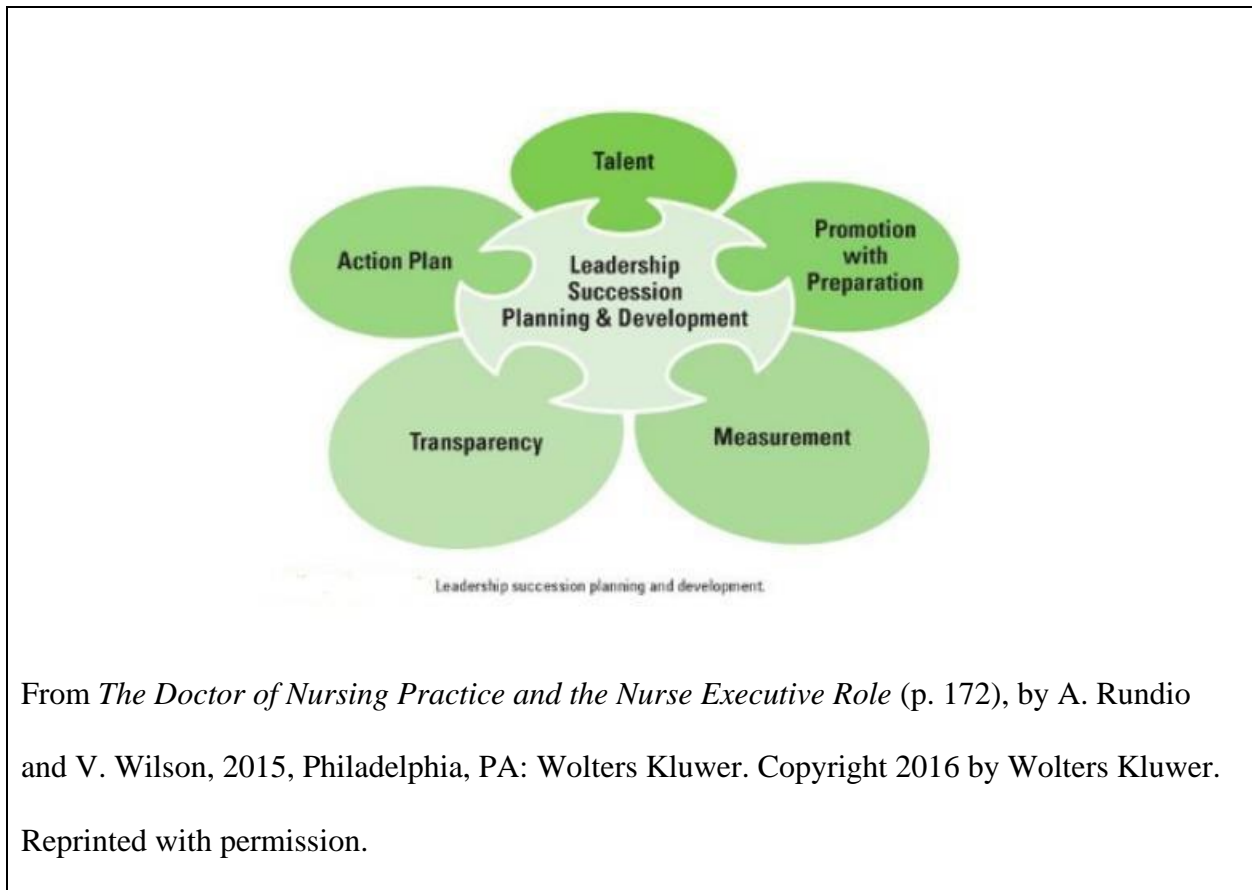
Leadership Succession Planning and Development Framework Presented by Wilson (2015)

One discovered resource, *The Doctor of Nursing Practice and the Nurse Executive Role* (Rundio & Wilson, 2015), compels the nurse leader to invest in succession planning by recognizing and preparing for transitions in leadership to ensure a smooth transition and organizational continuity during leadership transitions. Succession planning’s best practices begin with a commitment from the top academic leaders and extends throughout the organization as a strategic initiative. Wilson (2015) describes seven best practices of a successful succession plan which includes: “(1) engaging and ensuring executive participation and commitment; (2) expanding view of talent available; (3) promoting transparency; (4) leveraging human capital; (5)

creating a culture of talent sharing; (6) creating opportunities for education and application; and (7) creating and maintaining measurement metrics” (p. 164).

Wilson (2015) believes once succession planning is integrated into the strategic plan of the organization, best practices begin with the development of an action plan which directs all the other phases of the framework. Wilson’s (2015) *Leadership Succession Planning and Development Framework* includes five phases: (1) action plan; (2) talent; (3) promotion with preparation; (4) measurement; and (5) transparency. This is illustrated in Figure 1.

Figure 1. Leadership Succession Planning and Development



From *The Doctor of Nursing Practice and the Nurse Executive Role* (p. 172), by A. Rundio and V. Wilson, 2015, Philadelphia, PA: Wolters Kluwer. Copyright 2016 by Wolters Kluwer. Reprinted with permission.

Wilson's (2015) Succession Planning Steps

Action Plan

The action plan is the foundation of the succession plan and involves an assessment of the current supply, demands, and gaps in the nursing workforce. Literature in workforce development indicates the components in an action plan are both assessment and analysis. Supply analysis evaluates the current workforce supply. Demands analysis endeavors to ascertain future workforce needs of the organization. Gap analysis focuses on comparing the supply and demand to identify workforce gaps as a precursor to the development of a plan to meet the future nursing workforce needs (Carnevale, Smith, & Gulish, 2015; Society for Human Resource Management [SHRM], 2015; Spetz, 2015; Vogelsang, 2014).

The action plan also includes setting of priorities in leadership development to cultivate future leaders who will contribute to meeting the organization's missions and goals (Glasgow, Weinstock, Lachman, Suplee, & Dreher, 2009). As an example, if an academic nursing organization wishes to strengthen its research trajectory, greater attention will be given to emerging leaders who have an interest and have been successful in nursing research. The action plan is the strategic commitment of the organization to channel emerging talent into future leadership opportunities. Furthermore, the action plan individualizes the succession plan activities to each unique organization, thus avoiding the assumption that one approach is universally applicable (Mattone et al., 2013; Rothwell, 2016; Wilson, 2015).

Historically, academic nursing had not adopted ongoing succession planning as a strategy comparable to other large bureaucratic organizations. A review of the literature reveals that dialogue regarding succession planning began in the mid-2000s with a more frequent discussion developing over the past five years (Griffith, 2012; Malloch & Porter-O'Grady, 2015; McCallin,

et al., 2009). In looking at the components of an action plan, academic nursing has engaged in supply analysis, identifying a fragile workforce of academic leaders that will be dwindling in the next decade (Budden et al., 2013). Regarding demand analysis, the AACN and the NACNEP reported academic nursing workforce needs will increase based on future demand and the number of leaders who are projected to retire (AACN, 2016c, 2017; Carnevale et al. 2015; NACNEP, 2010; Pang et al., 2016). Considering the current aging leadership workforce retirement projections (supply), and assuming that the number of current academic leadership positions remains constant overtime (demand), gap analysis signals that, if the trend continues, academic nursing will experience a leadership gap.

Talent

Talent management in succession planning involves identifying, developing, and managing high potential emerging candidates to develop the organization's future leaders. Employing succession planning, as part of the strategic plan, benefits organizations by cultivating a group of talented individuals to fill future leadership vacancies. The challenge may not be succession planning but the lack of an adequate pipeline within an organization such as academic nursing. The organization's intellectual capital can be lost in a short time period with unplanned retirements, sudden illness, or exodus of talented leaders (Sherman, Chiang-Hanisko, & Koszalinski, 2013; Wilson, 2015).

Whatever the reason for departure, a succession plan for replacement of lost leadership will ensure the continuity and strength of the organization. The profession of nursing would benefit by following the example set by prepared organizations such as the military. The armed forces has long provided for the development of personnel in order to maintain continuity and seamless transfer of leadership responsibilities. In addition, military personnel are aware of their

planned career trajectory. The military's model assesses its members and provides opportunities for education and experience in identified areas as preparation for a leadership role.

Promotion with Preparation

A successful succession plan promotes an emerging leader with sufficient leadership preparation developed over years of training, education, and practical experience (Prestia et al., 2014). Promoting an emerging leader without preparation could produce years of inefficient performance as the leader becomes educated and acclimated to their new role (Wilson, 2015). Until there is a clear assessment of internal talent, an organization is working at a disadvantage when trying to determine the strength of the talent pool. In academic nursing, grooming internal talent for the next level of responsibility in leadership does not automatically mean the clinical expert is ready to transfer into a leadership role. "Leadership skills can be taught, but the basic leadership traits of the ability to communicate well, to problem solve, to reason, and to be social and display honesty and integrity are visible naturally in high-potential individuals" (Wilson, 2015, p. 162). In leadership preparation, communicating the organization's succession plan to the emerging leader enables the individual to identify a personal career trajectory which enhances retention of identified talent.

Measurement

In the nursing profession, considerable attention is directed toward measuring outcomes to evaluate patient care. If a selected nursing action results in recurring positive outcomes for patients, then that nursing intervention becomes a part of the standard of care. In contrast, a research study conducted by the American Society for Training & Development (ASTD) (2010) reported underutilization of standardized metrics in succession planning. The research study described that the most common measurements were the number of positions filled by

succession candidates, candidate retention rates, and the number of succession candidates on the pathway to leadership development. Surprisingly, only one-third of the research participants reported using these metrics as a measurement of succession planning success. Less than twenty percent of the participants utilized business outcome metrics when evaluating the outcomes of succession planning.

Without measurement metrics, the organization fails to have a clear understanding of the status of an otherwise exceptional succession plan. The profession of nursing values the periodic measurement of outcomes to ensure continuous quality improvement. Similarly, leadership within academic nursing must use comparable strategies to measure succession planning achievements. Succession planning in nursing needs to include outcome measures such as the number of individuals who are currently in leadership development; the number of positions that have candidates ready to assume a leadership role; the number of candidates needed from outside the organization; and the number of projected positions required to meet the demands of future growth (ASTD, 2010; Wilson, 2015).

Transparency

A dictionary defines transparent as something that is easily understood, without guile, or concealment, open, frank, candid, and very clear. Transparency is the quality or state of being transparent (Guralnik, 1986). A transparent succession plan should be easily accessible and understood by employees. Transparent succession plans for all leadership levels communicates the organization's commitment to developing the leadership potential within the organization. The Center for Creative Leadership's white paper, *High-potential Talent: A View from Inside the Leadership Pipeline*, surveyed high-potential performers asking, "How important is it to you to be formally recognized as a high potential?" (Campbell & Smith, 2014, p. 9). Seventy-seven

percent of the participants ranked formal recognition as a high-potential talent as highly important. Eight-six percent of those formally identified were committed to the organization and not actively seeking other employment. The results of this survey suggests transparency does have an influence on the potential leadership candidates.

Transparency in succession planning is central to building trust and retaining talented individuals and intellectual capital within the nursing organization. Transparency within the nursing organizational culture requires easy access to succession planning information, consistent communication of what constitutes success in development, and honesty in the promotion process and upward mobility (Balogh-Robinson, 2012; McCallin et al., 2009; Wilson, 2015).

Chapter 4

Project Plan

Project Plan Description

Setting

The setting for the DNP project is a College of Nursing in a large metropolitan area located in the southern region of the United States. The public University provides a liberal arts education and offers a comprehensive array of studies in nursing, including baccalaureate, master's and doctoral degrees. The nursing academic unit currently has 49 full-time faculty in various education, research, and leadership roles.

Population of Interest

The population of interest is the 49 full-time nursing faculty at the College of Nursing in a large metropolitan area located in the southern region of the United States. Five publicly available data sources were utilized to obtain the organizational demographic data: (1) The Tribune Government Salaries Explorer database, (2) Board of Nursing Licensure Verification database, (3) Whitepages.com database (4) Instantpeoplefinder.com database, and (5) the identified College of Nursing's campus directory. Because this information is publicly available, no Human Subject Rights (HSR), Institutional Review Board (IRB) approval from the University of Nevada, Las Vegas was required.

