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Healthcare Executive Leadership Development and Succession Planning

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This is to certify that the doctoral study by

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2017

Abstract

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MBA, Webster University, 1980

BSN, University of Maryland, 1976

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

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Abstract

Business leaders face leadership crises as executives from the baby boomer generation retire, creating a shortage of experienced and knowledgeable leaders. Some business leaders are unprepared for the replacement of retiring senior-level executives and lack strategies for succession planning. The findings of this study indicate succession planning and leadership development play a significant role in preparing future healthcare leaders in their ability to improve the quality of patient care and improve the strategic and financial health of the organization. Guided by the human capital theory the purpose of this multiple case study was to explore the strategies used by healthcare leaders for succession planning. The study consisted of interviewing the chief executive officers of 3 separate hospitals operating under a multihospital system located in south-central Texas. The data collection process included semistructured interviews and review of relevant organizational documents related to leadership development. Through methodological triangulation and employing Yin's 5-step data analysis technique of design, prepare, collect, analyze and share, several themes emerged as strategies for succession planning. The themes of executive coaching, leadership dyads, and leadership pipelines, ensure a new generation of emerging leaders have access to experienced leaders through coaching opportunities and allow physicians to co-lead a hospital and maintain a meaningful presence in patient care. Social implications of the study include prepared leaders to implement the ongoing healthcare reform in the United States, trained to improve the quality of care provided to patients.

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Dedication

I dedicate the study to healthcare executive leaders engaged in the challenge of influencing succession planning within their organization and ensuring positive social change. Your leadership acumen improves the quality of patient care, our healthcare systems, and our communities. I hope the recommendations strengthen your decision-making skills and illuminate your future paths in leadership development and succession planning.

Acknowledgments

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Section 1: Foundation of the Study

Business leaders are facing a myriad of issues as indicated by declining revenues, inferior clinical outcomes, a shrinking workforce, and an increasing aging population of healthcare executives (Booker, Turbutt, & Fox, 2016; Patidar, Gupta, Azbik, Weech-Maldonado, & Finan, 2016). Healthcare organizations face a leadership crisis as executives from the baby boomer generation prepare to retire, creating a shortage of experienced and knowledgeable leaders (Booker et al., 2016). Given the critical role of the senior executive leader, the need to identify and train successors is a concern in businesses (Meeks, 2015). Senior level executives bear significant responsibility for the decisions and actions of their organization, and senior executives are aging (Flatt, Harris-Boundy, & Wagner, 2013).

Background of the Problem

The impending change at the senior level position can signal uncertainty about the organization's future. Business leaders may find that they do not have the people with the skill sets they need and will hire executives from other industries (Booker et al., 2016). Organizations that implement leadership development for succession planning promote the continuation of business strength by preparing potential successors for critical executive-level leadership positions. Effective succession planning and executive leader development can enhance an organization's ability to achieve an orderly transition at the executive-level positions and the retention of talented future executives within the organization (Booker et al., 2016).

Problem Statement

Executive-level leaders from the baby boomer generation are gradually retiring, creating a shortage of experienced and knowledgeable leaders within healthcare organizations (Patidar et al., 2016). In 2020, approximately 50-75% of senior-level managers leading businesses will retire, exposing the vulnerability of these companies to stabilizing their leadership continuity with new executive-level leaders (Booker et al., 2016). The general business problem is that healthcare organizations are unprepared for the replacement of retiring healthcare leaders. The specific business problem is that some healthcare leaders lack strategies for succession planning.

Purpose Statement

The purpose of this qualitative multiple case study was to explore the strategies used by healthcare business leaders for succession planning. The objective of strategic business planning is to secure a competitive advantage to optimize an organization's performance (Dai et al., 2013; Grider et al., 2014). The population of the study included the chief executive officer (CEO) in three healthcare facilities located in south central Texas, who had experience applying executive leadership development and succession planning in their organizational strategies. The CEO is accountable for the business' vision, strategic direction, policies, communication, and corporate culture (Flatt et al., 2013). Characteristics of the study participant included reaching the age of retirement by the year 2020 and in the position of CEO for more than 2 years. As a change in the healthcare environment accelerates with the passage of the Affordable Care Act (ACA) in

2010, the role of the CEO becomes increasingly important (Meeks, 2015; Shay, Mick, & Garner, 2013). CEOs envision a higher quality of patient care, with reduced costs under the ACA (Shay et al., 2013).

Nature of the Study

I used a qualitative methodology for the study. Qualitative research is a systematic and subjective approach to explaining the life experiences of the study participant and gaining further meaning from the experiences (Khan, 2014, Imran & Yusoff, 2015). When conducting the qualitative study I observed the interrelationship between the study participants' experiences, especially with a detailed understanding of succession planning strategies as the objective. My qualitative inquiry was built on the insights of pragmatism, which is a reasonable and logical way of thinking about a problem or specific situation (Imran & Yusoff, 2015). While quantitative research contains valuable information, quantitative data does not provide enough information to determine how the succession planning strategies occurred in a healthcare system. Quantitative research involves either experimental or survey strategies of inquiry (Frels & Onwuegbuzie, 2013; Sarma, 2015). Experimental research determines if a treatment or intervention influences an outcome (Khan, 2014). Survey strategies provide a quantitative description of trends, or opinions of a population (Khan, 2014). The quantitative approach requires the use of closed-ended questions to test a hypothesis (Frels & Onwuegbuzie, 2013; Khan, 2014). Mixed methods research method is useful for addressing both quantitative-based and qualitative-based research questions simultaneously and can generate an over-reliance on the statistical data (Abro, Khurshid,

& Aamir, 2015; Frels & Onwuegbuzie, 2013). Statistics is the primary method of analysis in quantitative research and is not optimal for answering why and how questions prevalent in a qualitative approach (Frels & Onwuegbuzie, 2013; Khan, 2014; Sarma, 2015). The quantitative and mixed methods approaches did not align with the study because the purpose was to collect, analyze, and interpret data on the strategies used by healthcare chief executive leaders involving succession planning.

I employed a multiple case study design. In a multiple case research design, the researcher can apply inductive methods to understand better an issue that leads to inferences or generalizations (Houghton, Casey, Shaw, & Murphy, 2013; Garcia & Gluesing, 2013; Yin, 2014). The use of case study research captured the complexity and relevancy of the case over time (Frels & Onwuegbuzie, 2013; Garcia & Gluesing, 2013; Lawrence & Tar, 2013). Using a multiple case study approach provided insight into the experiences of the study participants and at the same time explored his or her views directly about the phenomena. Employing a multiple case study approach aligned better to my research than a phenomenological or qualitative descriptive study approach. The focus of a phenomenological study, also descriptive in nature, consists of the researcher describing the how, why, and what all the study participants have in common as it relates to a similar experience (Lawrence & Tar, 2013). It was not my intent to describe the incidence or prevalence of the phenomenon, thus employing a phenomenological design was inappropriate. A qualitative descriptive approach is useful in the testing of new methods when studying organizational change or in medical research (Frels &

Onwuegbuzie, 2013; Garcia & Gluesing, 2013; Yin, 2014). It was not the intent of the study to investigate an organizational change or the reaction to a medical phenomenon.

Research Question

The overarching central question for this research was: What strategies are healthcare business leaders using for succession planning?

Interview Questions

The following interview questions explored each study participant's experiences related to the overarching research question.

1. How do the executive leaders in your organization identify the leaders to include in succession planning initiatives?

2. What development opportunities do you make available to future leaders?

3. What strategies do you use for your succession planning initiatives?

4. How has your leader development strategies prepared future leaders to progress up the executive ladder within this organization?

5. How do the developmental experiences of your future leaders compare to your personal experiences?

6. How do you assess the effectiveness of your leadership development program activities?

7. How do the organization's succession planning efforts enhance the ability to achieve orderly leadership transitions within the organization?

8. What additional experience have you had?

Conceptual Framework

The conceptual framework used for this study was the human capital theory. Pioneers of human capital theory, Schultz and Becker, theorized the skills that an employee acquired on the job, through training and experience, increased that employee's value in the marketplace (Schultz, 1961). During the 1950s, the term human capital was demeaning because it treated people as machines (Becker, 1993). The research conducted by Becker in 1964 improved the concept of human capital and is an uncontroversial theory in the twenty-first century (Becker, 1993).

The focus of this study was on the strategies for development of the competencies and skills needed for executive-level leaders in healthcare and that such skills and expertise would benefit the organization in the long term (Dominguez, Galàn-Gonzàlez, & Barroso, 2015; Ntshoe & Selesho, 2014). Other contemporary thinkers of management, such as Peter F. Drucker and Chester I. Barnard, recognized the importance of studying executive leadership development (Drucker, 1955; Hurst, 2013; Novicevic, Zikic, Martin, Humphreys, & Roberts, 2013). Conceptually, leadership development for succession planning and its value to the organization are essential elements of this study. The concept of human capital theory arose from recognition of an organization's decision to invest in its people (Ntshoe & Selesho, 2014; Schultz, 1961).

Operational Definitions

Executive leadership development: A process to educate, and cultivate future leaders to fill executive-level positions (Grider, Lofgren & Weickel, 2014; Patidar et al, 2016). Criteria for the selection process included those leaders that employ sound

judgment and demonstrate the qualities and skills to execute organizational strategy (Grider et al., 2014; Patidar et al., 2016).

Healthcare system: A multihospital organization operating in the United States (U.S.) healthcare services industry (Grider et al., 2014)

Leader development: The building of human capital through the nurturing of individual-level skills and strategies to ensure an organization's survival in response to environmental instability, crisis, or major change (Ben-Hur, Jaworksi, & Gray, 2015; Longenecker, Longenecker, & Gering, 2014).

Leadership networks: Conceptualized as cooperative systems where leadership acts as an unseen integrative mechanism and each division and group has its own leaders (Kriger & Zhovtobryukh, 2013). Each hospital within a healthcare system has its own leadership network.

Star: The CEO is the main locus of strategic leadership in an organization. For the purpose of this study, the star has the overall responsibility of organizational decisions and actions (Flatt, Harris-Boundy, & Wagner, 2013). The star tends to be consultative and highly participative in their willingness to share power and control with others beneath them (Kriger & Zhovtobryukh, 2013).

Succession planning: A strategic approach in business to prepare next-level leaders to take over critical executive-level positions (Patidar et al., 2016). The process ensures that the essential knowledge, skills, and talent are available within an organization when a vacancy occurs at the executive-level position (Booker et al., 2016; Gandhi & Kumar, 2014).

Assumptions, Limitations, and Delimitations

Assumptions, limitations, and delimitations strongly affected selection of the

research method and influenced the study design for this study. Expected were certain

attitudes and constraints because senior level executive availability, willingness, or

motivation to participate in the study. The following sections include these assumptions,

limitations, and delimitations.

Assumptions

Assumptions are the unproven beliefs about the proposed research (Frels &

Onwuegbuzie, 2013). The assumptions of this study were to accept standards of research

methods and reporting broadly. Assumptions shaped the formulation of the business

problem and research questions for this qualitative study (Frels & Onwuegbuzie, 2013).

The three assumptions for this multiple case study were (a) the healthcare leaders had a

succession plan, (b) the leaders would answer the semistructured interview questions with

genuine interest and honesty, and (c) the healthcare leaders had identified qualified

potential leaders who possessed the knowledge capacity for future executive-level

positions. The findings of the study affirmed that succession planning happened

naturally because of the need to fill a position without an actual written plan to follow.

Last was an assumption that the CEOs would have identified qualified potential leaders

who possess the knowledge capacity for future executive-level positions (Grider et al.,

2014). The fundamental consideration for identifying qualified potential future leaders

within the organization occurred by building internally effective leadership development

programs making it easier to manage ambiguity, change, and the other challenges of leadership.

Limitations

A limitation is a characteristic over which the researcher has no control, which may influence or challenge the validity of the results of a given study (Poortman & Schildkamp, 2013). The study participants did not withhold or opt not to disclose essential information as a matter of business confidentiality. A significant strength of case study research was the opportunity to use many different sources (Yin, 2014). The multiple sources of evidence required for this case study were not restricted because of study organization policy.

Delimitations

The delimitations of qualitative research consist of the characteristics that arise from defining the boundaries of the study (Frels & Onwuegbuzie, 2013). The purpose of this qualitative case study was to explore how leaders in healthcare apply strategies with succession planning. I used a small census sample that included 100% of the study population. The study population involved interviewing only the CEO of the three hospitals selected for the study and not the hospital administrator of the multihospital system.

Significance of the Study

Since 2000, healthcare organizations have undergone a multitude of structural changes in different areas that have focused on financial resources, clinical operations, and providing quality patient care (Chandra, Holmes, & Skinner, 2013). The challenges

concerned with addressing the increased use of financial resources forced politicians and top administrative executives to develop new processes to control healthcare finances and organizational performance, to the detriment of patient care (Chandra et al., 2013). As changes in the healthcare environment accelerate, the role of the senior executive leader becomes increasingly important (Hooijberg & Lane, 2016; Meeks, 2015). The multiple complexities that create leadership opportunities and dilemmas are shaping contemporary healthcare leaders (Hooijberg & Lane, 2016; Meeks, 2015).

Contribution to Business Practice

Understanding how business leaders developed their skills on the job provided relevant knowledge and insight in designing effective executive-level leadership succession planning programs. Healthcare organizations that harnessed the strategies for improving or developing leadership and succession planning programs leveraged the intellectual capital of the talented internal leaders needed to retain for future growth. Skill acquisition and succession planning were an intrinsic value to the organization (Grider et al., 2014). Healthcare leaders that implemented executive leadership development programs (ELDPs) identified, equipped, and cultivated the potential leaders within the organization brought about the desired transformation and contributed to a positive social change (Grider et al., 2014). Prepared leaders better understood the barriers to effective organizational improvement and maintained the economic solvency of the organization. Healthcare leaders play a significant role in health reform.

Continuous change is a reality within the global business community as the world and economy struggle to face fiscal reality (Chambers, 2013; Patidar et al., 2016).

Companies around the globe are struggling to remain profitable and competitive in an ailing economy (Chambers, 2013). As a result, executive leader succession planning lies at the heart of organizational performance and competitive advantage. Across industry sectors, succession planning and leadership development are crucial. A significant driver of value in organizations is the shift to a knowledge economy that makes the knowledge, skills, and competencies of senior level executives a competitive advantage (Joe, Yoong & Patel, 2013; Platonova, Hernandez, & Moorehouse, 2013). The study participants helped identify new strategies other leaders can apply to their business that preserve the organizational culture, minimize disruption, and sustain competitive advantage.

Implications for Social Change

The positive social change of the study include prepared leaders to implement the ongoing healthcare reform in the United States, trained to improve the quality of care provided to patients. Historically the changes in the United States healthcare delivery system are criticized as slow and ineffective in responding to the changes necessary for rapid performance improvement (Longenecker et al., 2014; Platonova et al., 2013). The passage of the Affordable Care Act (ACA) in 2010 represented a fundamental and an efficient method to reform the United States healthcare delivery system (Shay, Mick, & Garner, 2013). Expanded health service coverage would result in measureable improvements in the health status of both individuals and populations (Fox, Galea, & Grogan, 2017). Healthcare leaders envisioned a higher quality of patient care, with reduced costs.

Healthcare leaders can reap operational efficiencies, eliminate service duplication, and convert underused patient capacity under healthcare reform (Laugesen & France, 2014). The ACA will increase the number of Americans with health insurance by creating public programs and changing insurance rules (Shay et al., 2013). The impact of the ACA is not yet fully known, particularly from the cost-saving effects that Accountable Care Organizations (ACOs) may generate (Chandra et al., 2013; Shay et al., 2013). An ACO is a healthcare organization characterized by payment and care delivery model that seeks to tie government reimbursements for patient care to quality metrics (Chandra et al., 2013; Shay et al., 2013).

A Review of the Professional and Academic Literature

A review of professional and peer-reviewed academic literature grounded this doctoral study. The literature review included both current and seminal sources that added insights to the topic and drew on historical leadership development perspectives dating back to 1955. The discussion included what theorists and other researchers had already observed about the strategies used by healthcare and other business leaders to develop future executive-level leaders for succession planning purposes. I conducted a web-based review utilizing the multiple databases provided by Walden University library services. The database searches consisted of reviewing scholarly articles and peer-reviewed journals utilizing EBSCO Host search engine, ABI/INFORM Global, Business Source Complete, ProQuest, and Google Scholar. EndNote, reference-management software assisted in organizing the various bibliographies and references reviewed for the proposal. The keywords used to establish the foundation for this study included, baby

boomer generation, business management, education, executives, healthcare, human

capital, human resources, knowledge transfer, leader and leadership development,

succession planning, attrition, and talent retention. The review included 105 articles and

books, 87.37% of the literature sources were peer-reviewed. Eighty-seven percent of the

total sources were peer-reviewed with a publication date 5 years or less from my

anticipated study completion date of September 2017 and chief academic officer (CAO)

approval (see Table 1).

Table 1

Professional and Academic Literature Review Sources

Reference Types	Number of references	References with a date 5-years or less from anticipated date of completion and CAO approval (2013-2017)	Percentage of references with a date 5-years or less from anticipated date of completion and CAO approval	Number of references older than 2013
Peer-reviewed Journals	103	90	87.37%	13
Books	1	1	100.0%	0
Other	1	1	100.0%	0
Total	105	92	87.61%	13

In the sections that follow, I present the findings of my literature review that

included the seminal research of Becker (1993), Drucker (1955), and Schultz (1961) in

human capital, management, and leadership development theories practical in the real

business world. A challenge for the 21st-century competitive healthcare industry is to

identify, recruit, and retain high-quality leaders (Novicevic, Zikic, Martin, Humphreys, &

Roberts, 2013; Oyler & Pryor, 2009). An aging executive-level workforce, global

competition, and new knowledge have forced organizational leaders to examine and re-

evaluate how they manage, operate, and develop their future leaders (Broscio, 2014; Deaton, Wilkes, & Douglas, 2013; Forster-Holt, 2013). The literature review included perspectives of the human capital theory in organizational economics and leadership that dated back to the foundational works of Barnard in 1938, Schultz in the 1960s, and Becker in the 1990s. The sources included in the literature review provided content on strategies used by healthcare business leaders for succession planning as related to the business problem.

