SUCCESSION PLANNING FOR
CHIEF NURSING OFFICERS
in ACUTE MEDICAL CENTERS IN CALIFORNIA

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Learning Objectives

Learning Objective 1
Discuss the use and value of the AONE Nurse Executive Competencies Assessment Tool.

Learning Objective 2
Examine the significance of succession planning as a priority in the management and development of the nursing leadership workforce.
Learning Objectives

Learning Objective 3

Examine how succession planning can reshape the future of nursing through competency building, leadership development, and policy, professional and organizational advocacy.
Succession Planning: Definition

- Succession planning is the process of identifying and tracking high-potential employees to fill top management positions when they become vacant.
- Process of identifying potential candidates to transition into key roles at the senior executive level.
Keys Elements of Succession Planning

- Careful deliberation with clear vision and strategic goals
- Appropriate experiences and opportunities to help develop the necessary skills and competencies to assume the leadership roles
Keys Elements of Succession Planning

- An open process and interwoven into the mission, vision, and goals of the organization; policies and procedures

- Should have a specified set of competencies, skills and job descriptions for the potential positions
Succession Planning: Key concepts

- Business continuity
- Organizational strategy and performance
- Talent Management
- High potentials
- Recruitment and retention
- Reward system
- Professional growth
Significance of the Study

Critical period for nursing leadership
Retirement of the baby boomer generation
Resignation
Termination
Career moves
Life changes
Why the emphasis?

Changes in the scenarios
- Workforce planning
- Healthy Work Environment
- Talent Management
- Generational gaps and differences - boomers and echo-boomers
- Advancement in Technology
Historical Perspectives

- General Electric: Leadership Transitional Activities; Inventory of skills and competencies for all personnel
- Veterans Administration
Historical Perspective

- The Maritime and Coastguard Agency in Great Britain: PeopleSoft—a computerized succession planning program that keep track of the detailed skills inventory
- NASA
Current Perspectives

- Key organizations
  - AONE
  - TJC
  - WHO
  - ICN
  - Health Canada
Out of 634 nurses surveyed in a 2005 AONE Study

- approximately 40% turned over at least one time during their career
- approximately 25% of those who had turned over had been asked to resign, were terminated or lost their jobs involuntarily
- approximately 62% of the CNE respondents report that they anticipate making a job change in less than 5 years and, of those, slightly more than one quarter plan to retire.
- about 39% had left a CNE position at least once in their career. 77% were voluntarily and 23% involuntarily
Chief Nursing Officer: Leader of the Flock
Abstract

Mixed method study
Goal: determine the presence or absence of succession planning
CNOs’ perceptions of their level of role competencies as defined by AONE, what works and what does not work in their development of role competencies as a CNO.
Quantitative

- CNO Succession Survey*
- AONE Nurse Executive Competencies Assessment Tool**
- Administered from a secured website through QuestionPro
AONE Nurse Executive Competencies
Assessment Tool: Five Domains

Communication and Relationship Building
Knowledge of Health Care Environment
Leadership
Professionalism
Business Skills
AONE Nurse Executive Competencies Assessment Tool

The AONE Nurse Executive Competencies (originally published in the February 2005 issue of Nurse Leader) describe skills common to nurses in executive practice regardless of their educational level or titles in different organizations. They are presented as information for both nurse leaders and those who employ or work with them. Executives can use these competencies as a self-assessment tool, useful in the identification of possible areas for growth. Aspiring nurse leaders can use them in planning personal preparation for their careers. Healthcare organizations may see them as a guideline for job descriptions, expectations and evaluations of nurse leaders. Nurse educators can utilize them as a curriculum guideline for the educational preparation of nurses seeking expertise and knowledge in executive practice.

This document is not intended to be an exhaustive list of all areas of expertise for individual nurses in executive practice. It does, however, illustrate how complex and important their roles have become. Nursing leadership/management is as much a specialty as any clinical nursing specialty. As such, it requires proficiency and competent practice specific to the executive role. The AONE Nurse Executive Competencies set the standard for that practice.
Qualitative

Interview questions for CNOs

- Views on succession planning?
- Organizational goals and objectives on succession planning for the CNO position
- What initiatives have been made in identifying high-potential employees for the CNO position and other manager positions?
Interview Questions

- Which development activities would you rate as most effective and which competencies would you rate as top priorities in your role as a CNO?
- What special challenges has your organization encountered with succession planning and management? In the area of diversity, financial, time or accessibility?
Interview Questions

- Special programs to accelerate the development of high-potentials for the CNO and other management positions?
- Recommended leadership development activities to foster the development of the CNO role competencies as outlined by AONE?
Participants’ Demographics: How they were hired

- 1. Internally from the same hospital: 57.14%
- 2. Internally from another hospital within the system: 14.29%
- 3. Internally from another position within the system: 28.57%
- 4. Externally, from outside the system
- 5. Other
Participants’ Demographics

- Range of tenure as CNOs: 1 month to 12 years
- Age range: 52 to 64
- Female
- 2 were interim CNOs
- 75% have not been involved with succession planning before
- 39% has a Bachelor’s degree and 64% has a Master’s degree
Does the strategic planning of the organization include succession planning?