Once data were collected, the faculty were sorted into four age groups: (1) 65 or higher, (2) 55-64, (3) 45-54, and less than 45. These age ranges were chosen because they reflect the age data in the *2015-2016 Salaries of Deans in Baccalaureate and Graduate Programs in Nursing* (Pang et al., 2016). Additionally, the *2015-2016 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing* (AACN,

2016b) were utilized to compare the academic rank and age distribution of the identified College of Nursing's faculty and potential emerging leaders to that found in the population of interest.

Gallup (Riffkin, 2014) reported the average age of retirement among Americans is 62 whereas the average age of retiring nurse educators is 62.5 years of age (NACNEP, 2010). The RAND Corporation (2014) reported that between 1991 and 2012, 74 percent of the nursing workforce were working at 62, and nearly a quarter were working at age 69. Based on this data, all age groups were included in the project as it was reasonable to expect that current faculty who are 65 or older may be planning to continue employment until age 69 or later and may be prospective candidates for the College of Nursing's succession plan.

Measurements, instruments, and activities

The components of this DNP project were succession planning assessment of potential leadership skills and talents, analysis of future academic nurse leader needs, and development of evidence based strategies for succession planning to meet the future leadership needs of the College of Nursing. This project was built on evidence describing (1) the dearth of academic nurse leaders and (2) the lack of succession planning in academic nursing (Johnson et al., 2016).

Action plan. In this DNP project, the Leadership Succession Planning and Development model developed by Wilson (2015) is utilized as the framework. As the first step in the action plan, organizational demographic data were collected and numerically totaled to describe the sample. This data were gathered utilizing a questionnaire developed from a healthcare workforce planning model designed by the AHA, the AONE, and the American Society for Healthcare Human Resources Administration (ASHHRA) (2013) (Appendix A). Data from AACN (2016a, 2016b, 2016c) and NACNEP (2010) were used to identify national trends in faculty demographics and forecasted retirements. Analyzing the organizational data, along with

comparing the College of Nursing with national trends, assisted the project author in discovering the extent of projected retirements and the need for succession planning. Using the summarized demographic data and the questionnaire presented in Appendix A, the project author analyzed the organization's current leadership (supply), future leadership needs (demand), and potential leadership gaps (gaps). Based on this data and subsequent assessment with the Associate Dean at the College of Nursing, the project author designed evidence based succession planning strategies for the College of Nursing.

Talent pool. All full-time nursing faculty at the College of Nursing were the population and the potential talent pool. The full-time faculty comprised the sample and minimal protected information was collected to describe this demographic group. During data collection, individual faculty members were de-identified. Prospective candidates for future leadership positions were discovered through objective analysis of the credentials of the individuals in the talent pool, current leadership positions, and during dialogue with the Associate Dean.

The project author gathered information concerning the organization's current strategies for developing the talent pool. A questionnaire (Appendix B) to ascertain the current status of the organization's talent pool was developed after synthesizing information found in Rothwell's (2016) *Effective Succession Planning: Ensuring Leadership Continuity and Building Talent from Within*. This questionnaire served as the basis for discussions with the College of Nursing's Associate Dean.

During the discussion, the Associate Dean identified individuals with leadership experience at the national, regional, local, and university levels, and who had potential as sustaining or emerging leaders. No information was available regarding administrative leadership positions held in clinical nursing or professional nursing organizations. Rothwell

(2016) asserts that approximately 1 to 10 percent of the organization's talent pool are identifiable as productive and promotable future leaders. Based on this information, as was expected, three individuals were identified as potential candidates for leadership development and future succession needs.

Promotion with preparation. Succession planning benefits corporations when they prepare high-potential employees for the transition into leadership roles within the organization. Targeted leadership development activities contribute to the emerging leader's preparation for advancement by bridging the gap between existing leadership skills and essential skills needed for future roles (Glasgow, 2009). During the promotion with preparation phase, the project author assessed the College of Nursing's current leadership preparation strategies utilizing the questionnaire located in Appendix C, based upon Rothwell's (2016) work. After data analysis and faculty assessment, the project author recommended evidence-based succession planning strategies to prepare leaders who are emerging and enrich sustaining leaders for future opportunities.

Transparency. Transparency in succession planning enhances the capacity to retain high-potential talent while cultivating open communication and trust within the organization (Wilson, 2015). The project author discussed with the Associate Dean the specific amount of transparency afforded the faculty and identified emerging and sustaining leaders. High-potential performers will be provided a clear message that their exemplary performance is recognized and must continue while preparing for future leadership assignments. When communicating with emerging and sustaining leaders, the organization's leadership makes no promises related to specific leadership positions, but affirms that experiences for leadership development will be provided to prepare for future opportunities. Keeping the succession plan simple and transparent

will provide the organization the opportunity to measure the outcomes of the plan and prepare for future leadership needs.

Timeline

The DNP project student began data collection in February 2017, data analysis and development of evidence-based succession planning strategies were conducted in March 2017, and presentation of final DNP project at the University of Nevada, Las Vegas was scheduled for June 2017. Further details concerning the timeline for the project are described in Appendix D.

Project Tasks and Personnel

The personnel for this project included the DNP project author and the Associate Dean for the identified College of Nursing. The DNP project author was the primary resource for collection of publicly accessible data and subsequent analysis of the data. The Associate Dean verbally provided information and clarification regarding the publicly available faculty and organizational demographic data as requested by the DNP project author.

Risks and Threats

The risks and threats to the participants in this DNP project were minimal with nominal discomfort or uncertainty when responding to the questionnaires (Appendix B and C). The potential risks or threats related to lack of organizational support and resistance to succession planning as a tool for development of emerging leaders within the College of Nursing did not materialize. Additional potential risks identified included: potential denial of access to the demographic data requested in Appendix A; possible refusal on the part of the organization's leaders to respond to the questions posed in Appendices B and C; and upon analysis of questions posed in the Appendices no identifiable emerging leaders are suitable for the succession plan. The additional potential risks identified did not materialize. A threat to the richness of the

organizational demographic data occurred because access to the faculty curriculum vitae to identify previous leadership responsibilities among the population of interest was not publicly retrievable.

Institutional Review Board Approval

As mentioned in the section, Population of Interest, no Human Subject Rights (HSR), Institutional Review Board (IRB) approval from the University of Nevada, Las Vegas was required. Potential benefits of this evidence-based project include leadership continuity in the academic nursing arena and a potential pipeline of qualified emerging and sustaining leaders to lead academic nursing and educate the nurses of the future (Sverdlik, 2012).

Evaluation Plan

Rothwell (2016) asserts succession planning should be evaluated based on the objectives of the specific plan because a standardized metric does not exist. Rothwell (2016) further states a succession plan established as preparation for looming leadership retirements should have a specific goal of the number of individuals being prepared for leadership succession, thus providing a metric for evaluation of the plan. The success of this DNP project was evaluated against the project's objectives of: forecasting leadership needs evolving within the next five years; assessment of the leadership skills and talents of the faculty talent pool; discovery of three high-potential emerging and sustaining leaders; and recommendation of evidence based succession planning strategies for the emerging and sustaining leaders' development.

Chapter 5

Project Implementation and Results

An inadequate supply of academic nurse leaders calls for purposeful succession planning. Academic nurse leaders are challenged to analyze existing talent resources, develop an organizational plan of action for succession, prepare emerging leaders for promotion, periodically evaluate the outcomes of the strategies, and openly communicate the plan for leader development (Rothwell, 2016; Wilson, 2015). The purpose of this DNP project was to assess current leadership skills and talents, analyze future needs for academic nurse leaders, and develop evidence based recommendations for succession planning to meet the future leadership needs of an identified College of Nursing. The succession plan framework applied in this DNP project was the Leadership Succession Planning and Development model created by Wilson (2015). The source of this framework was *The Doctor of Nursing Practice and The Nurse Executive Role* (Wilson, 2015). Whereas this framework was initially developed for nurse executives in the patient care environment, the DNP project author found it suitable for the academic nursing setting.

Data Collection Process and Results

Implementation of the project began with the DNP project author collecting the organizational demographic data, the first step in the model's action plan. Five publicly available websites and databases were accessed to obtain the organizational demographic data and describe the sample. The data sets included: (1) The Tribune Government Salaries Explorer database, (2) Board of Nursing Licensure Verification database, (3) Whitepages.com database (4) Instantpeoplefinder.com database, and (5) the identified College of Nursing's campus directory.

Protection of private information of individual faculty was assured by de-identification of personal data including the removal of faculty names from the data collected from the Tribune Government Salaries Explorer database. To align faculty ages with the age categories used in this project, the ages of each faculty were de-identified by grouping the individuals into one of the four broad age categories. The DNP project was deemed not subject to human subject rights, IRB review as no human subjects were involved in the project and all data were retrieved from publically available websites.

The data sets were accessed to retrieve the following data points related to the organizational demographics: (1) gender, (2) ethnicity, (3) age category, (4) highest academic degree earned, (5) academic rank, (6) academic/practice credentials, (8) annual salary, (9) teaching areas, and (10) leadership responsibilities (Tables 1, 2, and 3). The data were gathered in order to answer basic demographic data questions and provided a snapshot of the current supply of nursing faculty and academic leaders within the organization (Appendix A). The faculty consists of 49 individuals whose faculty appointments include teaching, administration, research, and/or other responsibilities related to the education of students and furthering the mission of the College. The leaders are six faculty members who have 50% or more of their workload assigned to administrative responsibilities. The data provided the foundation for the assessment and analysis of the current supply, demands, and gaps in the nursing faculty and leadership workforce within the College of Nursing.

Table 1. Faculty Demographic Data.

	College of Nursing: Faculty % (n = 49)	College of Nursing: Leaders % (n = 6)
Gender		
Female	94%	83%
Male	6%	17%
Ethnicity		
White, not Hispanic or Latino	88%	66%
Black	4%	17%
Asian	8%	17%
Age Category (years)		
< 45	18%	33%
45-54	18%	17%
55-64	39%	33%
> 65	25%	17%

Table 2. Faculty Qualifications, Rank, and Salary.

	College of Nursing: Faculty % (n = 49)	College of Nursing: Leaders % (n = 6)
Highest Degree Earned		
Doctorate (PhD, EdD, DNP)	49%	50%
Master's of Science	51%	50%
Academic/Practice Credentials		
Advanced Practice Nurse (NP, CNM, CNS)	24%	17%
Nurse Executive Board Certified (NE-BC)	2%	17%
Certified Nurse Educator (CNE)	16%	17%
Other (Nursing Specialty Certifications)	27%	17%
None Publically Identified	31%	32%
Academic Rank		
Tenure/Tenure Track		
Assistant Professor	4%	0%
Associate Professor	12%	17%
Professor	14%	17%
Clinical Track non-tenured		
Assistant Clinical Professor	50%	33%
Associate Clinical Professor	12%	17%
Clinical Professor	2%	17%
Other		
Visiting Assistant Professor	2%	0%
Visiting Assistant Clinical Professor	4%	0%
Average Annual Salary per Rank		
Tenure/Tenure Track		
Assistant Professor	\$63,242	NA
Associate Professor	\$81,773	\$125,612
Professor	\$96,828	\$133,755
Clinical Track		
Assistant Clinical Professor	\$59,761	\$58,747
Associate Clinical Professor	\$65,727	\$61,487
Clinical Professor	\$81,303	\$81,303
Other		
Visiting Assistant Professor	\$61,136	NA
Visiting Assistant Clinical Professor	\$56,810	NA

Table 3. Faculty Responsibilities.

