The SIENES Management Succession Model and the Lived Experiences of Hospital Nursing Leaders

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ABSTRACT

This qualitative phenomenological study explored the lived experiences of 22 purposively selected nurse leaders, administrators, human resource officers, and hospital owners in Level II and III hospitals within region 12 – SOCCSKSARGEN, Philippines, concerning succession planning and leadership transition in the nursing profession. The research aimed to understand current practices, challenges, and opportunities to utilize these insights in developing a nursing management succession model. Using Colaizzi's seven-step thematic analysis, the study revealed five major themes: (1) Absence of Structured Succession Systems, describing planning as reactive, informal, and unsupported by policy; (2) Impact on Leadership Readiness and Morale, often resulting in emotional distress and operational disruption from abrupt transitions; (3) Essential Leadership Attributes; (4) Organizational Support Deficiency; and (5) Need for Sustainable Succession Models. The findings underscore the urgent necessity for hospital institutions and policymakers to prioritize formal succession planning as a strategic imperative. A key outcome is the development of the SIENES Nursing Management Succession Model, an evidence-based framework designed to institutionalize leadership continuity through six pillars: Structure Succession Planning, Institutional Policy Framework, Essential Leadership, Nurturing Practices and Mentorship, Evaluation, and Sustainability. This model holds potential for widespread implementation, significantly contributing to organizational resilience, patient safety, and leadership sustainability in various hospital settings.

Keywords— Nurse Leader, Nurse Administrator, Nursing Leaders, SIENES Model

INTRODUCTION

In nursing, it is challenging to prepare nursing leaders to assume key leadership roles brought about by multifaceted components like the aging nursing workforce, imminent retirement, illnesses, and wage gap. Vacancies or incompetence in nursing management positions can have a damaging effect on organizational success and leadership. It is critical to plan for the replacement of knowledgeable and competent managers in the position (Ashghali-Farahani, Salehi, Mirzaee, 2024).

Succession planning is the key to helping organizations cultivate, develop, and sustain a leadership pipeline for future leadership positions while preserving productivity and long–term success in the healthcare system at various levels of management (Yudianto, Sekawarna, Susilaningsih & Ramoo, 2023).

Globally, the engagement of leadership succession planning in hospitals and health systems is an area of healthcare, particularly in nursing, that has not received much attention but requires intervention (Nowak, Scanlan, 2021 & Smith, 2019). Many organizations fail to prioritize succession planning, while others hesitate to implement it as capable successors might eventually replace them (Chang & Besel, 2021). There are instances wherein limitations on time, inadequate resources, and no existing program implemented make succession planning difficult (Karaki & McFadden, 2022).

Whilst there is a dearth of studies about succession planning in nursing in the Philippines, it has become increasingly important due to the growing need for leadership continuity to ensure safe and quality patient care.

No studies exist in the SOCCSKSARGEN (South Cotabato, Cotabato, Sultan Kudarat, Sarangani, and General

Santos City) area on the engagement of potential leaders in succession planning before taking the leadership role. There is a need to strategize by retaining, developing, and recruiting nursing leaders employing best practices and programs in succession planning (Wymer, 2021).

As the Chief Nurse of a Level II hospital and having been in the nursing practice for almost 26 years, the researcher witnessed and experienced the detrimental impact of the absence of a succession plan. Hospitals often adopt a reactive approach to leadership replacement, addressing the need for potential leaders only when an unexpected vacancy occurs or, in some cases, without hiring. The vacant position leads to compounding effects on leadership gaps, dispersed management, and delayed decision-making, placing the efficiency of the nursing operation at risk. Moreover, when the successor is unprepared or forced to assume the responsibility, it leads to exhaustion and frustration.

There is a weakening in the supervision and mentoring of staff, inconsistency in the adherence to nursing standards and protocols, and unproductivity in the continual improvement of processes, resulting in compromised patient safety and errors. Undeniably, nursing leaders cannot retire and experience burnout because of the extended roles due to the unavailability of a successor.

In light of the challenges underlying succession planning in nursing practice, this study aims to deepen the understanding of the experiences of nurse leaders, nurse administrators, human resource officers, hospital administrators, and owners in Level II and Level III hospitals in the SOCCSKSARGEN area. It will also contribute to the paucity of literature safeguarding the significance of leadership transition.

Moreover, the results of the study were utilized as a framework to develop a nursing management succession model and program that can be systematically applied and integrated into nursing practice. The researcher was inspired to conduct this study because no similar research had been done in the SOCCSKSARGEN area, and there was a paucity of related literature in the Philippines.An easy way to comply with the conference paper formatting requirements is to use this document as a template and simply type your text into it.

METHODOLOGY

Research Design

This study utilized a qualitative phenomenological research design to explore the lived experiences of nurse leaders, nurse administrators, human resource officers, hospital administrators, and/or owners involved in leadership transitions within hospitals in the SOCCSKSARGEN area. Phenomenology was a qualitative research approach focused on understanding how individuals perceived and made sense of their experiences. It was particularly suitable for this research because it allowed for an in-depth examination of leaders' personal experiences in leadership transitions, as described by Creswell and Poth (2023). By engaging directly with participants, the study uncovered the meanings, perceptions, and insights that shaped their understanding of succession planning in leadership continuity.

Setting

The setting of the study was the Level II and Level III hospitals located in the SOCCSKSARGEN area, which includes the provinces of South Cotabato, Sultan Kudarat, Sarangani, and General Santos City. This region forms Region 12 in the Philippines, a culturally diverse and socioeconomically dynamic part of the country, with various healthcare facilities ranging from small private hospitals to large government-run institutions.

The hospitals selected for this study represent a broad spectrum of healthcare organizations in size, organizational structure, resources, and patient demographics. Level II hospitals generally provide basic to moderate care with some specialization. In contrast, Level III hospitals are more advanced, offering a broader range of services, including critical care, specialized surgeries, and medical technologies. This study seeks to capture various leadership practices and succession planning models.

Out of 19 eligible Department of Health-accredited hospitals in region 12, 95% were Level II facilities, while only 5% represented Level III facilities. The researcher successfully visited 14 institutions, ensuring a comprehensive and representative sample to explore the realities of succession planning practices among hospital

nursing leaders.

The geographical scope of the study offers a rich context for examining leadership transitions in nursing. These areas have distinct dynamics and healthcare challenges that can influence leadership strategies and succession planning. The hospitals, with their varying capacities and management styles, provide an ideal setting for exploring the nuances of seamless succession planning. Understanding how leaders navigate leadership transitions in this context will offer valuable insights into the broader practices and challenges of nursing leadership in the Philippines.

Participants

There were 22 participants of the study selected using a purposive sampling technique, which provided a diverse and rich background of experiences and qualifications, supporting the depth of findings on succession planning in hospital nursing leadership. This method is ideal for a phenomenological study, as it ensures that participants have direct experience with the phenomenon under investigation.

The age distribution of the 22 participants revealed a workforce composed primarily of mature and mid-career professionals. The majority of participants (36%) fell within the 36 to 45 years old age bracket, indicating that many of those involved in the study were in the prime of their professional careers—an age group often associated with increasing responsibility and leadership readiness. This was followed closely by those aged 46 to 55 years (32%), who represent a cohort of seasoned nurse leaders likely holding senior roles or preparing for retirement in the coming years.

Participants aged 56 to 65 years accounted for 18% of the total, highlighting the presence of highly experienced individuals who may soon exit

the workforce, reinforcing the urgency for leadership succession planning. Meanwhile, only 14% of the participants were between the ages of 25 and 35, reflecting a smaller representation of early-career professionals. This trend suggests a potential gap in the leadership pipeline that must be addressed through targeted leadership development and mentoring efforts to prepare the younger generation for future roles. The sample size ranges from 15 to 25 participants, which is appropriate for qualitative research to gain deep insights into participants lived experiences and reach data saturation. The participants include nurse leaders, nurse administrators, human resource officers, hospital administrators, and owners of Level II and Level III private and government hospitals in region 12 – SOCCSKSARGEN.

These key individuals are directly involved in the leadership transition process within their respective institutions and can provide valuable perspectives on the processes, challenges, and strategies related to succession planning.

All participants fulfilled the inclusion criteria to qualify for participation in the study. The inclusion criteria are: (a) Participants have at least one year of service as a nurse leader, nurse administrator, human resource officer, hospital administrator, or institution owner. Participants must have been in their current role for at least one year to ensure they have sufficient experience to speak meaningfully about leadership transitions and succession planning within their institutions; (b). Permanent in position:

Participants hold permanent roles within their institutions, ensuring they have a stable and long-term perspective on succession planning, allowing them to reflect on past leadership transitions and their impact; and (c). Currently employed in a Department of Health (DOH) accredited hospital.

This criterion ensures that the participants work within institutions that adhere to national healthcare standards, making their experiences relevant to the broader healthcare system in the Philippines.

This purposeful selection of participants ensures a diverse yet targeted sample, providing a rich understanding of the practices, challenges, and strategies involved in nursing leadership succession within the SOCCSKSARGEN area.

The participants comprised diverse healthcare professionals in leadership and administrative roles within Level II and III hospitals. Of the 22 total participants, the majority were nurse leaders (n=11), representing 50% of the

total sample. This substantial representation ensures that frontline leadership perspectives were well captured when exploring succession planning experiences.

Nurse administrators followed closely with nine participants, accounting for 41%, reflecting the views of individuals in higher managerial roles directly involved in implementing leadership transitions. Only one human resource officer (5%) and one hospital administrator (5%) participated in the study, yet their inclusion provided critical insights into policy-level and institutional succession planning strategies. The distribution affirms the study's aim of gathering holistic perspectives from both clinical and administrative leadership roles, which is vital in developing a comprehensive and applicable succession planning model.

The gender distribution of the 22 participants revealed that the majority were female, accounting for 68.2% (n=15) of the total sample, while male participants comprised 31.8% (n=7). This reflects the prevailing gender trend in nursing, where women continue to dominate the workforce, particularly in leadership and administrative roles. The significant representation of female participants provides rich insights into women's leadership experiences and succession planning perspectives in nursing. At the same time, including male participants also ensures that gender-diverse viewpoints are captured, adding depth to the findings.

In addition, the educational attainment of the 22 participants showed varied academic backgrounds, with the majority having pursued graduate-level education. Specifically, 36.4% (n=8) were Registered Nurses with no graduate education, while 31.8% (n=7) had earned units in a nursing master's program. Additionally, 27.3% (n=6) had completed their master's degrees in nursing, and 4.5% (n=1) held a doctoral degree in a non-nursing field. These findings suggest that while a significant portion of the participants are progressing toward or have completed advanced studies, a considerable number have not yet pursued graduate education. This educational variation offers critical insights into the preparedness of potential leaders and highlights the importance of integrating academic advancement into succession planning initiatives.

