



Making the Case for Succession Planning: Who's on Deck in Your Organization?

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Abstract

In Canada, the nursing shortage is all encompassing, and nurse leaders are needed from the bedside to the boardroom. Healthcare organizations and the nursing profession lag behind the corporate sector in development of strategic leadership succession planning. Contemporary nurse leaders will require all the knowledge, skills, attitudes and competencies their predecessors can provide. Effective leadership development and succession planning will provide a climate that is conducive to the transfer of that knowledge. Providing leadership development opportunities within the context of succession planning will assist nurses to develop and nurture the leader within. A definitive strategic succession plan may mean the difference between success and failure for nurses and their organizations.

Introduction

The Who's on First exchange between Abbott and Costello (1944) provides a classic example of poor knowledge transfer between a leader and a new team member. In this famous comedy routine, Costello attempted to determine the names of the players on the Yankees team of which he is about to become a member. Costello became increasingly uncertain, anxious, confused and frustrated when informed: Who's on first, What's on second, I Don't Know is on third, Why is left field, Because is centre field, Tomorrow is the pitcher, Today is the catcher, and I Don't Give a Darn is the shortstop. Right field and who's on deck are not even mentioned.

Imagine Costello was a nurse who was about to become not only a new team member, but also the new team leader. Costello has years of clinical experience but has limited experience in a leadership role. The leader (Abbott, a first-line manager) has resigned his position and is moving on, leaving Costello “on deck” with enormous responsibilities. Costello will be responsible for identifying all team members and developing relationships with them. With limited information, he will need to determine the what, when, where, why, who and how of his new role, mainly on his own. He will need to answer the team's questions, learn the organizational structure and figure out where and who his supports are. In essence, he will require all the knowledge, skills, attitudes and competencies of a successful nurse leader in order to achieve a smooth transition into his new role. Unfortunately, Costello may be headed for failure – because his organization lacked a strategic succession plan.

Succession Planning

Succession planning has been described in various ways. It has been defined as a process involving the identification of individuals for forecasted leadership needs (Garman and Tyler 2006; Redman 2006); the systematic process of developing individuals to fill an organization's key roles (Harrison et al. 2006; McConnell 2006); and planning for the replacement of leaders critical to the healthcare organization (Sherrod 2006). According to Bolton and Roy (2004), succession planning is a leadership development process that allows nurses to identify growth and career advancement opportunities in a supportive climate. Succession planning is a proactive process that will provide sustained leadership talent in years to come (McConnell 2006; Scott Blouin et al. 2006; Wahl and Bogomolny 2004). Simply put, succession planning is purposeful, long-term strategic planning for future leadership needs.

Who's on deck?

Most major business firms address succession planning (Bolton and Roy 2004; Carriere et al. 2009), as do family-owned businesses (O'Connor 2004). Companies that attend to leadership development and succession planning attract and retain leaders. In a review of the top 20 companies for leaders in the United States, Jusko (2005) reported that 95% have succession plans and 100% focus on leadership development. In Canada, leadership development is the primary concern of organizations seeking consultation services (Wahl and Bogomolny 2004). Succession planning is not a new concept; the generational transfer of the family farm is one example of familial succession planning that has occurred for many years.

In general, healthcare organizations lag behind the private sector, and succession planning is virtually non-existent (Bolton and Roy 2004; Coonan 2005; Garman and Tyler 2006; Scott Bluin et al. 2006). Succession planning has not received

much attention in nursing (Beyers 2006; Bonczek and Woodard 2006), and nurse leaders rarely think of who will replace them when they leave (Coonan 2005). This lack of a strategy is troublesome, because healthcare service providers are already experiencing labour shortages (Wahl and Bogomolny 2004), making leadership replacement difficult.