	College of Nursing: Faculty % (n = 49)	College of Nursing: Leaders % (n = 6)
Teaching Areas		
Adult Health	26%	0%
Aging Adult Health	8%	33%
Child Health	14%	0%
Community Health	4%	0%
Critical Care/High Acuity	8%	17%
Mental Health	8%	0%
Nursing Assessment across the Lifespan	8%	0%
Nursing Leadership and Management	4%	0%
Online RN Program	2%	0%
Palliative Care	2%	0%
Professional Projects and Graduate Education	2%	50%
Research and Quality Improvement in Nursing	2%	0%
Theoretical Foundations of Nursing Practice	2%	0%
Transition to Practice	2%	0%
Veteran Families	2%	0%
Women's Health	6%	0%
Leadership Responsibilities		
Institutional Leadership	2%	17%
Graduate Leadership	4%	33%
Undergraduate Leadership	6%	50%

Data Presentation

Supply analysis

The supply analysis examined the College's demographic data and compared it to AACN's national data sources for the purposes of identifying variances in the data to contribute to decision making concerning faculty composition. The data comparison was parallel in that the College has baccalaureate, master's, and doctoral programs, which are the same categories as the AACN national data. The supply analysis is based on the College of Nursing's current workforce of 49 full-time faculty. Regarding the demographic data, the College mirrors the national nursing data in the area of gender diversity. As compared to the national data regarding

faculty ethnicity, the College has more White and Asian faculty and fewer Black faculty. Average age for faculty at the College is slightly higher than the national average (Table 1). Due to a hiring freeze, gender and ethnic diversity cannot be modified at this time. Once the succession plan is in place, the Associate Dean potentially can focus on expanding diversity through external recruitment.

The College's distribution of academic degrees (Table 2) is comparable to the AACN (2016b) national data. On the national level, the combined ranks of professor, associate professor, and assistant professor represent 63.6% of nursing faculty (AACN, 2016b). Faculty at the College who have not been awarded tenure or pursuing tenure are assigned to the clinical track and total 70%. These clinical track faculty can be compared to AACN's (2016b) additional faculty rank of "Other" (clinical or faculty associates, lectures, specialists, visiting professor, and adjunct faculty) which represents 16.6% of all faculty on the national level.

Approximately 36% of faculty nationally are tenured/tenure track, indicating that faculty in the AACN (2016b) academic ranks of professor, associate professor, or assistant professor are not necessarily all tenured. The College currently has 30% of its faculty on the tenured/tenure track, which is slightly lower than the AACN (2016b) national data; however, on the national level the number of tenured/tenure track faculty has been on a downward trend from 78.3% in 1969 to 33.5% in 2009 (Kezar & Maxey, 2013). When considering the combination of age and rank for this College, the faculty are older than the national average and there are fewer faculty at the ranks of professor, associate professor, and assistant professor than national averages.

The credentials of faculty were assessed to determine what experience or expertise the faculty may possess that brings added value to their potential leadership development. Other than academic degree and practice related credentials such as advanced practice nurse

certification, the leadership related credentials found in the faculty were the Certified Academic Nurse Educator (CNE) (16%) and the Nurse Executive Board Certified (NE-BC) (2%).

Further analysis suggests the College currently has a sufficient supply of available leaders (Table 3). Six faculty members (12%) are academic leaders within the College with a portion of their workload dedicated to administrative leadership. This is lower than the AACN (2016b) national data, which reveals 16.8% of nursing faculty have 50% or more of their workload assigned to administrative responsibilities.

Demand Analysis

The demand analysis reveals the College has four open faculty positions (7% of full-time faculty), a percentage that is essentially equivalent to the national level of 7.9% (AACN, 2016c). The faculty openings are posted on the College's website, but due to a hiring freeze, the positions cannot be filled at this time. The national data indicates the demand for nurse leaders is 9.7% of vacant full-time positions (AACN, 2016c). Currently, the College of Nursing has no open leadership positions, but may have a gap in leadership within the next one to five years, based on retirement risk analysis, thus the need for succession planning.

Gap Analysis

Gap analysis has the potential to reveal projected departures of faculty and leaders through internal promotions, resignations, and retirements. Currently, the College is unaware of any foreseeable gaps related to projected internal promotions or announced resignations. Nonetheless, faculty typically seek and obtain other employment before announcing that they are leaving their current position. This typical practice creates an ongoing scenario wherein potential gaps in faculty qualified for and interested in leadership positions may readily exist. Retirement risk analysis is the only real indication of potential gaps, and indicates that the

College of Nursing is in jeopardy of losing the expert teaching experience and institutional memory of 10 faculty members (21%) who could choose to resign based on current Medicare retirement eligibility of 66 years of age within the next year. Additionally, another seven faculty (14%) are retirement eligible within the next three years and three faculty (6%) are retirement eligible within the next five years.

A critical leadership gap, based upon retirement risk analysis, indicates the leadership role of DNP Program Director in the College's graduate program could be vacant at any time and the role of Graduate Program Director could be vacant within the next five years based on retirement eligibility. Potential faculty and leadership retirements would create gaps that affect institutional memory related to instruction, curriculum development, strategies for addressing student issues, adherence to academic policies, accreditation requirements, as well as faculty instructional needs.

On the national level, 75% of the nursing workforce are working at age 62, and nearly 25% are working at age 69 (RAND Corporation, 2014). There is no national data that provides information on nursing faculty, as a subset of the total nursing workforce, who are working at age 69. Currently, 14% of the College's faculty are working at age 69 or older. Recognizing that available literature indicates a faculty shortage and a portion of the nursing workforce does not plan to retire when eligible, this author predicts that it is likely some faculty will choose to remain engaged in academic employment, including leadership positions for some years past the age of full retirement eligibility.

Discussion of the Project Results

Action Plan

The College of Nursing is not well placed to immediately fill a leadership vacancy because no individual has been formally identified or developed as an emerging leader. The Associate Dean stated during discussions, “The College of Nursing does not have a formal succession plan” (personal communication, March 1, 2017). The College depends on informal succession planning that promotes high potential individuals when leadership positions become vacant. In order to meet the College’s future leadership needs, a key recommendation is for the College to move from an informal to a formal succession planning strategy. This approach sets in motion the identification and preparation of emerging leaders who are ready to step into vacant leadership positions. A likely exception to this approach is when the leadership role of Dean/Associate Dean is vacant and an external search may be conducted. However, at this time, the Associate Dean position is not projected to be vacant. Components of a formal process include a systematic action plan that identifies critical leadership positions, determines essential leadership competencies, recommends succession planning strategies, implements the plan, and evaluates the continual effectiveness of the plan on a yearly basis (Rothwell, 2016).

Talent Pool

Identifying talented individuals shifts the organization’s succession planning strategy from a traditional, position-oriented, succession plan to a pool of emerging leaders prepared to meet the organization’s future leadership needs (Rothwell, 2016). A written succession plan formalizes the leadership development process and expedites internal searches for open leadership positions. Identifying a group of emerging leaders requires continuous identification, assessment, development, and monitoring of the faculty at large. This same identification,

assessment, and monitoring of faculty characteristics and qualities will inform external hires to positions where internal succession-based promotion is not appropriate or feasible.

Internal development of talent, the traditional method of succession planning, is advantageous because it builds organizational strength through retention of institutional knowledge and facilitates smooth leadership transitions (Rothwell, 2016). When internal candidates do not possess the skills needed to fill the leadership gaps and move the organization forward, then succession planning must shift to emphasizing recruitment of external candidates in order to fill vacancies. The assessment of the internal talent pool and competency identification facilitate the clarification of the skills and talents needed to fill the leadership gaps identified at the College. These strategies guide internal preparation and provide direction for external recruitment. In addition, this process can be utilized for external recruitment and hiring to develop promotional materials that emphasize desired leadership strengths.

Customary practice among many organizations is to advance those individuals who have seniority, tenure, higher rank, and/or some leadership experience. During discussion with the Associate Dean, she noted that within university based nursing programs there is a national decline in tenured/tenure track professorships. On the national level the number of non-tenured faculty has been on an upward trend from 21.7% in 1969 to 66.5% in 2009 (Kezar & Maxey, 2013) and national nursing data reveals that only 36% of faculty are tenured/tenure track (AACN, 2016b). With the exception of the position of Dean/Associate Dean, seniority and tenure are not a factor in leadership roles or development in this organization. At this time, four of the six leaders at the college are on the non-tenure clinical track while the other two are tenured faculty (Table 2). Thus, the remaining faculty members may be considered for leadership succession planning and the talent pool.

When a faculty member is part of the succession planning talent pool, the current academic leaders must include a plan for filling the teaching gap created by the potential promotion of this emerging leader. In this case, measures must be instituted to groom the educators who will fill these teaching gaps through knowledge transfer, job sharing, and faculty mentoring (Rothwell, 2016). The teaching gap created by the promotion of an emerging leader may be an emphasis for external recruitment.

Identification of emerging leaders through recognition of leadership potential. The most common business practice used to identify potential emerging leaders is through the recognition of the employee's leadership potential by the organization's management. Two other methods of identifying emerging leaders include the use of psychometric assessments and employee self-identify (Rothwell, 2016). Using the questions developed by this author for meaningful dialog (Appendix B), the Associate Dean of the College of Nursing identified two emerging leaders perceived by her to have leadership abilities. These two high potential leaders have assumed leadership roles within the undergraduate program. One of the leaders has current leadership experience in the role of director of a clinical program. This faculty member is currently developing leadership skills through academic preparation as a PhD student. The second emerging leader is director of the undergraduate program. Both on these individuals are on the non-tenured clinical track. The Associate Dean actively mentors these emerging leaders for ongoing development in their academic leadership roles. If an emerging leader with graduate program experience is not identified from the faculty talent pool, an additional recommendation is to recruit an external candidate for the projected vacancy in leadership within the DNP program.

Identification of emerging leaders through dialog and review of faculty credentials. A review of faculty credentials (Appendix A) and the dialog with the Associate Dean, utilizing question guides (Appendix C), disclosed that several faculty have leadership experience in course management, teaching team development, and governance at the professional and academic levels. These leadership opportunities provide individuals with experiences in organizing and conducting meetings, leading a group to a decision and follow-up on action to be taken, budgetary decisions, academic and student affairs, and other endeavors that further the mission and goals of the organization. In addition to these valuable leadership experiences, the individual gains a foundation for future leadership opportunities.

Further review of faculty credentials revealed 16% of the faculty (N = 8) earned the CNE credential and one faculty member (2% of total faculty) is credentialed as a NE-BC. The CNE credential is awarded by the National League for Nursing for nurse educators and the American Nurses Credentialing Center (ANCC) awards the NE-BC for nurse administrators. The Associate Dean considers these credentials as valuable assets both in a teacher and an emerging leader because two of the core competencies of the CNE and NE-BC is to function as a change agent and leader (Rundio, Wilson, & Meloy, 2016; ANCC, 2017; NLN, 2012).

Talent pool recommendation. A recommendation related to the individuals, identified through the discussion, is for the Associate Dean to discuss with faculty their interest in leadership development and inclusion in the existing leadership talent pool. Another strategy recommended by this author, and supported by Rayburn, Grigsby, and Brubaker (2016), is for the Associate Dean to discuss leadership potential during each faculty member's annual performance review. Examining the faculty talent pool on a yearly basis will assist the Associate Dean in identifying faculty who have a desire to develop leadership competencies and

strengthens the emerging leaders' pipeline through inclusion in leadership development and preparation activities.

Promotion with Preparation

Formal succession plans and leadership preparation are key business practices that communicate a vision for the future health of the organization through intentional leadership preparation. One of today's challenges in the profession of nursing is the preparation of leaders. Preparation for promotion embraces planned leadership development of emerging leaders who may be considered for future leadership vacancies. In this project two emerging leaders were identified and possess foundational leadership competencies. Other potential leaders have become apparent from the assessment of the talent pool: these individuals, as novice leaders, will need in-depth educational guidance when promotion with preparation activities and skill building begins. For all of these individuals, no commitment to an actual promotion is guaranteed, but the organization and emerging leaders commit to prepare for leadership responsibilities.