Moreover, the participants in the study displayed a wide range of professional experience in the nursing and healthcare field. Notably, 22.7% (n=5) had 1 to 5 years of experience, and 23% (n=4) had between 6 and 10 years, indicating that nearly half of the participants were in their careers' early to mid-stages. Meanwhile, 14% (n=3) had served for 11 to 15 years, and 18% (n=4) had 16 to 20 years of experience, suggesting a growing service depth and potential leadership maturity. Additionally, 9% (n=2) had 21 to 25 years of experience, and another 18% (n=4) had extensive service of 27 to 35 years. This diverse span of experience levels reflects a balanced representation of both emerging and seasoned professionals, which enriches the study by capturing perspectives from those currently in leadership roles and those preparing to transition into such roles. It also emphasizes the need for tailored succession strategies that accommodate various stages of career development.

The spread of retirement timelines underscores the importance of implementing a phased and forward-looking succession plan. It also emphasizes the need to engage mid- and early-career nurse leaders in succession planning activities to ensure sustained leadership continuity within the healthcare system.

A notable 28% (n=6) of the participants indicated they have 6 to 10 years left before retirement, while another 28% (n=6) reported 16 to 20 years remaining in service. This suggests that over half of the respondents are at the midpoint of their careers, representing an ideal group for targeted leadership development initiatives. Meanwhile, 23% (n=5) of participants are expected to retire in 11 to 15 years, and 19% (n=4) have 21 to 25 years left before retirement age.

On the other hand, exclusion criteria are the following: (1) Participants with specific employment statuses such as contract of service, job order, reliever, and co-terminus are excluded. These employment arrangements typically indicate temporary, irregular, or contingent positions that do not involve the level of responsibility or continuity expected from formal nurse leaders. Including them may not provide insights relevant to long-term succession planning and leadership transitions; (2). Those who have served for less than one year are excluded from the study. A shorter tenure may not provide sufficient experience or insights into the leadership roles, responsibilities, and challenges of succession planning.

Such participants might lack a comprehensive understanding of the organizational structure, leadership dynamics, or strategic planning processes (3). Individuals employed in non-DOH-accredited hospitals are not considered. Accreditation by the Department of Health (DOH) typically ensures that the institution adheres to

specific operations, staffing, and leadership standards. Including only participants from accredited hospitals guarantees that the findings are based on settings that meet established healthcare and organizational benchmarks (4). The level 2 hospital where the researcher is currently connected will be excluded to ensure that its findings are unbiased, credible, relevant, and reliable, providing a trustworthy understanding of the lived experiences of the participants.

Instruments

A researcher-made questionnaire served as the foundation for structured interviews. The questionnaire is divided into two parts: demographic profiling and an interview guide consisting of eight sections designed to gather comprehensive and relevant data.

Part I of the questionnaire gathers the demographic characteristics of the participants. This includes their age, gender, educational attainment, years of experience, and years left before retirement. These variables provide context for understanding the participants' perspectives and experiences in leadership transition and succession planning. For instance, educational attainment and years of experience may influence their insights on leadership dynamics. In contrast, the years left before retirement can offer critical perspectives on planning for leadership continuity.

Part II delves deeper into the subject through eight structured sections to comprehensively explore the participants' experiences, challenges, and insights. Section 1 is the introduction. This sets the tone of the interview, explains the study's purpose, and establishes rapport with the participant. It ensures clarity about the process and encourages open and honest responses.

Part 2 is the grand tour question. This will provide an overarching question to initiate the discussion and elicit broad responses regarding the participant's general understanding and experiences with succession planning.

Part 3 is the background and context. It comprises three related questions to understand the participant's leadership journey, current role, and organizational environment. This section provides foundational knowledge about the context in which leadership transitions occur. Part 4 is the process of succession planning. This contains four related questions focusing on the methods and practices employed in succession planning. It explores formal strategies, policies, and frameworks that guide leadership transitions.

Part 5 is about the challenges in leadership transition. This includes three related questions addressing obstacles encountered during leadership transitions. This section uncovers gaps, struggles, and barriers within the organizational context. Part 6 is about the impacts on staff and organizational culture. This comprises three related questions exploring how leadership transitions affect team dynamics, staff morale, and the hospital's overall culture. This section highlights the ripple effects of leadership changes. Part 7 is the insights and best practices. This features four related questions where participants share lessons learned, effective practices, and recommendations for improving succession planning processes. Lastly, Part 8 contains the closing reflection and conclusion. This provides participants with an opportunity for reflection. This section ensures the interview ends on a reflective and conclusive note, capturing any additional insights not covered in previous sections.

This structured guide provides a comprehensive exploration of the phenomenon while allowing flexibility for participants to share in-depth insights.

Three experts in leadership and management vigorously reviewed the questionnaire to ensure its content validity. Their evaluation focused on the relevance, clarity, and alignment of the questions with the study objectives. Their expertise ensures that the instrument effectively captures critical insights into succession planning and leadership transition among nursing leaders.

Data Analysis

There Colaizzi's seven-step method for thematic analysis was employed to analyze the data. This approach is particularly suitable for phenomenological studies as it systematically extracts, organizes, and interprets participants lived experiences.

The first step involves thoroughly reading and re-reading the verbatim transcripts of the participants' interviews to gain a comprehensive understanding of their narratives. This step allows the researcher to immerse themselves in the data, identifying initial impressions and significant statements related to the participant's experiences of succession planning and leadership transitions.

Step 2 is the extraction of significant statements. Key phrases or sentences directly relevant to the phenomenon under study will be identified and extracted from the transcripts. These statements will reflect the essence of the participants lived experiences regarding leadership transitions, challenges, processes, and insights. Step 3 is formulating meanings. Each significant statement will be carefully analyzed to derive underlying meanings. This step involves interpreting participants' statements to uncover implicit and explicit meanings. The researcher ensures the meanings remain true to the participants' intended perspectives while avoiding personal biases.

Moreover, step 4 is the clustering of themes. The formulated meanings will be grouped into clusters of themes that represent shared patterns or concepts. These themes will provide a structured understanding of the phenomenon, such as the challenges in leadership transition, the impact on organizational culture, and effective practices in succession planning. Overlapping or redundant themes will be refined for coherence.

Followed by step 5, which is the development of an exhaustive description. A detailed and thorough description of the phenomenon will be constructed using the clustered themes. This narrative will encapsulate the participants' collective experiences, highlighting the essence of leadership transitions and succession planning among hospital nurse leaders. Step 6 is producing the fundamental structure. The exhaustive description will be refined into a concise yet comprehensive statement that captures the fundamental structure of the phenomenon. This step synthesizes the findings into an essence that conveys the core experiences of the participants.

Lastly, Step 7 is the validation by participants. To ensure credibility and accuracy, the researcher will engage in member checking by sharing the findings with participants. They will review the synthesized themes and descriptions, providing feedback to validate or suggest refinements, ensuring that the analysis authentically represents their experiences.

By following Colaizzi's rigorous and systematic method, the study ensures that the data analysis is comprehensive, credible, and reflective of the participants lived experiences, providing valuable insights into seamless succession planning among nurse leaders.

The trustworthiness of the findings will be established using Lincoln and Guba's four criteria: credibility, transferability, dependability, and confirmability. These criteria ensure the rigor and reliability of qualitative research while maintaining the authenticity of the participants lived experiences.

Credibility refers to the accuracy and truthfulness of the findings in reflecting participants' experiences. To achieve credibility, the researcher will spend adequate time with participants, fostering trust and understanding the context of their experiences. Multiple sources, such as field notes, interview recordings, and transcripts, will be used to corroborate findings. Participants will also review the interpreted data and themes to validate the findings and ensure they align with their experiences.

Transferability determines the extent to which findings can be applied to other contexts. To enhance transferability, the researcher will provide detailed descriptions of the study's context, participants, and settings, allowing readers to evaluate the applicability of the findings to their situations. The purposive sampling of the participants with diverse backgrounds ensures a range of perspectives, contributing to the richness of the data.

Procedures

The data collection process for this study was methodically executed across three primary phases: Pre-Data Collection, During Data Collection, and Post-Data Collection. Each phase comprised a series of planned actions to ensure the ethical, systematic, and credible gathering and management of data from participants.

Before the study was conducted, ethical clearance was secured from the SPC Research Ethics Committee (SPC-REC), affirming the study's adherence to established ethical standards. A researcher-made questionnaire, designed to guide structured interviews, was validated by three experts in leadership and management. Their

feedback was instrumental in refining the content, clarity, and relevance of the instrument to ensure its alignment with the research objectives.

Subsequently, hospital administrators and relevant authorities obtained permission to conduct the study. These administrators also assisted in identifying eligible participants based on the inclusion criteria. Once the potential participants were identified, formal communications were sent to provide an overview of the study, its purpose, and their expected involvement in the process.

Coordination with participants followed, focusing on scheduling their interviews at their most convenient time and location. Both face-to-face and virtual platforms were offered based on the participants' preferences and availability. Concurrently, the interview guide was finalized, and all necessary tools—including audio recording devices and note-taking materials—were tested and prepared. Consent forms and information sheets detailing the purpose of the study, the confidentiality of responses, and the rights of participants were also made ready.

Before commencing each interview, the participant was provided with a consent form. The researcher ensured that all participants fully understood the nature and objectives of the study and their voluntary participation, including the option to withdraw at any point without consequence. Signed consent was obtained for both participation and the audio recording of the interview.

Each session began with an introductory statement to establish rapport and reiterate the data's confidentiality. The validated interview guide was used to facilitate the conversation, while allowing flexibility to capture rich, in-depth narratives. The researcher maintained a conversational and non-threatening atmosphere, encouraging participants to express their experiences openly.

All interviews were recorded using authorized equipment to ensure clarity for transcription purposes. Supplementary notes were taken to document non-verbal cues and contextual insights. Should any participant have felt discomfort or distress during the interview, they were informed of their right to refrain from answering particular questions without explanation. As part of the ethical safeguards, any participant requiring psychological support would be referred to a psychologist or mental health doctor for one to two free consultations, to be covered by the researcher. Interviews were conducted until data saturation was reached, defined as the point at which no new themes or insights emerged.

Following the interviews, all recordings were transcribed verbatim by the researcher. Member checking was performed to enhance the credibility and trustworthiness of the data. Transcripts were returned to the respective participants for review, allowing them to validate the accuracy of their narratives and make clarifications or add further insights if necessary.

Transcripts, field notes, and related documents were organized systematically for analysis. To uphold participant confidentiality, unique identifiers were assigned to each respondent. The data analysis was carried out using Colaizzi's phenomenological approach, which enabled the researcher to extract significant statements, formulate meanings, and derive thematic clusters representing the participants lived experiences in succession planning and leadership transition.