Conceptual Framework-Human Capital Theory

The conceptual framework for this study was the human capital theory. A focus of leader development research was in human capital (Sandonà, 2013). Until the late 1950s, theorists, such as Becker, Friedman, Marshall, Smith, and Schultz assumed that labor power was not augmentable (Becker, 1993). The concept of human capital before the 1950s was demeaning because it treated people as machines (Becker, 1993). Human capital is uncontroversial in the twenty-first century and is a primary focus of leader and leadership development for succession planning strategies (Becker, 1993). Several pioneers made contributions linked to the human capital theory that theorized the skills an employee acquired on the job, through training and experience, increased that employee's value in the marketplace (Becker, 1993; Schultz, 1961). Becker and Schultz proposed a rationale for the positive correlation between age and earnings with the human capital theory (Sandonà, 2013). Drucker's theories in the field of modern organizations and management practice continue to have significant applications in current business practices (Drucker, 1955; Hurst, 2013). Drucker was a prolific writer

but not an organizational scholar (Oyler & Pryor, 2009). Hurst, Oyler and Pryor suggested that Drucker's writings were too practical. Drucker provided creative, entrepreneurial, and flexible objectives in his teachings (Hurst, 2013). Drucker had some powerful insights and understanding of the influence that leaders had in management and organizational structure (Oyler & Pryor, 2009).

Schultz (1961) pioneered the exploration of the implications of human capital investment from an economic growth aspect and introduced the perspective human capital comprises skills, knowledge, and abilities to maximize earnings. Schultz postulated that human capital included the skills, knowledge, and abilities that enabled individuals to maximize earnings, businesses to maximize profits, and nations to maximize wealth (Sandonà, 2013). Economists identified individuals as an important part of the wealth of the nation (Sandonà, 2013). Directing expenditures on education and health to take advantage of better job opportunities constituted an investment in human capital (Schultz, 1961). Schultz saw a direct correlation between low income and inadequate educational preparation and considered an investment in any form of education as a financially sound decision. Schultz emphasized the importance of investments in human capital as major contributors to economic growth. The pioneering contributions of neoclassical human capital theorists, Becker, Heckman, and Mincer, described the monetary investment made in individuals as lasting throughout life (Sandonà, 2013).

Becker's contributions to the human capital theory provided some central insights about the relationship between education and earnings (Becker, 1993). The productivity

of people can change with investments in education, skills, and knowledge (Becker, 1993). Becker advanced the theorem that workers in competitive markets paid for the costs of any education and training. The theory favored the transfer of on-the-job training to attending school (Becker, 1993). The theory of human capital investments related to inequality in earnings to differences in talents, family background, and differences in schooling and training (Becker, 1993).

One of Becker's (1993) influential theoretical concepts in the exploration of human capital theory was in the distinction between firm-specific and general knowledge. Firm-specific knowledge was useful only in the business settings providing firm-specific knowledge (Becker, 1993). An example of firm-specific knowledge consists on learning the authority structure and the talents of employees in a particular company (Becker, 1993). In contrast, teaching someone how to operate a piece of equipment describes general knowledge (Becker, 1993). Understanding the distinction between the two helps to explain why workers with highly specific skills were less likely to quit their jobs (Becker, 1993). The distinction also explained why a majority of employee promotions was made internally within a business rather than recruiting from outside of the company to replace employees (Becker, 1993). The concept of firm-specific knowledge is applicable to executive-level positions in an organization

Heckman (1998) asserted that human capital is a powerful utility partly influenced by an individual's family history, workplace, and class. The failure to treat human resources explicitly as a form of capital fostered the retention of the notion of labor as a capacity to do manual work requiring little knowledge and skill (Schultz,

1961). The human capital concept of Heckman's work was wrong in the 1950s and is patently wrong in the twenty-first century (Becker, 1993; Sandonà, 2013). Workers have become capitalists through the acquisition of knowledge and skills that have economic value. Human capital constitutes people's abilities, skills, talents, and experiences making them economically productive (Becker, 1993; Sandonà, 2013). Human capital is the combined knowledge, skills, and abilities that employees possess and are as important as an organization's innovation and development (Platanova & Hernandez, 2013; Sandonà, 2013).

The 21st century is an era of chaos, globalization, diversity, advanced technology, and hyper-competition in the healthcare industry (Longenecker et al., 2014). Healthcare executives are facing changes of unprecedented magnitude affecting their ability to compete (Longenecker et al. 2014; & Muczyk & Adler, 2014). The changes range from new government policies, advanced technological breakthroughs, and cost containment efforts. Organizational leaders are in search of new sources of revenue to address leadership development, talent shortages, and human resources issues (Hauser, 2014; Longenecker et al., 2014). As a result, Drucker's (1955), and Barnard's contemporary views and human capital theory set the foundation for this study. The conceptual framework used in this study, human capital theory, lead to a better understanding on how executive-level succession planning ensured leadership continuity. Leadership development and succession planning were the strategies that executives used to develop future leaders (Desir, 2014; Patidar et al., 2016). A common theme throughout the literature described succession planning as the selection and training of internal

employees for key leadership positions primarily perceived as talent management (Desir, 2014; Gandhi & Kumar, 2014).

There were three identifiable components of the human capital theory. The components included: (a) early ability, (b) qualifications and knowledge acquired through formal education, and (c) skills, competencies, and expertise acquired through on the job training (Ntshoe & Selsho, 2014). The first component of human capital arose from the recognition that business owner's early decisions to invest in an individual for more education or training were similar to making any other necessary business investment (Ntshoe & Selsho, 2014). The second component involved investing in an individual's formal education. Offering tuition reimbursement to employees, or reducing workloads during training periods, is a human capital investment from which the business hopes to gain a return in the future through increased productivity. The third component described human capital investment as an investment that the net rate of return is higher than the market rate of interest (Ntshoe & Selsho, 2014).

The researchers of the human capital concept found that the skills a leader acquired on the job through training and experience increased that leader's value. Leadership development programs have become an increasing priority among business executives with an urgency to develop future leaders to sustain long-term effective leadership practices and high organizational performance (McAlearney, 2010). Succession planning is a process assisting organizations in preparing for the leadership change. Executive succession planning is an area of significance for organizations of all types and sizes. The focus of this proposed study was on the development of the

competencies and skills needed for executive-level leaders in healthcare and the belief

that such competencies and skills would benefit the organization in the long-term (Ntshoe

& Selesho, 2014). Purpose driven executive development occurring across several

sectors of business, with skill acquisition and succession planning, are benefitting the

organizations (Grider et al., 2014; McAlearney, 2010). A growing number of healthcare

systems are making human capital investments in the implementation of executive

leadership development programs (Grider et al., 2014). Executive leadership

development seen as a competitive advantage enabled healthcare organizations to meet

the challenges of a fast-changing industry and at the same time valuing the skills and

knowledge of its leaders (Arik & Dunne, 2014; Grider et al., 2014).

Within the healthcare industry, multihospital systems can experience executive

leadership development challenges because of their size and complexity (Schuller et al.,

2015; Vaughn et al., 2014). Without leadership development, succession planning, and

talent management processes in the healthcare industry, leadership positions could go

unfilled (Schuller et al., 2015; Wang & Yang, 2015). Human capital is a prudent

investment and has become a distinctive feature of the economic systems (Sandonà,

2013; Schultz, 1961). Leadership is human capital; not owned by an organization and

vanishes when long-term employees or senior leaders leave the organization (Sandonà,

2013). The focus on investing in human capital and the development of competencies

and skills of people may benefit an organization in the long term (Nitshoe & Selesho,

2014).

A shortage of leadership talent is a concern in an era when the capabilities of knowledgeable leaders are a key constraint to business growth (Ben-Hur et al., 2015). The significance of CEO involvement in driving support for leadership development and senior executive training is critical (Ben-Hur, Jaworski & Gray, 2015; Florea, Cheung, & Herndon, 2013; Wang & Yang, 2015). General Electric's CEO participated directly in every executive leadership development program for over 30 years (Ben-Hur et al., 2015). The personal involvement of the CEO signaled the company's commitment and credibility to executive leadership development (Ben-Hur et al., 2015).

Executive-Level Leadership Development

Research about leadership development traced back to the works of Drucker and Barnard (Novicevic et al., 2013). Barnard, the first classical management thinker, recognized the importance of studying executive leadership in 1938 (Novicevic et al., 2013). Barnard recognized the importance of studying executive leadership development and bridged the gap between management and leadership (Novicevic et al., 2013). Barnard's conceptualization of executive responsibility overlapped with a contemporary conceptualization of responsible executive leadership (Novicevic et al., 2013). Drucker considered the father of modern management, contended the prime purpose of leadership development was to grow people and open them to new experiences (Drucker, 1955; Hurst, 2013). Researchers examining the human capital framework showed that businesses do not publicly disclose investments in human capital, such as training and development expenditures, in their annual reports (Lajili, 2012). Leadership development programs have become a priority among business executives, paying

attention to the development of their future leaders to sustain long-term effective leadership practices and high organizational performance (Schuller, Kash, & Gamm, 2015). Creating a development process that incorporates the knowledge and capabilities unique to the business allows the business leader to cultivate future leaders. Implementation of succession planning practices supports organizational culture and strategic leadership practices (Schuller et al., 2015).

Across the United States business sector, the term of organizational change encompassed a set of theories and strategies aimed to enhance human capital management and performance outcomes (Lajili, 2012; Schuller et al., 2015). Multiple researchers explored the relationship of organizational change with effective leadership development (Dai, DeMeuse, & Tang, 2013: Laugesen & France, 2014; Mehrabani & Mohamad, 2015; Schuller et al., 2015). Mehrabani and Mohamad (2015) examined a leadership skills development model and measured its effect on organizational effectiveness. Lacking from the researcher's study was any meaningful relationship between leadership skills development and organizational effectiveness outcomes. The foundation that builds leader development is the cognitive, socio-emotional, and behavioral skills (Cangemi, Burch, & Miller, 2015; Dai et al., 2013). Organizations should provide leaders with a variety of developmental experiences to prepare managers for future executive-level positions (Dai et al., 2013). Leader development, an ongoing process of personal human capital development, is an aspect of leadership development (Laugesen & France, 2014). The distinction between leader development and leadership development programs are leader development focuses on the development of human

capital and rests primarily at the individual level (Mehrabani & Mohamad, 2015; McCallum & O'Connell, 2009). Leader development builds self-awareness, self-regulation, and self-motivation capabilities (Mehrabani & Mohamad, 2015). Leadership development emphasizes the development of social capital and expands on relational, interpersonal, and social awareness skills (Mehrabani & Mohamad, 2015). While both human and social capitals are important, they affect organizations differently (McCallum & O'Connell, 2009; Mehrabani & Mohamad, 2015).

Human capital encompasses the necessary physical and mental capabilities allowing individuals to function within a given economy and society (Witte, 2014). Although many factors determining human capital are beyond the control of a person, low or high human capital is not destiny and boosted by personal factors, such as family, educational philosophies, affluence, personality, and exceptional educational systems (Witte, 2014). Social capital encompasses a broad range of behaviors within groups and between groups (Witte, 2014). Social capital includes the ability to accept diverse members of a functional team and influences industry regulatory mechanisms (Cangemi, Burch & Miller, 2015; Witte, 2014). Applying social capital mobilizes the people skills necessary to associate and generate new customers and supplier networks (Cangemi et al., 2015; Witte, 2014). Rewarded with higher salaries, career prospects, and recruitment opportunities are the individuals and groups with high social capital (Witte, 2014).

Hargis, Watt, and Piotrowski (2011) explored the importance of the multifactor leadership theory (MLT) in developing leaders. The MLT encompassed a range of leader behaviors including transformational, transactional, and laissez-faire leadership (Hargis et

al., 2011). The MLT focused on leader behaviors, developed through training and

learning (Hargis et al., 2011). The essential elements identified for effective leadership

development included aligning leadership competencies with business strategy

(Goldman, Scott, & Follman, 2015). Additional investments in human capital included

recruiting, identifying, and developing future talent; succession planning, and evaluating

the efficacy of leadership development initiatives and programs (Hargis et al., 2011).

Direct expenditures on education and internal leadership development programs to take

advantage of better job opportunities were other clear examples of human capital

investment (Schultz, 1961). Also addressing the roles and functions of leader

development, Kriger and Zhovtobryukh (2013) explored a model of strategic leadership

based on four generic forms: (a) stars, (b) leadership networks, (c) clans, and (d) teams.

The intent of Kriger and Zhovotobryukh's (2013) work was to combine leadership and

strategic management research that applies to multiple levels of a business and various

types of organizations. Star employees were effective in small or medium-sized

businesses when internal complexity was low, and the external environment was calm

(Kriger & Zhovotobryukh, 2013). Stars were willing to share power and control with

others when the workplace became chaotic internally and turbulent externally (Kriger &

Zhovotobryukh, 2013). When stars were in control and the workplace environment was

turbulent, stars required assistance from other leaders with a different set of skills, and

competencies in areas of higher knowledge (Kriger & Zhovotobryukh, 2013).

Leadership networks provided an alternate option in strategic leadership function using a

group of individuals rather than any particular person or star.

Corporate executives form the network of leadership for an organization (Kriger & Zhovotobryukh, 2013). Businesses that apply this model of leadership development included design, development, manufacturing, and service industries, such as airlines and newspapers (Kriger & Zhovotobryukh, 2013). Leadership networks do not imply participative leadership or group decision-making groups (Kriger & Zhovotobryukh, 2013). Iconic leaders such as Steve Jobs with Apple, Inc. and Harold Geneen with ITT formed a complex network of leadership for their organizations. Some of the individuals in these leadership systems join other agencies and further develop leadership networks in the new organizations (Kriger & Zhovotobryukh, 2013). Leadership networks have a finite number of individuals with several links.

In contrast to stars and leadership networks, clans and teams in strategic leadership models characterized by the distributed leadership at the top of the organization and its centralization down the organizational hierarchy (Kriger & Zhovotobryukh, 2013). Clans functioned as separated units of the firm whose members had a sense of kinship based on shared background, functions, norms, values, and culture (Kriger & Zhovotobryukh, 2013). Teams operated below the top of the hierarchy of different units. The leader-follower roles in teams shifted dynamically during periods of business crisis and team members possessing the most relevant information, and expertise emerged as the leaders. Kriger and Zhovotobryukh (2013) considered stars, leadership networks, clans, and teams as alternate means to transact human and social capital resources.

Entering the leadership field from a delimited perspective was executive leadership development in nonprofit organizations (Kearns, Livingston, Scherer, & McShane, 2015). The descriptions of three broad sets of leadership skills that included: (a) technical expertise, (b) interpersonal/social skills and (c) conceptual skills led to a emphasis on the leadership skills used by executives to perform their leadership duties. The exploratory study suggested that CEOs of nonprofits apply many skills that can be taught and some that can only be acquired and learned through experience (Kearns et al., 2015). Leadership development programs proved to be effective in training and developing leaders across industries (Grider et al., 2014; McAlearney, 2010; Yap & Webber, 2015). In healthcare organizations, leadership development programs had the potential to disseminate a common organizational culture, improve patient safety, and increase patient and employee satisfaction (McAlearney, 2010; Kearns et al., 2015). McAlearney (2010) used a mixed method approach to collect data on the establishment, organization, content, process, evaluation, and evolution of executive leadership development programs in United States. Fifty-three of the 104 responding health systems in the United States reported having formal executive leadership development programs (McAlearney, 2010). Healthcare systems benefitted with the existence of leadership development programs (Grider et al., 2014: McAlearney, 2010).

In 2000, United States businesses were spending $50 billion dollars a year on leadership development with focus directed at developing the capabilities of individual leaders (McCallum & O'Connell, 2009). In 2012, the amount spent on training by businesses in developed economies had reached $400 billion (Ben-Hur et al., 2015). The

2014 Corporate Learning Factbook report indicated the United States spent $70 billion

on leadership development and training and $130 billion worldwide (Ben-Hur et al.,

2015). Spending on leadership development in 2014, the highest it has ever been (Ben-

Hur et al., 2015). Another indicator of an organization's investment in leadership

development programs parallels a growing economy. Schultz (1961) theorized that the

acquisition of skills and knowledge as a form of human capital, and its growth was the

most distinctive feature of the economic system. Investment in human capital explains

the increase in leadership development programs in the United States. A review of the

literature indicated that leadership development programs in healthcare were growing in

popularity (Grider et al., 2014; McAlearney, 2010; Schuller et al., 2015). Healthcare

organizations' investment in leadership development programs was more prevalent in

large and system-affiliated hospitals than in smaller, non-system-affiliated facilities

(McAlearney, 2010; Schuller et al., 2015). Business leaders recognized the value of

tailored developmental opportunities, such as executive coaching and leadership

development strategies (Gan & Chong, 2015). Coaching was an effective leadership

development tool used by organizations to support recently promoted executives

(Terblanche, Albertyne, & Van Coller-Peter, 2017). Executive coaching described as a

short-term process occurred when an experienced senior-level-leader mentored a new

executive aimed at improving leadership effectiveness (Terblanche et al., 2017).

Enhancing leadership knowledge, skills, and practices improve leader efficiency and

provided stability in staffing and organizational succession planning (Gan & Chong,

2015; Schuller et al., 2015).

Healthcare executives do not receive all the formal training and development they need to run an organization (Landry & Hearld, 2013; McAlearney, 2010). Evidence found in a study conducted by Landry and Hearld completed by 492 United States healthcare executives and executive-track employees indicated the availability of a variety of workplace learning opportunities. More emphasis on the development of director and manager level employees would further enhance the talent pool for executive-level leadership in United States hospitals (Landry & Hearld, 2013). The lack of formal training and development were a significant and particular concern for healthcare organizations. The ability of healthcare leaders to respond to the rapidly changing healthcare environment was dependent upon the leadership, knowledge, and capabilities of those leading the transformation (Grider et al., 2014). The role of physicians in leadership positions within healthcare systems changed in the 21st century (Kaplan & Gingrass, 2017). Physicians elevated into senior level management positions mainly because of their clinical proficiency (Kaplan & Gingrass, 2017). Making decisions about the vision and strategy of the organization required more than clinical experience, and the demand for experienced and capable physician leaders outpaced the supply needed (Kaplan & Gingrass, 2017). Physician leaders must demonstrate a balance of clinical expertise, business acumen, strategic thinking, and pragmatic decision-making (Kaplan & Gingrass, 2017). Few physicians receive training in business and leadership skills (Kaplan & Gingrass, 2017). To address the lack of business and leadership training for physicians, professional associations and health systems created leadership development programs to prepare the next generation of physician leaders.

A survey of Fortune 500 executives showed that competent global leaders were a key factor in business success (Muczyk & Adler, 2014). Eighty-five percent of the executives surveyed did not think they had an adequate number of competent global leaders (Muczyk & Alder, 2014). The contemporary business environment was one of constant change, and the financial outlook for healthcare systems was not promising (Muczyk & Alder, 2014). Several researchers examined factors that affect the financial and nonfinancial performance of healthcare organizations (Longenecker, Longenecker, & Gering, 2014; Patidar, Gupta, Azbik, Weech-Maldonado, & Finan, 2016). The financial reasons that some healthcare businesses fail were from low patient occupancy, a small return on investment, and lack of affiliation with a multihospital system (Lui et al., 2011). One hundred sixty-seven executives from four Midwest community hospitals identified more than 20 different nonfinancial factors that cause healthcare businesses to fail (Longenecker et al., 2014). Weak leadership to include poor implementation planning by leaders, ineffective leadership, and lack of time were the leading cause of healthcare bankruptcies (Longenecker et al., 2014; Lui et al., 2011).