Identify and assess leadership competencies and characteristics. A challenge for the Associate Dean is to prepare academic nurse leaders with the competencies that address the current and future needs of the College of Nursing. When identifying the College's desired academic nurse leadership competencies, one recommendation is to begin with the American Organization of Nurse Executives Competencies (AONE, 2015) and the National League for Nursing: Nurse Educator Competencies (NLN, 2012). These two documents provide a foundation for the development of the College's essential leadership competencies and give direction to the development of these capabilities within each emerging leader. In addition to the competencies found in these documents, the Associate Dean may wish to list specific competencies unique to the College of Nursing.

After identifying the emerging leaders and required leadership competencies, the next step is to assess the leadership characteristics and competencies of the emerging leaders. Various leadership assessment resources provide an analysis of an individual's important leadership characteristics, namely strengths. By knowing one's strengths the individual can more effectively direct themselves in role selection and enhance communication with colleagues. This information also is helpful when determining leadership development needs for succession planning. This author recommends Gallup's StrengthsFinders© (Rath, 2007) which provides an in-depth strengths analysis as well as strategies for enhancing the identified strengths. An assessment tool that provides comprehensive, confidential performance appraisal data is a 360 degree performance evaluation tool. This feedback includes responses from colleagues such as supervisors, peers, and subordinates as well as a self-evaluation (Glasgow, 2009). An example that could be used in this succession plan is the Education Leader 360 Degree Feedback© (Getfeedback, 2017) which is used in higher education settings.

Create an individualized leadership development plan and learning opportunities. After assessing the emerging leaders through use of standardized assessment tools, the next step in preparation is to use the findings to create a process for formal academic leadership development focusing on identified leadership skills needs and gaps. The cohort of emerging leaders and the Associate Dean work together to develop a specific, individualized development plan for the cohort and each emerging leader. Components of this development plan should include current status as a leader, professional goals, relevant strategies to meet the goals, and a timeline for evaluation of progress toward goals. The Associate Dean and each emerging leader will agree upon the development plan and commitment to completion.

Leadership development best practices encourages the use of educational and experiential opportunities directed at growth in identified leadership competency gaps. Best-practices use learning principles with experiences developed around day-to-day operations. Examples are simulated learning activities, small group assignments and discussions, experiential exercises, and other special assignments. These activities are recommended because they assist in measuring an employee's skills, competencies, and future leadership potential (Glasgow, 2009). These assessment tools are readily available to the Associate Dean and emerging leaders for minimal expense.

Two other recommendations are to encourage regular mentor-emerging leader interactions and shadowing of current leaders as means to prepare for future leadership roles. A major consideration related to these recommendations is the shifting of work because the mentor and emerging leader may now be taken away from their usual academic responsibilities. For the emerging leader, as a teacher, this means a colleague may need to assume some of their teaching responsibility. This time investment in leadership development has both cost and risk. The cost can be labor intensive work for the mentor, the emerging leader, and the colleague. The risk is the working relationship is not positive for leadership development or the individuals selected for succession do not rise to their leadership potential.

National certification in an area of expertise also represents a best practice (Fleischman, Meyer, & Watson, 2011). In academic nursing education, the CNE or NE-BC is a highly regarded credential for faculty aspiring to grow in their role as a change agent and nursing leader. The Associate Dean acknowledges that CNE or NE-BC certification is highly regarded and is desirable in an emerging leader because it validates the individual's expertise in the nursing practice areas of executive nurse leadership and nursing education. Whereas these

certifications are not an expectation at this College of Nursing, a recommendation for the Associate Dean is to encourage options such as the CNE, the NE-BC, or academic course work in leadership for advancement to a leadership position. Individual faculty members must assume the cost of any of these options.

A further recommendation for consideration is to encourage the emerging leaders to apply for a national leadership institute or fellowship such as the National League for Nursing Leadership Institute (LEAD). This one-year program is designed specifically for aspiring leaders. Areas of concentration include organizational systems, strategic planning, budgeting and team building. A goal for participants is to develop a career plan for leadership advancement. Applicants to this program need to know that candidate selection is competitive and a tuition is required.

Measurement

The purpose of the DNP project was to evaluate the current state of succession planning at a chosen College of Nursing, analyze future needs for academic nurse leaders, and develop evidence-based recommendations to strengthen and improve the College's succession planning process. Business literature states that actionable formal succession planning facilitates smoother transitions in leadership with less disruption in the organization than do informal succession plans (Rothwell, 2016). A formal succession plan improves executive nurse administration and decision making processes, thus advancing leadership practices in academic nursing.

In this project, information used for analysis and development of the succession plan included faculty demographic data, faculty qualifications, rank, and salary, and faculty responsibilities in the areas of teaching and leadership. After assessment of the data, this author

was able to forecast future leadership gaps and develop evidence-based succession planning strategies. As noted previously, data related to predicted faculty gaps are based on estimated retirement of existing faculty and do not take into account other reasons faculty may choose to leave the institution prior to eligible retirement age. Significant changes in faculty numbers or preparation mix would influence the succession planning process. After implementation of the recommendations, the Associate Dean can measure the benefit of the succession plan by determining the extent to which it facilitated her discovering and cultivating emerging leaders.

Transparency

Transparency, as part of succession planning, communicates the process, timeline, source of talent, preparation blueprint, and ongoing evaluation measures. This clarity and openness conveys the College's commitment to developing future leaders. The College's succession plan should be easily accessible and understood by all members of the faculty. The succession plan includes those individuals identified as emerging leaders and most likely to benefit from leadership development. When working with emerging leaders the current organizational leadership must be straight forward that leadership potential will be reevaluated periodically and opportunities for promotion will be made available, but are not guaranteed, as leadership positions become vacant. In the Associate Dean's role as executive leader for the College, she will determine the amount of information and timing of communication to the faculty regarding the succession plan. Meaning to this project, especially the importance of planned leader development, was well captured by the Associate Dean when she stated, "Leaders will always emerge but you have to be looking and appreciating what skills the individuals possess" (personal communication, March 1, 2017).

Discussion: Implementing the Framework

Wilson's (2015) Leadership Succession Planning and Development Framework provided a roadmap for the DNP project author's development of a formal succession plan. The framework's five phases: (1) action plan; (2) talent; (3) promotion with preparation; (4) measurement; and (5) transparency successfully guided the development of every phase of the succession plan. The framework assisted in the identification of potential critical leadership role gaps, potential emerging leaders, planned development of identified candidates, succession measurements, and degree of succession transparency. The project author developed seven recommendations for implementing a formal succession plan and presented these to the Associate Dean through an Executive Summary Report (Appendix E).

Wilson's (2015) presentation of the framework focused on succession planning within the nursing patient care environment and did not include discussion related to the implementation of the framework within the academic nursing setting. Thus, the DNP project author reviewed literature from the fields of academic nursing, higher education, and business to gather evidence useful for developing succession planning strategies within academic nursing.

The DNP project author expanded on the action plan phase by including the business strategy of supply, demand, and gap analysis (SHRM, 2015) related to the nursing shortage and impending retirements in academic nursing. Information from academic nursing contributed to an expansion of the promotion with preparation phase, including leadership competencies and leadership development strategies for the identified emerging leaders. Wilson's model (2015) and other supporting evidence provided a comprehensive framework that was successful in guiding this DNP project and provided the needed structure to effectively assess succession planning and to recommend formal succession planning strategies.

Limitations

Potential Missing Data

Approximately half of the 49 faculty resumes (one page summary) were publically available for gathering data related to leadership experience. Public resumes may not fully reveal the amount of experience and depth of leadership potential. Obtaining individual faculty permission to review curriculum vitae would provide a better analysis of previous leadership experiences. For example, certain leadership positions such as chairing committees or monetary responsibilities may reveal specific leadership abilities that might transfer to an academic leadership role in the College.

Unanticipated Faculty and Leadership Vacancies

Regarding faculty gaps, retirement risk analysis was the only known data point which gave direction to potential position vacancies. A limitation in the analysis of the talent pool is unanticipated, albeit real, loss of faculty and academic leaders. Faculty and leadership vacancies come in the form of unexpected health issues, death, or job resignation. Additionally, promotions, internal or external to the College, create an opening that must be filled. Consequently, there is no guarantee that the identified talent pool will remain stable, thus the need for continual assessment of the talent pool.

Tenure

The College currently has 30% of its faculty who are tenured or on the tenure track, which is slightly lower than the AACN (2016b) national data; however, on the national level the number of tenured/tenure track faculty has been on a downward trend since 1969 (Kezar & Maxey, 2013). Tenure is not a consideration in leadership roles or development in this College (except for the Dean/Associate Dean positions). This could be a limitation when analyzing the

talent pool because non-tenured faculty may have less institutional loyalty and may readily seek a position elsewhere. In applying the succession planning model at other universities, this same limitation may apply because typically tenure is a consideration for leadership development and succession.

Sustainability

Understanding and utilizing succession planning is key to helping organizations cultivate and sustain the leadership pipeline. Succession planning ensures that emerging leader's philosophies and leadership skills fit the organization, sustaining it during times of leadership transition. This is especially important for academic nursing programs because there is a dearth of evidence available to guide nursing schools through developing and sustaining a succession plan (Johnson et al., 2016). One of the main obstacles for the sustainability of succession planning within an organization is "programs fail because they lose their champion at the top" (Rothwell, 2016, p. 131). In this project, the key stakeholder, the Associate Dean of the College of Nursing, has demonstrated a commitment to succession planning and continual development of emerging leaders thus providing an enduring succession plan as long as she is leading the College. The Associate Dean's involvement provides the opportunity to instill an appreciation for the benefits of succession planning in the emerging leaders within the College of Nursing. Therefore, the College is well positioned to benefit from formal succession planning.

The components of a formal succession plan extend beyond this project to other academic nursing programs who may find the strategies beneficial. Schools of nursing could benefit from a formal succession planning process and a commitment to an ongoing leadership development strategy. Sustainability of this project reaches the academic nursing community

through the dissemination of the results by means of nursing education conferences and publication of the results in a peer reviewed nursing journal.

Dissemination of Results

The DNP project paper and the Executive Summary Report (Appendix E), including the assessment findings, succession planning recommendations, and implications for practice, will be disseminated to the project's stakeholders. Information about this project will be disseminated at local and national conferences where the topic addresses academic leadership. Additionally, the DNP project's dissemination plan includes submission of a manuscript for publication in a peer reviewed publication which focuses on nursing education or nursing leadership. Dissemination through this type of journal reaches the target audience of this project, nurse educators and academic nurse leaders, and specifically addresses the nursing faculty shortage and the need for succession planning in nursing education.

Appendix A

Succession Planning Assessment Questionnaire: Organizational Demographic Data

The following publicly available databases and internet resources were utilized to obtain the organizational demographic data.

1. The Tribune Government Salaries Explorer database
2. Board of Nursing Licensure Verification database
3. Whitepages.com and instantpeoplefinder.com database
4. College of Nursing's campus directory

The following data were collected from publicly available resources.

1. What are the academic degree, rank and credentials of the College of Nursing's faculty?
2. What is the distribution of faculty among the four age groups: (1) 65 or higher, (2) 55-64, (3) 45-54, and (4) less than 45?
3. What percentage of faculty are eligible to retire within five, three, and one year based on Medicare's full retirement age of 66 for individuals born 1943-1954?
4. What are teaching vacancies created by individuals who are eligible to retire in the next five years based on Medicare's full retirement age of 66 for individuals born 1943-1954?
5. What are the leadership vacancies created by individuals who are eligible to retire in the next five years based on Medicare's full retirement age of 66 for individuals born 1943-1954?

Appendix B

Succession Planning Assessment Questionnaire: Talent Pool

1. What positions are essential to the continued success of the organization?
2. Of the positions named in question one, which are the priorities for the organization?
3. How would the organization manage the abrupt and unexpected resignation or retirement of a leader in a priority position in the organization?
4. What leadership and talent pool growth needs and opportunities are being planned or considered by the organization?
5. What strategies are currently in place or needed to achieve a successful pipeline of future leaders for the organization?
6. Is the organization prepared to replace those who may retire within the next five years with a member of the organization's talent pool?
7. Does the potential leadership talent pool have the appropriate skills and knowledge to move into a leadership position if one was to open abruptly?