All digital data was stored in a password-protected laptop, while printed or written materials were securely kept in locked storage accessible only to the researcher. Following data protection protocols, all files and recordings will be disposed of after a two-year retention period.

Finally, the findings were synthesized in accordance with the study's objectives and were prepared for dissemination through scholarly publications or conference presentations, with the anonymity of both the participants and the institutions strictly maintained throughout.

Ethical Considerations

The researcher had conducted this study in strict compliance with the code of ethics, keeping the following ethical principles to prevent unnecessary or disproportionate harm to participants, intentional or unintentional.

Before signing the informed consent, the researcher gave a thorough orientation to ensure that the participants'

knowledge and information about the study were sufficient. The researchers disseminated information about the study in a manner that was understandable and easy to comprehend.

It did not include persuasion and deception that could influence the participants. With this, the researchers emphasized freedom of choice for participants to decline or participate in the study. Consequently, the researchers sent consent forms to each participant to signify agreement and trustworthiness between the researchers and participants.

Moreover, the researchers provided the participants with an information sheet to further understand the purpose of the study and the data collection process. Also, the researchers gave an allotted time to address concerns throughout the orientation in a video call meeting. If the participants feel uncomfortable with specific questions during the data collection interview, they can skip and leave them unanswered. During the actual interview sessions, the participants were able to respond and left no questions unanswered. With the distribution of the consent forms, each participant was required to sign before data collection to secure their permission to participate in the study.

The process of maintaining an individual's privacy is known as confidentiality. It pertains to researchers' ethical and legal responsibility to protect the rights of individuals concerned with their personal information. As an undergraduate thesis, the researchers adhered to a minimum period of 12 months of data retention after its last use. Hence, all confidential data will be subjected to deletion at the end of its retention period. The researchers will preserve the identity of the participants and confidential information about them.

The researcher ensured that the participants would not be subjected to unacceptable levels of risk. Moreover, the researchers identified and limited risks to participants as they constructed the study. The researcher excluded any sensitive topics in the interview that may cause embarrassment to the participant.

Both are closely related but mean different things and were applied throughout the research study. A measurement can be reliable without being valid. However, if a measurement is valid, it is usually also reliable. The consistency with which a method measures something is referred to as its reliability.

The measurement is considered reliable if the same result can be regularly achieved using the same procedures under the same conditions.

Meanwhile, the accuracy with which a method measures what it is supposed to determine is the validity. When research has a high level of validity, it delivers results corresponding to real properties, characteristics, and variances. High reliability is one indicator that the measurement is valid. If a method is unreliable, it is not valid.

The researchers guaranteed that the data would not be published publicly and had no way of knowing which sites might want to use the findings. Nonetheless, the researchers will be responsible for giving detailed descriptions so that individuals who wish to use the results on their site can assess transferability.

By addressing these criteria, the level 2 hospital where the researcher is currently connected will be excluded to ensure that its findings are unbiased, credible, relevant, and reliable, providing a trustworthy understanding of the lived experiences of the participants in leadership transition and succession planning.

The researcher, who is also the principal investigator, has vast experience conducting previously similar research studies and effectively managing risks. However, should any unforeseen or related risks arise, they will be proactively addressed through close coordination and guidance of the mentor, ensuring that the study is conducted following the established research protocols.

RESULTS

Theme 1: Absence of Structured Succession Systems

A consistent and resounding theme expressed across all twenty-two participants was the absence of a formal, structured succession planning system within their hospitals. Participants overwhelmingly characterized leadership transitions as reactive, informal, lacking institutional guidance or written policies, leading to

uncertainty, disjointed transitions, and operational risks.

Participant 1 shared, Wala po kasi kami succession planning program dito." (Our hospital has no succession planning program) (Page 1, Line 10).

Similarly, Participant 2 echoed, Wala po ako experience sa succession planning dito hospital kasi wala po ito. (I have no experience with succession planning here because it does not exist.) (Page 1, Line 1).

Participant 3 confirmed, Succession planning po? Walang formal planning po here in our hospital. (Succession planning? There's no formal planning here in our hospital) (Page 1, Line 2), while Participant 4 plainly remarked, No formal planning po. If you will be promoted, kakausapin po. (No formal planning. Promotions occur through informal communication) (Page 1, Line 2).

Participant 5 described the situation as Some kind of informal, nothing is serious po. (Page 1, Line 1), while Participant 6 succinctly pointed out, "Not given importance. (Succession planning is not prioritized) (Page 1, Line 16).

Participant 7 added, Walang planning po. If need, then maghanap po kapalit. (No planning. A replacement is sought only when necessary) (Page 1, Line 16). Participant 8 explained, It does not exist po, pero may ginagawa kami by the initiative of leaders. Magka-iba-iba po. (There is no formal system; initiatives vary among leaders) (Page 1, Line 16).

Participant 9 emphasized, It depends on the need. If key position, upon resignation. (Succession planning happens only after someone leaves) (Page 1, Line 16). Participant 10 recounted, No succession planning po in our hospital, only through daily instruction of my superiors. (Page 1, Line 2).

Participant 11 openly admitted, Reactive, honest answer po. (Succession planning is reactive) (Page 11, Line 14), highlighting the absence of a systematic approach, and simply stated No policy (Page 11, Line 30) and Wala po. (There is none) (Page 12, Line 20).

Similarly, Participant 12 acknowledged, Unfortunately, wala po. (Unfortunately, we don't have it) (Page 1, Line 2) and added, Depende po sa admin if mag-hire po. (It depends on the administration if hiring happens) (Page 1, Line 16). Participant 13 narrated their promotion journey: Verbal po, depende sa ipagawa ng superiors. I was promoted after 3 years of being a staff nurse po. 1 month mentoring, by experience po. (Promotions happen verbally and by experience) (Page 1, Line 2), admitting that succession planning happens "kapag need lang. (only when needed) (Page 1, Line 16).

Participant 14 shared, Napromote po ako when my head nurse went abroad. No formal training or orientation po (Promotion occurred without formal preparation) (Page 1, Line 2) and noted that while Meron naman po naka-line up pero not consistent sa qualification ng position. (Some staff are lined up, but qualifications are inconsistent) (Page 1, Line 16). Participant 15 described the inconsistent process, stating, 30 days before effectivity of retirement or resignation, pero not consistent (Succession planning timelines are inconsistently applied) (Page 1, Line 16), and simply responded, "None," when asked about the existence of formal policies (Page 1, Line 22).

Participant 16 reaffirmed the reactive nature of transitions: Kapag may mag-resign po. (Only when someone resigns) (Page 1, Line 16), adding, none po, (no policies exist) (Page 1, Line 22). Participant 17 reflected, Wala po talaga program, I'm mentored during my assumptions of work. (No program; only mentoring during role assumption) (Page 1, Line 2) and added, no existing policy kaya if needed lang. (No existing policy; done only as needed) (Page 1, Line 16)

Participant 18 reported, we do not have formal succession planning po, but I am mentored by my superiors. (There is no formal planning; only informal mentoring) (Page 1, Line 2), and simply stated, "None," regarding policies.

Participant 19 similarly acknowledged, Wala po talaga formal. (No formal succession planning) (Page 1, Line 2), noting that succession practices were "verbal po" and depend on the supervising leader (Page 1, Line 22).

Participant 20 explained We do not have succession planning, but we are mentored during our leadership transition po. (Mentoring occurs but no formal system exists) (Page 1, Line 1), adding "No information when asked about formal succession guidelines (Page 1, Line 3).

Participant 21 described their experience with a buddy system instead of a formal plan (Page 1, Line 1), stating, only when needed," confirming the reactive nature of leadership transitions (Page 1, Line 9).

Finally, Participant 22 recalled, I am not familiar with this ma'am, but before I was promoted, 5 days prior the effectivity, there was an orientation, then I was told that my supervisor will guide me. (Minimal preparation was provided) (Page 1, Line 1), further adding, no in-placed training in our hospital, and simply stating, "None," regarding policy existence (Page 1, Lines 7–8).

The collective narratives illustrate a consistent organizational gap - succession planning practices are predominantly nonexistent, informal, and highly reactive. Leadership transitions rely heavily on immediate needs, personal discretion, and ad hoc mentoring without policy frameworks. This lack of structure underscores a critical need for institutionalized succession policies and proactive leadership development programs.

Theme 2: Impact on Leadership Readiness and Morale

Participants vividly described widespread psychological and operational challenges associated with unstructured leadership transitions. The absence of formal mentoring, preparation programs, and structured leadership development consistently led to low morale, confusion, fear, and overall unreadiness among incoming and existing staff. These deficiencies frequently compromised decision-making, team cohesion, and the overall quality of patient care.

Participant 2 reflected, disorganized nursing service, low morale staff; lack of continual transition; prone for staff error   (Page 1, Line 56), indicating how structural gaps create disorganization and error-prone environments. Participant 3 similarly stated, Low morale of the staff, demotivated and there could be errors on patient care (Page 1, Line 38), highlighting risks to both morale and patient safety. Participant 4 shared, if not prepared, astounded... ambivalent feeling (Page 1, Line 44), underscoring the emotional turmoil of being unprepared.

Leadership unreadiness was further emphasized by Participant 5, who noted, no, lack of readiness leads to lack of confidence (Page 1, Line 23), while Participant 6 observed, Occurrence of customer complaints, mishaps from the nursing staff, leaders tend to become weak in decision making (Page 1, Line 36).

Participant 7 emphasized, they are not totally prepared, not confident because not well engaged in leadership responsibilities (Page 1, Line 46), reinforcing how lack of exposure erodes self-assurance. Participant 8 succinctly remarked, Burnout to the leaders (Page 1, Line 38), attributing emotional exhaustion to unpreparedness.

Organizational impacts were also reported. Participant 9 shared, Hindi nagco-cooperate ang staff (the staff is not cooperating), not engaged, not satisfied (Page 1, Line 36), and Participant 10 summarized the consequences: Demotivated staff, no sustainability of patient care... unsafe care; not united team (Page 1, Lines 36 & 38). Beyond individual readiness, broader patient care risks were identified.

Participant 11-pointed out, Lack of confidence (Page 11, Line 26) and described operational disruptions: Risk in nursing operation and disrupted patient care, not safe (Page 11, Line 38).

The narratives revealed that the absence of preparation results in psychological strain, disorganized teams, and heightened patient care risks.

Participant 12 reflected, Hindi po talaga ako totally ready kasi 2-week mentoring lang po(I am not totally ready for a 2 weeks mentoring only) (Page 1, Line 28), and emphasized peer resistance: Resistance of the staff to accept promotion; lack of admin support (Page 1, Line 32). The operational consequences were stark: If hindi ready marami incidents (if the staff is not ready, it is prone to incidents), not united, at-risk safety of patients (Page 1, Line 48).