From an organizational perspective, several researchers suggested that leadership affects organizational performance (Booker et al., 2016; Humphries, Stafinski, Mumtaz, & Denon, 2014; Pearce, Manz, & Akanno, 2013). Clinical, financial, and operational performance links to the leadership practices of hospital leaders. A variety of environmental forces, such as declining reimbursements, increased competition among healthcare systems, and staff turnover have combined to create significant challenges for hospital leaders (Booker et al., 2016; Humphries et al., 2014). Within healthcare,

multihospital health systems are creating programs to develop future executive-level

leaders of their organizations (Grider et al., 2014). The results of research conducted by

McAlearney (2010) included the number of active executive leadership development

programs in the United States, their general structure, and outcome measures. A limiting

factor in McAlearney (2010) research was tracking the experiences of the executives who

participated in the executive leadership development program and its impact on the

healthcare organizations studied. Since 2010, several researchers have addressed

executive leadership development programs with an emphasis on the learning agility of

executives and the development of leadership skills (Ben-Hur et al., 2015; Dai, DeMeuse,

& Tang, 2013; Goldman et al., 2015; Grider et al., 2014). The research conducted by

Ben-Hur et al. emphasized the importance of aligning corporate learning and the

important evolution of the senior leaders directly to the business strategies. The

organization's educational goals align with what works best for the business (Ben-Hur et

al., 2015).

A changing economics in the era of healthcare reform in the United States have

healthcare businesses focusing significant resources on developing Accountable Care

Organizations (ACOs) and medical homes (Shay et al., 2013). The attempted health

reform law of the 1990s addressed the idea of assigning accountability to healthcare

organizations for their quality care (Shay et al., 2013). Economic trends, combined with

healthcare reform are requiring health systems to take significant cost out of their systems

to maintain positive financial performance (Shay et al., 2013). Accountable Care

Organizations are alliances of providers, responsible for managing the full continuum of

care for the patients within their provider network (Shay et al., 2013; Hayek, Bynum, Smothers, & Williams, 2014). ACOs collaborate to improve the quality of patient care and reduce the costs for patients. The concept of ACOs is not new among healthcare organizations. In 1990, the business entity responsible for addressing provider payment was the health maintenance organizations (Shay et al., 2013). The most notable difference in the twenty-first century between the responsibilities of ACOs and health maintenance organizations is the cost-savings component (Shay et al., 2013). ACOs must address both provider payment and delivery system reform (Shay et al., 2013).

Healthcare organizations have the objectives of maintaining economic solvency, generating cash flow for capital expansion and providing high-quality patient care. For hospitals, typically paid for volume, the more services offered, the higher the payment received. The ACA moves payment away from volume to placing more emphasis on the value of services and health outcomes (Fox et al., 2017; Shay et al., 2013). As healthcare system, executives respond to this reform, they need to take significant cost out of their systems to maintain positive financial performance (Shay et al., 2013). Transforming a healthcare system can be expensive. Few healthcare organizations have the culture or the expertise to implement a cost-reduction effort of this magnitude. The changes required during this transformation period will require business leaders to sustain the on-going positive results. The effect of healthcare reform was negatively affecting various healthcare systems' abilities to implement executive leadership development and succession planning programs (Booker et al., 2016; Shay et al., 2013).

Succession Planning

Human capital is a valuable asset of businesses. Employees, as members of an organization, contribute their services, time, and effort to the organization in return for incentives offered by the organization (Lajili, 2012). A proven method of human capital management in various business sectors was a system of succession planning and talent management (Kearns, Livingston, Scherer, & McShane, 2015; Patidar et al., 2016). Executive succession planning describes the selection of internal employees for key leadership positions and is an area of significance for organizations of all types and sizes (Desir, 2014; Booker et al., 2016). Succession planning is a strategic approach to ensure that talent and skills will be readily accessible when employees in critical positions leave (Gandhi & Kumar, 2014). Business leaders execute succession plans for some jobs considered the lifeblood of an organization and should not be left vacant (Desir, 2014; Gandhi & Kumar, 2014). A shrinking availability of new talent and an aging workforce are among the factors contributing to organizational leaders looking at executive succession planning as a solution (Kearns et al., 2015; Patidar et al., 2016). The roadmap of an executive leadership development program grounded in succession planning can anchor an organization's strategic plan, given the organization's size and resources (Gandhi & Kumar, 2014).

Succession planning is the drive to employ high potential individuals for different leadership positions with the purpose to maintain quality leadership for the future (Desir, 2014; Patidar et al., 2016). Planned successions comprised the majority of studies conducted on CEO changes, followed by executives dismissed, and other employees

moved out after mergers and acquisitions (Flatt et al., 2013). Succession planning

involves the development of leadership capabilities with a focus on change and teamwork

(Patidar et al., 2016). In business, succession planning is a deliberate and systematic

process of mentoring, coaching, and grooming individuals inside the organization

(Patidar et al., 2016). Organizations' studied with succession-planning programs; some

did not have an adequate pool of successors for key positions, to include the CEO

position (Booker et al., 2016). Despite its value to business, succession planning

remained underutilized by hospitals and health systems for growing internal leadership

(Booker et al., 2016; Patidar et al., 2016).

Among the 5000 hospitals in the United States, 3100 are part of healthcare

systems (Laugesen & France, 2014). There was a significant difference in the way for-

profit, and nonprofit healthcare systems addressed the succession planning process

(Santora, Sarros, Bozer, Esposito, & Bassi, 2015). The bottom line guided for-profit

systems in their decision-making, allowing the succession planning protocols to be

strategic, and focused (Santora et al., 2015). Formal succession planning was associated

with higher financial performance (Patidar et al., 2016; Santora et al., 2015). By

comparison, the succession planning process to plan for an executive successor was a low

priority for some nonprofit healthcare systems (Kearns et al., 2015; Santora et al., 2015).

The task of implementing a succession-planning program was time and resource

consuming (Booker et al., 2016). Financial barriers prevented some healthcare systems

with a poor financial performance from incorporating stellar succession planning

programs as compared to the systems with better economic conditions (Santora et al., 2015; Booker et al., 2016).

The implementation of succession planning practices may dramatically influence two primary outcomes, organizational change, and performance. Corporate boards manage CEO succession as a primary function (Dominguez-CC & Barroso-Castro, 2017). The board of directors wants to know the leaders ready to fulfill the CEO role, which leaders are on the right path for promotion to a CEO position, and who to expect to be available later (Dominguez-CC & Barroso-Castro, 2017). The incumbent CEO must play a leading role in an organization's succession planning processes (Flatt et al., 2013).

The sustainability of an organization requires the succession of prepared leaders to fill key executive positions (Santora et al., 2015). When adequate succession planning occurred, businesses experienced a smooth, well-orchestrated transition and avoided change issues (Simoneaux & Stroud, 2014). The focus of the research on CEO succession by Flatt et al. (2013) concentrated on the organization's reputation when a change occurred at the senior executive-level position. Succession-planning events often signal a significant turning point in an organization (Booker et al., 2016; Flatt et al., 2013; Patidar et al., 2016). The turnover rate of CEOs employed in the healthcare industry increased from 14% in 2005 to 18% in 2014, indicating the need for hospitals to identify executives to facilitate a smooth transition (Intinoli, Zhang, & Davidson, 2014; Patidar et al., 2016). The selection of a CEO successor signals inherent uncertainty about the future of the organization (Flatt et al., 2013; Intinoli et al., 2014). Several researchers dichotomized CEO successor origin into insiders and outsiders, where insiders were

executives promoted within and outsiders were new CEOs hired from other organizations (Intinoli et al., 2014; Santora et al., 2015; Wang & Yang, 2015). Senior-level executives hired from inside the business possessed firm-specific knowledge, an important theoretical concept in the exploration of human capital theory (Becker, 1993; Wang & Yang, 2015). Executives appointed to the CEO position from inside the business tended to recognize the situational constraints facing them and enabled them to process more in-depth information related to the organizations' operational long-term and short-term strategies (Wang & Yang, 2015). Senior level executives hired from other businesses resulted in a realignment of the current business strategies and a decline in business performance (Flatt et al., 2013; Wang & Yang, 2015). Outsiders at 57% dominated the hiring of CEO successors in the United States nonprofit organizations compared to 38% of insiders in a 2015 study (Santora et al. in 2015). Succession planning is a challenge for small nonprofit and for-profit businesses that depend on only one leader and cannot develop prospective successors from within the organization (Booker et al., 2016; Santora et al., 2015).

Investments in specialized human capital such as on-the-job training and skills and knowledge processes for succession planning is a source of value creation and competitive advantages, particularly for large businesses, such as Microsoft, Google, and Amazon (Lajili, 2012). For human capital to lead to a sustained competitive advantage in business, social capital and organizational capital knowledge must be constantly and appropriately embedded, leveraged, and deployed in the organization's systems and processes (Lajili, 2012). Business leaders must be aware of the importance that strategic

actions such as executive succession planning have in an organization (Lajili, 2012; Flatt et al., 2013).

Numerous tools are helping business leaders in succession planning. One such tool is succession planning evaluation centers (Mehrabani & Mohamad, 2015). Personnel in evaluation centers are responsible for identifying weak, strong, and upgradable points within individuals to further professional development (Mehrabani & Mohamad, 2015). Three primary responsibilities of these evaluation centers identify: (a) training requirements, (b) development requirements, and (c) requirements for improvement of competence. Good leaders make an organization flourish and survive.

An executive's perspective of the organization's strengths, weaknesses, and workers must go beyond just the beneficial role that succession-planning processes provide for business (Mehrabani & Mohamad, 2015). Senior level executives should prioritize succession-planning activities so that they do not miss insights that only they can provide to future successors (Patidar et al., 2016; Santora et al., 2015). Succession planning programs prepare next-level leaders to take over positions and may protect an organization from disruptive events associated with leadership changes at the executive-level position (Patidar et al., 2016). Another objective for of succession planning is to create a talent retention culture that affirms leader strengths and develops competencies that drive results (Mehrabani & Mohamad, 2015).

Talent Asset Retention

The human capital theory fits into talent asset retention by a variety of perspectives. The combination of a leader's knowledge, skills, capabilities, and

commitment may create human capital in organizations (Ntshoe & Selesho, 2014; Schultz, 1961). Researchers found businesses facing issues of talent and efficient workforce scarcity problematic (Mehrabani & Mohamad, 2015; Nishoe & Selesho, 2014). Talent management is a facet of human capital, an organizational asset, and considered a tool of competitive advantage (Mehrabani & Mohamad, 2015). Failure by business executives to implement strategies to retain talented employees and manage an aging workforce could affect business growth (Booker et al., 2016).

Age is a factor because the CEOs retiring in United States organizations are replaced by persons 35 years old and younger who think, learn, respond, and work differently than the retiree (Burch & Strawderman, 2014). In 2015, 75% of the CEOs leading non-profit organizations in the United States who retired were over the age of 55 (Kapoor & Solomon, 2011). By the end of 2015, the percent of senior executives retiring was higher than the proportion of the younger replacements prepared to fill the chief executive position (Ben-Hur, Jaworski & Weickel, 2015; Joe, Yoong, & Patel, 2013). To emphasize the significance of the age criterion, the CEO retiree will have accumulated more years of work experience than the age of their replacement (Anjum & Bolon, 2013; Burch & Strawderman, 2014). Several researchers defined four generations of workers in the workplace: (a) traditionalists, (b) baby boomers, (c) generation X, and (d) millennial (Anantaltmula & Shirvastav, 2012; Burch & Strawderman, 2014; Kapoor & Solomon, 2011; Joe, Yoong, & Patel, 2013). For this study, the focus was on the baby boomer generation and the millennial generation. Joe et al. (2013) divided the baby boomer generation into two halves. One-half of the baby boomer generation consists of older

workers between the ages of 50 to 54 (Joe et al., 2013). This group is the fastest growing segment of the population scheduled to retire within the next 10 to 15 years (Joe et al., 2013). The other half, are workers between the ages of 45 to 49 years old, who happen to be the second fastest-growing segment.

Kapoor and Solomon (2011) characterized the baby boomer generation as older workers older than the age of 55, born between 1946 and 1964. It was projected by 2015 approximately one in every five workers in the United States would be 55 years old or older (Kapoor & Solomon, 2011). The study by Anantatmula and Shirvastav (2012) on generational workforces aligned with the study by Kapoor and Solomon asserted the baby boomer generation as idealistic, optimistic, and willing to sacrifice personal and professional desires to achieve success. Burch and Strawderman (2014) identified two challenges facing organizations of all sizes (a) knowledge transfer from the retiring baby boomers to younger replacements and (b) retention of the younger replacements. Older executive leaders have significant knowledge of industry resources, and tacit knowledge about the business culture, politics, and norms (Joe et al., 2013). The executive leaders who transfer their years of business acumen to the younger replacements promote organizational sustainability (Broscio, 2014; Burch & Strawderman, 2014).

Temkar (2013) examined the efficient methods for a business to retain its best employees. Healthcare organizations that lose employees in the major positions experience a significant challenge in operations. Healthcare leaders experience an adverse effect with consistency in providing services to patients, delays in the delivery of medical services to patients may occur, and missed opportunities to introduce innovations

(Temkar, 2013). Employees had a clear expectation of their employer and strong ideas about what was required to achieve personal career ambitions (Temkar, 2013). Executive leaders can demonstrate the value of the employee to the organization by setting high expectations, regularly communicating, investing in the employee's financial security, counseling individuals in their careers, and educating them (Temkar, 2013).

Business leaders experience a significant challenge to attract and retain talented workers (Anjum & Bolton, 2013; Temkar, 2013). Talent retention provides a means of achieving the strategic business objectives of an organization. Employees represent human capital, the only unlimited and self-renewing resource a business has (Stahl et al., 2012; Temkar, 2013). Important to workers deciding whether to make a long-term commitment to a place of work is the organization's concern for the employee's family and life needs in general (Temkar, 2013). The executive leader must carefully study what the organization could do to show support for these issues (Meeks, 2015; Temkar, 2013). Adopting a set of principles rather than best practices challenged thinking on talent management and retention programs. Best practices were best when applied in a given context (Stahl et al., 2012). The concept of principles offered a broader application of how business leaders approached their talent retention strategies. Three core principles of employee talent retention identified by Stahl et al. included alignment with corporate strategy, internal consistency, and management involvement. Corporate strategy is a natural starting point when thinking about talent management. Five pillars described General Electric's corporate growth strategy including its technological leadership, services acceleration, enduring customer relationships, resource allocation, and

globalization (Stahl et al., 2012). Executives must possess strategic flexibility, and adapt to changing business conditions to revamp their talent retention approaches when necessary (Stahl et al., 2012). The principle of internal consistency applies to how an organization's talent management practices relate to each other (Stahl et al., 2012). Internal consistency emphasized employee retention, competitive compensation, and career management (Stahl et al., 2012). Business leaders know that talent management and retention practices need to have broad ownership (Stahl et al., 2012).

Executives believe they are good at identifying leadership talent (Philpot & Monahan, 2017). When asked how they make decisions about future leadership talent the business leaders indicated intuition or instincts (Philpot & Monahan, 2017). Senior-level leaders need to address leadership development, succession planning, and employee retention strategies as top business priorities (Burch & Strawderman, 2014). The tools required for retaining future executives come in many forms. During the 21st century, training, communication, and knowledge transfer tools will experience some changes to remain relevant in the healthcare industry (Burch & Strawderman, 2014). If the retention of employees is to be relevant, executives must shoulder the burden of developing the organization's talent capabilities and aligning executive leadership development with their strategic planning priorities (Ben-Hur et al., 2015). A strategic planning initiative used by some business leaders is data-driven assessment tools to identify and retain talented employees. Some of the data-driven assessment tools use includes the "nine-box grid," personality questionnaires, general ability mental tests, and online assessments (Philpot & Monahan, 2017). The "nine-box grid" applied by some business leaders,

evaluates the decision-making proficiency of the employee (Philpot & Monahan, 2017).

The tool allows leaders to rank an employee's performance against the employee's

potential for future leadership positions. Personality questionnaires, general ability

mental tests, and online assessments measure an employee's intelligence, motivation, and

ability to operate under uncertainty (Philpot & Monahan, 2017). Data-driven assessment

tools provide business leaders with an unchanging definition of leadership potential

(Philpot & Monahan, 2017). The assessments tools help educate the business leaders

about the difference between an employee's experience and aptitude to take on new and

different responsibilities. Using the data analytics derived from the assessment tools

provide business leaders a way to retain and identify future leaders (Philpot & Monahan,

2017). Use of data-driven assessment tools to complement the decision-making process

is beneficial in the evaluation phase of a potential future leader but should be discouraged

as the sole determining factor in the selection process (Cangemi et al., 2015). The senior

level executive is responsible for employing the wisdom and judgment developed

through years of preparation and experience when identifying potential future leaders

(Cangemi et al., 2015). Failure to maintain a pipeline of intelligent, motivated,

productive employees jeopardizes an organizations' future (Cangemi et al., 2015). The

human capital theory fits into talent asset retention by a variety of perspectives. The

combination of a leader's knowledge, skills, capabilities, and commitment may create

human capital in organizations (Mehrabani & Mohamad, 2015; Ntshoe & Selesho, 2014;

Schultz, 1961). Researchers found businesses facing issues of talent and efficient

workforce scarcity (Mehrabani & Mohamad, 2015; Nishoe & Selesho, 2014). An

organization's human capital is the collective value of the capabilities, knowledge, skills, abilities, and motivation of the organization workforce. Strategies to maximize to succession planning strategies, and talent management efforts may lead to many employees perceiving career opportunities. My literature review focused on the value of retaining workforce talent and the strategies used by business leaders to better develop future executive-level leaders.

Strategic Business Planning

Strategic planning is a deliberate effort to produce fundamental decisions and actions that guide an organization's identity and its strategies (Ben-Hur et al., 2015). Training and development activities in many industries are a source of competitive advantage (Landry & Hearld, 2013). Strategic business planning is a set of concepts, procedures, and practices intended to help executives figure out what they should be doing, how and why (Hayek et al., 2014). Ben-Hur et al. (2015) and Grider et al. (2014) found that CEOs were taking a strategic view and proactive stance on the role of learning and development in their business. Strategic change capabilities were the primary focus of healthcare systems to improve and position themselves in a competitive market characterized by regulatory changes (Kash, Johnson, & Gamm, 2014).