When succession planning is addressed in nursing, planning tends to be focused on the nurse executive positions (Beyers 2006; O'Connor 2004; Sherman et al. 2007). Most professional nursing associations regularly engage in succession planning, although they may not recognize it as such. National and provincial nursing associations typically have a president elect, a president and a past president occupying concurrent positions. If all three positions require a two-year commitment, a leadership succession plan that spans six years is the result. Focusing primarily on executive leadership is problematic because there is a growing demand for nurse leaders in clinical, managerial, educational and administrative practice (Redman 2006). In addition, there is a need to facilitate and support movement between the various leadership roles from clinician to educator, and manager to administrator (CHSRF 2006).

According to the Canadian Institute for Health Information (2010), approximately nine in 10 nurses had jobs involving direct patient care, and six in 10 worked in hospitals. It may be assumed that many of Canada's future nurse leaders are working in hospitals and communities providing direct patient care, and thus they have few opportunities to attend leadership conferences or participate in leadership development. It has been suggested that leadership programs and conferences are primarily available to those individuals already occupying leadership positions (Lannon 2007; Morgan 2005; Redman 2006). If formal leaders are the primary participants in leadership development and the primary attendees at leadership conferences, how and where will the nurse leaders of the future gain the knowledge and expertise required? Where will the transfer of leadership knowledge occur? When will future leaders have the opportunity to network with current leaders?

In Canada, the need for leadership development and succession planning has been recognized by key professional associations as vital to the future of the profession (CHSRF 2006; CNA 2003, 2005). The importance of succession planning has also been recognized in the United States for the same reason (Beyers 2006; Goudreau and Hardy 2006; Harrison et al. 2006; Weiss and Drake 2007). Succession planning should be a requirement for educational institutions, healthcare organizations and nursing associations (CHSRF 2006). Familiar nursing issues such as the nursing shortage, the aging of the workforce, generational differences and the need for mentoring, recruitment and retention are factors that affect leadership development and succession planning. High nursing turnover rates also continue to be an

issue, and these numbers include nurse leaders (Woolf et al. 2006). Together, these issues tie into leadership development and may be related to the recent heightened interest in succession planning (Goudreau and Hardy 2006; Harrison et al. 2006). Furthermore, informational technology, global competition, boomer retirements and differing employee needs are shaping future leadership requirements (Lockwood 2006). Collectively, these issues are creating a climate of stiff competition for leadership talent worldwide (Pooley 2007; Wahl 2006).

It is well known that the nursing profession experienced a massive decrease in numbers during the downsizing of the 1990s. Laschinger and Wong (2007) studied nursing leadership structures in Canadian hospitals and found few first-line or middle managers in the 26–35 year age group. Most senior nurse leaders, first-line and middle managers that participated in this study were in the 46–55 year age group. If this finding is representative of Canada's nursing workforce, where are the leadership replacements? The mass job loss that occurred a decade ago is one contributor to the lack of nurse leaders in the 26–35 year age range, and the immediate need for succession planning was identified as a key finding.

Educational institutions are experiencing a similar age gap and a shortfall of nursing leaders. The average age of master's- and doctoral-prepared faculty is 50 years, and many plan to retire by age 61 (Falk 2007). Application for enrolment in nursing education is increasing, and applicants have been turned away from nursing programs owing to the shortage of nursing faculty (Mennick 2007). The aging of faculty, and a shortage of nurse educators at a time when applicant numbers are increasing, illustrates the need for succession planning.

The impending retirement of a large cohort of nurses who will take their knowledge and expertise with them further highlights the need for succession planning (Bolton and Roy 2004; Maxwell 2004; Sherman et al. 2007). Delaying retirement without strategically planning for a replacement merely postpones the inevitable. Some nurse leaders may be prepared to postpone their retirement indefinitely, while others are actively engaged in retirement planning (Boychuk Duchscher and Cowin 2004). Nurse leaders cannot be expected to work forever, but their assistance in preparing their replacements can be requested. The planning of one's own exit is expected in forward-thinking organizations (Bonczek and Woodard 2006). Because no one is indispensable, nurse leaders need to think about the long-term well-being of the organization (Beeson 2006) and the profession, by considering "who is on deck" in their organization.

The time for succession planning and leadership development has arrived, and must begin immediately – or nurses and their organizations risk being shut out of the leadership game.