Participant 13 highlighted personal struggles: Not ready (Page 1, Line 28) and Afraid to accept it; not mentored" (Page 1, Line 44). Participant 14 added, not completely confident, based on my experience because it is sudden promotion ((Page 1, Line 28), illustrating the destabilizing effect of abrupt transitions. They elaborated on the emotional impact: "Kabado ako (not confident) cannot decide independently, kasi walang mentoring na maayos po" (absence of mentoring) (Page 1, Line 38) and "Like me im afraid ". (Page 1, Line 44).

Participant 15 similarly shared, Mixed emotions. I am happy because I got promoted but I also feel afraid of unknown because it all happened so suddenly (Page 1, Line 2), and linked unpreparedness with poor outcomes: Poor leadership management; at risk patient care (Page 1, Line 38).

The same patterns echoed among other participants. Participant 16 shared feelings of shock: Kadalasan hindi handa. Biglaan po (Page 1, Line 28) and I am surprised, too (Page 1, Line 44).

Participant 17, despite acknowledging Not ready (Page 1, Line 28), demonstrated resilience but noted organizational challenges: Resistance to change and leadership transition (Page 1, Line 32) and Poor patient satisfaction; demotivated staff and leaders (Page 1, Line 38).

Participant 18 admitted, for me, not 100 percent prepared (Page 1, Line 28), and linked this to broader systemic effects: Low morale staff, can hinder to be updated with the latest trends and practices (Page 1, Line 38).

Participant 19 acknowledged, that almost everyone is not prepared, but they are all willing to be trained (Page 1, Line 28), while highlighting the practical consequences: Vacuum of vacant key positions for extended periods (Page 1, Line 36).

Participant 20 candidly stated, " honestly I am not prepared at all, but, I like the position so I tried my best to learn through experience (Page 1, Line 11), demonstrating how personal motivation partly compensates for organizational gaps. Participant 21 highlighted emotional barriers: Fear of uncertainty (Page 1, Line 19) and difficulty in balancing administrative and technical tasks (Page 1, Line 21).

Lastly, Participant 22 remarked, not ready to take the position due to fast turn-over and opening of opportunity abroad (Page 1, Line 11) and described Disruptions in nursing operations, low morale (Page 1, Line 16).

Overall, this theme reveals that leadership transitions without structured preparation significantly diminish both individual readiness and organizational morale. It highlights the need for systematic leadership development initiatives to foster resilience, confidence, and high-quality patient care among nursing teams.

Theme 3: Essential Leadership Attributes

Across the participants' narratives, the significance of personal leadership qualities emerged as a defining factor in successful leadership transitions.

Participants emphasized that effective leaders are distinguished not solely by formal education or technical skills, but also by deep-seated values such as commitment, adaptability, strong communication abilities, a service-oriented mindset, and a dedication to continual learning. These characteristics influence both individual leadership readiness and the overall strength of the nursing leadership pipeline.

Participant 2 emphasized the necessity of having a compassionate heart and strong commitment toward hospital goals, stating " strong commitment to implement the vision and mission of the hospital" (Page 1, Line 18).

Similarly, Participant 3 stressed that leaders must exhibit possessing commitment to lead unconditionally, must be trainable/coachable, embrace continual learning through taking post-graduate study" (Page 1, Line 18).

Participant 4 further explained that leadership success requires the right attitude to lead, trained with leadership and management skills, has a policy being followed) (Page 1, Line 18). Likewise, Participant 5 noted the essential traits of being open to change, excellent in communication both oral and written, and having the right attitude of a leader (Page 1, Line 9).

Participant 6 described effective leaders as motivated; result-oriented; resilient; of course, pursuing post-graduate study (Page 1, Line 18), reinforcing the need for both inner drive and academic advancement.

Participant 7 added that a competent leader must possess people management skills, the ability to mentor and coach, willingness to pursue post- graduate study, and a commitment to stay longer in the hospital (Page 1, Line 18), suggesting leadership is anchored on stability and service longevity.

Participant 8 encapsulated a complete framework using the KSA model— Knowledge, Skills, and Attitude— highlighting that leaders must be knowledgeable... skillful... and trained for management and leadership, and especially, possess the right attitude (Page 1, Line 18). Participant 9 similarly pointed out that leaders should be striving for excellence and committed (Page 1, Line 18), emphasizing the internal drive toward quality and excellence.

Participant 10 stressed the necessity of regulatory compliance, mentioning that leaders must be educationally qualified as mandated by DOH (Page 1, Line 18), thereby underscoring that institutional standards must also be met.

Although Participant 11 shared many important insights across other themes, no direct statement regarding leadership attributes was recorded under this specific theme, aligning with the nature of thematic analysis wherein not every participant addresses every theme.

Other participants expanded on the essential traits. Participant 13 emphasized the importance of being adaptable and willing to supervise a group of people (Page 1, Line 18), highlighting the interpersonal dynamics of leadership. Participant 14 articulated the importance of nurturing a culture of continuous learning and growth (Page 1, Line 54), reinforcing the necessity of a progressive mindset among leaders.

Participant 15 and Participant 16 both identified key traits such as resilient and adaptable (Page 1, Line 18) and accountable for his or her actions (Page 1, Line 18), emphasizing emotional fortitude and ethical responsibility.

Participant 17 added that future leaders must be dedicated and resilient (Page 1, Line 18), traits necessary for sustaining leadership effectiveness amidst challenges.

Similarly, Participant 18 noted that leaders must be visionary and result- oriented (Page 1, Line 18), highlighting the importance of having a forward- thinking approach.

Participant 19 pointed to the value of critical thinking ability (Page 1, Line 18) and envisioned that future leaders should lead by heart, not by seniority or recommendation without qualification (Page 1, Line 60), emphasizing merit- based leadership.

Participant 20 identified willingness to accept responsibilities unconditionally as a critical marker for leadership potential (Page 1, Line 6). Meanwhile, Participant 21 emphasized that a true leader must possess integrity and accountability for actions and decisions" Page 1, Line 11). Finally, Participant 22 highlighted the importance of both commitment of the leaders (Page 1, Line 17) and "willingness of the leaders" (Page 1, Line 18).

Collectively, these findings portray an essential leadership profile grounded in competence, character, and continuous growth. They illustrate that effective nursing leadership demands not only administrative skills but also emotional intelligence, ethical grounding, and a genuine dedication to service excellence. Integrating these leadership attributes into future succession planning frameworks will help cultivate a resilient, capable, and compassionate generation of nurse leaders.

Theme 4: Organizational Support Deficiency

A recurring concern among the twenty-two participants was the notable lack of formal organizational support mechanisms, such as structured mentoring programs, leadership training initiatives, and standardized guidance systems for emerging nurse leaders. Instead, any support that existed was described as informal, inconsistent, and largely dependent on individual initiative rather than rooted in institutional frameworks.

Participant 1 conveyed, No policy. No formal training, lack of mentoring, highlighting the absence of documented leadership development systems (Page 1, Line 16).

While, participant 2 shared, "we don't have anyting inplace. I am left alone because she has also other task, reflecting a lack of formal program and isolated learning experiences (Page 1, Line 20). Participant 3 further affirmed, we don't have in-placed training/mentoring. We learn by actual exposure in the area, emphasizing the reliance on experiential learning without formal guidance (Page 1, Line 21).

Participant 4 observed, Wala po kami, pero may ginagawa po in verbal instructions lahat Ma'am. Not in paper, underlining the verbal nature of any existing support with no written institutional standards (Page 1, Line 23).

Participant 5 simply stated, no existing confirming the absence of any formalized program (Page 1, Line 10).

This sentiment was consistently echoed: Participant 6 stated, nothing in place, sorry to say, all in verbal (Page 1, Line 20); Participant 7 reflected, as per my experience, no program (Page 1, Line 20); and Participant 8 noted, "there is what we call buddy system as instructed no written "(Page 1, Line 20), indicating informal support systems lacking official documentation.

Several participants expressed learning exclusively through direct experience rather than structured preparation: Participant 9 confirmed, None. All are learned through my actual experience (Page 1, Line 20), and Participant 10 similarly shared, not in paper, it depends on the leader (Page 1, Line 20).

Participant 11 emphasized the consequences of this lack of support, stating, "Hindi confident, due to lack of training, mentoring " (Not confident due to lack of training and mentoring) (Page 1, Line 46), and later confirmed, None, when asked about training or mentoring programs (Page 11, Line 18). He suggested the provision of appropriate training as a needed intervention (Page 12, Line 50).

The cumulative responses underline a critical deficiency: without formalized training or mentorship programs, leadership development becomes fragmented, uneven, and highly vulnerable to variations in leadership styles and personal priorities. This leaves both succession and operational stability at risk.

Further narratives support this finding. Participant 12 shared, "Wala po. Basta, mag verbal ang aking supervisor" (None. My supervisor just gives verbal instructions) (Page 1, Line 20), indicating leadership preparation was purely verbal and informal. Participant 13 described mentoring as solely supervisor-dependent: " No in-placed but supervisors are mentoring us " (Page 1, Line 20), again confirming None regarding formal structures (Page 1, Line 22).

Participant 14 emphasized the need for systemic support: Resources for training (Page 1, Line 50), having confirmed that no mentoring system existed (Page 1, Lines 20–24). Participant 15 succinctly summarized, None. By experience and recognized that Training, policy approval is necessary to build organizational capability (Page 1, Line 50).

Other participants stressed similar needs. Participant 16 affirmed none, calling for support from policy making up to implementation (Page 1, Line 50). Participant 17 added, none in our institution, suggesting a stronger support from the administration on the activities and programs (Page 1, Line 40). Participant 18 acknowledged. In our hospital, nothing, while advocating for logistics support especially on training and reward system to performing leaders (Page 1, Line 50).

Nevertheless, Participant 19 confirmed, none, stating that full support in all the programs is critical (Page 1, Line 50). Participants 20, 21, and 22 similarly lamented the absence of structured initiatives: Participant 20 shared, nothing, only verbal while emphasizing the importance of financial support on training and mentorship programs (Page 1, Line 22). Participant 21 revealed, no existing program, only actual learning from superiors, recommending financial support for training activities (Page 1, Line 29).

In addition, participant 22 pointed out, not implementing it based on the policy if there is, and confirmed, underscoring non-implementation even when policies theoretically exist (Page 1, Line 9).

Finally, Participant 15 again highlighted the urgent need for training, policy approval to standardize leadership preparation (Page 1, Line 50).

The collected narratives vividly depict an overarching deficiency in organizational support for leadership development. Without structured, documented programs in place, leadership transitions occur haphazardly,

leaving potential leaders underprepared and undermining both individual growth and organizational stability. Addressing this gap through formal policies, structured mentorship, and adequate resource allocation is imperative for strengthening future leadership pipelines.