Healthcare organizations tend to operate in a continuous changing environment because of the frequent changes in U.S. government regulations (Hayek et al., 2014; Kash et al., 2014). The passage of the Affordable Care Act in 2010 promoted a care model that encouraged hospitals, and other healthcare providers, to collaborate to ensure cost efficient delivery of patient care (Hayek et al., 2014; Shay et al., 2013). The ability of large healthcare systems to respond to the changes in which they operated is in many

ways dependent upon the leadership knowledge and capabilities of the executives leading

the transformation (Grider et al., 2014). Leadership development is a competitive

advantage for healthcare systems engaged in strategic planning (Grider et al., 2014; Perrin et

al., 2012). Effective leadership development programs offered a structure for the

development of leader skills and a learning community that supported individual growth

(Deaton et al., 2013). A growing number of healthcare systems have implemented executive

leadership development programs to identify and prepare potential leaders within their

organizations (Booker et al., 2016; Grider et al., 2014; McAlearney, 2010). Leadership

development programs viewed as educational interventions and skill-building activities

enhanced the leadership capabilities of the individuals (Booker et al., 2016; Landry & Hearld,

2013).

The development of executive leadership programs provided assurance that hospitals

had leaders at all levels of the organization that possessed the skills, competencies, and

understanding to move the organization to high levels of achievement (Booker et al., 2016).

The executive leadership development programs helped the organizations work through

succession planning to overcome turnover and executive retirements (Booker et al., 2016;

McAlearney, 2010). One approach used by healthcare organizations to further the

professional development of its leaders was the implementation of formal training and

development for executive-level positions and those pursuing an executive-level position

(Landry & Hearld, 2013). An assumption of leadership development programs was that all

the leaders would benefit from acquiring some strategic knowledge, skills, and abilities

(Goldman et al., 2015; Kash, Spaulding, Gamm, & Johnson, 2014). Strategic skills

acquisition comes through work experience that requires a considerable amount of time

(Goldman et al., 2014; Kash et al., 2014). The CEO of Shell Energy in 2009 placed emphasis on in-role development through on the job experiences at the heart of the leadership development program (Ben-Hur et al., 2015). The guiding principle of Shell's leadership development was executives personally developed the best people and cultivated the desired behavior (Ben-Hur et al., 2015). Shell's approach to leadership development linked professional development directly to the business goals (Ben-Hur et al., 2015).

Transition

Healthcare organizations face a leadership crisis as executives from the baby boomer generation prepare to retire, creating a shortage of experienced and knowledgeable leaders. Succession planning is the drive to employ high potential individuals for different leadership positions with the purpose to maintain high-quality leadership for the future. The first section of the study consisted of the Foundation of the Study components as required by Walden University, Doctor of Business Administration. Section 1 contained: (a) background of the problem, problem statement, and purpose statement; (b) nature of the study, (c) overall research question, and interview questions; (d) conceptual framework, and operational definitions; (e) assumptions, limitations, and delimitations; (f) significance of the study, and (g) review of the professional and academic literature.

In Section 2, I provided a restatement of the: (a) study purpose, and a discussion about the role of the researcher; (b) definition of the participants, the study population, and sampling methods; and (c) ethical research measures required to protect the study

participants, and the integrity of the proposal. Also included in Section 2 is a description

of the components of the project: (a) data collection instruments, (b) data collection

techniques, (c) data analysis; and (d) reliability and validity criteria for qualitative

studies. In section 3, I provided a summary of the research findings, in addition to a

discussion on the application of: (a) professional practice, (b) implications for social

change, (c) recommendations for action, and (d) the need for further research. The

section concluded with a discussion of my reflections, experiences of the research

process, and any personal biases or preconceived ideas and values.

Section 2: The Project

The literature review in Section 1 provided argument that healthcare organizations were unprepared for the replacement of retiring healthcare leaders. Researchers indicated that in 2020, it is estimated that 50-75% of senior-level managers leading businesses will retire, exposing the vulnerability of these companies to stabilizing their leadership continuity with new executive-level leaders (Booker et al., 2016). The specific business problem is that some health care organizations lack strategies for succession planning. I explored the strategies healthcare business leaders were using for succession planning. Section 2 begins with a restatement of the purpose the study, a discussion of the role of the researcher, and a description of the study participants. A description of the proposed study research method and design, as well as the rationale for their use, is included in this proposal. Section 2 includes a discussion of the data collection, organization techniques, data analysis, ethical considerations, and the framework to assess the quality of qualitative research with reliability, and validity criteria.

Purpose Statement

The purpose of this qualitative multiple case study was to explore the strategies used by healthcare business leaders for succession planning. The objective of strategic business planning is to secure a competitive advantage to optimize an organization's performance (Dai et al., 2013; Grider et al., 2014). The population of the study was the CEO in three healthcare facilities located in south central Texas, who had experience applying executive leadership development and succession planning in their organizational strategies. The CEO is accountable for the business' vision, strategic

direction, policies, communication, and corporate culture (Flatt et al., 2013). Characteristics of the study participant included reaching the age of retirement by 2020 and in the position of CEO for over 2 years. As a change in the healthcare environment accelerates with the passage of the Affordable Care Act (ACA) in 2010, the role of the leader becomes increasingly important (Meeks, 2015; Shay et al., 2013). CEOs envision a higher quality of patient care, with reduced costs under the ACA (Shay et al., 2013).

Role of the Researcher

The role of the researcher was essential in all aspects of the study. In qualitative research, the researcher is a data collection instrument and is an integral component (Fusch & Ness, 2015). Before identifying this business problem, I completed a 16-month leadership development program designed for preparing future leaders within the healthcare system in which the study participants work. Individuals selected to participate in this leadership academy possess the qualifications and skills required for future system-level executives. The trait I have in common with the study participants included championing the same corporate culture, beliefs, and core values created for the healthcare system.

Conducting research using human subjects can pose a risk of significant physical, psychological, social, legal, or economic harm (DuBois et al., 2012). The Belmont Report established by the National Commission for the Protection of Human Subjects provided an ethical framework to guide human research (DuBois et al., 2012). The report required the researcher to show respect for all study participants ensuring they enter the study voluntarily and with adequate information (DuBois et al., 2012). Within the realm

of research ethics, it was essential that consent was voluntary, and there was no coercion

and undue influence during the informed consent process (Fisher, 2013).

One of the challenges of a novice researcher to address data saturation is the use

of a personal lens (Fusch & Ness, 2015). The novice researcher will assume they have no

bias in their data collection and tend not to recognize when data is fully saturated (Frels

& Onwuegbuzie, 2013; Fusch & Ness, 2015; Marshall, Cardon, Poddar, & Fontenot,

2013). Avoiding researcher bias is just one facet of a broader set of values required for

conducting proper research (Fusch & Ness, 2015; Khan, 2014; Yin, 2014). I have 22

years of experience working in healthcare management positions and my experiential

background contained biases, values, and ideologies that could affect the interpretation of

the study participants' responses to the interview questions. By recognizing my personal

lens, it was essential that the interpretation of the phenomena represented that of the

study participants rather than the researcher (Fusch & Ness, 2014; Khan, 2014). How a

researcher addresses and mitigates a personal lens during the data collection and analysis

process is essential with any study (Fusch & Ness, 2015; Khan, 2014; Rowley, 2012).

Remaining neutral to avoid personal biases in the data, collection process was a critical

component of the study (Fusch & Ness, 2015).

Using an interview protocol (see Appendix A) mitigated the use of my personal

lens during the data collection process. The interview protocol was a procedural guide

that directed the researcher before the interview, at the conclusion of the interview, and

provided prompts to collect the informed consent (Rowley, 2012). The structure of the

interview protocol facilitated the researcher to employ member checking as a method for

data interpretation (Fusch & Ness, 2015). Extracting an adequate of relevant information from each study participant describes data saturation (Frels & Onwuegbuzie, 2013). Data saturation emerged when information emerges repeatedly and does not result in any new information or redundancy is evident (Frels & Onwuegbuzie, 2013; Fusch & Ness 2015; Marshall et al., 2013).

Participants

An essential component of the research involved identifying the appropriate participants for qualitative research (Rowley, 2012). In a qualitative research case study design, it is normal to provide a basic profile of the study participants, regarding job role, qualifications, experience, gender, and other criteria that are relevant to the study (Rowley, 2012). The population of the study was the chief executive leader in three healthcare facilities located in south central Texas, who had experience applying executive leadership development and succession planning in their organizational strategies. The CEO is the single dominant leader and central locus of strategic leadership in any business setting (Cangemi et al., 2015; Kriger & Zhovtobryukh, 2013). The CEO is accountable for the business' vision, strategic direction, policies, communication, and corporate culture (Flatt et al., 2013). Characteristics of the study participant included reaching the age of retirement by 2020 and in the position of CEO for at least 2 years. The professional experience of each CEO aligned with my research because each was responsible for making significant future decisions about the succession planning and leader succession in the multihospital healthcare system they work.

I sought permission to contact the study participants from the executive vice president of corporate services of the multihospital healthcare system that I am employed. Approval by the executive vice president of corporate services provided me the opportunity to include in my e-mail communication to the study participants the value of his or her participation in the study as approved by the executive overseeing talent management for the organization. Contact of each study participant was by telephone and e-mail to ensure his or her willingness and availability to participate in the study. The study participant selection criteria included that each CEO had: (a) executive powers over the external and strategic activities of the hospital; (b) experience applying strategies for leader development and succession planning in the hospital; and (c) expertise to discuss the strategies used to identify and prepare future healthcare leaders. A critical factor was the study participants were in a key position to execute organizational strategy.

Research Method and Design

I used a qualitative multiple case study methodology for my study. A qualitative multiple case study method of research is appropriate when multiple realities exist based on one's construction of reality (Sarma, 2015). Employing the qualitative research method provided more insight or a deeper understanding of the phenomenon under investigation (Sarma, 2015). The case study research design was useful for exploring a poorly understood problem to generate meaningful data (Frels & Onwuegbuzie, 2013; Sarma, 2015; Yin, 2014).

Research Method

The exploratory nature of the study determined the adoption of a qualitative research methodology. Qualitative research allows the researcher to observe the interrelationship between the study participants' experiences, especially when requiring a detailed understanding of the problem (Frels & Onwuegbuzie, 2013; Humphrey, 2014). The process of qualitative research is inductive in nature, with the researcher generating meaning from the data collected (Frels & Onwuegbuzie, 2013). Qualitative studies provide meaningful, in-depth insights through subjective interpretations of the study participant experiences that provide plausible answers about the phenomena (Frels & Onwuegbuzie, 2013; Humphrey, 2014).

The qualitative research approach was essentially exploratory in nature (Cohanier, 2014; Humphrey, 2014; Sarma, 2015). In qualitative research, knowledge emerged from the exploration of the study participant's shared experiences and interpretation of the phenomenon. Qualitative research leads to the exploration of experiences and perceptions of the study participants. The applicability and relevance of using qualitative research methods aligns with constructivist and pragmatist paradigms (Garcia & Gluesing, 2013). Understanding multiple participant meanings is constructivist and real world problem solving is pragmatism (Garcia & Gluesing, 2013). Qualitative research is an approach that facilitates the exploration of the phenomenon using a variety of data sources and is the preferred method for proposed study because it is applicable when analyzing phenomenon within a contemporary context (Dhanda, 2013; Garcia & Gluesing, 2013). Qualitative research was relevant for this study because it provided the

opportunities to collect meaningful data and the ability to identify specific information for discerning thematic patterns (Frels & Onwuegbuzie, 2013; Sarma, 2015).

The two other methods used for conducting research are quantitative and mixed methodologies (Frels & Onwuegbuzie, 2013). Quantitative analysis is useful for predicting the relationship between specific variables (Frels & Onwuegbuzie, 2013). In quantitative research, a researcher seeks scientific data about relationships (Heyvaert, Maes, & Onghena, 2013). The quantitative study follows an objective and systematic process, with the relationship between variables represented by numbers. Quantitative research is dominant in management studies and has examined social and behavioral sciences since the twentieth century (Heyvaert et al., 2013). The focus of quantitative research is to confirm a theory, test a hypothesis, or generalize a theory or theories to different populations using experimentation. Researchers use a deductive, rather than inductive processes to collect, analyze, and interpret the data. My research sought neither to confirm a hypothesis nor develop a theory.

Administering quantitative tools with qualitative interviews is a mixed research approach, which achieves a different result. Mixed method research involves the use of inductive and deductive research logic (Heyvaert et al., 2013). Applying an inductive-deductive cycle enables the researcher to undertake equally theory generation and hypothesis testing in a single study without compromising one for the other (Frels & Onwuegbuzie, 2013; Heyvaert et al., 2013). By employing mixed methods, researchers can reduce their over-reliance on statistical data to explain experiences that are mostly subjective in nature. For the purpose of my study, a mixed methods approach was not

appropriate, as I did not collect any statistical data from questionnaires with the subjective explanations provided by the participants during the semistructured interviews (Frels & Onwuegbuzie, 2013; Heyvaert et al., 2013).

Research Design

My research employed a multiple case study design. The experiences of the CEOs of the three hospitals served as the three case studies. The focus on cases allowed for data collection and analytic conclusions while keeping the scope of the study manageable. A case study design was well suited for the development of new concepts, and generated output that study participants could easily relate to and understand (Gordon, Blake, & Shankaranarayanan, 2013; Houghton, Casey, Shaw, & Murphy, 2013; Sarma, 2015). Emphasis was on the quality of the data collection and analysis versus the quantity. More cases and additional interviews would not necessarily mean the study was more scientific (Gordon et al., 2013; Houghton et al., 2013; Sarma, 2015). Case research design can apply inductive methods to understand an issue that leads to inferences or generalizations (Gordon et al., 2013; Mariotto, Zanni, Salati, & De Morales, 2014; Yin, 2014). A case study design enabled me to explore the complex organizational phenomena in the natural setting of the study participants (Gordon et al., 2013).

Applying the case study design is just one approach in the panoply of qualitative research designs (Garcia & Gluesing, 2013). The use of the other research designs such as narrative studies, phenomenological research, ethnography research, and qualitative descriptive research are the other options considered to the match the underlying study question (Dhanda, 2013; Garcia & Gluesing, 2013; Khan, 2014). Narrative research

explores the life of the study participant through the collection of stories, documents, or conversations (Khan, 2014). A researcher analyzes the material collected and what emerges is a new story (Dhanda, 2013). A case study approach allows the study participants to describe their views of reality through the stories they share and enabled me to explore the phenomenon through the study participant's perspective. The intent of the research did not require review of the life of the participant, making narrative research not relevant for this study.

The focus of phenomenological research is for the researcher to understand the essence of an experience (Dhanda, 2013; Garcia & Gluesing, 2013). While applying a phenomenological research design could add insight to a lived phenomenon, the focus of the study was on developing an in-depth description and analysis of the case (Khan, 2014). In developing the essence of the phenomena, a researcher must present a narration of the shared experiences of the study participants using tables, figures, or discussions, which was not the intent of this study (Khan, 2014). It was not the objective of the study to describe the incidence or prevalence of the phenomenon, employing a phenomenological design was inappropriate.

Ethnography research requires extended periods in the field and emphasize detailed observational and interview evidence (Fusch & Ness, 2015; Yin, 2014). The ethnographic research method is best suited to examine unique characteristics of particular groups and emphasizes gathering information about tacit cultural systems (Garcia & Gluesing, 2013). A case study is a form of inquiry that does not require an extended period of fieldwork and does not depend on ethnographic data (Fusch & Ness,

2015; Garcia & Gluesing, 2013). The ethnographic approach was inappropriate because the examination of unique characteristics of a particular group to gather information about cultural boundaries was not the purpose of this study (Garcia & Gluesing, 2013).

Qualitative descriptive research is analytical, and its intent is to produce statistical information (Frels & Onwuegbuzie, 2013; Garcia & Gluesing, 2013; Yin, 2014). Incorporating the qualitative descriptive approach is useful in the development and testing of new methods when studying organizational change or in medical research (Frels & Onwuegbuzie, 2013; Garcia & Gluesing, 2013; Yin, 2014). The applicability and relevance of employing the qualitative descriptive research approach in the study were inappropriate because investigating an organizational change or the reaction to a medical phenomenon was not the intent of my study.

To ensure data quality, I employed the member checking review process. Open-ended interviews, lasting less than 60 minutes were conducted with each participant individually. A transcribed summary of their interview question responses was sent back to the study participant within one week following the interview for member checking. The participant verbally verified and confirmed the information transcribed was accurate and complete. I conducted follow-up member checking to achieve data saturation. Data saturation ensured that information was meaningful and in depth (Fusch & Ness, 20015; Marshall, Cardon, Poddar, & Fontenot, 2013). Saturation is essential in qualitative research. Methodological triangulation ensured saturation through the review of multiple data sources (Fusch & Ness, 2015). Gathering too much information or exceeding the

point of data saturation did not impair the in-depth analysis of the information collected

for the multiple case study design (Marshall et al., 2013).

Population and Sampling

A task fundamental to creating credible research involves obtaining an adequate

population and sample size (Marshall et al., 2013). Ensuring adequate data is a precursor

to credible analysis and reporting (Marshall et al., 2013). Selecting the sample size that

has the best opportunity to reach data saturation is essential in research methods (Fusch &

Ness, 2015; Marshall et al., 2013). Yin (2014) asserted the sample size for multiple case

studies should be large enough for researchers to achieve redundancy of responses for

data saturation. For my study, the population of three CEOs operating under a

multihospital system in south central Texas and the methodological triangulation of the

participant interviews and organization documents was sufficient to achieve data

saturation.

Direct communication with the executive vice president of corporate services of

the study organization was required to gain access to the CEOs. As an employee of the

study organization, I followed company policy related to conducting research within the

organization. The participants were a small census sample and represented 100% of the

study population (Fusch & Ness, 2015; Marshall et al., 2013; Yin, 2014). I contacted

each participant by e-mail and by telephone with an invitation to participate in my study.

The participants met the criteria identified for inclusion in the study, which included

reaching the age of retirement by 2020 and in the position of CEO for at least 2 years.

The principles followed to reach data saturation included: (a) no new information, (b) no

new coding, (c) no new themes, and (d) the ability to replicate the study (Fusch & Ness,
2015; Marshall et al., 2013); Yin, 2014).

A semistructured interview was conducted face-to-face and in the natural setting
of the three CEOs in an environment conducive to minimal interruptions or distractions
(Yin, 2014). I arranged for the interview to take place within the hospital setting, within
each CEO's private office. The face-to-face interview allowed for observation of the
study participant looking for any nonverbal communication and enabled the clarification
of any ambiguities and necessary points (Khan, 2014). The interviews were digitally
recorded, transcribed, and analyzed. Field notes occurred after each interview to ensure
compliance to my interview protocol and included the start and end time of the interview.