Striking out

Leadership succession planning must become common practice in nursing because failing to plan is planning to fail (Bonczek and Woodard 2006; Coonan 2005; McConnell 2006). In the corporate world, a lack of leadership planning and development results in failure for two out of every five chief executive officers within their first 18 months (Charan 2005). Making assumptions about would-be leadership successors can result in an unexpected “curve ball” for small and family-owned businesses. Continued success is threatened when children aren’t interested in the family business or partners have no desire to purchase the company (“Keys to Your Future” 2007). Nursing organizations experience similar leadership dilemmas when coping with unexpected retirements, promotions, life events and relocations (Scott Blouin et al. 2006). In the absence of leadership succession planning and development, how does the nursing leadership failure rate compare to that of businesses and corporations? Development and implementation of succession planning in nursing is required before this question can be answered. Several reasons for the lack of succession planning were cited in the literature.

Dropping the ball

First and perhaps most importantly, leaders are often resistant to succession planning, and this opposition must change. Leaders must be assisted to recognize that succession planning is not a personal threat. Ego and insecurity are two of the most destructive reasons for lack of succession planning (Coonan 2005). Leaders who have a “bulletproof” mentality and are unwilling to share power often have staff that lack confidence in them (Coonan 2005).

Second, the work involved in succession planning is often subordinated to other challenges and priorities (Garman and Tyler 2006). Finding the time to plan is a challenge for clinical leaders who spend a considerable amount of time putting out fires (Coonan 2005). System changes, lack of role clarity, increasing workloads and lack of support (Mass et al. 2006) keep nurse leaders “running the bases” from dawn until dusk. These issues essentially subvert their attempts to address their own leadership development. Addressing the issues that challenge leaders is a priority because continued leadership in clinical organizations is the critical element for ensuring safe patient care (Redman 2006).

Third, many leaders are reluctant to invest time and energy training individuals who may leave for other positions (Conger and Fulmer 2003). This reluctance is one side of a double-edged sword, because promising staff members are more likely to look elsewhere if denied growth opportunities (Bolton and Roy 2004; Pooley 2007; Wahl and Bogomolny 2004). Some nurses may be interested in management, others in education or advanced clinical practice. They should be

encouraged and supported in developing the skills and competencies unique to their area of interest, regardless of where it leads them.

Lastly, the cost of training and development must be addressed. Advertising and search firm fees, recruitment bonuses, travel and relocation expenses, orientation costs and the slowdown of progress in important programs and services are just a few of the expenses incurred when succession planning is ignored (Bolton and Roy 2004; O'Connor 2004; Redman 2006). Because worrying about time and cost constraints is counterproductive, organizations may be wise to spend money on leadership succession planning and development now or risk spending considerably more later ("Developing Tomorrow's Leaders" 2005). Nurse leaders of the present must "go to bat" for their teams and push for the funding needed to ensure leadership competency and continuity in the future.

Loading the bases

The first step in planning for succession is to recognize the reasons current leaders are resistant to planning. Research focused on the specifics of this resistance is recommended because it will assist current leaders to recognize, understand and address the issues. There is no one-size-fits-all approach to "loading the bases," but several succession planning strategies appear in the literature.

Sherrod (2006) has suggested an analysis of employee age and tenure to assist in determining how promotions and retirements affect the organization. It is important to note that leadership changes affect all members of an organization. A succession strategy focused on organizational and member needs is crucial, because staff members become anxious and uncertain when leaders move on (Bonczek and Woodard 2006). Corporate memory and contextual knowledge are lost when leaders leave, and the loss of hidden corporate wisdom is costly ("Developing Tomorrow's Leaders" 2005; Wahl and Bogomolny 2004). Identifying where leadership losses will occur and recognizing that leaders often take their knowledge with them is important in the planning process. Many companies do not feel the effects of this knowledge loss until it is too late. Organizations may want to consider developing a system for documenting this informal but valuable wisdom (Wahl 2006). Identifying the contextual knowledge held by all leaders, and developing the processes that will allow transfer of that knowledge to others, is crucial for nursing (Sherrod 2006).