Appendix C

Succession Planning Assessment Questionnaire: Promotion with Preparation

1. What consistent efforts does the organization make to identify successors and potential candidates for leadership positions in the organization?
2. What leadership opportunities are made available for emerging leaders to develop professionally?
3. How does the organization prepare emerging leaders for future leadership positions through leadership skills assessment, education, or career development?
4. What are the obstacles an emerging leader may encounter related to their academic and/or professional responsibilities within the organization?
5. What leadership development strategies has the organization used previously that were not successful?

Appendix D

Project Timeline

Time	DNP Project Activities
December 2016	Presented DNP proposal to UNLV DNP Advisory Committee
February 2017	Collected demographic data and assessed current leadership skills and talents
March – April 2017	Analyzed collected data identifying emerging and sustaining leaders Developed evidence-based succession planning strategies
May 2017	Completed DNP project chapters and submitted to DNP Advisory Committee
June 2017	Defend DNP project at UNLV

Appendix E

Succession Planning: Executive Summary Report

The purpose of this DNP project was to assess current leadership skills and talents, analyze future needs for academic nurse leaders, and develop evidence based recommendations for succession planning to meet the future leadership needs of an identified College of Nursing. The DNP project paper and the Executive Summary Report provide the College of Nursing's Associate Dean with the results and recommendations developed during this project. The succession plan framework applied in this DNP project was the Leadership Succession Planning and Development model found in Wilson's *The Doctor of Nursing Practice and The Nurse Executive Role* (2015).

Supply analysis

The supply analysis examined the College's demographic data and compared it to AACN's national data sources for the purposes of identifying variances in the data to contribute to decision making concerning faculty composition. The supply analysis is based on the College of Nursing's current workforce of 49 full-time faculty. Regarding the demographic data, the College mirrors the national nursing data in the area of gender diversity and has fewer Black faculty than the national average. Average age for faculty at the College is slightly higher than the national average. Due to a hiring freeze, gender and ethnic diversity cannot be modified at this time. Once the succession plan is in place, the Associate Dean potentially can focus on expanding diversity through external recruitment. Further analysis suggests the College currently has a sufficient supply of available leaders.

Demand Analysis

The demand analysis reveals the College has four open faculty positions (7% of full-time faculty). Currently, the College of Nursing has no open leadership positions, but may have a gap in leadership within the next one to five years, based on retirement risk analysis, thus the need for succession planning.

Gap Analysis

Currently, the College is unaware of any foreseeable gaps related to projected internal promotions or announced resignations. Retirement risk analysis is the only real indication of potential gaps, and indicates that the College of Nursing is in jeopardy of losing the expert teaching experience and institutional memory of 10 faculty members (21%). Additionally, another seven faculty (14%) are retirement eligible within the next three years and three faculty (6%) are retirement eligible within the next five years. A critical leadership gap, based upon retirement risk analysis, indicates the leadership role of DNP Program Director in the College's graduate program could be vacant at any time and the role of Graduate Program Director could be vacant within the next five years based on retirement eligibility.

Currently, 14% of the College's faculty are working at age 69 or older. Recognizing that available literature indicates a faculty shortage and a portion of the nursing workforce does not plan to retire when eligible, this author predicts that it is likely some faculty will choose to remain engaged in academic employment, including leadership positions for some years past the age of full retirement eligibility.

Project Results

Action Plan

The College of Nursing is not well placed to immediately fill a leadership vacancy because no individual has been formally identified or developed as an emerging leader. The

College depends on informal succession planning that promotes high potential individuals when leadership positions become vacant. In order to meet the College's future leadership needs, a key recommendation is for the College to move from an informal to a formal succession planning strategy. This approach sets in motion the identification and preparation of emerging leaders who are ready to step into vacant leadership positions.

Talent Pool

Identifying talented individuals shifts the organization's succession planning strategy from a traditional, position-oriented, succession plan to a pool of emerging leaders prepared to meet the organization's future leadership needs (Rothwell, 2016). A written succession plan formalizes the leadership development process and expedites internal searches for open leadership positions. Identifying a group of emerging leaders requires continuous identification, assessment, development, and monitoring of the faculty at large. When internal candidates do not possess the skills needed to fill the leadership gaps and move the organization forward, then succession planning must shift to emphasizing recruitment of external candidates in order to fill vacancies. This same identification, assessment, and monitoring of faculty characteristics and qualities will inform external hires to positions where internal succession-based promotion is not appropriate or feasible.

Identification of emerging leaders through recognition of leadership potential. The most common business practice used to identify potential emerging leaders is through the recognition of the employee's leadership potential by the organization's management. Two other methods of identifying emerging leaders include the use of psychometric assessments and employee self-identify (Rothwell, 2016). The Associate Dean identified two emerging leaders perceived by her to have leadership abilities. These two high potential leaders have assumed

leadership roles within the undergraduate program. The Associate Dean actively mentors these emerging leaders for ongoing development in their academic leadership roles. If an emerging leader with graduate program experience is not identified from the faculty talent pool, an additional recommendation is to recruit an external candidate for the projected vacancy in leadership within the DNP program.

Identification of emerging leaders through dialog and review of faculty credentials. A review of faculty credentials and the dialog with the Associate Dean, disclosed that several faculty have leadership experience in course management, teaching team development, and governance at the professional and academic levels. These leadership opportunities provide individuals with experiences in organizing and conducting meetings, leading a group to a decision and follow-up on action to be taken, budgetary decisions, academic and student affairs, and other endeavors that further the mission and goals of the organization. In addition to these valuable leadership experiences, the individual gains a foundation for future leadership opportunities. Further review of faculty credentials revealed 16% of the faculty (N = 8) earned the CNE credential and one faculty member (2% of total faculty) is credentialed as a NE-BC. The Associate Dean considers these credentials as valuable assets both in a teacher and an emerging leader.

Talent pool recommendation. A recommendation related to the individuals, identified through the discussion, is for the Associate Dean to discuss with faculty, during the annual performance review, their interest in leadership development and inclusion in the existing leadership talent pool. Examining the faculty talent pool on a yearly basis will assist the Associate Dean in identifying faculty who have a desire to develop leadership competencies and

strengthens the emerging leaders' pipeline through inclusion in leadership development and preparation activities.

Promotion with Preparation

Formal succession plans and leadership preparation are key business practices that communicate a vision for the future health of the organization through intentional leadership preparation. Preparation for promotion embraces planned leadership development of emerging leaders who may be considered for future leadership vacancies. In this project two emerging leaders were identified and possess foundational leadership competencies. Other potential leaders have become apparent from the assessment of the talent pool: these individuals, as novice leaders, will need in-depth educational guidance when promotion with preparation activities and skill building begins. For all of these individuals, no commitment to an actual promotion is guaranteed, but the organization and emerging leaders commit to prepare for leadership responsibilities.

Identify and assess leadership competencies and characteristics. A challenge for the Associate Dean is to prepare academic nurse leaders with the competencies that address the current and future needs of the College of Nursing. When identifying the College's desired academic nurse leadership competencies, one recommendation is to begin with the American Organization of Nurse Executives Competencies (AONE, 2015) and the National League for Nursing: Nurse Educator Competencies (NLN, 2012). These two documents provide a foundation for the development of the College's essential leadership competencies and give direction to the development of these capabilities within each emerging leader. In addition to the competencies found in these documents, the Associate Dean may wish to list specific competencies unique to the College of Nursing.

After identifying the emerging leaders and required leadership competencies, the next step is to assess the leadership characteristics and competencies of the emerging leaders. This author recommends Gallup's StrengthsFinders© (Rath, 2007) which provides an in-depth strengths analysis as well as strategies for enhancing the identified strengths. An assessment tool that provides comprehensive, confidential performance appraisal data is a 360 degree performance evaluation tool (Glasgow, 2009). An example that could be used in this succession plan is the Education Leader 360 Degree Feedback© (Getfeedback, 2017) which is used in higher education settings.

Create an individualized leadership development plan and learning opportunities. After assessing the emerging leaders through use of standardized assessment tools, the next step in preparation is to use the findings to create a process for formal academic leadership development focusing on identified leadership skills needs and gaps. Components of this development plan should include current status as a leader, professional goals, relevant strategies to meet the goals, and a timeline for evaluation of progress toward goals. The Associate Dean and each emerging leader will agree upon the development plan and commitment to completion.

Two other recommendations are to encourage regular mentor-emerging leader interactions and shadowing of current leaders as means to prepare for future leadership roles. This can be labor intensive work for the mentor, the emerging leader, and the colleague. A risk is that the working relationship is not positive for leadership development or the individuals selected for succession do not rise to their leadership potential.

National certification in an area of expertise also represents a best practice (Fleischman, Meyer, & Watson, 2011). Whereas these certifications are not an expectation at this College of Nursing, a recommendation for the Associate Dean is to encourage options such as the CNE, the

NE-BC, or academic course work in leadership for advancement to a leadership position. A further recommendation for consideration is to encourage the emerging leaders to apply for a national leadership institute or fellowship such as the National League for Nursing Leadership Institute (LEAD).

Measurement

After implementation of the recommendations, the Associate Dean can measure the benefit of the succession plan by determining the extent to which it facilitated her finding and cultivating emerging leaders.

Transparency

Transparency, as part of succession planning, communicates the process, timeline, source of talent, preparation blueprint, and ongoing evaluation measures. The College's succession plan should be easily accessible and understood by all members of the faculty. The Associate Dean will determine the amount of information and timing of communication to the faculty regarding the succession plan.

Sustainability

Understanding and utilizing succession planning is key to helping organizations cultivate and sustain the leadership pipeline. Succession planning ensures that emerging leader's philosophies and leadership skills fit the organization, sustaining it during times of leadership transition. In this project, the key stakeholder, the Associate Dean of the College of Nursing, has demonstrated a commitment to succession planning and continual development of emerging leaders thus providing an enduring succession plan as long as she is leading the College.

Appendix F

Wolters Kluwer Health License Terms and Conditions

Nov 17, 2016

This Agreement between Cheryl A Tucker ("You") and Wolters Kluwer Health ("Wolters Kluwer Health") consists of your license details and the terms and conditions provided by Wolters Kluwer Health and Copyright Clearance Center.

License Number 3991540782333
License date Nov 17, 2016 Licensed Content Publisher Wolters Kluwer Health Licensed
Content Publication WK Health Book
Licensed Content Title The Doctor of Nursing Practice and the Nurse Executive Role
Licensed Content Author
Licensed Content Date 2014
Type of Use Dissertation/Thesis
Requestor type academic/educational
Format print and electronic
Portion figures/tables/illustrations

Number of figures/tables/illustrations
The ID numbers of the figures/tables/illustrations are...