Ethical Research

Ethical considerations are important in qualitative research because qualitative
studies often intrude into the lives of the participants (Khan, 2014). My study required
multiple approvals before data collection and study participant recruitment. The
approvals included the Walden University Institutional Review (IRB), approval by the
IRB of the study organization of the participants, and approval by the executive vice
president of corporate services of the study organization. The Walden University IRB
guidelines require researchers to follow certain ethical guidelines. Participation in the
study was voluntary, and the participants were over the age of 18 years. I provided a
consent form to each participant and presented information about the study before the
decision to participate. During the informed consent process, the study participants
received information about their rights, and all aspects of the study and consented to

participate in the study before the start of the data collection process (Khan, 2014; Rowley, 2012; Yin, 2014). The informed consent form provided an explanation of the research process and met the guidelines established by the Walden University IRB, the study organization's IRB requirements, and United States Federal regulations (Sarma, 2015). The Walden University IRB approval number for this study was 01-18-17-0374354.

As part of the consent process, it becomes the moral and professional obligation of researchers to be ethically responsible for the entire research protocol (Frechtling & Boo, 2012; Khan, 2014; Yin, 2014). The ethical considerations and risks that could affect the study participants were listed in the consent form. Background information about the research allowed each potential subject the opportunity to understand and ask questions about the study before deciding whether to participate or not participate (Khan, 2014). The study participants also knew they could withdraw at any time and without any penalty from the study, and there were no incentives for participation in the study (Khan, 2014; Rowley, 2012; Yin, 2014).

After review of the consent form with each participant, I asked each to sign the consent as evidence of voluntary consent to participate in the study. By signing the consent form, the participants acknowledged their willingness to participate in study (Khan, 2014). The ethical issues considered for the study included not causing irreversible harm to the participants and avoiding affiliation bias (Khan, 2014). Other general ethical practices considered with the study included avoiding the release any information perceived as humiliating, degrading, and damaging about the individuals

collected for research purposes (Khan, 2014). Protecting the dignity, privacy, confidentiality of the participants and data integrity is essential in research ethics (Sarma, 2015; Khan, 2014; Yin, 2014).

IRB approval indicated the institution's official assessment that the potential risks of the study outweighed the potential benefits (Frechtling & Boo, 2012; Khan, 2014; Rowley, 2012). Research ethics requires all studies to go through a rigorous review and IRB approval process (Khan, 2014). Any research designed to address a knowledge gap in systematic data collection and data analysis about living persons requires IRB approval (Yin, 2014). I complied with all relevant IRB determinations and human participation standards. Provisions to protect the privacy of the participants, the name of multihospital system, location, and confidentiality of the data occurred from the initiation of the study to its conclusion. Any audio recording references made about the name of the hospital, other employees or executive coaches names, and other CEO names employed by the organizations were not included in the written transcripts. To protect the identity and maintain the confidentiality of each study participant, I assigned each an alphanumeric identification code of EL1, EL2, and EL3.

Data collected, to include the written transcripts, field notes, and audio recordings I secured in a locked file cabinet at my home. The storage of electronic data files is a password protected jump drive. Walden University required that researchers safeguard all the data in any form for 5 years. I maintained the confidentiality of the participant's name and the name of the organization, as promised to the study participants, by not mentioning them in this study. At the conclusion of the interview, I reassured each study

participant of the confidentiality of the interview data. The deletion of any reference to

the organization's name or individual names occurred during the transcribing of the audio

recordings. The use of the alphanumeric identification codes further ensured the

confidentiality of the participants (Lawrence & Tar, 2013). I took responsibility that

ensured that all aspects of the study maintained ethical integrity, validity, and reliability

for future research.

Data Collection Instruments

In qualitative research, the investigator is both an instrument of research and an

observer of the phenomenon (Frels & Onwuegbuzie, 2013; Lawrence & Tar, 2013;

Rowley, 2012). Interviews represent one of the most common ways of collecting data in

qualitative research (Frels & Onwuegbuzie, 2013). The interviews used in qualitative

research provide a means to collect facts, and understand opinions, attitudes, experiences,

or processes (Rowley, 2012). An important criterion in case study research is the

selected interview technique (Rowley, 2012).

I selected the semistructured interview technique, because the interview centers

around six to 12 well-chosen and well-phrased questions (Rowley, 2012). Before

initiating the interview, the study participant reviewed the consent form that explained

the purpose and nature of the study, along with the ethical considerations; risks, benefits,

and the participant's right to confidentiality. The demographic information collected on

each study participant occurred at the start of the interview and included the gender, age

range, and years of work experience in healthcare, and as a CEO. I scheduled a 60

minutes face-to-face interview with each study participant. The interview consisted of

each study participant answering eight open-ended questions that focused on the strategies used for succession planning in the study participant's place of work. I used an interview protocol that listed the interview questions in a set order, with some flexibility in asking probing questions (Khan, 2014; Marshall et al., 213; Rowley, 2012). The case study interview resembled a guided conversation rather than a structured query (Yin, 2014). I probed each study participant's experiences with follow-up questions to gain more understanding of the strategies applied using the semistructured interview technique.

Member checking enhanced the reliability and validity of the interview question responses provided by the study participants. After the initial interview, I synthesized the interview questions and reviewed the interpretation with each study participant for validation. Summarizing the interview questions ensured that the participant's views and perspectives were appropriately transcribed (Frels & Onwuegbuzie, 2013; Khan, 2014; Oleinik et al., 2014; Yin, 2014). A review of the transcript by the study participants for the accuracy of my interpretation of their responses to the interviews questions occurred one week after the meeting. The study participants offered no additional information after reviewing the transcript. Member checking in qualitative research validates the work of the researcher and keeps the analysis appropriately close to the data (Khan, 2014; Marshall et al.; Oleinik et al., 2014; Yin, 2014). Triangulation was used to collect qualitative data about the strategies employed by the study participants for leadership development and succession planning. The two purposes of triangulation are to confirm data and to ensure data completeness (Houghton, Casey, Shaw, & Murphy, 2013). The

documents provided by the executive vice president of corporate services included the

study participant's job description, the corporate training curriculum, and a copy of the

executive assimilation process (no boarding) summary. The information obtained and

reviewed from the multiple sources were consistent with data gathered from the

interviews and increased the credibility of my findings. The application of triangulation

to multiple sources of data enhanced the credibility of the study results (Fusch & Ness,

2015). For my research I employed case study design and methodological triangulation,

the preferred approach for correlating information from multiple data collection methods

and data saturation (Fusch & Ness, 2015; Khan 2014; Oleinik et al., 2014).

Data Collection Technique

Facilitating the collation and storage of data in a single place was essential for

qualitative research (Oleinik et al., 2014; Rowley, 2012; Yin, 2014). The data collection

techniques I used adhered to strict data retention and storage requirements to protect

participant confidentiality, as stipulated for Walden University research projects. The

overarching central question for this research was: What strategies are healthcare

business leaders using for succession planning? Access to study participants depends on

two factors, their willingness and availability, and the ability to an agreed upon location

for the interview (Rowley, 2012). Before the start of data collection, the participants

were contacted by e-mail, my primary mode of communication between with the study

participants. Each participant received an introductory e-mail that explained the purpose

of the research, described the data collection process, and inquired about willingness and

availability to participate in the study. I asked each study participant to identify a

convenient interview time and location. The consent form was e-mailed to each

participant two weeks before the scheduled interview. Each participant rescheduled the

interview time at least once, because of a scheduling conflict. A signed consent form was

received from each participant. One participant returned the signed consent form via e-

mail two weeks before the scheduled interview. The other two study participants

returned their signed consent form the day of the scheduled interview. On the day of the

scheduled interview, I reviewed the consent form with each participant and read verbatim

the script included in the interview protocol (see Appendix A). Each participant had no

additional questions about the consent or the study and agreed to the audio recording of

the interview.

I conducted the face-to-face semistructured interview with each participant during

regular business hours, between the hours 8:00 a.m. to 5:00 p.m., Monday through

Friday. To capture the entire interview, I digitally recorded each interview using an

Olympus Digital Voice Recorder. A separate recorder was used with each participant to

prevent mistakenly recording over another study participant's interview. The face-to-

face meeting took place in the private office of each CEO and lasted less than 60 minutes.

The interview questions were asked in the order listed on the interview protocol (see

Appendix A). The three interviews were digitally recorded, transcribed, and analyzed. I

listened to the interview recording alone and several times before transcribing the data

collected. Listening to the recording allowed me a chance to think about how each

participant answered the interview questions. After verifying the accuracy of the written

transcript collected on each participant by reading and listening to the audio recording

several more times, I deleted the audio file. I completed field notes on the important

points from the interview, and to ensure the integrity of interview strategy. The field

notes included the date of interview, demographic information of the study participant,

such as gender, age range, and years of experience as a CEO, along with a start and end

time of each interview. The use of codes ensured the confidentiality of the study

participant. An advantage of semistructured interviews is the ability of the researcher to

prepare in advance the interview questions (Rowley, 2012). The interview protocol

served as a guide for conducting the semistructured interview.

On a password-protect jump drive labeled with the assigned alphanumeric

identification code to each study participant, I transferred the electronic information

collected. The information included the signed consent forms, the interview transcripts

for each study participant, and the study organization documents that included a copy of

the CEO job description, the executive assimilation (on boarding) process summary and

leadership development training curriculum. The use of NVivo 11 Starter, a qualitative

data interpretive software platform assisted in the organization of the collected data and

enhanced the trustworthiness and operational effectiveness of qualitative research

(Oleinik et al., 2014). I used Microsoft Word and NVivo 11 Starter to store and organize

the data collected in this study. I safeguarded the paper documents in a locked file

cabinet, and the electronic information on a password protected jump drive to be kept in

my residence for 5 years from the date of the study approval, as required by Walden

University's doctoral research protocol. After 5 years, I will destroy all data saved on the

password protected jump drive by cracking open the case of the jump drive and tossing

the parts into the trash. I will shred any paper documents that include the study

organization documents, field notes, and memos. My memos included notes taken from

the NVivo 11 Starter which served as the primary software for my data analysis

Memos serve as a link between the interview data and creation of the codes generated by

the data analysis software (Marshall et al., 2013; Oleinik et al., 2014; Rowley, 2012).

Data Analysis

The data analysis process involves a systematic review of information to organize

it, get acquainted with it, synthesize it, search for themes in it, and discover underlying

meaning (Grandy, 2013; Lawrence & Tar, 2013; Poortman & Schildkamp, 2012).

Computer assisted qualitative data analysis software functions to show the evolving

conceptual framework and relationship between the concepts (Sinkovics & Alfodi, 2012).

I selected NVivo 11 Starter for Windows as the computer assisted qualitative data

analysis software for my study. NVivo 11 Starter allows researchers to organize and

analyze non-numerical and unstructured data sources (Sinkovics & Alfoldi, 2012). The

data analysis software allowed me to sort and arrange the participant interview

transcripts, organizational documents collected, field notes and memos, to examine

relationships in the data. To enhance the abstraction of themes while interpreting the

study NVivo 11 Starter assisted me to establish an audit trail of the activities employed in

the data analysis process. Using computer data analysis software can reduce the time

required for qualitative data analysis and permit researchers to work with larger amounts

of data and enable the discovery of subtle patterns in text (Sinkovics & Alfoldi, 2012).

The difference with Atlas,ti, qualitative data analysis software, is it does not derive

themes for the researcher, rather helps to reduce a significant amount of qualitative information for the researcher into a summarized form (Sinkovics & Alfodi, 2012).

I began the data analysis process by reflecting on the kind of information I wanted to identify as key themes, such as participant experiences, processes or other influencing factors. The data analysis process included a careful reading of the interview transcripts, annotating of the text for majors themes and observations of the study participants (Rowley, 2012). Conducting the read through of the information helped to identify common passages related to key events and lessons shared by the participants (Rowley, 2012). The analysis of the interviews for this study entailed importing the typed interview transcripts into the NVivo 11 Starter software, and thematically clustering the participant interviews by a coding scheme. An inductive approach using thematic analysis is a standard process for analyzing research data (Fusch & Ness, 2015; Grandy, 2013; Rowley, 2012; Yin, 2014). During the coding process, I carefully reviewed the interview transcripts and organizational documents searching for common themes keeping the number of central issues to no less than three and no more than eight themes (Keutel et al., 2014; Rowley, 2012). Coding is important in the data analysis and helps to organize information (Rowley, 2012). Using NVivo 11 Starter, I imported the three interview transcripts and organizational documents gathered for the study into the qualitative interpretative software. Three themes emerged, from the interview transcripts and review of the business records: (a) executive coaching, (b) leadership dyads, and (c) leadership pipelines. I completed field notes after each of the coding sessions and examined the themes and subthemes generated from the information and codes. As an

analytical tool, the field notes captured ideas, comparisons, and connections to the data, codes, and emerging themes. The qualitative data analysis software enabled me to annotate the text and create and code at the nodes. The nodes became the themes that emerged from the study (Rowley, 2012; Sinkovics & Alfodi, 2012; Yin, 2014).

The process of using multiple perceptions to clarify meanings verifies interpretations, and offered an in-depth depiction of the phenomenon under study is methodological triangulation (Frechtling & Boo, 2012; Grandy, 2013; Sarma, 2015). Methodological triangulation is standard in case study research and involved analyzing the data collected from multiple sources: (a) the semistructured interviews with the study participants, (b) participant field notes, and (c) review of the organization documents (Grandy, 2013; Sarma, 2015; Yin, 2014). Through methodological triangulation and employing Yin's 5-step data analysis technique of design, prepare, collect, analyze and share, several themes emerged as strategies for succession planning. The field notes contained important points from the interview, the date of interview, demographic information about the study participant, such as gender, age range, and years of experience as a CEO, along with the start and end time of each interview. The business documents collected and reviewed for the data analysis included the job description of the CEO, the multihospital system's executive assimilation plan addressing the on boarding process, and the corporate leadership development training curriculum and its implementation plan. When no new information, no new themes, and no new coding emerged through the methodological triangulation of the participant interviews and organization documents, I reached data saturation.

Reliability and Validity

The framework to assess the quality of qualitative research is reliability and validity (Grandy, 2013; Houghton, Casey, Shaw, & Murphy, 2013; Sarma, 2015). The strategies used for verifying and establishing reliability and validity in qualitative research findings include dependability, credibility, transferability, and confirmability (Frels & Onwuegbuzie, 2013). Well-defined research protocols were essential elements of my study (Frels & Onwuegbuzie, 2013; Grandy, 2013; Sarma, 2015). Methodological triangulation ensured the reliability and validity of qualitative research findings and reduced the effects of researcher bias (Rowley, 2012; Sarma, 2015; Yin, 2014). The transcribed synthesized responses to the interview questions were sent back to the study participants for member checking (Fusch & Ness, 2015; Grandy, 2013; Rowley, 2012). For consistency, I applied the same data collection techniques to include asking the same eight open-ended interview questions in the same order, and audio taped the interviews with the study participants. I listened to the audio recording of the interview sessions multiple times before transcribing the data and coding or analyzing any significant themes to prevent issues from being misleading and biased.

Reliability

Reliability refers to the criterion that if other researchers choose to follow the same study protocol as the initial investigator, other researchers will achieve similar findings (Mariotto et al., 2014; Munn, Porritt, Lockwood, Aromataris, & Pearson, 2014; Sarma, 2015). For this to occur, the initial investigator ensured transparency of the study protocol to allow for replication by other researchers. The trustworthiness of

investigation was how a researcher persuades the readers that the findings of the study are reliable and valid (Grandy, 2013). Reliability depended on the stability of the research over time (Mariotto et al., 2014; Munn et al., 2014; Sarma, 2015). The concept of dependability was analogous to the idea of reliability in qualitative research (Munn et al., 2014).

The process of checking, confirming, identifying, and correcting errors before they subvert the analysis of the study was essential for this qualitative research (Marshall et al., 2013). Establishing dependability occurs when the research process is logical, traceable, and clearly documented (Munn et al., 2014). Developing a protocol for the research design sampling, data collection, and data analysis methods enhanced the transparency and dependability of the study. Member checking was a continuous process for data analysis and used to verify data results with the study participants (Frels & Onwuegbuzie, 2013; Fusch, 2014; Mariotto et al., 2014). Employing member checking ensured the accuracy of the data interpretation.

Member checking occurred within one week of the first interview with each study participant. After I summarized the responses to each interview question, I e-mailed the written transcript to each participant. Each study participant reviewed the transcript for the accuracy of my interpretation of the responses. A follow-up with each participant to review the transcript together occurred within one week. After careful examination, each study participant verbalized no additional information or concerns about the transcribed interview content. The interview transcript represented an accurate interpretation of the interview question responses. Reaching data saturation assured the dependability of the

findings (Frels & Onwuegbuzie, 2013; Fusch & Ness, 2015; Mariotto et al., 2014). To increase the validity of qualitative research requires establishing a clear chain of evidence to reconstruct the final findings from the initial interview questions (Mariotto et al., 2013; Munn et al., 2014).

Validity

The validity of qualitative research refers to the credibility, transferability, and confirmability of the study findings (Munn et al., 2014). For qualitative research to have validity, the researcher develops an argument that has a consistent causal construction (Mariotto et al., 2014). I formulated a clear research framework, analyzed patterns, and made the triangulation of the data using different sources of information for the same data.

Credibility. In qualitative research, the credibility ensures the dependability of the research findings (Houghton et al., 2013; Munn et al., 2014; Sarma, 2015). Credibility evaluates if there is a fit between the researcher's interpretation of the data and the sources of evidence (Dhanda, 2013; Munn et al., 2014; Sarma, 2015). Member checking and triangulation were the two methods used that ensured the credibility of the study findings (Dhanda, 2013; Grandy, 2013; Sarma, 2015). To collect reliable data I audio taped the interview sessions and transcribed the audio recording. Member checking ensured the credibility of my research. Triangulation of data using multiple data collection sources established the credibility of my research. The purpose of triangulation is to confirm data and ensure the completeness of information collected (Houghton, et al., 2013). I gathered information through the semistructured interviews,

field notes, participant observations, and organization document analysis. The interview protocol provided the outline and procedures used so that another researcher can follow similar steps to arrive at the same research results. Data collected using multiple methods and data sources increased the credibility of the research findings (Dhanda, 2013; Grandy, 2013; Sarma, 2015). Measures to overlap the various sources of data collection and achieve consistency in the information ensured the credibility of the research findings.

Transferability. Transferability brings an element of truth to qualitative research (Grandy, 2013). The criterion of transferability is evident when the researcher describes the initial research findings so that other investigators can assess the potential appropriateness of the study for their settings (Houghton et al., 2013; Mariotto et al., 2014). An in-depth description of the coding procedure of the data collected through the interviews, field notes, and the organization documents ensures transferability (Grandy, 2013; Marshall et al., 2013). To enhance the transferability of the study, I offered detailed descriptions so that the reader could make decisions about the applicability of the study for future research. Developing a case study database during the data collection phase provided the procedures used for coding and data analysis and ensured the transferability of the information. Employing an audit strategy will allow readers to trace the course of the data analysis (Grandy, 2013; Marshall et al., 2013; Sarma, 2015).