Theme 5: Need for Sustainable Succession Models

The final theme captures a collective aspiration among participants for the establishment of a well-structured and sustainable succession planning system within their hospitals. Participants consistently emphasized the necessity for policy-driven approaches, leadership development pipelines, and continuous evaluation mechanisms to foster leadership continuity.

The prevailing sentiment was that succession planning should evolve from ad hoc, personality-driven efforts into institutionalized, consistent practices embedded within organizational culture. Participant 2 suggested the establishment of a structured program, stating, establishment of succession planning and mentoring with monitoring. (Page 1, Line 58). Similarly, Participant 3 advocated for Strong support from administration on the establishment of the policy, training, evaluation (Page 1, Line 54).

The call for immediate action was echoed by Participant 4, who emphasized, start it now, create a policy para may ma-implement. (Immediate policy creation and implementation.) (Page 1, Line 56). Participant 5 reflected on the cultural value of succession planning, stating, Imbibing the importance of the seamless succession planning. (Integrating succession planning as a core institutional value.) (Page 1, Line 29).

Urgency was also stressed by Participant 6: Urgent, implement it. (Page 1, Line 56). Participant 7 highlighted the need for a structured leadership pipeline: Make it happen, very essential to have leadership pipeline. (Page 1, Line 56). Participant 8 added that the implementation must be tied to readiness and evaluation: Implementation of the process with evaluation... When in position they are ready." (Page 1, Lines 56–60).

Participants further advocated for the integration of succession planning into institutional frameworks. Participant 9 emphasized, put it into policy aligning to the vision and full implementation of the in-placed policy (Page 1, Lines 56–60). Participant 10 shared aspirations for broader institutional change: Creation po... Constant collaboration... Hopeful that your study will lead to transformation." (Page 1, Lines 54–64).

Participants also stressed the importance of administrative commitment. Participant 11 recommended, that leaders of the hospital will prioritize this. (Page 2, Line 54) and added, with a program to follow, subject for evaluation. (Structured succession planning subject to ongoing evaluation.) (Page 2, Line 6).

Further supporting these points, Participant 12 advocated for in-placed policy (Page 1, Line 56) with emphasis on consistent implementation and adherence to qualification standards. Participant 13 suggested, magkaroon nito, (Establish succession planning) (Page 1, Line 56), emphasizing leadership's role in sustaining.

Participant 14 envisioned leaders who are competent and prepared as a result of formal succession planning (Page 1, Line 60). Similarly, Participant 15 stated the need for both make a policy and efficient implementation. (Page 1, Lines 56–60).

Participant 16 emphasized training readiness: Tuloy-tuloy ang training ng mga potential leaders kahit walang need ng replacement. (Continuous training even in the absence of immediate vacancies.) (Page 1, Line 8). He also underscored the need for administrative willingness to institutionalize succession planning.

The urgency for reviewing leadership transition practices was also noted by Participant 17, said advocating for a serious reexamination and formal policy creation (Page 1, Line 56). Participant 18 suggested that future leaders should be trained, mentored, and have undergone a series of practicum before promotion. (Page 1, Line 60).

Participants 19 and 20 emphasized consistency and alignment with regulatory standards. Also, she stressed the necessity for in-placed seamless succession planning. (Page 1, Line 56). Participant 20 recommended succession planning aligned with organizational and regulatory goals that is seamless . (Page 1, Line 25). Participant 21 underscored the importance of strict implementation, no bias in selection. (Page 1, Line 35) and adherence to approved policies.

Participant 22 called for sustainable implementation and the preparation of confident leaders before transitions (Page 1, Lines 22–24).

Overall, this theme underscores a strong consensus that succession planning must be treated not as a sporadic initiative but as a strategic imperative. Integrating succession into hospital policies, aligning it with leadership qualifications, maintaining continuous evaluation, and securing administrative commitment are critical to sustainable leadership continuity. Participants' insights offer a resounding call to action: to build enduring, well-supported pathways for the future of nursing leadership.

DISCUSSION

The findings of this study provided the foundation for the SIENES Nursing Management Succession Model and its recommendations. The emergent themes, namely: absence of structured succession systems, impact on leadership readiness and morale, essential leadership attributes, organizational support deficiency, and the need for sustainable succession models, collectively highlight the complex realities of leadership transition in nursing. Together, they underscore the urgent need for hospitals to move from reactive, leader-dependent practices toward institutionalized, sustainable succession planning strategies.

The absence of structured succession systems was one of the strongest patterns described by participants, with transitions often occurring informally through administrative discretion rather than systematic planning.

This mirrors evidence that many healthcare organizations lack structured nurse manager succession plans, increasing the risk of leadership vacuums and operational instability (American Organization for Nursing Leadership [AONL], 2024; Boyd, 2020; Fishlock, 2019; Kerfoot, 2022; Othman, 2024). Studies consistently highlight that formal succession planning frameworks strengthen leadership pipelines, ensure stability, and safeguard resilience by institutionalizing leadership development. Without these, transitions remain fragmented, reactive, and dependent on individual leaders rather than strategic foresight.

Participants also emphasized the emotional and cultural consequences of unstructured leadership transitions, noting fear, low confidence, and diminished morale when leaders assumed roles without adequate preparation. These findings align with contemporary literature showing that formalized succession planning and leadership development foster readiness, morale, and retention (AONL, 2024; Fishlock, 2019; Hammond, 2025; Othman, 2024; Shen, 2024). In the absence of preparation, participants described experiencing disorganized services and decision-making paralysis, which reflects the "transition trauma" highlighted in leadership research. Structured mentorship, confidence-building programs, and systematic developmental pathways are crucial in mitigating such challenges and ensuring smooth leadership transitions.

Essential leadership attributes emerged as one of the themes, underscoring that qualities such as emotional intelligence, adaptability, integrity, and communication are indispensable beyond credentials.

This finding resonates with recent scholarship situating emotional intelligence as foundational to nursing leadership effectiveness (Frangieh, 2023; Othman, 2024; Perez-Gonzalez et al., 2024; Prezerakos, 2018; Shen, 2024). Leaders who demonstrate empathy, resilience, and adaptability foster psychologically safe work environments and build cohesive, motivated teams. The participants' emphasis on emotional intelligence and values-based leadership supports the idea that leadership is not only a technical role but also a relational responsibility that must be intentionally nurtured.

This study identified a significant gap in the lack of organizational support systems. Participants often relied on informal guidance, experiential learning, or "sink-or-swim" transitions, leaving them vulnerable and inconsistent in role adaptation. Literature confirms that institutions with structured leadership programs, formal mentoring, and onboarding frameworks achieve stronger leader retention and transition success (AONL, 2024; Fishlock,

2019; Hammond, 2025; Othman, 2024; Shen, 2024). Without these support mechanisms, leaders risk burnout, decreased morale, and early departure from leadership roles. Institutionalized leadership development must be embedded into policy, orientation, and mentoring systems to ensure consistency and sustainability.

Finally, the findings revealed the urgent need for sustainable succession models. Participants highlighted fragmented, leader-dependent practices, which threaten continuity and credibility. Evidence strongly supports institutionalizing succession planning into organizational culture and policies as a long-term strategy (AONL, 2024; Fishlock, 2019; Kerfoot, 2022; Othman, 2024; Shen, 2024). Sustainable models emphasize building internal talent pipelines, structured mentoring, measurable outcomes, and strategic workforce alignment. When succession is sustained, organizations protect themselves against turnover disruptions, safeguard patient care quality, and foster resilience in their leadership infrastructure.

Overall, the themes converge to form a cohesive narrative: nursing leadership succession requires more than vacancy-filling; it demands intentional, structured, and sustainable frameworks that prepare, support, and nurture leaders. The SIENES Nursing Management Succession Model directly responds to these needs by embedding structured succession planning, leadership development, emotional intelligence cultivation, organizational support mechanisms, and sustainability strategies. Hospitals can transition from reactive leadership practices to deliberate strategies that guarantee continuity, stability, and excellence in nursing care through these elements.

IMPLICATIONS

The findings of this study carry significant implications across multiple domains of nursing leadership and practice. Succession planning must be systematically embedded into the daily operations of nursing leadership to cultivate a culture of continuity rather than being treated as an isolated initiative. At the hospital administration level, there is a need to institutionalize formal succession planning policies aligned with national quality standards, ensuring that governance structures and resources are directed toward sustaining leadership pipelines. Human resource development also plays a vital role, as proactive leadership succession management through talent mapping, mentorship, and structured career pathways is necessary to secure a pool of competent nurse leaders.

Equally, the active participation of nursing staff is critical, as succession planning is a shared responsibility that calls for engagement in professional development and collaboration with leaders in innovation initiatives. Nursing education institutions likewise make an important contribution, as they must integrate leadership and systems thinking early in training, foster academic–service partnerships, and promote leadership-focused research and continuing education that reinforce hospital needs. Regulatory bodies such as the Department of Health and accrediting institutions are positioned to treat succession planning as a strategic imperative by embedding it in performance metrics and extending technical guidance to hospitals.

Finally, the study underscores the role of future researchers in deepening the understanding of succession planning outcomes through longitudinal studies, experiential accounts of newly promoted leaders, and evidence on the link between succession planning, workforce retention, and patient care quality.

These findings form the foundation of the study's recommendations, translating these insights into actionable strategies for ensuring leadership continuity in hospital nursing.

RECOMMENDATIONS

Anchored on the findings of this study, several recommendations are presented to strengthen succession planning in hospital nursing leadership. These recommendations are directed toward hospital administrators, human resource officers, nursing leaders, nursing staff, nursing education institutions, regulatory bodies, and future researchers. They are categorized into short-term and long-term goals to provide both immediate actions and sustained strategies.

For hospital administrators and human resource officers, it is recommended as a short-term goal to review and implement the succession management framework to ensure alignment with hospital needs before its rollout. Likewise, allocating dedicated funding for leadership development initiatives should begin in the short term as

an initial allocation and must be sustained in the long term for continuity. Over the long term, succession planning indicators must be incorporated into accreditation and quality assurance standards, while establishing a robust monitoring and evaluation system to track progress. Strengthened collaboration between hospital administration and nursing leadership is essential in the short and long term to sustain succession initiatives.

In nursing leadership practice, orientations or assemblies should be conducted as short-term measures to engage the nursing community in the framework. Leaders must support and actively participate in framework implementation, serving as role models for compliance in the short term and sustaining this culture in the long term. Identifying high-potential staff and providing shadowing opportunities are short-term actions that initiate leadership development. Long-term strategies should include establishing structured mentorship programs, modeling leadership behaviors that inspire future leaders, and embedding emotional resilience and ethical leadership into the organizational culture. Resilience training may start as a short-term initiative, but its full integration requires long-term cultural embedding. Regular monitoring, evaluation, and feedback mechanisms are short-term and long-term commitments that secure accountability in succession initiatives.