1

Figure 14.1 Leadership Succession Planning and Development

Will you be translating? no

Reusing current or a previous edition

current edition

Circulation/distribution 20

Order reference number

Title of your thesis / dissertation

Succession Planning for Nursing Leaders in a School of Nursing

Expected completion date May 2017

Estimated size (number of 75 pages)

Requestor Location Cheryl A Tucker

United States

Attn: Cheryl A Tucker
Billing Type Invoice
Billing Address Cheryl A Tucker

United States
Attn: Cheryl A Tucker
Total 0.00 USD

Terms and Conditions

Wolters Kluwer Terms and Conditions

1. **Transfer of License:** Wolters Kluwer hereby grants you a non-exclusive license to reproduce this material for this purpose, and for no other use, subject to the conditions herein.
2. **Credit Line:** will be prominently placed and include: For books – the author(s), title of book, editor, copyright holder, year of publication; For journals – the author(s), title of article, title of journal, volume number, issue number, inclusive pages and website URL to the journal page.
3. **Warranties:** The requestor warrants that the material shall not be used in any manner which may be considered derogatory to the title, content, or authors of the material, or to Wolters Kluwer.
4. **Indemnity:** You hereby indemnify and hold harmless Wolters Kluwer and their respective officers, directors, employees and agents, from and against any and all claims, costs, proceeding or demands arising out of your unauthorized use of the Licensed Material.
5. **Geographical Scope:** Permission granted is non-exclusive, and is valid throughout the world in the English language and the languages specified in your original request.
6. Wolters Kluwer cannot supply the requestor with the original artwork, electronic files or a "clean copy."
7. Permission is valid if the borrowed material is original to a Wolters Kluwer imprint (Lippincott-Raven Publishers, Williams & Wilkins, Lea & Febiger, Harwal, Rapid Science, Little Brown & Company, Harper & Row Medical, American Journal of Nursing Co, and Urban & Schwarzenberg - English Language, Raven Press, Paul Hoeber, Springhouse, Ovid).
8. **Termination of contract:** If you opt not to use the material requested above please notify RightsLink or Wolters Kluwer within 90 days of the original invoice date.
9. This permission does not apply to images that are credited to publications other than Wolters Kluwer books/journals or its Societies. For images credited to non-Wolters Kluwer books or journals, you will need to obtain permission from the source referenced in the figure or table legend or credit line before making any use of the image(s) or table(s).
10. **Modifications:** With the exception of text size or color, no Wolters Kluwer material is permitted to be modified or adapted without publisher approval.
11. **Third party material:** Adaptations are protected by copyright, so if you would like to reuse material that we have adapted from another source, you will need not only our permission, but the permission of the rights holder of the original material. Similarly, if you want to reuse an adaptation of original LWW content that appears in another publishers work, you will need our permission and that of the next publisher. The adaptation should be credited as follows: Adapted with permission from Wolters Kluwer: Book author, title, year of publication or Journal name,

article author, title, reference citation, year of publication. Modifications are permitted on an occasional basis only and permission must be sought by Wolters Kluwer.

12. Duration of the license: Permission is granted for a one-time use only within 12 months from the date of this invoice. Rights herein do not apply to future reproductions, editors, revisions, or other derivative works. Once the 12 - month term has expired, permission to renew must be submitted in writing.

i. For content reused in another journal or book, in print or electronic format, the license is one-time use and lasts for the 1st edition of a book or for the life of the edition in case of journals.

ii. If your Permission Request is for use on a website (which is not a journal or a book), internet, intranet, or any publicly accessible site, you agree to remove the material from such site after 12 months or else renew your permission request.

13. Contingent on payment: While you may exercise the rights licensed immediately upon issuance of the license at the end of the licensing process for the transaction, provided that you have disclosed complete and accurate details of your proposed use, no license is finally effective unless and until full payment is received from you (either by publisher or by CCC) as provided in CCC's Billing and Payment terms and conditions. If full payment is not received on a timely basis, then any license preliminarily granted shall be deemed automatically revoked and shall be void as if never granted. Further, in the event that you breach any of these terms and conditions or any of CCC's Billing and Payment terms and conditions, the license is automatically revoked and shall be void as if never granted. Use of materials as described in a revoked license, as well as any use of the materials beyond the scope of an unrevoked license, may constitute copyright infringement and publisher reserves the right to take any and all action to protect its copyright in the materials.

14. Waived permission fee: If the permission fee for the requested use of our material has been waived in this instance, please be advised that your future requests for Wolters Kluwer materials may incur a fee.

15. Service Description for Content Services: Subject to these terms of use, any terms set forth on the particular order, and payment of the applicable fee, you may make the following uses of the ordered materials:

i. Content Rental: You may access and view a single electronic copy of the materials ordered for the time period designated at the time the order is placed. Access to the materials will be provided through a dedicated content viewer or other portal, and access will be discontinued upon expiration of the designated time period. An order for Content Rental does not include any rights to print, download, save, create additional copies, to distribute or to reuse in any way the full text or parts of the materials.

ii. Content Purchase: You may access and download a single electronic copy of the materials ordered. Copies will be provided by email or by such other means as publisher may make available from time to time. An order for Content Purchase does not include any rights to create additional copies or to distribute copies of the materials.

For Journals Only:

1. Please note that articles in the ahead-of-print stage of publication can be cited and the content may be re-used by including the date of access and the unique DOI number. Any final changes in manuscripts will be made at the time of print publication and will be reflected in the final electronic version of the issue. Disclaimer: Articles appearing in the Published Ahead-of-

Print section have been peer-reviewed and accepted for publication in the relevant journal and posted online before print publication. Articles appearing as publish ahead-of-print may contain statements, opinions, and information that have errors in facts, figures, or interpretation.

Accordingly, Wolters Kluwer, the editors and authors and their respective employees are not responsible or liable for the use of any such inaccurate or misleading data, opinion or information contained in the articles in this section.

2. Where a journal is being published by a learned society, the details of that society must be included in the credit line.

i. For Open Access journals: The following statement needs to be added when reprinting the material in Open Access journals only: "promotional and commercial use of the material in print, digital or mobile device format is prohibited without the permission from the publisher Wolters Kluwer. Please contact healthpermissions@wolterskluwer.com for further information."

ii. Exceptions: In case of reuse from Diseases of the Colon & Rectum, Plastic Reconstructive Surgery, The Green Journal, Critical Care Medicine, Pediatric Critical Care Medicine, the American Heart Association Publications and the American Academy of Neurology the following guideline applies: no drug/ trade name or logo can be included in the same page as the material re-used.

3. Translations: If granted permissions to republish a full text article in another language, Wolters Kluwer should be sent a copy of the translated PDF. Please include disclaimer below on all translated copies:

i. Wolters Kluwer and its Societies take no responsibility for the accuracy of the translation from the published English original and are not liable for any errors which may occur.

4. Full Text Articles: Reuse of full text articles in English is prohibited.

STM Signatories Only:

1. Any permission granted for a particular edition will apply also to subsequent editions and for editions in other languages, provided such editions are for the work as a whole in situ and does not involve the separate exploitation of the permitted illustrations or excerpts. Please click here to view the STM guidelines.

Other Terms and Conditions:

v1.17

Questions? customercare@copyright.com or +1-855-239-3415 (toll free in the US) or +1-978-646-2777.

References

- American Association of Colleges of Nursing. (1992, June). Educators brace for the next nursing shortage—too few faculty. *AACN Issue Bulletin*. Washington, DC: American Association of Colleges of Nursing.
- American Association of Colleges of Nursing. (2006). *Essentials of doctoral education for advanced nursing practice*. Retrieved from <http://www.aacn.nche.edu/publications/position/dnpessentials.pdf>
- American Association of Colleges of Nursing. (2015). *Leading excellence and innovation in academic nursing: 2015 Annual Report*. Retrieved from <http://www.aacn.nche.edu/publications/AnnualReport15.pdf>
- American Association of Colleges of Nursing. (2016a). *2015-2016 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Retrieved from <http://www.aacn.nche.edu/research-data/standard-data-reports>
- American Association of Colleges of Nursing. (2016b). *2015-2016 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing*. Washington, DC: American Association of Colleges of Nursing.
- American Association of Colleges of Nursing. (2016c). *Special survey on vacant faculty positions for academic year 2016-2017* [PowerPoint Slides]. Retrieved from <http://www.aacn.nche.edu/leading-initiatives/research-data/vacancy16.pdf>
- American Association of Colleges of Nursing. (2017, April 26). *Nursing faculty shortage* [Fact Sheet]. Retrieved from <http://www.aacn.nche.edu/media-relations/FacultyShortageFS.pdf>
- American Hospital Association, the American Organization of Nurse Executives, & the

- American Society for Healthcare Human Resources Administration. (2013). *Developing an effective health care workforce planning model*. Retrieved from <http://www.aha.org/content/13/13wpmwhitepaperfinal.pdf>
- American Management Association. (2011, February 16). *Survey Sees Looming Crisis for Healthcare Leadership*. Retrieved from <http://www.amanet.org/news/4997.aspx>
- American Nurses Credentialing Center. (2017). *Nurse Executive*. Retrieved from <http://www.nursecredentialing.org/Certification/NurseSpecialties/NurseExecutive>
- American Organization of Nurse Executives. (2015). *AONE nurse executive competencies*. Retrieved from <http://www.aone.org/resources/nec.pdf>
- American Society for Training & Development. (2010). *Improving succession plans: Harnessing the power of learning and development*. Retrieved from <https://www.td.org/>
- Balogh-Robinson, L. (2012). The crisis in leadership in the context of the nursing shortage and the increasing prevalence of nursing unions. *Journal of Healthcare Leadership, 4*, 127-139. doi:10.2147/JHL.S34024
- Berman, A. (2015). Academic leadership development: A case study *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing, 31*(4), 298-304. doi:10.1016/j.profnurs.2015.02.006
- Blauvelt, M. J., & Spath, M. L. (2008). Passing the torch: A faculty mentoring program at one school of nursing. *Nursing Education Perspectives, 29*(1), 29.
- Budden, J. S., Zhong, E. H., Moulton, P., & Cimiotti, J. P. (2013). The National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers 2013 national workforce survey of registered nurses. *Journal of Nursing Regulation, 4*(2), S1-S72.

- Bureau of Labor Statistics, U.S. Department of Labor. (2015, December 17). *Occupational Outlook Handbook, 2016-17 Edition, Registered Nurses*, Retrieved from <http://www.bls.gov/ooh/healthcare/registered-nurses.htm>
- Campbell, J. C. (2012, September 19). *Preparing the next generation of national leaders in academic nursing*. Retrieved from <http://www.nursefacultyscholars.org/sites/default/files/file-attachments/Deans%20Think%20Ahead%20Webinar%202012.pdf>
- Campbell, M., & Smith, R. (2014). *High-potential talent: A view from inside the leadership pipeline*. Greensboro, NC: Center for Creative Leadership.
- Candela, L., Gutierrez, A., & Keating, S. (2013). A national survey examining the professional work life of today's nursing faculty. *Nurse Education Today*, 33(8), 853-859. doi:10.1016/j.nedt.2012.10.004
- Carnevale, A.P., Smith, N., & Gulish, A. (2015). *Nursing supply and demand through 2020*. Washington, DC: Georgetown University Center on Education and the Workforce.
- Cary, A. H. (2013). Could the DNP be the “future” in the future of nursing (2011) report? In A. W. Ahmed, L.C. Andrist, S.M. Davis, & V. J. Fuller (Eds.), *DNP education, practice, and policy: Redesigning advanced practice roles for the 21st century* (pp. 19-32). New York, NY: Springer Publishing Company.
- Denker, A., Sherman, R. O., Hutton-Woodland, M., Brunell, M. L., & Medina, P. (2015). Florida nurse leader survey findings: Key leadership competencies, barriers to leadership, and succession planning needs. *JONA: The Journal of Nursing Administration*, 45(7/8), 404-410. doi:10.1097/NNA.0000000000000222
- Dreher, H. M., Glasgow, M. E. S., Cornelius, F. H., & Bhattacharya, A. (2012). A report on a

- national study of doctoral nursing faculty. *The Nursing Clinics of North America*, 47(4), 435-453. doi:10.1016/j.cnur.2012.07.001
- Fang, D., & Kesten, K. (2017). Retirements and Succession of Nursing Faculty in 2016-2025. *Nursing Outlook*.
- Feldman, H. R., Greenberg, M. J., Jaffe-Ruiz, M., Kaufman, S. R., & Cignarale, S. (2015). Hitting the nursing faculty shortage head on: Strategies to recruit, retain, and develop nursing faculty. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*, 31(3), 170. doi:10.1016/j.profnurs.2015.01.007
- Fitzpatrick, M. L., & Heller, B. R. (1980). Teaching the teachers to teach. *Nursing Outlook*, 28(6), 372-373.
- Fleischman, R. K., Meyer, L., & Watson, C. (2011). Best practices in creating a culture of certification. *AACN Advanced Critical Care*, 22(1), 33-49.
doi:10.1097/NCI.0b013e3182062c4e
- Fulton, J., & Lyon, B. (2005). The need for some sense making: The doctor of nursing practice. *Online Journal of Nursing*, 10 (3).
- Getfeedback. (2017). *Education leader 360 degree feedback*. Retrieved from <http://360degreefeedback.com/index/education-leader-360-feedback>
- Glasgow, M. E. S., Weinstock, B., Lachman, V., Suplee, P. D., & Dreher, H. M. (2009). The benefits of a leadership program and executive coaching for new nursing academic administrators: One college's experience. *Journal of Professional Nursing*, 25(4), 204-210. doi:10.1016/j.profnurs.2009.01.004
- Griffith, M.B. (2012). Effective succession planning in nursing: A review of the literature. *Journal of Nursing Management*, 20(7), 900-911. doi:10.1111/j.1365-2834.2012.01418.x