Confirmability. The application of triangulation ensured the confirmability of research results and reduced the effects of researcher bias (Fusch & Ness; 2015; Grandy, 2013; Sarma, 2015). Triangulation included the use of multiple methods and data

sources to collect and analyze data (Fusch & Ness, 2015; Oleinik, Popova, Kirdina, & Shatalova, 2014; Yin, 2014). Methodological triangulation was the standard approach to my case study research and involved analyzing the data collected from multiple sources (Fusch & Ness, 2015; Oleinik et al., 2014; Sarma, 2015). I analyzed the data gathered from the participant interviews, field notes, and organizational documents to gain a better understanding of the experiences of the study participants and increase the validity of the research findings.

Employing an audit strategy allowed readers to trace the course of the data analysis (Grandy, 2013; Marshall et al., 2013; Sarma, 2015). I used an iterative approach to code, organize the themes, and then imported the information into NVivo, the selected data analysis platform. The data extracted from the interviews represented an adequate amount of relevant information under the conditions of data saturation (Frels & Onwuegbuzie, 2011; Fusch & Ness, 2015; Rowley, 2012). Research is valid when there is a clear chain of evidence to reconstruct how to reach the conclusions from the initial interview questions (Grandy, 2013; Mariotto et al., 2014; Marshall et al., 2013). Member checking was the method in qualitative research that ensured the confirmability of study findings (Grandy, 2013; Mariotta et al., 2014; Marshall et al., 2013).

I employed member checking during the data collection process and provided a retrospective and separate review of the interview synopsis to each study participant with the initial interview. The review was to determine the accuracy of the information collected. Each study participant validated the data interpreted and confirmed the transcribed synthesis of each question reflected the intended meaning as expressed during

the interview process (Grandy, 2013; Mariotta et al., 2014; Marshall et al., 2013). After

the first review of the transcript, by each study participant of the transcript, I received no

new or added information to the transcript. Reaching data saturation assured the

confirmability of the findings (Frels& Onwuegbuzie, 2013; Fusch & Ness, 2015;

Mariotto et al., 2014).

Transition and Summary

The objective of this qualitative multiple case study was to explore the strategies

used by healthcare business leaders for succession planning. Section 2-included a

discussion of the: (a) selected research method, (b) research design, (c) role of the

researcher, and (d) description of the study participants. Qualitative research requires

justification of the population and sampling method selected for the study, and section

two contained this information. The participant consent process and the ethical measures

to protect the participant and ensure research integrity were also included in Section 2. In

qualitative research, the researcher is the primary data collection instrument. In Section

2, I discussed the data collection instruments, data collection techniques, data

organization techniques, data analysis, and study reliability and validity processes.

Section 3: Application to Professional Practice and Implications for Change

 In Section 3, I present a summary of my research findings. I include a discussion on the application to professional practice, implications for social change, and recommendations for action and future research. Some personal reflections and experiences with completing the study conclude Section 3.

Introduction

 The objective of the qualitative multiple case study was to explore the strategies used by healthcare business leaders for succession planning. I sought to understand the fundamental elements of the leadership development program and organizational succession planning strategies that guide the senior executive leaders within a multihospital healthcare system to prepare future senior-level leaders. To understand the executive leadership development and succession planning initiatives employed by the healthcare organization, I conducted semistructured, face-to-face interviews with the CEOs of three hospitals located in south central Texas. The interviews of each CEO occurred in a setting where each participant felt comfortable and could provide detailed responses to each interview question, with minimal distractions. Disclosing the name of the city of the participants would breach the ethical integrity of the study and the confidentiality of the participants. Only one multihospital system in the city of the study implements a leadership dyad structure. I completed each interview in less than 60 minutes, and member checking resulted in no additional in-depth information. In addition to the interviews, I reviewed relevant organizational documents, which included the leadership development and training curriculum used by the organization, a copy of

the CEO job description, and a copy of the executive summary of the executive

assimilation process (an on boarding process) implemented by the organization. The

three themes to emerge through the triangulation of the data were executive coaching,

leadership dyads, and leadership pipelines. Executive coaching is an essential component

of the leader development practice used by the healthcare leaders. Leadership dyads

create an environment conducive to developing physician leaders and promote an

innovative approach to improve patient-centered care and identify specific healthcare

executive leadership skills. The final theme, leadership pipelines involves growing the

next generation of executive-level leaders and building a succession pool of talent to

ensure the readiness of future executive leaders within the organization.

Presentation of the Findings

The overarching research question that served to guide the study was: What

strategies are healthcare business leaders using for succession planning? The findings

from the analysis of the study discovered that the organization did not have a published

succession plan. Succession planning happened naturally because of the need to fill a

vacant position. Based on the responses from the interview questions the three themes

that emerged from the data analysis were: (a) executive coaching, (b) leadership dyads,

and (c) leadership pipelines. Comparing the information from the interviews with the

relevant organizational documents collected and field notes led to a comprehensive

analysis. The research findings closely align with the fundamental concepts of the human

capital theory identified by Becker (1993). One of Becker's important theoretical

concepts in the exploration of the human capital theory was in the description of firm-

specific knowledge. An example of firm-specific knowledge consisted of learning the authority structure and the talents of employees in a particular company (Becker, 1993). The concept of firm-specific knowledge applies to executive-level leadership development and succession planning in a healthcare organization.

The most frequently used terms in the study participants' responses to questions relating to executive leadership development opportunities included (a) leadership development institute model (LDI), and (b) on boarding. The group of words frequently used to answer questions that addressed succession planning and talent retention strategies included (a) leadership dyads, (b) leadership skills, and (c) identifying top talent. Reported in Table 2 is the coding of the presence of the emerging themes and subthemes.

Table 2

Emerging Themes and Subthemes

Emerging Themes	Number of times counted in transcript	Subthemes	Number of times counted in transcript
Theme 1: Executive Coaching	9	Leadership Development Institute (LDI)	4
		On boarding	4
Theme 2: Leadership Dyads	4	Physician-administrator dyad	4
		Leadership skills	4
Theme 3: Leadership Pipelines	4	Identifying top talent	4

Theme 1: Executive Coaching

In analyzing the data, the first theme that emerged was executive coaching with

subthemes of leadership development institute and on boarding. The data findings of the

first theme aligned with the human capital theory, the conceptual framework for the

study. An investment in human capital is a primary focus of leader and leadership

development within an organization. The organization uses executive coaching as a

proactive leadership development tool to drive sustainable growth. Bozer, Sarros, and

Santora (2013) asserted that organizations that invest in the leadership development of

high-potential leaders not only improves success in the short term but also significantly

increases retention of individuals in the long term. The study participants recognized a

core business need as a predominant reason with using executive coaching for leadership

development and preparing tomorrow's leaders. Each shared current and retrospective stories of the executive coaching experiences afforded them and the next generation of executive leaders. They described their experiences as a one-on-one relationship with an internal or external professional coach. Participation in the organization's leadership development program did not automatically link individuals in leadership positions in the organization with an executive coach.

The one or two persons positioned right under the CEO received the executive coaching opportunity. The executive coaching, initiated by the organization, involved linking the individual goals of the executive with the strategic purposes of the organization. A review of the leadership development curriculum showed that the executive coach assisted the new executive leader with thinking through priorities, difficult issues, and working on interpersonal areas of strength and growth. Having sufficient resources to sustain an effective coaching program proved to be a challenge at times for the organization. Executive Leader 1 (EL1) stated, "because of limited resources and dollars, it was not always possible to contract outside executive coaches." The impact of required healthcare reform strategies, along with other critical issues that are occurring, negatively affected various programs used within the organization. Executive Leader 2 (EL2) stated, "I need to be fully upfront with you, that we have any number of extremely important issues that are ongoing." The changing economics in the era of healthcare reform have healthcare executives focused on securing significant resources to position themselves as an accountable care organization (Chandra et al., 2013; Shay et al., 2013). Each of the study participants have a major influence on the

success of their organization and recognize executive coaching and leadership

development as success factors.

Bozer et al. (2013) found executive coaching used most often in organizations as

a development strategy because of its ability to be tailored for the individual. Executive

coaching allow emerging leaders to learn from someone who is more experienced about

the organization. Kriger and Zhovtobrykh (2013) and Bozer et al. noted that

organizations providing executive coaching encouraged the formation of networks. The

networks enable the development of leadership skills by allowing the emerging leaders to

access experienced leaders through coaching. Executive coaching is gaining in popularity

and is recognized as an essential success factor in leadership development strategies

(Bozer et al., 2013).

Leadership development institute (LDI). Embedded in the organization's

culture are clear leadership development and training strategies. The LDI is an essential

component of leader development practice within the organization and consists of a series

of leadership training courses offered routinely to department directors and managers

within the organization. Executive Leader 2 stated directors and administrators in the

organization are required to attend "four, five, six, to eight courses, really a lot of time is

dedicated to them." Executive Leader 1 stated, "LDIs are for folks in the major positions

to develop their leadership skills, which afford them the ability to move up in the

organization." Each of the study participants noted the importance of developing leaders

as successors. An asset of the organization, as stated by study participants included

having a leadership development training plan that incorporated the knowledge and

capabilities unique to the business to cultivate the future leaders. Multiple researchers explored the value of effective leadership development programs as a succession planning strategy (Dai, DeMeuse, & Tang, 2013: Grider et al., 2014; Laugesen & France, 2014; Mehrabani & Mohamad, 2015; Schuller et al., 2015).

Grider et al. (2014) pointed out those healthcare systems that implemented leadership development programs centered the strategy on two components: (a) didactic business, and leadership curricula, and (b) team projects with an institutional priority. Mehrabani and Mohamad (2013) found executives focused on developing leaders as a part of the business strategy. A review of the leadership development and training curricula documents supported the organization's operational and strategic planning objectives. The concept of the LDI aligned with the study by Gandhi and Kumar (2014) that focused on the shrinking availability of new talent and an aging workforce as a leading factor contributing to organizational leaders searching for succession planning solutions. Gandhi and Kumar asserted that leadership development programs grounded in succession planning could anchor any organization's strategic plan. Schuller, Kash, and Gamm (2015) found that leadership development programs were becoming a priority among business executives, paying particular attention to the development of their future leaders to sustain long-term effective leadership practices and high organizational performance.

On boarding. Another leadership development strategy used by the organization for individuals that move into an executive leadership role is an executive assimilation on boarding process. The organization utilizes on boarding to support the successful

integration of a person into a new executive leadership role. The executive assimilation on boarding process is a relatively new leadership development process for the organization, launched approximately three years ago. Executive Leader 1 stated he was one the first executives within the organization to complete the on boarding process. Executive Leader 3 (EL3) also completed the on boarding coaching simulation process upon his arrival to the organization. Based on a review of the organizational documents on boarding begins on day one for any new executive joining the organization. Executive Leader 1 stated the requirements of the on boarding process includes the new executive's attendance to essential meetings, receipt of critical tools for success, and the assignment of a core support team to ensure the smooth transition of the leader into the CEO position within the first six months in the role. An executive coach meets individually with the new executive to discuss the implications of the new leadership role. The organizational documents identified the talent management department within the organization as responsible for ensuring the execution of the complete assimilation on boarding process. The on boarding process was the single method identified by each of the study participants that was required by executives. Since its implementation, on boarding continues to be an essential executive leadership succession planning strategy. According to McAlearney (2010), leadership development programs are vital to the constantly evolving healthcare industry. Internal training is the dominant method of training provided to any new executive leader on boarding within the organization. The study participants stated the on boarding strategy to be adequate for meeting the leadership succession planning needs of future executives.

Theme 2: Leadership Dyads

The second theme to emerge was leadership dyads with two subthemes: (a) physician-administrator dyad partnership, and (b) leadership skills. High-quality health care relies on collaboration, teams, and physician leadership as an essential component for optimizing a healthcare organization's performance (Frich, Brewster, Cherlin, & Bradley, 2014). Research conducted by several investigators identified the importance of having a formal leadership development program to strengthen practicing physicians' leadership skills (Frich et al., 2014; Stoller et al., 2016). Executive Leader 1 and EL2 shared the importance of having a written succession plan with a specific person identified. In the absence of the written document, a dyad partnership allows a physician leader to successfully co-lead the hospitals and maintain a meaningful presence in patient care, education, and research (Swensen, Gorringe, & Peters, 2016).

Physician-administrator dyads. Executive Leader 2 described the leadership partnership between the physician and administrator as an experiment for the organization. Swensen et al., (2016) noted, within hospital settings, physician leaders have an assigned administrator who manages the daily operational duties. Executive Leader 2 described the functions of the CEO as being responsible for recruitment, program development, philanthropy, physician engagement, and strategic planning for hospital build-outs. As compared to the administrator's role in the dyad partnership, which the focus is primarily on the business side of healthcare, addressing managerial tasks and ensuring the facility runs efficiently. The primary job duties of the hospital administrator were in operational efficiencies, overseeing special projects, and facility

planning. Another option considered by the organization included adding a chief medical officer (CMO) across the hospital system. Executive Leader 2 stated, "The CMO leadership role is not well defined yet." Employing a CMO as the senior executive leader differs from the physician-administrator dyad partnership that emphasized separate roles rather than redundancy (Henson, 2016). According to Swensen et al., the strength of the dyad partnership is in the synergistic and complementary experiences of the hospital co-leaders. The dyad partnership allows for varying degrees of skills, coaching and mentoring by the physician and administrator. All three of the study participants identified mentoring as a credibly important aspect to growing the next generation of executive leaders.

Leadership skills. The deployment of leadership skills for the new executive leader is paramount. The skills needed to lead a healthcare organization differ from the skills required to practice medicine successfully (Stoller et al., 2016). Physicians' training is minimal on how to lead teams or be team members (Stoller et al., 2016). Study participants EL2 and EL3 collectively had close to 50 years working in healthcare in non-leadership roles. To move into the executive leadership role, they prepared themselves by reading books, returning to school for leadership classes, and joining associations that taught leadership. Some healthcare leaders have implemented a structured program within the organization to develop their physician talent (Henson, 2016). The caveat to using formal programs, such as Master's degree programs or offering business administration classes is the propensity to provide broad-based leadership training rather than goal-based training (Henson 2016). Such programs rarely

define the specific roles a leader might one day occupy and offer no specific plan for advancement into executive level positions (Henson, 2016).

Physicians trained to provide direct patient care, typically focus his or her training in medical education (Snell, Eagle, & Van Aerde, 2014). A growing number of leadership development programs tailored for physicians are being developed by professional associations, universities, and healthcare systems to prepare the next generation of physician leaders (Kaplan & Gingrass, 2017). Physician leaders must demonstrate a balance of clinical expertise, business acumen, strategic thinking, and pragmatic decision-making (Kaplan & Gingrass, 2017). The specific leadership development of physician executives requires a proactive approach that generates the opportunities for future research. Preparation is fundamental to succession planning. By training physicians who might be in line for an executive leadership position, creates an environment that motivates them to pursue leadership opportunities. The way organizations can address the need to ensure an executive successor is to grow prospective candidates within the organization. Executive Leaders 1 and 3 moved into their position after holding several other leadership positions within the organization. Succession planning is valuable to the continuity and survival of the organization when keeping talented individuals in the pipeline (Swensen et al., 2016).

Theme 3: Leadership Pipelines

The third theme to emerge from the findings included growing the next generation through the creation of leadership pipelines. For the future leaders to see what it takes to be an executive-level leader, EL3 stated, "Give them the opportunities to see what you

do, and give them the opportunity to make mistakes, or to learn from your mistakes." In business, succession planning is a systematic process of mentoring, coaching, and identifying individuals within the organization that acquires the skills necessary to move into an executive position (Patidar et al., 2016). Succession planning is a strategic approach that many organizations have a formalized with a written plan that identifies the top talent (Gandhi & Kumar, 2014). Executive Leader 3 spoke with confidence of the leadership development programs offered for all levels within the organization. Physicians, directors, and managers in the organization receive ongoing training. Having a leadership pipeline involves the identification and training of a new generation of leaders, "it is a far greater investment than identifying a person" as shared by EL2. Executive Leader 3's perspective on succession planning was, "you have to grow and mentor the people who can fill the role."

Business executives believe they are good at identifying leadership talent (Philpot & Monahan, 2017). When the study participants were asked how they identify the leaders to include succession-planning initiatives, their answers varied. Some cited intuition or instincts helped in their decision making. Patidar et al. (2016) noted a leadership pipeline of talented individuals is a goal of effective leadership. Failure to develop leadership succession is often because the lack of top leadership not creating strategies for the future (Patidar et al., 2016). Executive Leader 1 spoke of strategies he used to prepare future leaders. He assigned challenging projects in which future leaders "could cut their teeth, make mistakes, and ask questions." Executive Leader 1 discussed using a nine box grid to rank and plot an employee's performance against his or her

potential for a future leadership position. Philpot and Monahan asserted an inherent

problem with using the nine-box grid, as highly subjective, inconsistent, inaccurate and

biased. Implementing an assessment tool to screen and identify high-potential leadership

talent is one option (Philpot & Monahan, 2017). Another essential strategy with

succession planning is to attract qualified people to the position. Business leaders are

pressured for leadership development to catch up with organizational expectations of

those who aspire to lead (McNulty, 2017). Executive Leader 2 stated, "It is not enough

to say there is a position available, you need to be able to tell the world there is a

leadership position available that you should aspire to apply for and be selected."

Organizations that prioritize leadership development efficiently grow emerging leader

talent (Swensen et al., 2016). Employing high-potential individuals for different

leadership positions, with the purpose of maintaining high-quality leadership for the

future, aligns with the human capital theory. Failure by business executives to implement

strategies for succession planning and to retain talented employees could affect business

growth (Booker, Turbutt, & Fox, 2016).

     Identifying top talent. Executive Leader 1 stated, "When the environment is

reactive, or you are in a critical turn around it is a bit harder to be focused on these

proactive things like growing your talent, but it is critically important for the future."

The tools implemented in the multihospital system, as stated by the study participants,

came in many forms such as training, communication, and knowledge transfer to remain

relevant in healthcare. Executive Leader 1 and EL3 approached the discussion on

succession planning as a form of intentionality. The organization must "have a kind of

intention about itself. What individuals, with some additional growth and training, would

aspire to go to the next role?" EL1 stated, "Within the organization, not everyone

classified as a talented employee understood what his or her next step was in the

organization." The executives were shouldering the responsibilities to align executive

leadership development and training opportunities with their strategic planning priorities

to retain the top talent. According to Patidar et al. (2016), most organizations succession

plans are informal and not written down, often led and promoted by the CEO and Board

of Directors. The study participants spoke about formal and informal succession

planning strategies; there was no actual succession plan in place. The study conducted by

Vaughn et al., (2014) identified, various roadblocks and insufficient resources that

hindered leadership succession planning programs and not seen as a priority within some

healthcare organizations.