Current leaders must become "talent scouts" and intentionally hire the best people (Beyers 2006). The best people have the skills and competencies specific to the organization, but they also have a propensity to lead, make decisions and see the big picture ("Developing Tomorrow's Leaders" 2005; Wahl and Bogomolny 2004). Present leaders must focus on recruiting, retaining and developing high-potential

employees (Coonan 2005) because great candidates are attracted to organizations that have a reputation for hiring the best (“Developing Tomorrow’s Leaders” 2005). This idea is positively tied to recruitment – who wouldn’t want to work with the best?

Involving young nurses in leadership development is important for retention, because younger, better-educated nurses may be motivated to leave even if job satisfaction is high (Ritchie et al. 2007). Nurses need to know that the organization recognizes and values their contributions and will provide opportunities for growth, development and promotion (McConnell 2006; Redman 2006). This is true in the business sector as well. According to Woolf (2006), younger employees are ambitious and impatient; they want responsibility and promotions, and they want to be trained for the job they will have two promotions from now. They will grow with the company they are in, or they will learn and grow elsewhere (Pooley 2007).

When younger candidates are not involved in the succession planning process, they often assume that the organization is looking outside for leadership replacement (Beeson 2006). Large corporations such as Colgate–Palmolive begin the succession planning process in the first year of employment (Charan 2005). This foresight is important for new employees because it assists them to recognize the corporation’s commitment to their professional growth and development. Leadership succession planning will not occur spontaneously, and young candidates should be identified and fast-tracked for leadership development (Mass et al. 2006). This recognition is necessary if organizations are going to have enough leaders prepared to replace key losses.

On average, leadership candidates will be five to 10 years younger than their predecessors, and they need to be targeted earlier in their careers (Wahl 2006). They are also more discerning, and because their numbers are smaller, they have more options than previous generations (Wahl 2006). Leadership candidates should be identified several levels down and brought up to speed by providing the education and training they need to round out their qualifications (Woolf 2006). Nursing leaders who provide development opportunities at all levels of practice will create their own leadership talent pools.

In order to be successful, leaders must work to develop the organization-specific tools needed to identify and prepare the future leaders of their teams. They can work to create practice environments where others can expect recognition, achievement and rewards (Bonczek and Woodard 2006), which also facilitate recruitment and retention in younger generations (Widger et al. 2007). Leaders can provide stretch-development projects that offer the opportunity to learn and test leadership skills (Wendler et al. 2009). Allowing employees to “try out” for the

leadership team and explore management roles in a safe and supportive environment increases engagement, and engagement is the key to nurturing and retaining the next generation of leaders (Woolf 2006). Encouraging and supporting nurses in the development of their non-clinical skills – such as oral and written presentations, writing for publication, interviewing and project management – assists them in honing their leadership skills (Lannon 2007). Providing employees with career-enhancing opportunities can increase work proficiency, organizational commitment and job satisfaction (Hackett 2006; Lannon 2007).

New and potential leaders also need to be allowed to fail occasionally and learn from their mistakes (Wahl and Bogomolny 2004) while developing an aptitude for increasing responsibility. First-line managers can engage and train staff nurses to cover the day-to-day unit operations when they themselves are scheduled to be unavailable. This strategy provides a learning opportunity while also freeing up other unit managers who would otherwise have to cover this position temporarily. The manager can then conduct a performance appraisal of the staff nurse and assist her or him in identifying strengths and weaknesses. Creating an environment where nurses can experience the “aha” moments will contribute to leadership development (Beyers 2006). Effective succession planning can provide career-launching opportunities and encourage young nurses to think about future leadership possibilities (Weiss and Drake 2007).