For nursing staff, active engagement in leadership development activities must be encouraged as an immediate, short-term goal. Professional development through training and advanced education begins in the short term but should extend into long-term pursuit. Collaborating with nurse leaders on innovation initiatives must likewise be embraced in the short and long term. Demonstrating professional accountability, ethical practice, clinical excellence, and teamwork represent long-term responsibilities that prepare staff for leadership succession. Active participation in evaluation and feedback mechanisms is an immediate and sustained responsibility of nursing staff to strengthen the culture of shared accountability in succession planning.

For nursing education institutions, the short-term focus is on embedding leadership, succession planning, and systems thinking into curricula using the SIENES framework as a guide. Building strong partnerships with healthcare institutions for mentoring, internships, and collaborative programs should also be initiated in the short term. Long-term priorities include promoting leadership-focused research on succession planning and developing continuing education programs that equip nurse leaders with competencies vital to sustaining hospital leadership continuity.

In the context of the Department of Health and accrediting bodies, long-term goals include incorporating succession planning indicators into performance metrics and providing technical support for hospitals establishing succession planning systems, guided by the SIENES framework. These agencies must also recognize and give incentive succession planning initiatives as part of accreditation processes. Additionally, promoting inter-hospital and regional collaborations on leadership development should be pursued both in the short and long term to encourage broader adoption of structured succession frameworks.

For future researchers, immediate short-term studies should use the SIENES framework to explore the lived experiences of newly promoted nurse leaders. Long-term scholarly efforts should include testing the SIENES framework across different hospital contexts and conducting comparative studies between SIENES and other succession planning models. Such research will generate evidence that refines succession planning practices and broadens their applicability across diverse healthcare settings.

Finally, it is strongly recommended that the title of this manuscript formally adopt the SIENES Nursing Management Succession Model, underscoring its centrality and significance. Moreover, the model should be utilized and adopted to serve its purpose within the nursing profession in the Philippines and beyond. With its structured, culturally grounded, and sustainability-driven design, it stands as a vital framework for ensuring leadership preparedness, organizational resilience, and continuity of nursing excellence. Ultimately, this model represents a legacy contribution to the nursing profession—one that seeks to inspire, empower, and sustain leadership continuity across diverse healthcare systems nationally and globally.

The SIENES Nursing Management Succession Model

It is a comprehensive framework designed to ensure a continuous pipeline of competent leaders who can lead and manage a nursing unit. This is initially tailored for Level II and III hospitals in the SOCCSKSARGEN region of the Philippines, but is envisioned for broader application across the entire country and even internationally. This model addresses the universal need for effective leadership transitions in healthcare organizations, offering

a structured and sustainable approach that can be adapted by hospitals worldwide. It is supported by Transformational Leadership Theory and Patricia Benner's Theory. Moreover, the model is grounded on six fundamental pillars forming part of the SIENES model.

The SIENES Nursing Management Succession Model draws theoretical support from two influential frameworks: Transformational Leadership Theory and Patricia Benner's Novice to Expert Theory. Transformational Leadership Theory, originally developed by James MacGregor Burns and expanded by Bernard Bass, emphasizes the role of leadership in inspiring and motivating followers to achieve exceptional outcomes, surpassing their own self-interest for the sake of the organization. Transformational leadership focuses on individualized consideration, intellectual stimulation, inspirational motivation, and idealized influence, all essential in cultivating future nurse leaders.

This theory shapes the SIENES model's pillars by embedding mentorship, development of leadership capabilities, recognition of potential, and empowerment of nurses to lead proactively. It ensures that leadership transitions are transformative experiences that elevate the standards of nursing leadership within hospitals.

Pillar 1. Structured Succession Planning

The Structured Succession Planning pillar establishes a systematic approach to identify and prepare future nursing leaders before leadership positions become vacant. The process begins with forming a dedicated Succession Planning Committee, comprised of senior nursing administrators, human resources representatives, and hospital executives, overseeing the entire succession process.

The first step involves conducting a leadership needs assessment to pinpoint critical nursing management positions, such as unit heads, nursing supervisors, and chief nurses, and to forecast potential vacancies or retirement timelines. By mapping out roles critical to hospital operations and estimating when these roles might be vacated, the committee prioritizes succession efforts strategically.

Subsequently, high-potential candidates for each key position are identified through a transparent, criteria-based selection process. In consultation with current nurse managers, the committee reviews staff performance records, leadership competencies, educational qualifications, and professional aspirations to create a pool of eligible successors. Potential candidates are informed early of their candidacy to secure their consent and engagement in the developmental trajectory. Individual Development Plans (IDPs) are formulated for each candidate, outlining specific training, experiences, and milestones needed to prepare them for future leadership roles. These plans bridge the gap between current competencies and the competencies required for advancement, ensuring tailored development.

In parallel, a formal succession planning document or roadmap is developed, consolidating key positions, identified successors, timelines, and developmental activities. Top management formally endorsed this roadmap to underscore its importance and includes contingency plans for unexpected leadership vacancies. The structured plan is implemented as an ongoing activity. The Succession Planning Committee regularly reviews each candidate's progress, tracks readiness levels, and addresses developmental gaps. Confidentiality, fairness, and transparency are upheld throughout the process.

Ultimately, the Structured Succession Planning pillar ensures leadership continuity by identifying, nurturing, and preparing future nurse leaders early and systematically. It minimizes leadership vacuum periods and helps maintain stability in patient care, operational efficiency, and staff morale during leadership transitions.

Pillar 2: Institutional Policy Framework

The Institutional Policy Framework pillar establishes the foundation to sustain succession planning as an integrated and permanent element of hospital operations. It seeks to formalize leadership development initiatives through clear policies, governance structures, and accountability mechanisms, embedding succession planning into the organizational culture.

As a first step, hospital leadership, in collaboration with the human resources department, spearheads drafting an official Succession Planning Policy. This document defines the purpose, scope, eligibility criteria, selection procedures, development activities, and transition protocols associated with nursing leadership succession. By adopting this policy formally, the organization makes a definitive statement that nurturing internal leadership talent is a strategic priority, not a discretionary effort. For instance, the Succession Planning Policy mandates that each managerial nursing position should have at least one identified and prepared successor. It also establishes requirements for annual reporting on succession planning outcomes to the hospital board or leadership council, ensuring administrative oversight and transparency.

Following policy development, broad communication and dissemination are critical. The policy is circulated among all nursing staff and incorporated into orientation programs for new employees. It is discussed in management meetings and training sessions to ensure that every individual—from staff nurses to senior executives—understands their role in succession planning.

Nurse managers, in particular, are oriented to their responsibility to mentor and develop potential successors within their teams. In contrast, staff nurses are encouraged to view leadership development as a tangible and supported career trajectory.

The framework also calls for strengthening human resource protocols to align with succession planning goals. Internal recruitment processes are revised to prioritize the appointment of trained successors before seeking external candidates. Performance evaluations and annual development reviews are updated to include assessments of leadership potential, progress on individual development plans, and readiness for advancement.

Furthermore, succession planning initiatives are harmonized with existing organizational policies and accreditation requirements. For instance, training hours mandated by hospital policy or national nursing accreditation bodies are linked with the leadership development activities of succession candidates. This ensures that succession planning is not viewed as an isolated program but is embedded within the broader organizational strategy for professional development and quality improvement. To promote sustainability, the policy framework includes regular review and refinement provisions.

Every few years, a designated Policy Review Committee evaluates the effectiveness of succession planning policies based on observed outcomes and stakeholder feedback. Adjustments are made to address emerging needs, such as expanding eligibility criteria or adding guidelines for emergency succession during unforeseen departures.

In summary, the Institutional Policy Framework pillar transforms succession planning from a conceptual aspiration into an operational reality. By codifying leadership development into hospital policies, aligning it with performance management systems, and institutionalizing accountability structures, this pillar ensures that succession planning is not just a reactive or sporadic endeavor. Instead, it becomes a deliberate, expected, and

celebrated component of hospital leadership practice, creating an environment where leadership development is viewed as an ongoing responsibility of both individuals and the organization.

Pillar 3. Essential Leadership Training

The Essential Leadership Training pillar is dedicated to cultivating the core knowledge, skills, and competencies required for identified potential nurse leaders to transition into advanced leadership roles successfully. This pillar is operationalized by implementing a structured Leadership Development Program designed explicitly for nursing management.

At the outset of the succession planning process, a detailed training needs assessment is conducted for each candidate, as outlined within their Individual Development Plan (IDP) formulated under the Structured Succession Planning pillar. This assessment identifies the leadership competencies each potential successor must develop, covering financial management, human resource management, clinical governance, communication, conflict resolution, and strategic planning. Based on these individualized assessments, a customized curriculum of training activities is developed.

One fundamental activity under this pillar is the organization of formal training workshops and seminars. These sessions may be conducted on-site within the hospital or in collaboration with educational institutions. For example, the hospital may offer monthly seminars on topics such as "Fundamentals of Healthcare Management," "Quality and Patient Safety Leadership," and "Effective Team Communication for Nurse Leaders." Sessions are designed to combine theoretical knowledge with practical case studies and role-playing exercises that mirror real-world challenges encountered in nursing leadership. Resource speakers may include experienced healthcare executives, nursing directors, and external consultants who bring practical insights to the learning experience.

Beyond workshops, the pillar also emphasizes continuing education through formal academic courses. Candidates may be encouraged or sponsored to pursue higher education, such as a Master's degree in Nursing Administration or Healthcare Management, or to engage in leadership certification programs. Collaborations with universities and online education providers broaden access to these learning opportunities. For example, a nurse identified as a future chief nurse might enroll in a leadership and management course tailored to healthcare settings, balancing academic pursuits alongside clinical responsibilities.

Equally important is experiential learning through on-the-job development initiatives. Job rotation programs and project-based assignments expose aspiring leaders to various hospital operations. For instance, a nurse supervisor candidate might temporarily work with the quality improvement team to understand accreditation processes or manage a project to optimize staffing schedules. Such experiential opportunities, under the guidance of mentors and supervisors, provide candidates with practical leadership experience that complements formal training. Combining structured education with guided experiential learning, this integrated approach enhances leadership development and reflects practical adult learning principles.

A robust evaluation mechanism is embedded within the program to ensure the effectiveness of training interventions. Each training activity includes pre- and post-training assessments such as quizzes, skill demonstrations, or reflective surveys to measure knowledge acquisition and identify areas needing further development.