Applications to Professional Practice

Succession planning functions as part of leadership development programs. The

purpose of this case study was to explore the strategies used by healthcare business

leaders for succession planning. The findings of this study support previous research to

ensure the readiness of executive leaders for succession planning purposes. Healthcare

organizations that utilize executive coaching, dyads, and leadership pipelines strategies to

improve their executive leadership development and succession planning initiative will

experience sustainable growth and organizational success (Stoller, Barker, & FitzSimons,

2013). An evolving healthcare industry requires urgency for robust and efficient leaders.

Developing internal executive leaders is a competitive advantage for organizations and

industry best practice (Swensen et al., 2016). Henson (2016) indicated that an increasing

number of physicians were moving from clinical practice to executive-level healthcare

leadership positions. Strong environmental forces in the healthcare industry require

healthcare leaders to be efficient with the use of scarce resources and improve the quality

and focus of patient care (Hopkins, O'Neil, & Stoller, 2014). A strategy in the industry

includes looking at the role of the physician in healthcare (Hopkins et al., 2014).

Physicians are a fundamental consideration for the chief executive officer position

because of the characteristics that made him or her competent clinicians. Physician

leaders are essential for optimizing high-quality health care (Frich et al., 2014). There is

a growing demand that the physician takes on dual roles, to include medicine and hospital

leadership (Hopkins et al., 2014). Findings from this study might help other professional

practices to develop and execute a systematic cohesive leadership succession planning

approach for preparing future leaders. Leadership succession planning could improve the

ability of executives to inspire and motivate high-potential individuals to be future

executive leaders.

Implications for Social Change

Exploring the strategies used by healthcare business leaders for succession

planning could help other leaders improve their strategy for developing future leaders.

The United States healthcare industry is one of the largest and fastest-growing businesses

in the world, and great leadership is essential to great organizations (Hopkins et al.,

2014). The senior-level executive in healthcare organizations is the person with the most

significant impact on improving the quality of patient care. The need to invest in the

development of leaders and healthcare leadership skills contributes to the achievement of positive social change outcomes (Booker, Turbutt, & Fox, 2016). Numerous regulations from federal, state, and local governments affect the cost and the delivery of quality patient care. The passage of the Affordable Care Act (ACA) in 2010 represented a fundamental and an efficient method to reform the United States healthcare delivery system (Shay et al., 2013). Healthcare executives play a significant role in health reform and envision a higher quality of patient care, with reduced costs. It is critical for healthcare organizations to implement leadership development programs to adequately prepare future leaders for the multitude of changes expected with health care reform.

The ACA changes under debate in 2017 could hurt providing quality patient care to both healthy and sick Americans (Fox et al., 2017). A substantial reduction in the coverage of 22 million Americans would create new challenges for healthcare executives (Fox et al., 2017). The social implication of ACA repeal for the health of Americans, is health insurance allows individuals access to care when sick (Fox et al., 2017). Healthcare executives should focus taking care of the people and the communities they serve (Kaplan & Gingrass, 2017). The proactive involvement of executive leaders can ensure the implementation of strategies within set time frames, establish boundaries for acceptable solutions, and monitor organizational performance (Booker et al., 2016). Leadership involvement is essential to the success in the delivery of quality healthcare. The results of this study identified viable strategies that healthcare executives utilize to develop and prepare future leaders. The physician-administrator leadership dyad is such a strategy, allowing the physician leader to successfully co-lead a hospital and maintain a

significant involvement in patient care decisions. The physician-administrator leadership

dyad approach creates an environment conducive to the leadership development of

executives by keeping a focus on the reason that healthcare organizations exist, to care

for patients (Swensen et al., 2016). The implications for social change could have an

impact on the organization's quality improvement initiatives, such as the leadership

development and succession planning programs that require the engagement and

empowerment of senior-level healthcare executives. Prepare future leaders engaged with

improving the quality of patient care can contribute to the vision of excellent quality and

positive social change.

Recommendations for Action

Given the increasingly complex healthcare industry, the challenges and demands

are too high to delay in preparing for the next generation of executives. Recommended

actions include healthcare organizations developing a robust on boarding process for all

physicians at the time of recruitment. The success of the strategy requires healthcare

organizations seriously considering leadership dyads, specifically a physician-

administrator dyad partnership. For healthcare systems, future success depends on the

ability to intentionally identify, and develop physician leaders (Kaplan & Gingrass,

2017). Healthcare systems need clear pathways for physicians to the leadership roles

within the organization. The implication of health care reform is that physicians have a

vested interest in partnering with a hospital administrator to deliver coordinated high-

quality and cost-effective care (Kaplan & Gingrass, 2017).

Healthcare organizations must prioritize its investment in executive leadership development and establish a formal physician leadership development and training program when considering a physician-administrator dyad relationship. The implementation of the on boarding activities occurs at the time of physician recruitment. This final strategy involves employing a unique core set of skills that result in effective physician leadership development. Healthcare organizations that harness the strategies to improve and develop physician leadership for succession planning initiatives can leverage the human capital they need to retain and prosper in the future. The organizational leaders must demonstrate an intentional approach to ensure a successful program outcome.

Recommendations for Further Research

The objective of this qualitative multiple case study was to explore the strategies used by healthcare business leaders for succession planning. A single limitation of the study is noted. The three participants were the CEOs of a multihospital system and represented a small census sample being 100% of the study population. The study population is the limitation. My recommendation for further research is to compare the effects of leadership dyads in various-sized institutions with a focus on the structure of physician-administrator leadership dyads among healthcare organizations. Creating an alternate pathway for physician advancement within the healthcare organization could further ensure the leadership pipeline of future executive leaders. The development of physician leaders requires an intentional approach to this strategy. Healthcare organizations could create an assistant chief executive officer or similar senior level

position in which a new physician leader-in-training rotates periodically to gain executive

leadership experience. This approach of physician leadership development could be a

component of the organization's succession planning initiative.

Reflections

Attempting to complete my Doctorate of Business Administration (DBA) degree

in three years and working full-time was a challenge. There were numerous times I had

thoughts of self-doubt. My thoughts were did I have the 'right stuff' for this intensive

type of study. I seriously considered resigning my employment so I could focus 100% of

the time on my doctoral studies. My thoughts of self-doubt lessened through prayer. The

thoughts of leaving my job ended when I completed the first oral defense of my proposal.

I had no regrets or second thoughts about the decisions made about the research process,

or the business problem I selected to study. Enrolling in the Walden University

Doctorate of Business Administration Program, instead of a Ph.D. program, choosing a

qualitative rather than a quantitative or mixed method study, and completing my degree

in 2017 instead of sooner was a part of God's plan. The entire experience was life

altering and fulfilling.

There were several blessings and memorable moments on this journey. Some of

the toughest, most rewarding, and memorable moments included the multiple rewrites of

various sections of my proposal. The academic feedbacks received with the rewrites

were insightful and significantly improved my scholarly writing from when I started the

program. Another important aspect of the journey involved the Walden University

weekly discussion forum. The forum to communicate and share thoughts with my

classmates and Chair was a source of support. The discussions energized and grounded me to keep things in perspective. The objective of completing this degree was to avail me other options for employment opportunities ultimately. The many blessings included the marriage of one child, the graduations of one son from law school, and one son from college, and the celebration of my 40th wedding anniversary.

Completing the data collection aspect of the study, that included interviewing the CEO of three hospitals in south central Texas, made me keenly aware of the relevancy and the magnitude of this business problem. The interaction with each CEO was of high respect and appreciation. Each CEO used the interview time to speak candidly and without reservation about the study subject. Since the study organization also happened to be my employer, the relationships established with the CEOs have been both positive and congenial. If I were a few years younger, I would aspire to seek such a leadership role. The findings of the research strengthened and increased my knowledge base about leadership succession planning. The strategies identified can improve the leadership preparedness of the next generation of healthcare executives within the organization and possibly across the United States.

Conclusion

Healthcare organizations face numerous challenges that include an aging executive leader population. The success of many organizations has, to a significant part been from the performance of its executives. Consequently, there is an increasing need to explore new and efficient methods to prepare future leaders. The development of future healthcare executive leaders requires a proactive approach. Healthcare leadership

programs must focus on developing a leadership pipeline for sustained organizational success. Considering leadership dyads, which include a physician–administrator partnership, is a viable solution to succession planning.

An opportunity exists for healthcare organizations to employ physician-administrator dyad partnerships as explored in this paper. Physicians are essential for optimizing high-quality health care and are a natural fit for the position of chief executive officer (Frich et al., 2014). A conclusion from this research is physician leaders distinguished by their clinical expertise and ability to enact multiple functions is pivotal for the future of healthcare.

References

Abro, M.M., Khurshid, M. A., & Aamir, A. (2015). The use of mixed methods in

    management research. *Journal of Applied Finance & Banking, 5*(2), 103-108.

    Retrieved from http://www.scienpress.com/journal_focus.asp? Main

Anantatmula, V. S. & Shrivastav, B. (2012). Evolution of project teams for Generation Y

    workforce. *International Journal of Managing Projects in Business*, *5*(1), 9-25.

    doi:10.1108/17538371211192874

Anjum, J. & Bolo, D. (2013). Retaining experienced hospital administrators: A neglected

    topic in healthcare. *Hospital Topics, 91*, 87-93.

    doi:10.1080/00185868.2013.848161

Arik, M. & Dunne, T. C. (2014). Resource-based perspective of education: A multi-level

    analysis of the value of creating human capital. *The Journal of Applied*

    Management and Entrepreneurship, 19(4), 3-23. Retrieved from

    http://www.business.nova.edu/JAME/

Becker, G. S. (1993). Nobel lecture: The economic way of looking at behavior. *Journal*

    of Political Economy, 101(3), 385-409. Retrieved from

    http://www.journals.uchicago.edu/loi/jpe

Ben-Hur, S., Jaworski, B., & Gray, D. (2015). Aligning corporate learning with strategy.

    MIT Sloan Management Review, 57(1), 53-59. Retrieved from

    http://sloanreview.mit.ed

Booker, C., Turbutt, A., & Fox, R. (2016). Model of care for a changing healthcare

sysem: Are there foundational pillars for design? *Australian Health Review, 40*,

136-140. doi:10.1071/AH14173

Bozer, G., Sarros, J. C., & Santora, J. C (2013). The role of coachee characteristics in

executive coaching for effective sustainability. *The Journal of Management

Development, 32*, 277-294. doi:10.1108/02621711311318319

Broscio, M. (2014). Career management in today's healthcare environment. *Journal of

Healthcare Management, 59*(6), 395-398. Retrieved from

https://ache.org/pubs/jhm/jhm_index.cfm

Burch, R. F. & Strawderman, L. (2014). Leveraging generational differences to reduce

knowledge transfer and retention issues in public administration. *Public

Administration Research, 3*, 61-75. doi:10.5539/par.v3n2p61

Cangemi, J., Burch, B., & Miller, D. (2015). Judging the executive leadership team-a

proposal. *Organizational Development Journal, 33*(2), 67-77. Retrieved from

http://www.isodc.org/

Chambers, M. S. (2013). An employee and supervisory development program: Bridging

theory and practice. *International Journal of Business and Social Science, 4*(8),

138-143. Retrieved from http://www.ijbssnet.com

Chandra, A., Holmes, J. & Skinner, J. (2013). Is this time different? The slowdown in

healthcare spending. *Brookings Papers on Economic Activity,* 1-28. Retrieve

from http://brookings.edu/about/projects/bpea

Cohanier, B. (2014). What qualitative research can tell us about performance management systems. *Qualitative Research in Accounting & Management, 11*, 380-415. doi:10.1108/QRAM-06-2013-0023

Dai, G., DeMeuse, K., & Tang, K. (2013). The role of learning agility in executive career success: the results of two field studies. *Journal of Managerial Issues, 25*(2), 108-131. Retrieved from http://www.pittstate.edu/business/journal-of-managerial-issues/index.dot

Deaton, A.V., Wilkes, S. B., & Douglas, R. S. (2013). Strengthening the next generation: A multi-faceted program to develop leadership in emerging nonprofit leaders. *Journal of Nonprofit Education and Leadership, 3(*1), 34-46. Retrieved from http://www.js.sagamorepub.com/jnel

Desir, E. (2014). Exploring obstacles to success for early careerists in healthcare leadership. *Journal of Healthcare Management, 59*(4), 250-253. Retrieved from https://ache.org/pubs/jhm/jhm_index.cfm

Dhanda, K. K. (2013). Case study in the evolution of sustainability: Baxter international, inc. *Journal of Business Ethics, 112*, 667-684. doi:10.1007/s10551-012-1565-2

Dominguez-CC, M., & Barrosa-Castro, C. (2017). Managerial change and strategic change: The temporal sequence. *Journal of Management and Organizational, 23*(1), 46-73. doi:10.1017/jmo.2016.49

Dominguez-CC, M., Galàn-Gonzàlez, J. L., & Barrosa, C. (2015). Patterns of strategic change. *Journal of Organizational Change Management, 28*, 411-431. doi:10.1108/JOCM-05-2014-0097

DuBois, J. M., Beskow, L., Campbell, J., Dugosh, K., Festinger, D., Hartz, S., James, R. & Liotz, C. (2012). Restoring balance: A consensus statement on the protection of vulnerable research participants. *American Journal of Public Health, 102*(12), 2220-2225. Retrieved from http://www.ajph.aphapublications.org/

Drucker, P. F. (1955). "Management science" and the manager. *Management Science, 1*(2), 115-126. Retrieved from http://pubsonline.inform.org/journal/mnsc

Elson, C.M., Ferrere, C.K. (2013). Executive superstars, peer groups, and overcompensation: Cause, effect, and solution. *Journal of Corporation Law*, *38*(3), 587-531. Retrieved from http://jcl.lawuiowa.edu/

Fisher, J. A. (2013). Expanding the frame of "voluntariness" in informed consent: structural coercion and the power of social and economic context. *Kennedy Institute of Ethics Journal, 23*(4), 355-379. Retrieved from http://www.press.jhu.edu/journals/kennedy institute of ethics of journal

Flatt, S. J., Harris-Boundy, J., & Wagner, S. (2013). CEO succession: A help or hindrance to corporate reputation? *Corporate Reputation Review, 16*, 206-219. doi:10.1057/crr.2013.12

Florea, L., Cheung, Y. H., & Herndon, N. C. (2013). For all good reasons: Role of values in organizational sustainability. *Journal of Business Ethics, 114*, 393-408. doi:10.1007/s10551-012-1355-x

Forster-Holt, N. (2013). Entrepreneur as "end" repreneur: The intention to retire. *Small Business Institute Journal, 9*(2), 29-42. Retrieved from http://www.sbij.org/index/php/SBIJ

Foster, D. J., Hays, T., & Alter, F. (2013). Facing methodological challenges of re-using previously collected data in a qualitative inquiry. *Qualitative Research Journal, 13*(1), 33-48. doi:10.1108/1439881311314522

Fox, D. M., Galea, S., & Grogan, C. (2017). Could the president and congress precipitate a public health crisis? *American Journal of Public Health, 107*, 234-235. doi:10.2105/AJPH.2016.3030597

Frechtling, D. C. & Boo, S. (2012). On ethics of management research: An exploratory investigation. *Journal of Business Ethics, 106*, 149-160. doi:10:1007/s1055-011-0986-7

Frels, R. K. & Onwuegbuzie, A. J. (2013). Administering quantitative instruments with qualitative interviews: A mixed research approach. *Journal of Counseling and Development, 91*, 184-194. doi:10:1002/j.1556-6676.2013.00085.x

Frich, J. C., Brewster, A. L., Chelin, E. J., & Bradley, E. H. (2014). Leadership development programs for physicians: A systemic review. *Journal General Internal Medicine, 30*, 656-374. doi:10.107/s11606-014-3141-1

Fusch, P. I. & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9), 1408-1416. Retrieved from http://www.nova.edu/ssss/QR/index.html

Gan, G. C. & Chong, C. W. (2015). Coaching relationship in executive coaching: A Malaysian study. *Journal of Management Development, 34*(4), 493-476. Retrieved from http://www.emeraldsight.com.ezp

Gandhi, D. & Kumar, P. (2014). Succession planning: Developing leaders for tomorrow to ensureorganizational success. *The International Journal of Business Management, 2*(3), 1-5. Retrieved from http://www.ccsenet.org/journal/index.php/ijbm/index

Garcia, D., & Gluesing, J. C. (2013). Qualitative research methods in international organizational change research. *Journal of Organizational Change, 25*, 422-444. doi:10.1108/09534811311328416

Goldman, E. F., Scott, A. R, & Follman, J. M. (2015). Organizational practices to develop strategic thinking. *Journal of Strategy and Management, 8*, 155-175. doi:10.1108/JSM-01-2015-0003

Gordon, S., Blake, R., & Shankaranarayanan, G. (2013). Case-based research in information systems: Gaps and trends. *Journal of Information Technology Theory and Application, 14*(2), 47-68. Retrieved from http://www.jitta.org/

Grandy, G. (2013). An exploratory study of strategic leadership in churches. *Leadership & Organization Development Journal, 34*, 616-638. doi:10.1108/LODJ-08-2011-0081

Grider, J. S., Lofgren, R., & Weickel, R. (2014). The impact of an executive leadership development program. *Leadership Quarterly, 1*(1), 66-71. Retrieved from http://www.elsevier.com/locate/issn/10489843

Hargis, M. B., Watt, J., & Piotrowski, C. (2011). Developing leaders: Examining the role of transactional and transformational leadership across business contexts.

Organization Development Journal, 29(3), 51-66. Retrieved from

http://www.isodc.org/

Hauser, M.C. (2014). Leveraging women's leadership talent in healthcare. *Journal of*

Healthcare Management, 59(5), 318-322. Retrieved from

https://ache.org/pubs/jhm/jhm index.cfm

Hayek, M., Bynum, L. A., Smothers, J. & Williams, W. A. (2014). Managing healthcare

alliance portfolios: A theory-based typology. *Journal of Applied Management*

and Entrepreneurship. 19(1), 3-17. Retrieved from

http://www.business.nova.edu/JAME/

Heckman, J. (1998). What should be our human capital policy? *Fiscal Studies, 19*(2),

103-119. Retrieved from

http://onlinelibrary.wiley.com.ezp.waldenulibrary.org/journal/10.1111(ISSN)1475

-5890

Henson, J. W. (2016). Five ideas for the development of successful physician leaders.

Journal of Healthcare Management, *61*(3), 171-175. Retrieved from

https://ache.org/pubs/jhm index.cfm

Heyvaert, M., Maes, B., & Onghena, P. (2013). Mixed methods research synthesis:

Definition, framework and potential. *Quality and Quantity, 47*, 659-676.

doi:10.1007/s11135-011-9538-6

Hooijberg, R. & Lane, N. (2016). How boards botch CEO succession. *MIT Sloan*

Management Review, 57(4), 14-16. Retrieved from http://sloanreview.mit.edu/

Hopkins, M. M., O'Neil, D. A. & Stoller, J. K. (2014). Distinguishing competencies of

    effective physician leaders. *Journal of Management Development, 34*, 566-584.

    doi:101108/JMD-02-2014-0021

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigor in qualitative case-study

    research. *Nurse Researcher, 20*(4), 7-12. Retrieved from

    http://rcnpublishing.com/journal/nr

Humphries, S., Stafinski, T., Mumtaz, Z., & Menon, D. (2014). Barriers and facilitators

    to evidence-use in program management: A systematic review of the literature.