![Bar chart showing % of respondents]

- **71.43%** answered Yes.
- **28.57%** answered No, if no, skip to question 12.
- **0%** answered Don't know.
Succession Planning at the CNO Level
Are you involved in succession planning for your future successor?
8a. If no: What are the key barriers to identifying a successor? (Check all that apply)

- 1. I’m too new to the CNE position
- 2. It’s not a part of our organizational culture
- 3. It’s not a high priority for me right now
- 4. I do not view succession planning as useful
- 5. There are no internal candidates who we could prepare
- 6. There are several internal candidates who could succeed me; therefore succession planning would be very difficult politically
- 7. I have not been offered a retirement/transition package
- 8. Other
IF ROUTINELY DONE: Do the succession plans exist in written forms at the hospital level?
IF ROUTINELY DONE: Is succession planning formally evaluated?

100.00%
8f. What kind of developmental activities* has/will the successor be involved in as part of the succession planning process? (Check all that apply)

- Mentoring (e.g. regular 1:1 meetings with you, the current CNE for this explicit purpose)
- Coaching from an external consultant
- Structured “socialization” (e.g. meeting with key stakeholders to develop these relationships)
- 360 - degree feedback
- Developmental (“stretch”) assignments
- Job rotation
- Formal education/training program
- Other
8g. Are the developmental activities directed to meet AONE CNO role competencies within the following competency domains?

- 1. Communication and relationship building
- 2. Knowledge of the health care environment
- 3. Leadership
- 4. Professionalism
- 5. Business skills

Bar chart showing scores for each competency domain.
Communication and relationship building
Knowledge of the health care environment

![Bar chart showing knowledge distribution across three categories: 1. Yes, 2. No, and 3. Maybe. The chart indicates 50.00% for both categories.]
Leadership

80.00% 

20.00%
Professionalism
Business skills

- 60.00% 1. Yes
- 20.00% 2. No
- 20.00% 3. Maybe
Selected Examples CNOs Self Reported Competencies
Promote decisions that are patient-centered
Assess current environment and establish indicators of progress toward cultural competency
Represent the organization to non-healthcare constituents within the community.
Provide consultation to community and business leaders regarding nursing and health care
Determine current and future supply and demand for nursing care
Collaborate with nursing faculty in nursing research and incorporate nursing research into practice
Participate in legislative process concerning healthcare through membership in professional organization and personal contact with officials
Interact with and educate the organization’s Board members regarding health care and the value of nursing
Demonstrate basic competency in E-mail, Word, spreadsheet Recognize the relevance of nursing data for improving practice
What works!

- Coaching and mentoring
- On the job training and experiences
Leadership Development Programs

- Leadership / Management Development Programs
- Other Leadership Training Programs/
  CE Programs through Professional Organizations
What does not work

- Limit in number of spaces for educational opportunities
- CNO’s availability to take advantage of the resources
- Lack of time
Best Practices

- The Nursing Leadership Academy through the Advisory Board Leadership programs
- ACNL Leadership Program
Contributing Factors to the success of the program

- Executive administration support
- Department of Organizational Development
Future Recommendations

- More research on this area: local and national and global
- Support for the CNOs
- Learn from other industry
- ASTD; AMA
- Tap on resources
Key Techniques

- Leadership Development Programs
- Coaching and mentoring
- On the job training and experiences
- Formal, educational setting
Be Aware of Derailing Factors

- Time and resource intensive
- Boards not experienced and may not be clinically oriented
- Succession planning may not be on the CEO’s or HR’s priority list
- Organizations only focus on hiring and training, neglecting succession planning
- Succession planning may not be a priority for funding.
- Lack of commitment
Mistakes in Succession Planning

- Leaving it to HR
- Focusing only on the chiefs
- Replacing people and not developing people
- Ignoring future successors
More mistakes

- Faulty assumptions that people know what to expect or what to look for
- Planning but not updating
- Relying on the incumbent’s perspectives
- Outsourcing succession management
- Searching a little too late
Enhancers

- Organizational support and commitment
- Availability of resources i.e. time, funding and opportunities for growth
- Appropriate education and training
- Appropriate match of coach or mentor
- Professional networking
Commitment from who?

- Organization
- Executives
- Board
- Human Resource
- Education and Training
Conclusion

- Hone in on the competencies
- Strengthen the assets
- Succession planning is a deliberate, and intentional planning process
Succession Planning ... is an evolving, dynamic process

- Long term
- Continuing assessments
- Recruitment, retention, training
- Coaching and mentoring
- Evaluation and re-evaluation
Soar...
Q and A

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