Participants also provide feedback on the relevance and quality of training activities, which the Succession Planning Committee or the Education Department reviews to refine the program continuously. As candidates advance through the Leadership Development Program, tangible improvements are expected to manifest— notably greater confidence in decision-making, enhanced communication skills, and a deeper understanding of healthcare management systems. Through systematic, targeted leadership training, the Essential Leadership Training pillar ensures that when leadership vacancies arise, a well-prepared pool of nurse leaders is ready to step forward with competence, confidence, and a clear vision for advancing nursing practice.

Pillar 4. Nurturing Practices and Mentorship

The Nurturing Practices and Mentorship pillar recognizes that developing future nursing leaders extends beyond formal training; it requires fostering supportive relationships, providing guidance, and nurturing a leadership

culture within the organization. This pillar is actualized through establishing a Formal Mentorship Program, wherein each identified potential nurse leader (the mentee) is paired with an experienced and accomplished nursing leader (the mentor).

This pillar strengthens leadership succession by shaping the technical competencies, professional identity, and confidence of future nurse leaders, thus ensuring a seamless and empowered leadership transition within the healthcare organization.

At the inception of the succession planning initiative, mentors are carefully selected based on their leadership experience, commitment to professional development, and ability to serve as positive role models. Pairings are thoughtfully matched, often aligning the mentor's strengths with the developmental needs of the mentee. For instance, a mentor with notable administrative acumen may be paired with a mentee seeking to strengthen management skills.

A mentorship orientation is conducted to set clear expectations for mentors and mentees. Mentors commit to regular engagements — typically monthly meetings — maintaining confidentiality and providing consistent encouragement and constructive feedback. Mentees, in turn, are encouraged to actively participate, set developmental goals, and seek advice openly.

Mentorship interactions involve various activities, such as coaching dialogues, shadowing experiences, and structured feedback sessions. A mentee might observe their mentor during leadership meetings, patient rounds, or strategic planning sessions, gaining real-time exposure to leadership practices. Post-activity debriefings enable mentors to explain decision-making processes and leadership strategies, deepening the mentee's understanding of effective leadership behaviors

Gradually, mentees are given opportunities to participate directly in leadership activities, such as contributing to staffing plans, quality improvement initiatives, or leading segments of team meetings. These incremental responsibilities build the mentee's confidence and decision-making capabilities over time. Beyond one-on-one mentorship, the hospital fosters a broader coaching culture. Senior leaders and even soon-to-retire leaders are encouraged to act as mentors for the organization. Group mentoring sessions and leadership forums are organized quarterly, where emerging leaders can discuss real-world leadership challenges, ethical decision-making, and best practices. This networked approach imparts knowledge and reinforces a supportive leadership community.

Recognition and continuous feedback are essential components of this pillar. Regular feedback loops, including feedback from mentors, immediate supervisors, and peers, are established. Constructive feedback highlights strengths and developmental areas, while milestones achieved by mentees are celebrated publicly, reinforcing motivation and signaling the organization's commitment to leadership development.

Importantly, the Nurturing Practices and Mentorship pillar emphasizes creating a psychologically safe environment. Emerging leaders are encouraged to take the initiative and accept new challenges without fear of punitive consequences for mistakes made in good faith. Mistakes are viewed as learning opportunities, fostering resilience and adaptive leadership behaviors.

By embedding practices into the organizational fabric, the SIENES model ensures that potential nurse leaders are not left to develop in isolation. Instead, they are guided through their leadership journey with continuous support, encouragement, and real-world exposure, significantly increasing their readiness and commitment to assume leadership responsibilities.

Pillar 5. Evaluation Pillar

The Evaluation pillar introduces a vital mechanism of continuous quality improvement into the SIENES Nursing Management Succession Model. It ensures that individual participants' developmental progress and the succession program's overall effectiveness are systematically assessed, refined, and optimized over time.

At the outset, the hospital establishes clear success indicators and performance metrics that serve as benchmarks for monitoring outcomes. These indicators include, but are not limited to, the readiness levels of identified successors (measured through competency checklists or leadership performance ratings), the percentage of

leadership vacancies filled internally, employee retention rates among high-potential staff, and qualitative feedback from program participants, mentors, and organizational leaders.

A core activity under this pillar is the routine performance evaluation of succession candidates. Beyond the standard annual appraisals, successors-in-training undergo competency-focused assessments aligned with their Individual Development Plans (IDPs). These evaluations may utilize 360-degree feedback, soliciting input from supervisors, peers, and subordinates, particularly regarding leadership competencies like communication, decision-making, and team management. Such comprehensive evaluations provide a holistic view of the candidate's growth and readiness for leadership responsibilities. Feedback sessions following these evaluations foster a developmental dialogue, wherein strengths are reinforced, and areas needing further growth are collaboratively addressed.

In tandem with individual assessments, the Succession Planning Committee conducts broader program evaluations at defined intervals (e.g., annually). These evaluations involve a thorough review of both quantitative data and qualitative insights. Metrics such as promotion rates of internally prepared candidates, leadership transition times, and trends in unit performance and staff satisfaction are analyzed. Additionally, focus group discussions and surveys gather narrative feedback from candidates, mentors, and supervisors, offering a nuanced understanding of the program's strengths and areas needing enhancement.

Organizational impact is a critical dimension of evaluation. The expectation is that a well-executed succession program should translate into smoother leadership transitions, improved patient care outcomes, enhanced staff morale, and sustained operational efficiency. While isolating the program's direct impact can be methodologically challenging, longitudinal tracking of units undergoing leadership transitions provides valuable trend data. Notable improvements in patient satisfaction, employee engagement, or departmental performance can indirectly indicate succession planning success.

Findings from the evaluation activities are synthesized into a comprehensive annual report presented to hospital leadership and other key stakeholders. This report celebrates achievements, identifies persistent challenges, and recommends targeted adjustments to the succession program. For instance, if feedback reveals a need for greater exposure to budgeting tasks among candidates, additional financial management workshops can be integrated into the training curriculum.

Through this structured feedback and refinement process, the Evaluation pillar ensures that succession planning remains a dynamic, evidence-driven initiative. It positions the model within the broader framework of continuous quality improvement widely practiced in healthcare settings.

Moreover, it affirms the program's scholarly rigor, aligning it with action research principles where interventions are continuously studied, adapted, and optimized based on empirical findings.

In summary, the Evaluation pillar safeguards the SIENES Nursing Management Succession Model's relevance, effectiveness, and responsiveness to evolving organizational needs. It ensures that leadership development efforts are not static but continuously enriched, ultimately fulfilling the model's promise of building a resilient and future-ready cadre of nursing leaders.

Pillar 6. Sustainability Pillar

The Sustainability pillar emphasizes embedding succession planning as a lasting, integral component of hospital operations. It ensures that leadership development is not a one-time initiative but a continuous, institutionally supported process. Early commitment from the hospital's top executives, including the Chief Nurse, Chief Executive Officer, and other key decision-makers, is critical to champion the succession program.

Beyond verbal endorsement, sustainability requires tangible organizational support. This includes dedicating a permanent budget allocation for succession-related activities and integrating succession objectives into the hospital's strategic plan. Funding must support ongoing leadership training, mentorship activities, incentives for participants, and designated time for mentors and mentees to engage meaningfully without negatively affecting their routine clinical duties.

One essential activity within this pillar is cultivating a dynamic talent pool. Succession planning is designed as a continuous cycle rather than a static project. As leaders move into higher positions or retire, the next cohort of high-potential staff members should be identified, trained, and ready to step forward. To achieve this, the hospital can hold an annual talent review session, inviting department heads to nominate promising staff nurses and junior leaders. Through this mechanism, the institution can maintain multiple layers of readiness, ensuring the seamless leadership transition at every level.

Sustainability also involves cultural integration. Succession planning practices—such as mentoring relationships, prioritization of internal promotion, and structured leadership training—should become embedded in the daily life of the organization. Graduates of the succession program are encouraged to become mentors themselves, thus creating a self-perpetuating cycle of leadership cultivation. Initiatives like an annual "Leadership Development Award" can recognize and celebrate contributions to leadership nurturing, reinforcing the organizational value placed on internal growth.

Strategic review is another cornerstone of sustainability. Every few years, hospital leadership must reassess whether the succession pipeline is aligned with the organization's evolving leadership needs. Factors like hospital expansion, new service lines, or shifts in the healthcare landscape might necessitate recalibrating the succession strategy. Adaptability ensures that the model remains relevant and serves its purpose effectively over time. Institutionalizing knowledge transfer is also critical. As senior nurse leaders depart, systems must be in place to capture and preserve their insights, such as through leadership lessons reports, transition seminars, or extended handover periods where successors work closely with outgoing leaders. This practice ensures that crucial operational knowledge and institutional memory endure beyond individual tenures.

In essence, the Sustainability pillar transforms succession planning into a perpetual organizational commitment. Every leadership vacancy activates established protocols, new talent is nurtured annually, and leadership development becomes deeply woven into the hospital's culture. This pillar acknowledges that building capable nurse leaders is a gradual, long-term process—and that maintaining it requires unwavering attention and adaptability.

For Level II and III hospitals in SOCCSKSARGEN, where leadership transitions can critically impact healthcare delivery, this pillar ensures that gains made through succession planning are safeguarded and expanded for future generations. Through Sustainability, the SIENES model offers a future-proof approach to securing continuous, high-quality nursing leadership regionally and beyond.