    BMC Health Services Research, 14, 171-186. doi:10.1186/1472-6963-14-171

Humphrey, C. (2014). Qualitative research-mixed emotions. *Qualitative Research in*

    Accounting & Management, *11*(1), 51-70. doi:10.1108/QRAM-03-2014-0024

Hurst, D. K. (2013). Practical wisdom: Reinventing organizations by rediscovering

    ourselves. *Management Research Review, 36*, 759-766. doi:10.1108/MMR-11-

    2012-0256

Imran, A. & Yusoff, R. Md. (2015). Empirical validation of qualitative data: A mixed

    method approach. *International Journal of Economics and Financial Issues,*

    5(1S), 1-7. Retrieved from http://www.econjournals.com/index.php/ijefi

Intintoli, V. J., Zhang, A., & Davidson III, W. N. (2014). The impact of CEO turnover on

    firm performance around interim successions. *Journal of Management &*

    Governance, 18, 541-587. doi:10.1007/s10997-012-9253-2

Joe, C., Yoong, P., & Patel, K. (2013). Knowledge loss when older experts leave knowledge-intensive organisations. *Journal of Knowledge Management, 17*, 913-927. doi:10.1108/JKM-04-2013-0137

Kaplan, A. S. & Gingrass, J. (2017). 5 inescapable issues for medical groups. *Physician Leadership Journal, 4*(3), 14-19. Retrieved from: http://www.physicianleaders.org/news/journals/plj/index

Kapoor, C. & Solomon, N. (2011). Understanding and managing generational differences in the workplace. *Worldwide Hospitality and Tourism Themes, 3*, 308-318. doi: 10.1108/17554211111162425

Kash, B. A., Spaulding, A., Gamm, L. D., & Johnson, C. E. (2014). Healthcare strategic management and the resource based view. *Journal of Strategy and Management, 7*, 251-264. doi:10.1108/JSM-06-2013-0040

Kash, B. A., Spaulding, A., Johnson, C. E., Gamm, L., & Hulefield, M. (2014). Success factors for strategic change initiatives: A qualitative study of healthcare administrators' perspectives/practitioner application. *Journal of Healthcare Management, 59*(1), 65-81. Retrieved from https://ache.org/pubs/jhm/jhmindex_cfm

Kearns, K. P., Livingston, J., & Scherer, S. (2015). Leadership skills as construed by nonprofit chief executives. *Leadership & Organization Development Journal, 36*, 712-727. doi:10.1108/LODJ-1-2013-0143

Keutal, M., Michalik, B., & Richter J. (2014). Towards mindful case study research in IS: A critical analysis of the past ten years. *European Journal of Information Systems*, *23*, 256-272. doi:10.1057/ejis.2013.26

Khan, S. N. (2014). Qualitative research method: Grounded Theory. *International Journal of Business and Management, 9*, 1833-8119. doi:10.5539/ijbm.v9n11p224

Kriger, M., & Zhovtobryukh, Y. (2013). Rethinking strategies leadership: stars, clans, teams and networks. *Journal of Strategy and Management, 6*, 411-432. doi:10.1108/JSMA-09-2012-0051

Landry, A. Y. & Hearld, L. R. (2013). Did we learn everything we need to know in school? *Leadership & Organization Development Journal, 34*, 164-181. doi: 10.1108/01437731331321922

Lajili, K. (2012). Towards building a human-capital based governance framework. *Journal of Management Policy and Practice, 13*(3), 13-30. Retrieved from http://www.na-businesspress.com/jmppopen.html

Laugesen, M. J. & France, G. (2014). Integration: The firm and the healthcare sector. *Health Economics, Policy and Law, 9*, 295-312. doi:10.1017/51744133114000139

Lawrence, J. & Tar, U. (2013). The use of grounded theory technique as a practical tool for qualitative data collection and analysis. *Electronic Journal of Business Research Methods, 11*(1), 29-40. Retrieved from http://www.ejbrm.com

Longenecker, C., Longenecker, P. D., & Gering, J. T. (2014). Why hospital improvement efforts fail: A view from the front line. *Journal of Healthcare Management, 59*(2), 147-159. Retrieved from https://ache.org/pubs/jhm/jhm index.cfm

Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research: A review of qualitative interviews in IS research. *The Journal of Computer Information Systems, 54*(1), 11-22. Retrieved from http://www.svpublishers.co.uk/#/ijcis/4547309847 I

Mariotto, F. L., Zanni, P. P., & De Moraes, G. H. S. M. (2014). What is the use of a single-case study in management research? *Revista de Administracao-de Empresas, 54*, 358-369. doi:10.1590/S0034-75020140402

Mehrabani, S. E. & Mohamad, N. A. (2015). New approach to leadership skills development (developing a model and measure). *Journal of Management Development, 34*, 821-853. doi:10.1108/JMD-03-2013-0046

McAlearney, A. S., (2010). Executive leadership development in U.S. health systems. *Journal of Healthcare Management, 55*(3), 206-224. Retrieved from https://www.ache.org/jhm_index.cfm

McCallum, S. & O'Connell, D. (2009). Social capital and leadership development. *Leadership & Organization Development Journal, 30*, 152-166. doi:10.1108/01437730910935756

McNulty, E. J., (2017). Leadership development's epic fail. *MIT Sloan Management Review, 58*(4), 1-9. Retrieved from: http://sloanreview.mit.edu/

Meeks, M. (2015). Strategic management and the disparate duties of the CEO. *Academy of Strategic Management Journal, 14*(2), 93-116. Retrieved from http://www.alliedacademies.org/public/journaldetails/.aspx?jid=13

Muczyk, J. P. & Adler, T. R. (2014). A strategy for climbing the organizational ladder. *Academy of Strategic Management Journal, 13*(2), 37-49. Retrieved from http://www.alliedacademies.org/public/journals/journaldetails.aspx?jid=13

Munn, Z., Porritt, K., Lockwood, C., Aromataris, E., & Pearson, A. (2014). Establishing confidence in the output of qualitative research synthesis: The conqual approach. *BMC Medical Research Methodology, 14*(108), 1-7. Retrieved from http://www.biomedcentral.com/bmcmedresmethodl/

Novicevic, M. M., Zikic, J., Martin, J., Humphreys, J., & Roberts, F. (2013). Responsible executive leadership: A moral identity analysis based on Barnard's conceptualization. *Journal of Management History, 19*, 474-491. doi:10.1108/JMH-10-2011.0030

Ntshoe, I. & Selesho, J. M. (2014). Investing in leadership, governance and management to improve quality of teaching and learning: A human capital perspective. *International Business & Economics Research Journal, 13*(3), 475-484. Retrieved from http://www.serialspublications.com/journals/journal-details-php.jid=30

Oleinik, A., Popova, I., Kirdina, S., & Shatalova, T. (2014). On the choice of measures of reliability and validity in the content analysis of texts. *Quality and Quantity, 48*, 2703-2718. doi:10.1007/s1135-013-9919-0

Oyler, J. D., & Pryor, M. G. (2009). Workplace diversity in the United States: The perspective of Peter Drucker. *Journal of Management History, 15*, 420-451. doi:10.1108/1751340910987338

Patidar, N., Gupta, S., Azbik, G., Weech-Maldonado, R., & Finan, J. J. (2016). Succession planning and financial performance: Does competition matter? *Journal of Healthcare Management, 61*(3), 215-229. Retrieved from https://ache.org/pubs/jhm_index.cfm

Pearce, C. L., Manz, C. C., & Akanno, S. (2013). Searching for the holy grail on management development and sustainability: Is shared leadership development the answer? *Journal of Management Development, 32*, 247-257. doi:10.1108/02621711311318274

Philpot, S. & Monahan, K. (2017). A data-driven approach to identifying future leaders. *MIT Sloan Management Review, 58*(4), 19-21. Retrieved from: http://sloanreview.mit.edu/

Platonova, E. A. & Hernandez, R. S. (2013). Innovative human resource practices in U.S. hospitals: An empirical study. *Journal of Healthcare Management, 58*(4), 290-301. Retrieved from https://www.ache.org/jhm/jhm_index.cfm

Rowley, J. (2012). Conducting research interviews. *Management Research Review, 35*, 260-271. doi:10.1108/0140917121121054

Sandonà´, L. (2013). Broadening neoclassical human capital theory for the attainment of integral human development. *Journal of Markets & Morality, 16*(1), 25-36. Retrieved from http://www.marketsandmorality.com/index.php/mandm

Santora, J. C., Sarros, J.C., Bozer, G., Esposito, M., & Bassi, A. (2015). Nonprofit
executive succession planning and organizational sustainability. *The Journal of
Applied Management and Entrepreneurship, 20*, 66-82.
doi:10.9774/GLEAF.3709.2015.oc.00006

Sarma, S. K. (2015). Qualitative research: Examining the misconceptions. *South Asian
Journal of Management, 22*(3), 176-191. Retrieved from http://www/sajm-
amdisa.org

Schuller, K. A., Kash, B.A., & Gamm, L. D. (2015). Studer group's evidence-based
leadership initiatives: Comparing success and sustainability in tow health systems.
Journal of Health Organization and Management, 29, 684-700.
doi:10.1108/JHOM-10-2013-0211

Schultz, T.W. (1961). Investment in human capital. *American Economic Review, 51*(1),
1-17. Retrieved from http://www.aeaweb.org/aer/index.php

Shay, P. D., Mick, S. S., & Garner, C. (2013). Post-acute care and vertical integration
after the patient protection and affordable care act. *Journal of Healthcare
Management, 58*(1), 15-27. Retrieved from https://ache.org/pubs/jhm_index.cfm

Simoneaux, S. L., & Stroud, C. L. (2014). Succession planning: Intentional and
systematic preparation for the future. *Journal of Pension Benefits, 21*(2), 62-63.
Retrieved from http://www.aspenpublishers.com/Product.asp?catalog

Snell, A. J., Eagle, C., & Van Aerde, J. E. (2014). Embedding physician leadership
development within health organizations. *Leadership in Health Services, 27*, 330-
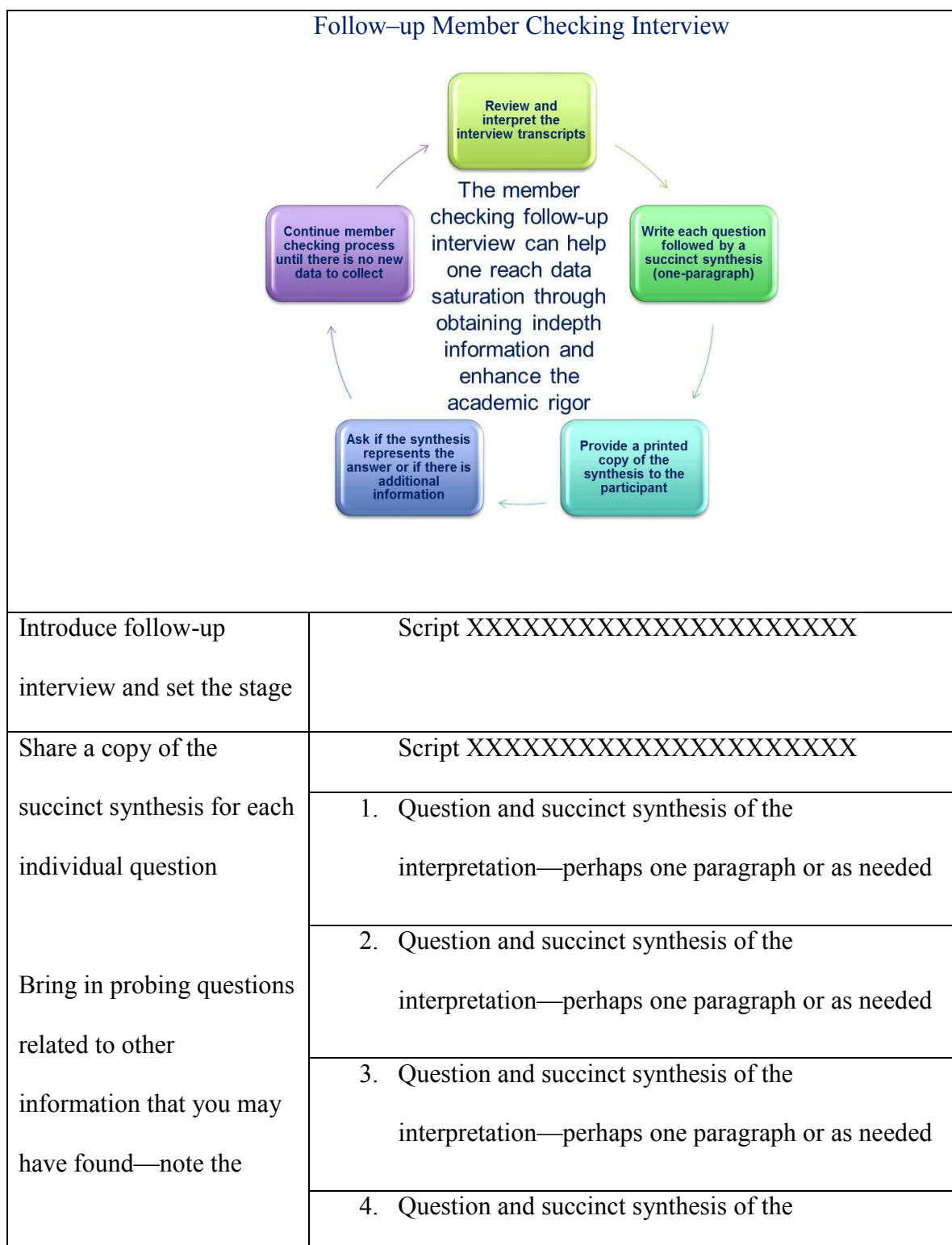342. doi:10.1108/LHS-04-2014-0033

Stahl, G. K., Bjorkman, I., Farndale, E., Morris, S. S., Paauwe, J., Stiles, P., Trevor, J., &
Wright, P. (2012). Six principles of effective global talent management. *MIT
Sloan Management Review, 53*(2), 25-32. Retrieved from
http://sloanreview.mit.edu

Stoller, J. K., Barker, C., & FitzSimons, K. (2013). Physician-leader on-boarding: The
Cleveland clinic. *The Journal of Management Development, 32*, 960-970.
doi:10.1108/JMD-06-2011-0072

Swensen, S., Gorringe, G., Caviness, J., & Peters, D. (2016). Leadership by design:
Intentional organization development of physician leaders. *The Journal of
Management Development, Bradford, 35*(4), 549-570. Retrieved from
http://www.emeraldsight.com.ezp.waldenulibrary.org/loi/jmd

Temkar, V. R. (2013). Investment in employee retention as a means of achieving the
strategic business objectives of the organization: An overview. *International
Journal of Organizational Behavior & Management Perspectives, 2*(3), 499-504.
Retrieved from http://pezzottaitejournals.net/index.php/IJOBMP

Terblanche, N. H. D., Albertyne, R. M., & Van Coller-Peter, S. (2017). Designing a
coaching intervention to support leaders promoted into senior positions. *SA
Journal of Human Resource Management, 15*, 1-10. doi:10.4102/sajhm.v150.842

Vaughn, T., Koepke, M., Levey, S., Kroch, E., Hatcher, C., Tompkins, C., Baloh, J., & Franks, D. E. (2014). Governing board, c-suite, and clinical management perceptions of quality and safety structures, processes, and priorities in U.S. hospitals. *Journal of Healthcare Management, 59*(2), 111-128. Retrieved from https/www.ache.org/pubs/jhm_index.cfm

Wang, Y. M. & Yang, K. M. (2015). The impact of executive job demands on dismissals of newly appointed CEOs. *Journal of Management and Organization, 21*, 705-724. doi:10.1007/jmo.2014.91

Witte, A. E. (2014). Co-operation-the missing value of business education. *Journal of Management Development, 33*, 357-373. doi:10.1108/JMD-02-2013-027

Yap, Q. S. & Webber, J. K. (2015). Developing corporate culture in a training department: A qualitative case study of internal and outsourced staff. *Review of Business and Finance Studies, 6*(1), 43-56. Retrieved from http://www.theibfr.com/rfcs.htm

Yin, R. K. (2014). Designing case studies: Identifying your case(s) and establishing the logic of your case study. In R. K. Yin, *Case Study Research*. Los Angeles, CA: SAGE Publications, Inc.

Appendix A*:* Interview Protocol

What you will do	What you will say—script
Introduce the interview and set the stage—often over a meal or coffee	Script: Thank you for agreeing to this interview. Please again review the consent form you signed earlier and share if you have any additional questions. I will be recording this interview and will protect your confidentiality by not including and deleting your name, the name of the organization, or any other names you may reference in your responses. The audiotaping will not occur if you have changed your decision or you appear uncomfortable with the presence of the recording device during the interview.
• Watch for non-verbal queues	1. How do executive leaders in your organization identify the leaders to include in succession planning initiatives?
• Paraphrase as needed	2. What development opportunities do you make available to future leaders?
• Ask follow-up probing questions to get more in depth	3. What strategies do you use for your succession planning initiatives?
	4. How has your leader development strategies prepared future leaders to progress up the executive ladder within this organization?
	5. How do the developmental experiences of your future leaders compare to your personal experiences?
	6. How do you assess the effectiveness of your leadership

	development program activities?
	7. How do the organization's succession planning efforts enhance the ability to achieve orderly leadership transitions within the organization?
	8. Last interview question is a wrap up question such as: What additional experiences have you had…?
Wrap up interview thanking participant	Script: Thank you again for agreeing to this interview. XXXXXXXXXXXXXXXXXXXXXX
Schedule follow-up member checking interview	Script XXXXXXXXXXXXXXXXXXXXXX

Follow–up Member Checking Interview	
Introduce follow-up interview and set the stage	Script XXXXXXXXXXXXXXXXXXXXXX
Share a copy of the succinct synthesis for each individual question	Script XXXXXXXXXXXXXXXXXXXXXX
	1. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed
	2. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed
Bring in probing questions related to other information that you may have found—note the	3. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed
	4. Question and succinct synthesis of the

information must be related so that you are probing and adhering to the IRB approval.
 	
      Walk through each question, read the interpretation and ask:
 	
      Did I miss anything? Or, What would you like to add?
	interpretation—perhaps one paragraph or as needed

	5. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed
	6. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed
	7. Question and succinct synthesis of the interpretation—perhaps one paragraph or as needed 8. Last interview question is a wrap up question such as: What additional experiences have you had…?