- Guralnik, D. (Ed.). (1986). *Webster's New World Dictionary of the American Language* (2nd College Edition). New York: Simon and Schuster.
- Hader, R., Saver, C., & Steltzer, T. (2006). No time to lose. *Nursing Management*, 37(7), 23-48.
doi:10.1097/00006247-200607000-00006
- Hannon, P. (2014). *Succession planning: Developing the next generation of nurse leaders* (doctoral dissertation). Retrieved from Texas Woman's University, ProQuest Dissertations Publishing, 2014. 3623955
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.
- Johnson, S., Cantwell, R. & Wagner, P. (2016, September). Nursing Academic Leadership, Learning from the Past, Planning for the Future: A Systematic Review. In *Leadership Connection 2016 (17-20 September)*. Retrieved from <https://stti.confex.com/stti/lc16/webprogram/Paper80971.html>
- Kelly, K. (2010). Is the DNP the answer to the nursing faculty shortage? Not likely! *Nursing Forum*, 45(4), 266-270.
- Kezar, A., & Maxey, D. (2013). The Changing Academic Workforce. *Trusteeship*, 21(3), 15-21.
- Malloch, K., & Porter-O'Grady, T. (2015). *The career handoff: A healthcare leaders' guide to knowledge & wisdom transfer across generations*. Indianapolis, IN: Sigma Theta Tau International Honor Society of Nursing.
- Mattone, J., Xavier, L. F., & Fitz-enz, J. (2013). *Talent leadership: A proven method for identifying and developing high-potential employees*. New York, NY: American Management Association.

- Maxwell, J.C. (2007). *The 21 irrefutable laws of leadership*. Nashville, TN: Thomas Nelson.
- McCallin, A., Bamford-Wade, A., & Frankson, C. (2009). Leadership succession planning: A key issue for the nursing profession. *Nurse Leader*, 7(6), 40-44.
doi:10.1016/j.mnl.2009.07.008
- McDermid, F., Peters, K., Jackson, D., & Daly, J. (2012). Factors contributing to the shortage of nurse faculty: A review of the literature. *Nurse Education Today*, 32(5), 565.
doi:10.1016/j.nedt.2012.01.011
- Mezibov, D. (1994, March). Nursing schools test their limits with rising enrollments, too few faculty. *AACN Issue Bulletin*. Washington, DC: American Association of Colleges of Nursing.
- Minnick, A. F., Norman, L. D., Donaghey, B., Fisher, L. W., & McKirgan, I. M. (2010). Leadership in doctoral nursing research programs. *The Journal of Nursing Education*, 49(9), 504-510. doi:10.3928/01484834-20100820-02
- National Advisory Council on Nursing Education and Practice. (2010). *The impact of the nursing faculty shortage on nurse education and practice* [Ninth Annual Report]. Retrieved from <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/ninthreport.pdf>
- National League for Nursing. (1992). *Nursing datasource 1992--Volume III--Leaders in the making: graduate education in nursing*. New York, NY: National League for Nursing.
- National League for Nursing. (2012). *The scope of practice for academic nurse educators* (2012 rev. ed.). New York, NY: National League for Nursing.
- Pang, D., Li, Y. Stauffer, D.C., & Trautman, D. E. (2016). *2015-2016 salaries of deans in*

- baccalaureate and graduate programs in nursing*. Washington, DC: American Association of Colleges of Nursing.
- Patidar, N., Gupta, S., Azbik, G., & Weech-Maldonado, R. (2016). Succession planning and financial performance: Does competition matter? *Journal of Healthcare Management / American College of Healthcare Executives*, 61(3), 215-227.
- Prestia, A. S., Dyess, S. M., & Sherman, R. O. (2014). Planting seeds of succession. *Nursing Management*, 45(3), 30-37. doi:10.1097/01.NUMA.0000443941.68503.09
- Princeton, J. C. (1992). The teacher crisis in nursing education--revisited. *Nurse Educator*, 17(5), 34-37.
- Rand Corporation. (2014, July 16). *Registered nurses' delayed retirement helps to boost nursing supply in the U.S.* Retrieved from <http://www.rand.org/news/press/2014/07/16.html>
- Rath, T. (2007). *Strengths finder 2.0*. New York, NY: Gallup Press.
- Rayburn, W., Grigsby, K., & Brubaker, L. (2016). The strategic value of succession planning for department chairs. *Academic Medicine: Journal of the Association of American Medical Colleges*, 91(4), 465.
- Riffkin, R. (2014, April 28). *Average U.S. retirement age rises to 62*. Retrieved from <http://www.gallup.com/poll/168707/average-retirement-age-rises.aspx>
- Robert Wood Johnson Foundation. (2009). *Nursing Faculty Scholars Program*. Retrieved from <http://www.nursefacultyscholars.org/about>
- Rosenfeld, P. (1992). Recent trends in nursing education. In A. Graubard (Ed.). *Perspectives in nursing 1991-1993* (pp. 11-19). New York, NY: National League for Nursing.
- Rothwell, W. J. (2016). *Effective succession planning: Ensuring leadership continuity and building talent from within* (5th ed.). New York, NY: American Management

Association.

Rundio, A., & Wilson, V. (2015). *The doctor of nursing practice and the nurse executive role*.

Philadelphia, PA: Wolters Kluwer.

Rundio, A., Wilson, V., & Meloy, F.A. (2016). *Nurse Executive: Review and Resource Manual*

(3rd ed.). Silver Spring, MD: American Nurses Association.

Sherman, R. O., Bishop, M., Eggenberger, T., & Karden, R. (2007). Development of a leadership competency model. *JONA: The Journal of Nursing Administration*, 37(2), 85-94.

doi:10.1097/00005110-200702000-00011

Sherman, R. O., Chiang-Hanisko, L., & Koszalinski, R. (2013). The ageing nursing workforce: A global challenge. *Journal of Nursing Management*, 21(7), 899-902.

doi:10.1111/jonm.12188

Shirey, M. R. (2008). Building the leadership development pipeline: A 5-step succession planning model. *Clinical Nurse Specialist*, 22(5), 214-217.

doi:10.1097/01.NUR.0000325365.08303.47

Society for Human Resource Management. (2015, December, 21). *Practicing the*

discipline of workforce planning. Retrieved from [https://www.shrm.org/](https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/practicingworkforceplanning.aspx)

[resourcesandtools/tools-and-samples/toolkits/pages/practicingworkforceplanning.aspx](https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/practicingworkforceplanning.aspx)

Spetz, J. (2015). Too many, too few, or just right? Making sense of conflicting RN supply and demand forecasts. *Nursing Economics*, 33(3), 176-178,185.

Sverdlik, B. (2012). Who will be our nursing leaders in the future? The role of succession planning. *JONA: The Journal of Nursing Administration*, 42(7/8), 383-385.

doi:10.1097/NNA.0b013e318261938b

Trepanier, S., & Crenshaw, J. T. (2013). Succession planning: A call to action for nurse

- executives. *Journal of Nursing Management*, 21(7), 980-985. doi:10.1111/jonm.12177
- United States Department of Health and Human Services, Health Resources and Services Administration. (2014, December 12). *The future of the nursing workforce: National- and state-level projections 2012-2025*. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/workforceprojections/index.html>
- Vogelsang, L. E. (2014). Early succession planning for nursing faculty. *Nurse Education Today*, 34(10), 1277-1279. doi:10.1016/j.nedt.2014.05.015
- Wendler, C., Olson-Sitki, K., & Prater, M. (2009). Succession planning for RNs: Implementing a nurse management internship. *Journal of Nursing Administration*, 39, 326–333.
- Wilson, V. (2015). Leadership succession planning and development. In A. Rundio & V. Wilson (Eds.). *The doctor of nursing practice and the nurse executive role* (pp. 146-175). Philadelphia, PA: Wolters Kluwer.
- Wood, C. (2014). Choosing the ‘right’ people for nursing: Can we recruit to care? *British Journal of Nursing*, 23(10), 528-530. doi:10.12968/bjon.2014.23.10.528
- Young, S. D., & Bliss, J. B. (1995). Nursing faculty—An endangered species? *Journal of Professional Nursing*, 11(2), 84-88. doi:10.1016/S8755-7223(05)80023-7

Curriculum Vitae
Cheryl A Tucker, MSN, RN, CNE
Email: mgtcat5758@gmail.com

CAREER OBJECTIVE: Desire to continue to develop and grow within the nursing education field.

SUMMARY OF QUALIFICATIONS: Ability to fit in and work well with people at all levels. Excellent ability for attention to detail, time management, and organization. Good overall communication skills. Ability to work independent without direct supervision. High-achiever motivated from within to achieve those goals and objectives set before me.

PROFESSIONAL EXPERIENCE:

8/04 – present

Louise Herrington School of Nursing Baylor University. **Clinical Associate Professor and BSN Level 2 Coordinator.** Instructed Traditional and FastBacc BSN students in the face to face and online classroom environment as well as clinical practicum, and lab settings. Taught Human Needs IV Senior Capstone Course including HESI Exit Exam Remediation for NCLEX-RN, Patho/Pharm I and II, Human Needs Med/Surg I and II, Human Needs Psych/Mental Health III, Consumer of Research, Professional Practice Lab, Health Assessment Lab, Junior 1 med/surg clinical, Junior II med/surg clinical and OB Clinical Practicum. Clinical sites included Baylor University Medical Center Dallas, Baylor University Medical Center Irving, and Baylor University Medical Center Carrollton. Service to University included: Undergraduate Theory Coordinator 2011 to present, Chair Undergraduate Curriculum Committee 2012-2013; 2011-2012. Faculty Chair Spring 2007 through Spring 2008; Faculty Chair Elect Fall 2007; Member of HESI Exit Exam NCLEX-RN Task Force 2006-2007, Academic Affairs Committee, Work Force Satisfaction Committee, Research Committee, Admissions Committee, Program Effectiveness Committee, Chair Testing Committee Task Force, Assisted in the development, publication, and revision of Faculty Quick Guide, Faculty Information Handbook, Faculty/Staff Community Blackboard, BSN Undergraduate Theory Coordinator 2012-2016, Lecturer/Senior Lecturer 2004-2016; Promoted to Clinical Associate Professor Fall 2016.

8/02 – 5/03

Texas Woman's University, Dallas, Texas. **Adjunct Faculty.** Instructed RN students in the clinical and lab setting. Clinical sites

included Parkland and Saint Paul. Clinical areas included neuro, ortho, and rehab.

9/00 – 5/02

Calhoun Community College, Decatur, Alabama. **Nursing Instructor**. Instructed RN students in the classroom and clinical setting. Taught Adult and Pediatric Medical-Surgical Nursing on all levels and Maternal-Infant Nursing utilizing PowerPoint, the Web, etc. Member of the following committees: Let's Pretend Hospital and Curriculum Committee. Used my computer knowledge in assisting the faculty in transitioning from d-base to excel for grading. Also, instrumental in transitioning student assignments and handouts from hard copy to the Calhoun web site.

9/92 – 5/00

School of Nursing Macon State College, Macon, Georgia. **Nursing Instructor**. Instructed RN students in the classroom and clinical setting. Taught Fundamentals of Nursing, Adult and Pediatric Medical-Surgical Nursing on all levels, Maternal-Infant Nursing, Nursing Management, as well as Case Management Concepts and Services for the Baccalaureate Health Administration Program. Member of following committees: Admissions/Recruitment, Curriculum Work Group, Evaluation Tools, College Wide Student Discipline, and Young Author's Conference at Morgan School. Faculty sponsor for Macon State College Association of Nursing Students. Faculty supervisor for Macon State College Nursing Students participating in the Migrant Health Fair in Houston County, Georgia.