Checklist of Activity

Pillar I. Structured Succession Planning

Program/ Activity Title	Step-by-Step Activities	Materials Required	Responsible Person(s)	Complied	Not Complied	Frequency of Monitoring	Monitoring Authority	Timeline
Formation of Succession Planning Committee	Identify members from Nursing Admin, HR, and Executives Issue official appointment letters Set committee orientation meeting	Appointment letters, Meeting schedule	Chief Nurse, HR Director, Hospital Administrator	[ ] [ ] [ ]	[ ] [ ] [ ]	Annually	Chief Nurse	Month 1

Program/ Activity Title	Step-by- Step Activities	Materials Required	Responsible Person(s)	Complied	Not Complied	Frequency of Monitoring	Monitoring Authority	Timeline
Leadership Needs Assessment	Review current organizational chart Identify critical positions Forecast retirements and potential resignations	Organizational chart, Staffing data	Succession Planning Committee	[ ] [ ] [ ]	[ ] [ ] [ ]	Annually	HR Director	Month 1-2
Identification of High-Potential Candidates	Review staff records Conduct leadership competency evaluations Communicate with potential candidates	Performance records, Evaluation tools	Succession Planning Committee, Nursing Supervisors	[ ] [ ] [ ]	[ ] [ ] [ ]	Annually	Chief Nurse	Month 2-3
Development of Individual Development Plans (IDPs)	Draft IDPs per candidate Set developmental milestones Get approval from candidates and supervisors	IDP templates	Succession Planning Committee, Nursing Supervisors	[ ] [ ] [ ]	[ ] [ ] [ ]	Annually	Succession Planning Committee Chair	Month 3-4
Creation of Succession Roadmap	Consolidate IDPs Prepare succession timelines Present for executive endorsement	Succession roadmap template	Succession Planning Committee	[ ] [ ] [ ]	[ ] [ ] [ ]	Bi-annually	Hospital Administrator	Month 4-5
Implementation of Development Activities	Coordinate workshops, mentoring, on-the-job rotations	Workshop materials, Rotational schedules	Education & Training Officer, Mentors	[ ] [ ]	[ ] [ ]	Quarterly	Succession Planning Committee	Month 5-12

Program/ Activity Title	Step-by- Step Activities	Materials Required	Responsible Person(s)	Complied	Not Complied	Frequency of Monitoring	Monitoring Authority	Timeline
	Monitor IDP progress							
Progress Monitoring & Adjustment	Review progress reports Adjust IDPs if necessary Document evaluation results	Progress monitoring forms	Succession Planning Committee	[ ] [ ] [ ]	[ ] [ ] [ ]	Quarterly	Chief Nurse, HR Director	Month 6 onward

Checklist of Activity

Pillar 2: Institutional Policy Framework

Program/ Activity Title	Step-by- Step Activities	Materials Needed	Responsible Person(s)	Complied	Not Complied	Frequency of Monitoring	Monitoring Authority	Timeline
Drafting of Succession Planning Policy	Conduct a policy review meeting Draft succession planning policy- Present to leadership for approval Finalize and disseminate policy	Reference materials on succession planning Hospital policy templates	Chief Nurse, HR Director, Succession Planning Committee	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	Quarterly review	Hospital Board	Month 1-3
Policy Dissemination and Orientation	Print and distribute policies- Conduct policy orientation for all staff Post policy on hospital bulletin board or website	Printed copies of the policy Orientation slides	Chief Nurse Nurse Educator	[ ] [ ] [ ]	[ ] [ ] [ ]	Bi-annual	Nursing Education Department	Month 3-4
Integration into HR Processes	Revise job descriptions to reflect succession roles Update performance appraisal forms Align recruitment and promotion protocols with policy	Updated HR forms Updated job descriptions	HR Director Succession Planning Committee	[ ] [ ] [ ]	[ ] [ ] [ ]	Annual review	HR Office	Month 4-6

Institutionalization into organizational Culture	Embed succession planning in performance evaluations Include succession readiness in unit reports Conduct regular leadership succession forums	Updated evaluation tools Meeting templates	Unit Heads Nurse Managers	[ ] [ ] [ ]	[ ] [ ] [ ]	Quarterly evaluation	Nursing Executive Committee	Month 6 onwards
Policy Review and Refinement	Gather feedback from stakeholders Analyze policy effectiveness- Revise policy based on findings	Feedback forms Evaluation reports	Succession Planning Committee Quality Improvement Team	[ ] [ ]	[ ] [ ]	Every 2 years	Succession Planning Committee	Ongoing

Checklist of Activity

Pillar III: Essential Leadership Training

Program/Activity Title	Step-by-Step Activities	Materials Needed	Responsible Person(s)	Complied	Not Complied	Frequency of Monitoring	Monitoring Authority
Leadership Needs Assessment	Conduct assessment surveys Review Individual Development Plans Identify competency gaps	Assessment tools, survey forms	Succession Planning Committee, Training Coordinator	[ ] [ ] [ ]	[ ] [ ] [ ]	Annual	Nursing Director, HR Manager
Leadership Development Workshops	Organize monthly workshops- Invite expert speakers Conduct learning sessions and evaluations	Workshop modules, audio- visual equipment, certificates	Education and Training Unit, Guest Speakers	[ ] [ ]	[ ] [ ]	Monthly	Nursing Director, Training Department
Continuing Education Support	Identify candidates for further studies Facilitate enrollment Monitor academic progress	Scholarship forms, MOAs with institutions	HR Officer, Nurse leader	[ ] [ ] [ ]	[ ] [ ] [ ]	Annual	Chief Nurse, HR Director

Program/Activity Title	Step-by-Step Activities	Materials Needed	Responsible Person(s)	Complied	Not Complied	Frequency of Monitoring	Monitoring Authority
Job Rotation and Project-Based Learning	Assign candidates to key administrative projects Schedule department rotations Evaluate performance post-rotation	Assignment guidelines Evaluation forms	Nursing Supervisors, Department Heads	[ ] [ ] [ ]	[ ] [ ] [ ]	Quarterly	Succession Planning Committee
Post-Training Evaluation	Conduct pre- and post- assessments Gather feedback forms- Adjust training programs accordingly	Evaluation forms, Feedback surveys	Education and Training Unit	[ ] [ ] [ ]	[ ] [ ] [ ]	After every training	Chief Nurse, Training Department

Checklist of Activity

Pillar IV: Nurturing Practices and Mentorship

Program/ Activity Title	Step-by-Step Activities	Materials Needed	Responsible Person(s)	Complied	Not Complied	Frequency of Monitoring	Monitoring Authority
Formal Mentorship Program	Identify mentors and mentees. Conduct mentorship orientation. Pair mentors with mentees based on development needs. Set monthly mentoring schedules. Document mentoring agreements.	Mentorship agreement forms, orientation materials	Chief Nurse, Nursing Education Coordinator	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]	Quarterly	Succession Planning Committee
Mentorship Meetings and Debriefings	Conduct monthly meetings. Mentee shadows mentor during leadership activities. Conduct debriefing sessions after activities.	Meeting schedule template, Debriefing forms	Assigned Mentors and Mentees	[ ] [ ] [ ]	[ ] [ ] [ ]	Monthly	Nursing Education Department

Program/ Activity Title	Step-by- Step Activities	Materials Needed	Responsible Person(s)	Complied	Not Complied	Frequency of Monitoring	Monitoring Authority
Leadership Roundtable Discussions	Schedule quarterly leadership forums. Invite senior leaders to share experiences. Facilitate Q&A sessions for mentees.	Venue, invitation letters, audiovisual equipment	Chief Nurse, Succession Planning Committee	[ ] [ ] [ ]	[ ] [ ] [ ]	Quarterly	Chief Nurse
Progress Feedback and Recognition	Collect mentor and supervisor feedback quarterly. Assess mentee's progress using evaluation tools. Recognize milestones during nursing assemblies.	Evaluation forms, recognition certificates	Nursing Supervisors, Mentors	[ ] [ ] [ ]	[ ] [ ] [ ]	Quarterly	Nursing Director
Psychological Safety Policy	Draft and approve guidelines for interim leadership roles. Communicate policies to mentors and mentees. Monitor adherence during mentoring activities.	Drafted policies, communica tion plan	Human Resource Department, Chief Nurse	[ ] [ ] [ ]	[ ] [ ] [ ]	Annually	Hospital Executive Committee

Checklist of Activity

Pillar V: Evaluation

Program/ Activity Title	Step-by- Step Activities	Materials Needed	Responsible Person(s)	Complied	Not Complied	Frequency of Monitoring	Monitoring Authority
Set Succession Metrics	Define success indicators (e.g., readiness levels, vacancy fulfillment). Communicate metrics to all stakeholders. Integrate metrics into evaluation tools.	Succession metrics templates, Performance checklist	Succession Planning Committee	[ ] [ ] [ ]	[ ] [ ] [ ]	Start of the program and annually	Succession Planning Committee

Individual Competency Evaluation	Conduct regular evaluations using IDP. Gather feedback from peers and supervisors Update IDP based on evaluation results	IDP forms, feedback surveys,	Immediate Supervisor s, HR	[ ] [ ] [ ]	[ ] [ ] [ ]	Semi-annually	Succession Planning Committee
Program Effectiveness Assessment	Collect quantitative and qualitative data. Analyze trends and success rates. Prepare annual evaluation report.	Survey forms, interview guides, succession database	HR Department, Nursing Director	[ ] [ ] [ ]	[ ] [ ] [ ]	Annually	Hospital Quality Assurance Committee
Feedback and Refinement Loop	Conduct feedback sessions with mentors,mentees, and stakeholders. Identify gaps and best practices. Adjust training and mentoring programs accordingly.	Feedback tools, revision action plans	Succession Planning Committee	[ ] [ ] [ ]	[ ] [ ] [ ]	After each evaluation cycle	Nursing Service Leadership Team
Organizational Impact Measurement	Track leadership transitions and impact on patient care and staff satisfaction. Measure unit performance improvements. Integrate findings into strategic reports.	Patient satisfaction surveys,staff surveys, performance dashboards	Chief Nurse, Department Heads	[ ] [ ] [ ]	[ ] [ ] [ ]	Annually and after major leadership transitions	Hospital Executive Leadership Team

Checklist of Activity

Pillar VI: Sustainability Checklist

Program/ Activity Title	Step-by-Step Activities	Materials Needed	Responsible Person(s)	Complied	Not Complied	Frequency of Monitoring	Monitoring Authority
Securing Leadership Commitment	Conduct briefing with hospital executives. Present succession plan importance. Obtain formal commitment and budget approval.	Presentation materials, proposal documents	Chief Nurse, Chief Executive Officer, Succession Planning Committee	[ ] [ ] [ ]	[ ] [ ] [ ]	Annually	Hospital Board
Talent Pool Continuity	Conduct annual talent review.	Talent review	Department Heads, HR	[ ]	[ ]	Annually	Succession Planning

Program/ Activity Title	Step-by- Step Activities	Materials Needed	Responsible Person(s)	Complied	Not Complied	Frequency of Monitoring	Monitoring Authority
Program	Update the list of potential successors. Initiate entry of new candidates into succession activities.	forms, updated staff profiles	Manager	[ ] [ ]	[ ] [ ]		Committee
Leadership Culture Embedding	Institutionalize leadership values in orientations. Establish mentorship traditions. Organize Leadership Recognition Awards annually.	Orientation manuals, award certificates, event materials	HR Manager, Nursing Director	[ ] [ ] [ ]	[ ] [ ] [ ]	Every new hire and annually	Nursing Service Division
Strategic Review of Succession Program	Conduct strategic review sessions. Analyze leadership gaps. Adjust succession strategies based on findings.	Review templates, organization al charts, succession progress reports	Executive Committee, Succession Planning Committee	[ ] [ ] [ ]	[ ] [ ] [ ]	Every 2-3 years	Executive Management Team
Knowledge Transfer Mechanisms	Implement overlapping tenure for outgoing and incoming leaders. Document leadership lessons. Conduct exit interviews and final leadership talks	Knowledge transfer templates, exit interview guides	Outgoing Leaders,HR Officer,Depart ment Heads	[ ] [ ] [ ]	[ ] [ ] [ ]	Every leadership transition	HR Department, Chief Nurse

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