Nurse leaders should meet with all individuals in their employ to determine interest in future leadership roles, because not all employees are interested in formal leadership positions (Sherrod 2006). It is also important to be aware that high-performance clinicians, or those with long tenure, do not necessarily possess the attributes of a good leader (Bolton and Roy 2004). For example, a staff nurse with several years' experience may provide excellent direct care but have little understanding of the organizational structure or leadership roles. In addition, experienced employees are so good at what they do that they sometimes end up doing the work of those who should be reporting to them (Wahl and Bogomolny 2004). Care must be taken to develop those candidates identified for success, rather than those who are coincidentally prepared (Harrison et al. 2006).

In the past, many nurses came into their leadership roles by providence, but chance is no longer acceptable in today's complex healthcare organizations (O'Connor 2004). Seniority and being in the right place at the right time no longer constitute sufficient preparation, given the depth and breadth of knowledge and skill required for today's leadership roles. Furthermore, promotion as a means of rewarding loyalty, friendship and cooperation is not an effective leadership strategy (McConnell 2006). Healthcare organizations can learn from the corporate sector and move from seniority to merit as the basis for promotion

(Wahl and Bogomolny 2004). Although many healthcare organizations are unionized, leadership positions are often out of scope, thus negating the imperative of advancing the most senior employee. Strategic succession planning allows current leaders to create a “farm team” of leadership candidates (Beyers 2006). Planning for leadership succession will contribute to seamless leadership turnovers and transitions (Bonczek and Woodard 2006; Coonan 2005).

Finally, nurse leaders must recognize mentoring and networking as essential to successful succession planning. A lack of access to, and mentoring by, senior leaders is a significant issue (Mass et al. 2006). Mentors facilitate organizational socialization, provide coaching and increase exposure and visibility through the provision of networking contacts (Payne and Huffman 2005; Redman 2006). Coaching provides a considerable return on investment through increases in quality, productivity, service and employee satisfaction (Wahl and Bogomolny 2004). Networking encourages collaboration (Gillebrand et al. 2002) and is important because nurses’ roles cut across traditional boundaries (Nicholl and Tracey 2007).

Current leaders need to create opportunities for others to develop and expand their knowledge and abilities (Rodger 2006). Facilitation of discussion and education between and among formal and informal leaders should be a central component of leadership development. Nurse leaders of today should encourage participation by those who will lead tomorrow. For example, nursing leaders planning to attend leadership conferences should make every effort to provide interested nurses the opportunity to participate in this type of educational experience. Managers of staff nurses may need to plan well in advance for such experiences, in order to cover operational needs. Meeting and speaking with recognized “heavy hitters” can be a thought-provoking and inspirational experience. Networking further encourages professional support and assists in making successful professionals accessible to colleagues (Travers et al. 1997).

Conclusion: Get in the Game!

Current leaders must “get in the game” and “load their bases” in order to develop a skilled and knowledgeable “farm team” of future leaders. The ability of nurses to face the challenges of tomorrow depends on growth in nursing leadership (Rodger 2006). Canada, like other countries, is facing an impending shortage of nurse leaders (Laschinger and Wong 2007), and there is a need for well-prepared leaders who are capable of working in challenging environments (Redman 2006). Maximizing the leadership potential of every nurse is essential for professional practice and quality of care (CNA

2003). Leadership is a shared responsibility (CNA 2009), and assisting nurses to develop and nurture the leader within will provide the profession with the next generation of leaders.

Succession planning is important for healthcare organizations because what distinguishes vibrant, growing organizations from stagnant ones is the development of an environment in which many people can lead (McDaniel 1997). Organizations that focus strategically on building leadership capacity will reap the benefits in future (Lockwood 2006; McCallin et al. 2009). Succession planning provides leadership stability, is effective for recruitment and retention, and can increase job satisfaction, productivity and quality of service.

Nursing must pay attention to replacing experienced leaders before they leave by shifting the focus from hiring and training as needed, to succession planning for the future (Conger and Fulmer 2003; Coonan 2005). This strategy will ensure leadership continuity when vacancies occur (Sherman et al. 2007). A definitive strategic leadership succession plan will provide “on deck” nurses with the knowledge, skills, attitudes and competencies they need to step up to the plate and “bat a thousand” for their team, organization and profession.

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