9/89 – 4/92

Pulaski State Area Vocational Technical School, Pulaski, Tennessee. **Director of PN Program**. Supervised 4 nursing instructors, monitored PN Program, developed proposal to Tennessee Board of Nursing to double class enrollment and establish two satellite program, 97% pass rate on PN Boards. **Nursing Instructor**. Taught: Vocational Relationships and Social Foundations, Nutrition, Anatomy and Physiology, Fundamentals of Nursing, Geriatric Nursing, Common Emergencies, Administration of Medications, Basic Pharmacology, Psychiatric Nursing, Maternal-Infant Nursing, Pediatric Nursing, and Medical-Surgical Nursing in clinical and the classroom.

11/87 -- 9/89

Humana Hospital Muscle Shoals, Muscle Shoals, Alabama. **Director of Utilization Management**. Directed Utilization Review, Social Service-Discharge Planning, Infection Control, Quality Assurance, and Medical Staff Departments of Surgery and Medicine. Hired, supervised, and evaluated 4 Review Coordinators/Discharge Planners and one secretary. **Director of**

In-service Education. Developed and managed nursing and hospital-wide orientation programs and in-service education programs. Developed and wrote a nursing orientation manual, nursing quality assurance manual, and various in-service education programs.

7/86 -- 8/87

Partner's National Health Care Plans, Louisville, Kentucky. **Medical Services Manager.** Developed physician profiles pertaining to physician and outpatient utilization of medical services. Liaison between physician offices and hospital utilization review departments concerning the review process. Developed policies and procedures and benefits interpretation manual. Hired, supervised, and evaluated two Health Resources Coordinators and one secretary. **Health Resources Coordinator.** Performed precertification, admission, continued stay and claims review for PPO, HMO, and Teamcare clients.

8/85 -- 7/86

Kentucky Peer Review Organization, Louisville, Kentucky. **Senior Regional Administrator.** Hired, supervised, and evaluated 16 Health Care Coordinators who performed Medicare and Medicaid review. Developed working knowledge of Federal Regulations pertaining to Medicare and Medicaid review. Acted as liaison between KPRO and designated acute care facilities. **Health Care Coordinator.** Performed ICD-9-CM coding, DRG validation, admission review and continued stay review.

5/83 -- 8/85

American Surgery Center of Louisville, Kentucky. **Pre-op and Recovery Room Nurse.**

1/83 -- 5/83

Human Hospital Suburban, Louisville, Kentucky. **Staff Nurse Transitional Care Unit.**

6/80 -- 1/83

Presbyterian Hospital Dallas, Dallas, Texas. **Staff Nurse-Preceptor Recovery Room & Telemetry Unit.**

CONSULTANT SERVICES:

5/14 -- present

USMLEWORLD, LLC dba UWORLD. **NCLEX Expert Nurse Consultant and Author.** Provide consulting services related to NCLEX exam, testing, and authorship of NCLEX style questions.

5/13 -- present

Tucker C.A. Consultant and Content Reviewer for Huether, S. E., & McCance, K. L. (2017). *Understanding pathophysiology* (Sixth ed.). St. Louis, Missouri: Elsevier.

EDUCATION:

2014-present Enrolled in the DNP Executive Nurse Leadership Program
University of Nevada Las Vegas.

2004-2005 Enrolled in the PhD of Nursing Program at Texas Woman's
University. Completed 18 credit hours.

1996 Master's of Science in Nursing, Georgia College and State
University, Milledgeville, Georgia.

1980 Bachelor of Science in Nursing, Baylor University, Waco, Texas.

LICENSED:

Licensed as a Registered Nurse in the state of Texas.

CERTIFICATIONS:

03/18/09 Certified Academic Nurse Educator (CNE) through the National
League of Nursing
2009. Recertified 2014
CPR Certified 2016.

PUBLICATIONS:

Tucker C.A. & Pesta L. (2017). *The teaching-learning experience from a generational perspective*. In M.J. Bradshaw & A. J. Lowenstein (Eds.), *Innovative teaching strategies in nursing and related health professions* (pp. 39-58). Sudbury, MA: Jones & Barlett Publishers

Tucker C.A. & Bradshaw M.J. (2017). *Clinical reasoning action-focused thinking*. In M.J. Bradshaw & A. J. Lowenstein (Eds.), *Innovative teaching strategies in nursing and related health professions* (pp. 71-82). Sudbury, MA: Jones & Barlett Publishers

Tucker C.A. Consultant and Content Reviewer for Huether, S. E., & McCance, K. L. (2017). *Understanding pathophysiology* (Sixth ed.). St. Louis, Missouri: Elsevier.

Tucker C.A. & Bradshaw M.J. (2014). Clinical reasoning action-focused thinking. In M.J. Bradshaw & A. J. Lowenstein (Eds.), *Innovative teaching strategies in nursing and related health professions* (pp. 65-77). Sudbury, MA: Jones & Barlett Publishers

Tucker C.A., Bradshaw M.J., & Ketcham N. (2013). Teaching and Learning in a Winter Wonderland. *Nurse Educator*, 38(4), 164-168.

Published RN magazine July 1985 "Clinical Highlights" for my contribution on a technique for Curbing Operating Room Back Pain.

**PROFESSIONAL
PRESENTATIONS:**

Oral Presentations:

- 11/18/13 *Learning, Leading, Serving on the Streets: A serve learning experience with the homeless* at the 42nd Biennial Convention Honor Society of Nursing, Sigma Theta Tau International, Indianapolis, Indiana, November 16-20, 2013.
- 10/25/13 *Best Practices for Writing Test Items and Blueprinting Exams.* API HealthCare National Test Item Writing Workshop. API Healthcare National Headquarters Dallas Office, Addison, Texas, October 25, 2013.
- 03/15/13 On the Fast Track...12 Months to 100% Success at the Elevate Outcomes with HESI conference, Philadelphia, *Pennsylvania*.
- 01/02/12 Presented “*Let it Snow, Let it Snow, Let it Snow: A Virtual Clinical Practicum Mother-Baby Case Study*” at the Elsevier Mosby Faculty Development Conference, Las Vegas, Nevada.
- 04/14/11 Presented “*Learning in a Winter Wonderland:A virtual classroom in the midst of a ice strom!*” at the 5th Annual Tegrity Users Conference Georgia Tech, Atlanta, Georgia.
- 03/31/11 Presented “*Learning in a Winter Wonderland:A virtual classroom in the midst of a ice strom!*” at Educational Technology Showcase 2011 Baylor University, Waco, Texas.
- 10/31/10 Presented “*Online Resources Promote NCLEX-RN® Success*” Elsevier Education Event Deans and Director's Meeting of the American Association of Colleges of Nursing (AACN) in Washington, D.C.
- 09/06 Presented “*Parenting Your Parents From A Distance*” at First Baptist Church Lewisville, Texas.
- 05/13/02 Voted by the Class of 2002 to be guest speaker at Calhoun Community College Class of 2002 Pinning Ceremony. Speech title: “You Can Fly! Go Fly!”
- 05/04/01 Voted by the Class of 2001 to be guest speaker at Macon State College Nursing Class of 2001 Graduation Celebration and Pinning Ceremony. Speech and PowerPoint presentation titled: “Nurse, What Do You See?”

- 04/20-21/01 State of Georgia WMU Annual Meeting and Women's Conference guest speaker for the Baptist Nurses Fellowship. Speech and PowerPoint presentation titled: "The Narrow Place Opened?"
- 11/07/98 Women's Day of Prayer, Rehoboth Association guest speaker. Speech title: "The Role of Prayer in Healing."
- 10/02/98 Presented "Weaving a Tapestry of Cross-Cultural Caring Through a Baptist Mobile Health Ministry" at Research Day 1998 Georgia College and State University. The presentation described a collaborative project of health professionals who offer voluntary health services to migrants in Georgia.
- 04-06/98 KAPLAN Instructor for NCLEX Review Course for RN licensure.
- 03/31/98 Health Career Fair for Bibb County, Georgia eighth graders. Presentation title: "The Role of the Nurse".

Poster Presentations:

- 11/14/12 The Changing Face of Health Care: An integrated, multi-community clinical practicum to promote and maintain the health of vulnerable populations within the community: An Accelerated BSN Program Case Study: AACN 2012 Baccalaureate Education Conference, San Antonio, Texas.
- 01/02/12 Presented "*Let it Snow, Let it Snow, Let it Snow: A Virtual Clinical Practicum Mother-Baby Case Study*" at the Elsevier Mosby Faculty Development Conference, Las Vegas, Nevada.
- 10/29 to 11/02/11 *Maternal Child Documentation: Technology in Practice* at the 41nd Biennial Convention Honor Society of Nursing, Sigma Theta Tau International, Grapevine, Texas, October 29 - November 2, 2011.
- 07/14-18/11 Presented "*Learning in a Winter Wonderland: A virtual classroom in the midst of a ice storm!*" at Boot Camp for Nurse Educators: An International Conference for Evidence-Based Nursing Education in Albuquerque, New Mexico
- 03/31/11 Presented "*Learning in a Winter Wonderland: A virtual classroom in the midst of a ice storm!*" at Educational Technology Showcase 2011 Baylor University, Waco, Texas.
- 06/16/09 Presented "*Online Resources Promote NCLEX-RN® Success*" at the Region 6 Sigma Theta Tau International Honor Society of Nursing Annual Meeting.

- 03/25/09 Presented “*Online Resources Promote NCLEX-RN® Success*” at the 2009 Educational Technology Showcase. Sponsored by the Academy for Teaching and Learning and Baylor University's Electronic Library.
- 05/24-25/ 01 Presented “*Weaving a Tapestry of Cross-Cultural Caring*” at the 2nd International “Crossing Borders” Conference, Cuernavaca, Moreles, Mexico. Sponsored by Sigma Theta Tau International, Center for Hispanic Studies in Nursing and Health, UTA School of Nursing, and Universidad Internacional-The Center for Bilingual Multicultural Studies, Cuernavaca, Mexico.
- 03/5-6/00 Presented “*Weaving a Tapestry of Cross-Cultural Caring Through a Baptist Mobile Health Ministry*” at the Annual Education Meeting of Georgia League of Nursing.

PROFESSIONAL ORGANIZATIONS:

Sigma Theta Tau International Honor Society of Nursing. Inducted into Theta Tau Chapter, Georgia College and State University, Milledgeville, Georgia. Currently member of the Eta Gamma Chapter Baylor University. President of Eta Gamma Chapter Sigma Theta Tau International Honor Society of Nursing Baylor University Fall 2009 to Fall 2012; Counselor 2013-2015 Inducted into Alpha Tau Delta Nursing Sorority, Baylor University School of Nursing. Baylor University Alumni Association. Baptist Nurses Fellowship.

PROFESSIONAL AWARDS:

2013 Outstanding Faculty Award for Non-Tenured Teaching Baylor University Louise Herrington School of Nursing
 2012 Dallas Fort Worth (DFW) Great 100 Nurse Honoree
 2008 Outstanding Non-Tenured Teaching Award Baylor University Louise Herrington School of Nursing.

COMMUNITY SERVICE:

- 2006 to present Active member of First Baptist Church Lewisville. Actively involved in prayer ministry and Mission Madness.
- March 2002 and 2001 Faculty Sponsor of x-ray/lab/ER room at Let’s Pretend Hospital 2002 and 2001 sponsored by Decatur General Hospital and Calhoun Community College Department of Nursing.

- July 1999, 1998, and 1997 RN for Asthma Camp sponsored by Macon State College School of Nursing and School of Respiratory Therapy.
- August 1999 and 1997 Camp nurse for “Kids Camp” at Laverne Griffin Youth Camp Wasilla, Alaska.
- May 1993 through 2000 Planning Committee Member and Participant for the Annual Migrant Health Fair Houston County, Georgia.
- May through August 1979 River Ministry of Texas Baptist Convention, Dallas, Texas. Baptist Student Union Volunteer Student Missionary Nurse (Rio-Grande River). Medical Team Leader for medical clinics and vaccination clinics in Mexico.